

ANNUAL REPORT 2025

A YEAR OF PROGRESS,
A FUTURE OF PROMISE.

NZSG Executive Officer



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President's Report

Professor Andrew Day

He waka eke noa

We are in this together

As the year 2025 draws toward a close, it is timely for us individually and as a group to reflect on the key moments over the year and to consider plans and objectives for the coming year. We have had the pleasures of a number of exciting events this year, and seen various opportunities for our groups to join together. We have also seen unsettling times across the motu, with the impacts of the financial times and issues within the health system (including strikes by a number of health groups). Now we have the challenges of 2026 ahead.

The Executive

Late in 2024 we welcomed several new members on to the Exec: Doctors Cameron Schauer, Nicholas Anticich, and Safina Gadeock. Each of these Executive members have made key contributions to the activities of the Society. We farewell Professor Catherine Stedman at the end of 2025 (as departing past president, with service over many years) and Dr Raj Patel. We thank both for their many contributions to the Society. I have the pleasure of announcing that Dr Lesley Ann Smith will take on the role of President Elect at this year's AGM. I will take the opportunity to thank all the members of the Executive, especially the office bearers within the Executive for the ongoing efforts on your behalf. Furthermore, huge thanks to the contributions made by April-Mae Marshall, our tireless Executive Officer. Well done all.

Membership and Finances

We note that the number of members within the Society had reduced this year, compared to the last few years. We have been thinking of ways to build the membership, including encouraging researchers working within the GI community to join us.

We have been working on optimizing ways for members to communicate and interact, with modifications to the Society website. This includes the membership platform. We thank those who have updated their details and have used the platform and encourage those who have not yet stepped on to do so.

As highlighted in the annual report, the financial position of the Society has become much stronger in recent years. We continue to monitor and manage the finances of the Society carefully and cautiously.

Interest groups

Over the last few years we have encouraged and developed a number of working groups or networks that enable focused endeavours within key areas of interest and expertise. While the reports of these groups are detailed in the Annual Report, some key items are the ongoing activities of the IBD working group (with success in their endeavours to enable wider access to therapeutic options for people with IBD) and the ongoing efforts of the Sustainability working group (to encourage environmentally friendly practices across the country). This year we have introduced arrangements for the interest groups to give regular (short) reports to the Exec. We look forwards to ongoing focused efforts from these groups.

Event highlights in 2025

Several key events took place over 2025. The Superstars of IBD meeting held in Autumn in Queenstown featured a cast of international experts with many excellent presentations. The evening trip across the lake on the SS Earnslaw was a hit with local and international visitors alike. As mentioned in their report, the Hepatology Network held their first meeting outside Auckland, with a well-attended meeting in Christchurch in August. We look forward to the academic and social events planned for this year's ASM in Palmerston North: see you there! The Executive has recently developed an outline to guide the management of Society endorsed events and have committed to an ongoing relationship with Conference Innovators, who have successfully supported the management and organization of our events for a number of years.

A new year looms

I trust that all have some opportunity to reflect, recharge and re-engage as 2025 draws to a close and the new year of 2026 approaches. I further hope that all have some time to spend away from work pursuits with time with friends and families over the coming holiday season. Best wishes to all for a successful and enjoyable 2026!

Ngā mihi nui



President

Secretary's Report

Dr Rajan Patel

Membership

As of July 1, 2025 NZSG has 196 Members made up of:

- 128 Full Members
- 30 Trainees
- 22 Researchers
- 16 Honorary Members

Overall members have decreased since 2024.

International Engagement

The Trans-Tasman Lecture at AGW 2025 was delivered by NZSG President, Professor Andrew Day. Professor Day presented IBD epidemiology in NZ: Yesterday, Today and Tomorrow.

Research Activity

The Society changed the deadlines for their Small Research Grants to allow members more time after the end of year break to apply. New deadlines are 30 March and September.

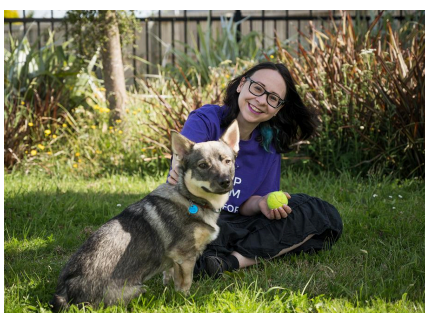
No grants were awarded in the first half of 2025. X (2) applications have been received for the second half of the year with notification(s) pending.

At the Annual Scientific Meeting dinner, we awarded Young Investigator Awards in several categories. Awards Recipients for the NZSG Young Investigator Awards in 2024 were:

- Dr Ashwin Singh - NZSG Endoscopy Young Investigator
- Dr Catherine Tian - NZSG Hepatology Young Investigator
- Dr Chris Varghese - NZSG Innovation in Gastroenterology Young Investigator (sponsored by Ailmentry)
- Dr Jarrah Dowrick - NZSG Nutrition/General Young Investigator

You can access all the abstracts submitted for the NZSG -NZgNC ASM at :

<https://onlinelibrary.wiley.com/toc/14401746/2025/40/S1>



Doctor Simone Bayer received the NZSG Johnson and Johnson Fellowship award for her project entitled 'Bile acid sequestrant tolerability and symptom improvement in adults with chronic diarrhoea' due to unforeseen issues interim reports are pending. NZSG thanks Johnson and Johnson for their continued support of this prestigious award.

Treasurer's Report

Dr Rees Cameron

On the following pages you will find:

- Statement of Financial Performance for the year ended 30 June 2025 with the prior year comparison
- Statement of Financial Position as of 30 June 2025 with the prior year for comparison
- A visual representation of NZSG's financial performance since 2013
- The NZSG Budget for the current year of 1 July 2025 to 30 June 2026

Past 5 years Operational Surplus or Deficit

2020	2021	2022	2023	2024
(101,588)	(53,592)	\$44,053	\$44,529	\$141,376

Past 5 years ASM Surplus or Deficit

2020	2021	2022	2023	2024
60,857	36,782	49,281	31,767	71,981

Our Financial Position as of June 30 2025 was: 644,422 NZD

Past 5 years Financial Position

2020	2021	2022	2023	2024
465,779	412,187	456,241	499,046	644,422

Performance Report

New Zealand Society of Gastroenterology
For the year ended 30 June 2025

Prepared by MTM Accounting Limited

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Compilation Report

New Zealand Society of Gastroenterology For the year ended 30 June 2025

Compilation Report to the Directors of New Zealand Society of Gastroenterology.

Scope

On the basis of information provided and in accordance with Service Engagement Standard 2 Compilation of Financial Information, we have compiled the financial statements of New Zealand Society of Gastroenterology for the year ended 30 June 2025.

These statements have been prepared in accordance with the accounting policies described in the Notes to these financial statements.

Responsibilities

The Executive are solely responsible for the information contained in this financial report and have determined that the accounting policies used are appropriate to meet your needs and for the purpose that the financial statements were prepared.

The financial statements were prepared exclusively for your benefit. We do not accept responsibility to any other person for the contents of the financial statements.

No Audit or Review Engagement Undertaken

Our procedures use accounting expertise to undertake the compilation of the financial statements from information you provided. Our procedures do not include verification or validation procedures. No audit or review engagement has been performed and accordingly no assurance is expressed.

Independence

We have no involvement with New Zealand Society of Gastroenterology other than for the preparation of financial statements and management reports and offering advice based on the financial information provided.

Disclaimer

We have compiled these financial statements based on information provided which has not been subject to an audit or review engagement. Accordingly, we do not accept any responsibility for the reliability, accuracy or completeness of the compiled financial information contained in the financial statements. Nor do we accept any liability of any kind whatsoever, including liability by reason of negligence, to any person for losses incurred as a result of placing reliance on this financial report.

MTM Accounting Limited
Chartered Accountants
Floor 3
191 Thorndon Quay
Wellington

Dated: 22 October 2025

Entity Information

New Zealand Society of Gastroenterology For the year ended 30 June 2025

'Who are we?', 'Why do we exist?'

Legal Name of Entity

New Zealand Society of Gastroenterology

Entity Type and Legal Basis

Incorporated Society established 15th October 1992 and the Incorporated Societies Act 1908

Registration Number

CC46030

Entity's Purpose or Mission

The advancement of knowledge of Gastroenterology in New Zealand

Entity Structure - Executive

Andrew Day - President
Catherine Stedman - Immediate-Past President
Rajan Nitin Patel - Secretary
Reese Cameron - Treasurer
Lesley-Ann Smith - Educational Lead
Nicholas Anticich
Safina Gadeock
Karen Kempin - NZgNC Representative
Mehul Lamba
Cameron Schauer
Catherine Tian
Andrew Thushyanthan
Frank Weilert

Main Sources of Entity's Cash and Resources

Grants, Subscriptions and an annual conference

Main Methods Used by Entity to Raise Funds

Application for grants and running courses/meetings for members

Entity's Reliance on Volunteers and Donated Goods or Services

The society does not rely on volunteers

Physical Address

26 Brandon Street
Wellington

Postal Address

PO Box 10-691
The Terrace
Wellington
New Zealand, 6143

Approval of Financial Report

New Zealand Society of Gastroenterology For the year ended 30 June 2025

The Executive are pleased to present the approved financial report including the historical financial statements of New Zealand Society of Gastroenterology for year ended 30 June 2025.

APPROVED



Andrew Day
President



Rees Cameron
Treasurer

Date 20 October 2025

Statement of Service Performance

New Zealand Society of Gastroenterology For the year ended 30 June 2025

'What did we do?', 'When did we do it?'

Description and Quantification of the Entity's Objectives

In the 2024-2025 financial year The Society conducted scientific and educational meetings including the NZSG NZNO Annual Scientific Meeting held in Hamilton convened by the Society and NZNO Gastro Nurses' College. The Society also held a Motility Summit and a Superstars of IBD meeting. There were also educational meetings for the Gastroenterology Trainees and Hepatology Network.

The promotion of improved standards in the practice of gastroenterology was a focus of The Society this year. The Society governed the Gastroenterology Advanced Training Selection Interviews. The Society also facilitated two Introduction to Endoscopy Courses, a Polypectomy Course, and a Train the Colonoscopy Trainer Course. Courses promote continued education and the increase of skills to physicians, surgeons and nurses within the gastroenterology profession.

Additional Information

The quantity of grants and fellowships awarded by the Society varies from year to year. The Society wishes to acknowledge the generous financial contribution of the pharmaceutical companies toward these grants for research and the advancement of knowledge in the field of gastroenterology.

	2025	2024
Description of significant activities		
Janssen Research Fellowship	74,420	2,500
NZSG Small Research Grants	14,294	16,785
Best Paper/Poster ASM awards	1,500	1,450

Additional Output Measures

The Society works closely with Pharmac, Medsafe and the Ministry of Health to ensure the best outcomes for the practice of Gastroenterology.

Statement of Financial Performance

New Zealand Society of Gastroenterology For the year ended 30 June 2025

'How was it funded?' and 'What did it cost?'

	NOTES	2025	2024
Revenue			
Donations, fundraising and other similar revenue	1	26,478	-
Fees, subscriptions and other revenue from members	1	63,863	73,867
Revenue from commercial activities	1	309,785	175,907
Interest, dividends and other investment revenue	1	42,230	51,043
Total Revenue		442,356	300,817
Expenses			
Expenses related to commercial activities	2	84,102	30,677
Other expenses related to service delivery	2	109,035	108,029
Grants and donations made	2	90,214	20,735
Total Expenses		283,351	159,441
Surplus/(Deficit) for the Year		159,005	141,376

This statement has been prepared without conducting an audit or review engagement, and should be read in conjunction with the attached Compilation Report.

Statement of Financial Position

New Zealand Society of Gastroenterology As at 30 June 2025

'What the entity owns?' and 'What the entity owes?'

	NOTES	30 JUN 2025	30 JUN 2024
Assets			
Current Assets			
Cash and short-term deposits	3	130,250	128,309
Debtors and prepayments	3	146,768	56,394
Total Current Assets		277,018	184,703
Non-Current Assets			
Property, Plant and Equipment	3	302	755
Investments	3	594,641	580,425
Intangibles	3	2,357	154
Total Non-Current Assets		597,301	581,335
Total Assets		874,319	766,037
Liabilities			
Current Liabilities			
Creditors and accrued expenses	4	7,771	18,033
Goods and services tax		6,470	3,508
Deferred revenue	4	60,651	104,075
Total Current Liabilities		74,892	125,616
Total Liabilities		74,892	125,616
Total Assets less Total Liabilities (Net Assets)		799,427	640,422
Accumulated Funds			
Accumulated surpluses	5	799,427	640,422
Total Accumulated Funds		799,427	640,422

This statement has been prepared without conducting an audit or review engagement, and should be read in conjunction with the attached Compilation Report.

Statement of Cash Flows

New Zealand Society of Gastroenterology For the year ended 30 June 2025

'How the entity has received and used cash'

	2025	2024
Cash Flows from Operating Activities		
Fees, subscriptions and other receipts from members	70,663	72,637
Cash flows from commercial activities	265,811	218,027
Interest, dividends and other investment receipts	18,346	21,501
GST	4,622	4,807
Payments to suppliers and employees	(339,764)	(152,482)
Total Cash Flows from Operating Activities	19,678	164,491
Cash Flows from Investing and Financing Activities		
Payments to purchase investments	(14,216)	(205,470)
Payments to purchase intangibles	(3,241)	-
Cash Flows from Other Investing and Financing Activities	(279)	1,307
Total Cash Flows from Investing and Financing Activities	(17,736)	(204,163)
Net Increase/ (Decrease) in Cash	1,942	(39,672)
Cash Balances		
Cash and cash equivalents at beginning of period	128,309	167,981
Cash and cash equivalents at end of period	130,250	128,309
Net change in cash for period	1,942	(39,672)

This statement has been prepared without conducting an audit or review engagement, and should be read in conjunction with the attached Compilation Report.

Statement of Accounting Policies

New Zealand Society of Gastroenterology For the year ended 30 June 2025

'How did we do our accounting?'

Basis of Preparation

This performance report is prepared in accordance with the XRB's Tier 3 (NFP) Standard. The entity is eligible to apply these requirements as it does not have public accountability and has total annual expenses of less than \$5 million. All transactions in the performance report are reported using the accrual basis of accounting. This performance report is prepared under the assumption that the entity is a going concern and will continue to operate for the foreseeable future.

Goods and Services Tax (GST)

The entity is registered for GST. All amounts are stated exclusive of goods and services tax (GST) except for accounts payable and accounts receivable which are stated inclusive of GST.

Income Tax

New Zealand Society of Gastroenterology is wholly exempt from New Zealand income tax having fully complied with all statutory conditions for these exemptions.

Cash and short-term deposits

Bank accounts and cash in the Statement of Cash Flows comprise cash balances and bank balances (including short term deposits) with original maturities of 90 days or less.

Changes in Accounting Policies

The Tier 3 (NFP) Standard has been applied for the first time this year. There have been no other changes in the accounting policies since the date of the last performance report (last year - nil).

Notes to the Performance Report

New Zealand Society of Gastroenterology For the year ended 30 June 2025

	2025	2024
1. Analysis of Revenue		
Donations, fundraising and other similar revenue		
Janssen Research Fellowship	26,478	-
Total Donations, fundraising and other similar revenue	26,478	-
Fees, subscriptions and other revenue from members		
Subscription Income	63,863	73,867
Total Fees, subscriptions and other revenue from members	63,863	73,867
Revenue from commercial activities		
ASM Income	73,555	32,346
NZCCRTGE - Conjoint Admin Fee	5,235	7,765
CC Care Grant Received	27,655	-
Hepatology Network Meetings (Net of expenses)	4,655	6,166
IBD Superstars	48,670	-
IBD Symposium	-	10,150
Introduction to Endoscopy _ Income	29,022	30,000
Match Interviews Admin Fee	7,650	6,277
NZSG_Motility Network Symposium	17,915	-
NZSG Run Courses	-	22,500
Other Income	-	4,458
Polypectomy Course _ Income	38,940	26,065
Train the Trainer _ Income	17,391	13,185
Trainee Programme _ Income	39,098	16,996
Total Revenue from commercial activities	309,785	175,907
Interest, dividends and other investment revenue		
Bank Interest Received	2,080	3,689
Investment Income	16,266	17,812
Revaluation of Invest Now Portfolio	23,885	29,542
Total Interest, dividends and other investment revenue	42,230	51,043

	2025	2024
2. Analysis of Expenses		
Expenses related to commercial activities		
ASM Expenses	921	2,108
CC Care Funds Spent	27,655	-
Gastro Match	634	543
General Expenses	593	817
IBD Symposium general expenses	-	235
Introduction to Endoscopy _ Expense	2,738	2,209
NZNO Gastro Nurses' College	17,859	7,942
NZSG Expense Run Courses	1,980	1,437
Polypectomy Course _ Expense	11,079	8,955
Social Media_Communications	1,302	938
Trainees Day	17,000	976
Trainees Expenses	-	250
Train the Trainer - Expense	2,342	4,050
Trainees Programme _ Expense	-	217
Total Expenses related to commercial activities	84,102	30,677
Other expenses related to service delivery		
Accounting Fees	2,750	3,000
Bad Debt	3,325	-
Bank Charges	4,945	5,131
Committee Meetings - Catering	284	292
Committee Travel Expenses	3,587	4,137
Depreciation	1,491	546
Exec Travel Expenses - Other Meetings	159	243
Indemnity Insurance	1,060	1,980
IT expenses	2,310	3,238
Legal Expenses	5,957	2,412
Membership to International Organisations	1,347	1,880
Secretariat Costs	79,350	78,201
Telephone	395	329
Website Maintenance	1,736	5,773
Xero	339	868
Total Other expenses related to service delivery	109,035	108,029
Grants and donations made		
ASM Awards	1,500	1,450
Janssen Research Fellowship	74,420	2,500
NZSG Small Research Grant	14,294	16,785
Total Grants and donations made	90,214	20,735

	2025	2024
3. Analysis of Assets		
Cash and short-term deposits		
BNZ General Cheque Account	47,546	71,309
BNZ Call Account	50,987	49,955
NZD PayPal	31,717	7,045
Total Cash and short-term deposits	130,250	128,309
Debtors and prepayments		
Advance to Hepatitis Conference	-	5,526
Prepayments	72,907	20,368
Trade Debtors	73,860	30,500
Total Debtors and prepayments	146,768	56,394
Property, Plant & Equipment		
Office Equipment	2,522	2,522
Accumulated Depreciation - Office Equipment	(2,220)	(1,766)
Total Property, Plant & Equipment	302	755
Intangible Assets		
Website	11,470	8,228
Accumulated Depreciation	(9,112)	(8,074)
Total Intangible Assets	2,357	154
Investments		
Invest Now	578,721	564,505
Vector Capital Bonds	15,920	15,920
Total Investments	594,641	580,425
	2025	2024
4. Analysis of Liabilities		
Creditors and accrued expenses		
Sundry Payables	151	14,087
Trade Creditors	7,620	3,946
Total Creditors and accrued expenses	7,771	18,033
Deferred revenue		
Income Received in Advance	60,651	104,075
Total Deferred revenue	60,651	104,075

	2025	2024
5. Accumulated Funds		
Accumulated Funds		
Opening Balance	640,422	499,046
Accumulated surpluses	159,005	141,376
Total Accumulated Funds	799,427	640,422
Total Accumulated Funds	799,427	640,422

6. Commitments

There are no commitments as at 30 June 2025 (Last year - nil).

7. Contingent Liabilities and Guarantees

There are no contingent liabilities or guarantees as at 30 June 2025 (Last year - nil).

8. Related Parties

There were no transactions involving related parties during the financial year.

9. Events After the Balance Date

There were no events that have occurred after the balance date that would have a material impact on the Performance Report (Last year - nil).

10. Ability to Continue Operating

The entity will continue to operate for the foreseeable future.

Educational Leads Report

Dr Lesley Ann Smith

The Society had a busy educational calendar over the last twelve months. I am pleased to share the following NZSG event highlights with you.

Trainees' Day & Training Courses

The past year has seen another strong series of training opportunities for both new and experienced endoscopists, with an emphasis on developing high-quality teaching across all levels of experience. Our Trainees' Day held in Auckland was well attended and supported by our Trainee Representatives; Catherine Correia and Andrew Thushyanthan.

Annual Scientific Meeting (ASM) – Waikato, 2024

A highly successful ASM was held in Waikato at the end of 2024, organised by Jerry Chin and Melissa Haines. The meeting featured an impressive lineup of international guest speakers from the Mayo Clinic (Minnesota), Brisbane, and Calgary. Doctor Cynthia Seow from Departments of Medicine and Community Health Sciences at University of Calgary was sponsored through the Dr Pamela Brown Speaker Fellowship, NZSG first bequest. The event was once again made possible through the generous and continued support of our sponsors and industry partners. We now look forward to the upcoming 2025 ASM in Palmerston North, which promises to be another excellent gathering of clinical and academic expertise.

Training the Colonoscopy Trainers

Held in March 2025, this well-received course was convened by Russell Walmsley at Olympus Live, with practical interactive sessions hosted at Waitakere Hospital. The course brought together both gastroenterologists and surgeons, with a focus on improving the quality of colonoscopy training delivery and enhancing teaching practices.

Introduction to Endoscopy Course

Convened by Judy Huang, this twice-yearly course (February and August 2025) welcomed new trainees from both adult gastroenterology and paediatric training programmes. The course continues to serve as a vital entry point into procedural endoscopy for new registrars.



Polypectomy Course

The February 2025 course saw strong attendance, with over 20 participants on Day One, and a more focused group of six attending Day Two. Convened by Lesley-Ann Smith, the course format is evolving, with increasing emphasis on an introduction to Endoscopic Submucosal Dissection (ESD) during the second day—offering a valuable opportunity to explore advanced polypectomy techniques.

IBD Superstars

NZSG hosted IBD Superstars in April this year. Convenors Professors Richard Gearry and Andrew Day welcomed delegates to a two-day programme filled with educational content from international IBD specialists. This event was made possible by our many generous sponsors.

Hepatology Network Meetings

Dr John Parry convened two meetings this year. One in Auckland held in June and the second in Christchurch in September. Both meetings brought together nurses, doctors and researchers focused on hepatology causes, cures, and care.

Challenges and Faculty Involvement

A key challenge continues to be the availability of experienced faculty to support these courses. With a relatively small pool of trainers, it is increasingly important to diversify faculty and provide trainees with access to a wide range of teaching styles and clinical perspectives. We welcome expressions of interest from clinicians keen to be involved in course delivery. If you're interested in becoming part of the faculty for any of the above courses, please get in touch with April-Mae at NZSG. Expenses are reimbursed, and your contribution plays a crucial role in shaping the next generation of endoscopists.

*"Education is the most powerful
weapon which you can use to change
the world" by Nelson Mandela*

Budget

Account	Actual	Budget
	Jul 2024-June 2025	Jul 2025-June 2026
Trading Income		
ASM Income	\$73,555.00	\$15,000.00
Dr Pamela Brown Speaker Fellow	\$20,000.00	\$0.00
CCCare Grant	\$27,655.00	\$0.00
Hepatology Network Meeting	\$4,655.00	\$5,000.00
Introduction to Endoscopy _ Income	\$29,022.00	\$15,000.00
Match Interviews Admin Fee	\$7,650.00	\$8,500.00
NZSG_Motility Network Symposium	\$17,915.00	\$20,000.00
Polypectomy Course _ Income	\$38,940.00	\$22,350.00
Subscription Income	\$63,863.00	\$90,000.00
Train the Trainer _ Income	\$17,391.00	\$12,000.00
Trainee Programme _ Income	\$39,098.00	\$24,300.00
Conjoint Committee	\$5,235.00	\$6,000.00
IBD Superstars	\$48,760.00	\$0.00
Janssen Fellow	\$26,478.00	\$27,000.00
IBD Symposium	\$0.00	\$10,000.00
Total Trading Income	\$420,217.00	\$235,150.00
Gross Profit	\$420,217.00	\$235,150.00
Other Income		
Interest, Investments, Other income	\$42,230.00	\$23,651.00
Total Other Income	\$42,230.00	\$23,651.00
ALL INCOME	\$462,447.00	\$258,801.00
Operating Expenses		
Accounting Fees	\$2,750.00	\$4,500.00
ASM Awards****	\$1,500.00	\$2,000.00
ASM Expenses	\$921.00	\$2,500.00
Bad Debt	\$3,325.00	\$3,500.00
Bank Charges	\$4,945.00	\$5,000.00
CC Care*****	\$27,655.00	\$0.00
Committee Meetings - Catering	\$284.00	\$500.00
Committee Travel Expenses	\$3,587.00	\$6,500.00
Depreciation	\$1,491.00	\$0.00
Exec Travel Expenses - Other Meetings	\$159.00	\$500.00
Exec Training	\$0.00	\$500.00
Gastro Match	\$634.00	\$4,000.00
General Expenses	\$593.00	\$100.00
Gastro Interest Group - UoA	\$0.00	\$3,000.00
Honorarium Facilitators	\$0.00	\$16,500.00
IBD Superstars	\$0.00	\$0.00
Indemnity Insurance	\$1,060.00	\$2,500.00
Introduction to Endoscopy _ Expense	\$2,738.00	\$3,500.00
IT expenses	\$2,310.00	\$4,500.00
Janssen Research Fellowship	\$74,420.00	\$65,000.00
Legal Expenses (69500)	\$5,957.00	\$500.00
Membership to International Organisations	\$1,347.00	\$1,500.00
Misc (95000)	\$0.00	\$2,500.00
NZSG Expense Run Courses**	\$1,980.00	**\$0.00
NZSG Small Research Grant	\$14,294.00	\$20,000.00
Polypectomy Course _ Expense	\$11,079.00	\$13,000.00
Secretariat Costs	\$79,350.00	\$80,000.00
Social Media _ Communications	\$1,302.00	\$1,500.00
Telephone	\$395.00	\$1,000.00
Te Reo Name for NZSG	\$0.00	\$9,000.00
Train the Trainer - Expense	\$2,342.00	\$3,000.00
Trainees Day	\$17,000.00	\$8,000.00
Website Maintenance	\$1,736.00	\$4,500.00
Xero	\$339.00	\$1,200.00
NZgNC***	\$17,859.00	\$0.00
Office Tech (phone/computer)	\$0.00	\$5,000.00
Total Operating Expenses	\$283,352.00	\$275,300.00
Net Profit or loss	\$179,095.00	-\$16,499.00

** split between each course
 *** Combined with ASM Expenses
 **** 2023/2024 Awards
 ***** repayment of CCCare Funds

Our Working Groups

NZSG Working Groups have been in action since 2022 when we launched the Equity Group. Created to bring like-minded members and nursing colleagues around the table to focus on key areas of interest in gastroenterology, we now have several active working groups and networks that have been hard at work over the past year.



Equity Working Group (EWG)

Chair Dr Alex Lampen-Smith

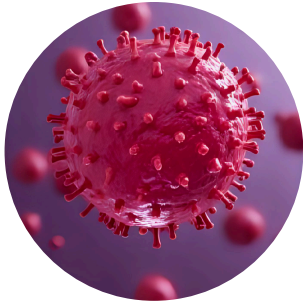
The EWG has continued to support the Executive in matters of equity and diversity. Contributions this year include:

- Equity observer at the Match with ongoing support and suggestions for development.
- Advise regarding gender diversity in speakers and panels of NZSG run and endorsed meetings.
- Working group and expert consultation for development of a Te Reo society name.
- Development of opportunities to promote Gastroenterology to diverse medical student and RMO groups.
- Exploration of bidirectional endoscope use in New Zealand context.
- Response to NBSP age extension changes (see 3 page article in the ASMS 'Specialist' June edition)

The Chair would like to thank the members of the EWG and especially our lay member for their participation this year.



"ALONE WE CAN DO SO
LITTLE;
TOGETHER
WE CAN DO SO MUCH."
HELEN KELLER.



Hepatology Working Group

Co-Chairs Dr Amanda Chen and Dr Jerry Chin

Discussing and planning activities related to hepatology; the group hold face-to-face meetings coinciding with the hepatology network meetings as well as conducting Zoom meetings to discuss and create national guidelines, share documentation, and consider best practice. This past 12 months the Group published a number of resources on the NZSG website for all practitioners whose work focuses on hepatology. In the coming year they will be highlighting clinical trials on the NZSG website and looking on ways to share data with members of the Society on this platform.



IBD Medicine Working Group

Chair Dr James Fulforth

The inflammatory bowel disease (IBD) working group continues to focus on improving medication access for our patients, whilst also trying to provide support to clinicians aimed at improving overall standards of IBD care across the country.

This year's biggest project has been the development of some local guidelines for colorectal dysplasia surveillance in patients with IBD. Several international guidelines have been published in the last few years, but it is important for local guidelines that reflect the landscape in Aotearoa. We are hugely grateful to Dr Caroline Jiang and Dr Raj Patel, who have led this, and to all the other contributors.

On the medication front, we were delighted to see upadactinib funded by Pharmac, this is another big step forwards for our patients, who now have access to an oral advanced therapy, and reward for continued advocacy from this and other groups.

We continue to advocate for our patients, and to liaise with Pharmac and other key stakeholders on a number of issues, including:

- Access to funded Shingrix vaccination for patients with IBD
- Access to subcutaneous infliximab and vedolizumab
- Modernising IBD special authority criteria to better reflect modern practice
- Therapeutic drug monitoring to guide dose escalation of infliximab
- Timely access to therapeutic drug monitoring for anti-TNF agents, and vedolizumab and ustekinumab



Sustainability Working Group (SWG):

Chair Dr Ricardo Jurawan

Providing strategic direction and leadership to the wider gastroenterology community and collaborating with global sustainability/green interest groups to implement environmentally friendly practices. The SWG aims to promote awareness, education, and research on sustainability, provide guidance and support to members, and foster international collaboration.

In the 2024 – 2025 year SWG revised their term of reference to include a larger number of nursing colleagues and our industry partners. The group has focused efforts on reducing costs and environmental harm by investigating the use of mill strips, tap water vs saline solution flushes for scopes, and reducing single use practice. The Group has also begun discussion on a Green Tick within NeQip KPIs for Units who meet defined criteria.



The Neurogastroenterology Network

Co-Chairs Dr Charlotte Daker and Christopher Cederwall

The Neurogastro Sub-Interest Working Group has had a productive year, continuing to advance clinical dialogue and advocacy in the field of gastrointestinal motility. In 2025, we provided expert advice to the Health and Disability Commissioner (HDC) regarding the complex care needs of patients with Ehlers-Danlos Syndrome (EDS) and vascular compression syndromes, and responded to media coverage on this topic to help clarify clinical pathways and patient support. Our group contributed a trans-Tasman perspective to the Gastroenterological Society of Australia (GESA) position statements on chronic nausea and vomiting, as well as disordered gut-brain interaction (DGBI) altered food intake behaviours, reinforcing our commitment to regional collaboration.

We delivered two motility-focused sessions at the annual Gastro Trainee Conference, supporting education and engagement among emerging clinicians. Planning is underway for the biannual Motility Summit, scheduled for September 2026 in Arrowtown, with hopes to build on the success of the 2024 event. The motility network group chat remains an active forum for members to share clinical experiences and offer peer support.

FIND OUT MORE AT [NZSG.ORG.NZ](https://nzsg.org.nz)

Trainee' Representatives Report

Dr Andrew Thushyanthan and Dr Catherine Correia

2025 has been a highly productive and rewarding year for gastroenterology trainees, marked by significant developments in education, professional support, and community building. A number of key initiatives have been delivered over the course of the year, with particular highlights including the success of the annual Trainees' Day, the growth of focused educational workshops, and the establishment of the Gastroenterology Interest Group. Together, these achievements have strengthened the training experience and reinforced the sense of community within the specialty.



The annual Trainees' Day was once again the flagship event of the year. Attendance was strong, with trainees from across the region actively engaged throughout the programme. The day featured a wide-ranging agenda that encompassed clinical updates in areas such as inflammatory bowel disease, hepatology, and endoscopy, alongside sessions on career development and portfolio building. The balance between formal teaching and opportunities for discussion was particularly well received. Importantly, the day also created space for trainees to network with peers and senior colleagues, fostering stronger professional connections across the region.

A notable development in 2025 was the establishment of the University of Auckland Gastroenterology Interest Group (UoA GIG), which was created to engage medical students with the specialty and was supported by the involvement of gastroenterology trainees and consultants. In a short time, the GIG has already made a considerable impact by offering students early in their path, exposure through a structured programme of educational sessions and career-focused events.

The GIG was launched with an Introduction to Gastroenterology Evening, which attracted strong attendance and highlighted the diverse opportunities within the specialty. Soon after, members organised a bake sale, with the aim of increasing the visibility of gastroenterology within the wider student community but also donating proceeds from this event to the Gut foundation. The group has established a dedicated Instagram page ([gig.uoa](https://www.instagram.com/gig.uoa)) to share updates, advertise events, and promote resources in an accessible and engaging way. A flagship event is the group's first Careers in Gastroenterology Evening, which brought together students, trainees, and consultants for talks and informal networking. By inspiring and supporting the next generation, the GIG represents a vital investment in the future of gastroenterology.

Trainees have also continued to contribute actively to research and innovation. Over the past year, many have taken part in collaborative studies, audits, and quality improvement initiatives, reflecting a growing appetite to combine clinical expertise with academic advancement.

Finally, this year also marks the conclusion of Andrew's tenure as Trainee Representative as he moves onto his the next chapter of his career with a fellowship abroad. He has appreciated the opportunity to contribute with the on-going hope the trainees experiences continues to grow and improve and we can aspire medical students to be the "gastroenterologists of tomorrow".



In summary, 2025 has been a year of growth, achievement, and consolidation for gastroenterology trainees. The success of the Trainees' Day and the establishment of the Gastroenterology Interest Group stand out as defining achievements. Looking ahead to 2026, the focus will be on building upon these successes, expanding opportunities for education and mentorship, and ensuring that trainees remain supported in their professional and personal development.



Strategic Plan Report

Strategies and Actions	Status
Objective 1: Achieving excellence in Education	
Develop role of Education Lead on the Exec to oversee educational and training initiatives	Complete 2022
Facilitate access to evidence-based resources, education, and training in areas such as endoscopy, nutrition, gastroenterological conditions, and people management	On Going
Standard letter to give to all course convenors and teachers / trainers to ensure conference facilitators are empowered to apply for special leave to facilitate and organise courses as per MECA	Completed 2024
Continue to support educational meetings, including hepatology network, IBD symposium, and ASM	Continued in 2025
Develop and use technology to share educational opportunities (e.g., webinars)	Continued in 2025
Position NZSG as a training provider for Gastroenterology Advanced Trainees	Continued in 2025
Governance and review of the Gastro MATCH programme, including the process, criteria for entry, and decision making	Advanced in 2025
Facilitate access to all current course such as train the trainer, introduction to endoscopy	Continued in 2025
Innovate ongoing training and courses for the needs of the profession (e.g., polypectomy course, work with MOH on setting up a pilot advanced polypectomy course)	Continued in 2025
Registrar Trainees Day –governance to shape the event to meet the needs of attendees	Continued in 2025
Objective 2: Advocacy	
Collaborate with the Ministry of Health (MOH) including the National Bowel Cancer Screening programme (NBSP), Health NZ and Māori Health Commission	Continued in 2025
Work to broaden the NBSP for Māori and Pasifika at a lower age	Continued in 2025
Develop a communication plan for NZSG to increase its media presence, including social media and writing media releases about gastroenterology and letters to the Minister.	Begun 2025
NZSG supports the development of networks of particular interest, overseen by the exec with sustainable EO support (such as setting up shared files and appropriate sustainable secretarial support) Equity - Medication - HCC Screening - Sustainability - IMATCH - Education	Continued in 2025
Advocate for a diverse, inclusive, and sustainable gastroenterology workforce	Continued in 2025
Work with stakeholders on the collection and reporting of quality gastroenterology workforce data	Progressed in 2025
Participate in Endoscopy Workforce Advisory Group	Continued in 2025
Support opportunities for a wāhine to meet and build relationships in gastroenterology and endoscopy global organisations	Continued in 2025
Collaborating with the Association of Medical Specialists (ASMS) on workforce and on service sizing to ensure demand is met	
Begin the collection of data on gender and ethnicity for members and trainees	Completed 2024
Promote the gastroenterology profession to medical students, interns and registrars	Started 2025
Increase diversity (e.g., race, ethnicity, gender, age) of the gastroenterology workforce	Continued in 2025
NZgNC workforce examples would including specialty nursing networks	Progressed in 2025
Advocate for workforce growth to meet needs of Aotearoa NZ - Lobby MOH ,HNZ and MHC for increase of gastroenterology capacity , Work with HWNZ to develop peripheral fellowship and training positions	Continued in 2025

Strategies and Actions	Status
Objective 3: Supporting the advancement of gastroenterology and innovation in the field	
Foster national and international links with societies and associations relevant to the field of gastroenterology to encourage endorsement and use of shared guidelines.	Continued in 2025
Conduct scientific and educational meetings in New Zealand	Continued in 2025
Diversify research funding streams and build strong partnerships	Progressed in 2025
Support research through financing and awarding research grants (e.g., NZSG-Janssen Research Fellowship and Small Research Grants) as funding allows	Progressed in 2025
Use ASM as a showcase to educate, motivate and inspire members and juniors building on existing research prizes and fellowships. Include new research and funding streams as well as prizes for abstracts e.g., 2022: sustainability award / best paper 2023: equity award / best paper, 2023: Endoscopy award / best paper / fellowship	Progressed in 2025
Actively facilitate the sharing of evidence-based gastroenterology knowledge and information pathways	Continued in 2025
Improve the knowledge and awareness of gastroenterology for people working outside gastroenterology services to consider this as a career	Progressed in 2025
Share accessible resources and events that increase knowledge and awareness of gastroenterology.	Progressed 2025
Network opportunities (e.g., WhatsApp Groups) and promoting of clinical directors and/or kaumatua. - <i>Arrange a Clinical Directors Hui as part of each ASM, Arrange a Past Presidents / Executive Members Rangatira Hui at each ASM, Promote mentorship</i>	Progressed 2025
Networking with like-minded Societies to facilitate and promote sustainable work practices for the profession	Continued in 2025
Objective 4: Keeping members informed, supported, and involved in the Society	
Review and clarify the role and membership of the Executive Committee	Completed 2025
Māori members of the profession are empowered to lead Māori initiatives including the development of a te reo Māori name for the Society, translation of the vision statement into te reo Māori, and growth of the workforce. - Tino Rangatiratanga	
Increase membership by retaining current members and increasing the diversity of the Society by actively recruiting surgeons, GPs, nurses, researchers and allied health professionals with an interest or experience in gastroenterology	Continued in 2025
Encourage members to contact the society for support if they have issues and distribute information on who to contact and what they can expect in terms of outcomes	Continued in 2025
Provide feedback to members after each Executive Committee meeting to keep members informed about the activities of the society	Progressed in 2025
Establish and maintain an organised website through investment for membership as a repository for resources that members can access as required and keep, including:	Continued in 2025
NZ specific guidelines e.g., treatment of viral hepatitis, Hepatocellular Cancer Surveillance guidelines, polyp guidelines - Society position statements - Media releases and submission - Presentations that members can draw from or use as required - Connection of member for the funding and management of complex patients	Progressed in 2025

Strategies and Actions	Status
Objective 5: Championing equity and valuing inclusion in the profession and treatment access	
Develop an Equity Statement that can be used to share NZSG's vision to promote and achieve equity in our workforce	Completed 2022
NZSG – MOH rural / peripheral gastroenterology fellowship pilot rollout and reporting	Completed 2024
Advocate to Pharmac, MOH and government in areas where inequity affects access to treatment for our patients e.g., develop an IBD Medication Working Group to meet with key Pharmac stakeholders	Continued in 2025
Work with the MATCH process for the selection of advanced trainees into gastroenterology training to partner with RACP, DHBs and similar groups in terms of inclusiveness and promotion	Progressed in 2025
Making space for members with disabilities, are neurodiverse and/or are part of LBGQTI, varied cultural and religious backgrounds ensuring they feel respected, valued and safe while having a voice that is heard and acted upon.	
Objective 6: - Building partnerships with key stakeholders that align with NZSG	
Build our relationship with NZSA as the Society exits RACP	Progressed in 2025
Build a new, independent relationship with RACP	Progressed in 2025
Build and maintain relationships with key stakeholders that align with the NZSG's vision, including:	Progressed in 2025
Establishing regular meetings with Pharmac, MOH, Health NZ, Māori Health Authority and RACP, especially the ATC	Continued in 2025
Strengthening relationships with patient groups and other specialties and professions involved in the care of gastroenterology patients (e.g., surgeons, dieticians and nurses) to mobilise action on shared goals	Continued in 2025
Strengthening relationships with the ASMS, to facilitate advocating for national issues such as gastroenterology service provision in rural areas	
Meet our contractual agreements with our network partners EGG_NBSPAC, NEDS and NZCCRTGE	Ongoing
Strengthen engagement and partnership with allied organisations including the Asia Pacific, including but not limited to (e.g., GESA, APAGE, APASL, JSGE) and Global (e.g., WGO BSG)	Continued in 2025
Support nurse specialisation in gastroenterology through connection with NZgNC	Continued in 2025
Promoting professional relationship, networking, and mentoring between trainees and gastroenterologists.	Continued in 2025
Actively work with surgical endoscopy colleagues and leaders to promote standards of care, collegiality and cooperation	Continued in 2025

Strategies and Actions	Status
Objective 7: Financial security, transparency & accountability	
Improve and maintain financial security of the Society	Continued in 2025
Diversify financial portfolio	Continued in 2025
Ringfence/small project grant	
Determine if rules can be adapted for excess Janssen grant funds to be used for general research instead of returned	Completed in 2022
Determine minimum amount of savings to cover two-three years of expenditure	
Increase funds over time to reach ideal financial security	Continued in 2025
Explore new funding streams to enhance research grants and prizes such as - <i>Consider how relationships with Pharma can be built, such as advertising space in a biannual bulletin that is part of the sponsor package through Conference Organiser</i>	Continued in 2025
Ensure all working relationships are financially sustainable, with accurate budgets that take into account costs to NZSG to administer	Continued in 2025
Apply for funding through the Māori Budget 2022 to build capacity for Māori / Pasifika workforce	Not Available - New Govt
Enhance transparency and accountability of finances and financial decisions- <i>Write a financial strategy statement, Continue with the annual budget, Improve visual tools for ASM</i>	Continued in 2025
President, President Elect and encourage others office bearers and exec members to attend Board Directors' course (funded through own CME if possible)	Completed in 2025
Develop a 'How to run the ASM' document	Completed in 2022
Develop a Hand Over plan for exec members: 'How to guide' for being an exec member	Progressed in 2025
Develop a president-to-president elect hand over period to smooth the transition	Progressed in 2025
Ensure key NZSG processes have process documentation	Completed in 2025

**REPORTS
FROM ORGANISATIONS IN
THE GASTROENTEROLOGY
AND ENDOSCOPY
COMMUNITY**

NZ Nurses Organisation

Gastroenterology Nurses' College

Karen Kempin & Emma Deere

New Zealand Nurses Organisation Gastroenterology Nurses College (NZgNC) AGM Co-Chairperson Report 2025

In 2025 the challenges for the gastroenterology nurse profession have escalated to the point where we are losing amazingly skilled senior nurses to Australia because our health and government leaders continue to undervalue and underestimate what we do and how much value we add to our patients and the NZ health care system. The NZNO has taken some positive steps policy wise towards bringing patient care and safety back into focus and bringing Te Tiriti principles back to the core of health and wellness but there may be no experienced nurses left by the time this is endorsed. There are fewer nursing students; new graduates are forced to look for full time jobs overseas and over-worked/under-paid nurses who have fears for their own safety and mental health are being recruited into other health systems. We have a senior management team who believes any nurse will do, as long as they accept low wages and keep quiet and we are all struggling with pressure to do more for less and accept our lot.

This is quite a dire way to start an annual report but this is the reality for many of us that cannot be ignored. I want to take the opportunity to thank those who are sticking with our specialty and our patients, who often do not understand what we are experiencing but are so grateful to be attending clinics, having procedures and receiving our expert care. For those who read this I would like you to check with at least one colleague next time you are at work, ask if they are OK and thank them for coming to work and being part of the team.

In spite of all this doom and gloom I have felt some moments of lightness and positivity within the NZGNC this last year, mostly because of our members and the amazing nurses I meet at study days, conferences, meetings and workshops. Some of the best are those who are on the main college committee and the members of the Hepatology, IBD and Nurse Endoscopist sub committees. With all the financial, professional, personal and emotional pressure we are experiencing (see above) there are still people who make time to participate in the vital national specialty work that keeps our profession evolving. Our NZGNC committee is:

- Karen Kempin - Co-chair and Nurse Endoscopist Subgroup
- Emma Deere - Co-chair and Tube editorial
- Nicola Caine - Secretary and Hepatology Subgroup
- Fiona Williams - Treasurer
- Caroline McKeon - Committee and Tube editorial
- Nideen Visessio - Committee and IBD Subgroup
- Julia Anderson – NZNO Professional Nurse Adviser

Two of the committee members stepped down during the year, Gino Borromeo and Kate Lodge. We would like to thank them for their contribution while they were on the committee and note that we have missed them very much. I would like to express my gratitude to the current committee for stepping up and doing extra roles and projects as they have come up.

This year the NZGNC has provided funding and support to have education study days for gastroenterology leaders, specialty IBD and hepatology nurses and nurse endoscopist association has theirs planned for the day before annual conference in Palmerston North. The committee sees these study days as essential for nurses in specialty practice and form the core of our business year to year, with the bulk of the money raised from conferences, advertising in the Tube and some sponsorship being spent on these days. Our other main expense is our education fund, providing members with financial assistance to attend meetings, conferences or pay for post-graduate papers. The financial report is available separately to this report but the amounts outlaid for this year in over \$20,000.

The committee also made a commitment this year to participate more in national political and professional actions, with a negative opinion piece on the government's decision to remove funding from the Bowel Screening Programme meant to bring the eligibility age for Māori and Pacific people down to age 50 being published. We have also been responding to PHARMAC requests for professional opinions on potential new funded drugs or changing currently funded medications that our patients need. We have been asked to give opinions on guidance documents including the update Infection Prevention and Control in Endoscopy 2025, the nurse endoscopist training guidance and a new document to assist facilities to manage colonoscopy waitlists.

The NZNO is increasing support for colleges and sections, including providing study days and Zoom meetings where committee members can ask questions and bring concerns of our members to the NZNO board directly. We also sent a representative to the NZNO AGM and conference in September, with a full report available in the October edition of the Tube. We have been invited to a "how to be a committee member" education day in early 2026, which will give people who are new to a representative role the chance to upskill.

2025 has also seen closer ties forming with the Endoscopy Guidance Group New Zealand, Australian Hepatology Association, Australian and New Zealand Gastroenterology International Training Association, Gastroenterology Nurses College of Australia and the New Zealand Society of Gastroenterology, with members of our college sitting on their committees/boards as full and invited members. Being part of these bigger groups ensures the ideas, concerns and views of our New Zealand nurse members are heard and integrated into projects, policies and guidance documents. It also means we can tap into amazing professional expertise and experience when we are considering professional development projects for our college.

2026 is shaping up to be challenging, but looking back on this year and the progress we have made has made me more hopeful that kindness and sense will prevail and we can convince the government that the wellbeing of workers and treating us with respect and concern is important if they want to lead us and engage us with their plans. I look forward to conference and our AGM and meeting many more of you. If you have any queries or issues you feel the college can assist with please get in touch through the secretaryofnzgnc@gmail.com email. Look out for committee members as we will be wearing badges with the new NZNO logo on it, just say Hi or have a conversation.

Karen Kempin
Committee Co-Chairperson



Co-Chairperson's Report – 2025

New Zealand Gastroenterology Nurses College

As we come to the end of 2025, I would like to take a moment to reflect on what has been a challenging year for our nursing community.

I echo Karen's comments about the current state of healthcare, particularly nursing in New Zealand and acknowledge the efforts of the NZNO to refocus towards the values and principles that are most important. Across New Zealand, nurses have continued to face immense pressure amidst ongoing resource constraints and systemic challenges. I want to acknowledge the incredible resilience, professionalism, and compassion that our colleagues have shown in the face of these difficulties. In particular, I wish to extend my gratitude to those who have spoken out and advocated so strongly for recognition and fair support from the current government. Your voices make a difference, and your courage represents the very best of our profession.

As Karen also mentioned, I am especially concerned about the reduction in resources and opportunities for our new graduate nurses. Supporting and nurturing the next generation of gastroenterology nurses is essential to the future of our field, and I hope through my involvement in the committee I can continue to advocate for them and find ways to provide mentorship and professional growth within our own networks. I am sure we can all agree on the importance of this. On a personal note, this year has been a particularly busy one for me as I completed my Master's degree and spent time volunteering overseas and working away from home. Despite these external commitments, it has been a privilege to remain part of this dedicated committee. I have thoroughly enjoyed being a member and am deeply appreciative of everyone's hard work, collaboration, and ongoing passion for gastroenterology nursing.

Looking ahead to 2026, I am eager to taking a more active role within the committee and contribute to the work and events we have planned. I truly value the collegial spirit we share and the positive impact we continue to make together.

Thank you all for your dedication and expertise. I look forward to seeing many of you at the Conference and AGM.

Warm regards,
Emma Deere
Committee Co-Chairperson



NZgNC Committee 2025

NZ Liver Transplant Unit

Dr Louise Barbier, Interim SCD

Staff:

Dr. Dominic Ray-Chaudhuri has left his clinical director position at the liver transplant unit in February 2025, and I have taken over the position temporarily. Dominic has done an outstanding job for the last 5 years and is now enjoying his position as a hepatologist in the unit with **Drs. Ed Gane, Hannah Giles, Rachael Harry, and David Orr**. We are currently looking to hire a new hepatologist to complete our team. The team of surgeons (**Dr Peter Carr-Boyd, Dr Ian Leipnitz** and myself) have seen the addition of **Dr Ailton Sepulveda** from Paris in September 2024. Our team of transplant coordinators is now complete (**Lucy Mills, Barry Harrison, Sarah Simpson-born Robinson, Monnina Pitts** and our latest addition **Kristie Yorston**). We have now a new HCC coordinators team: Irene Lee and Helen Loader. It is also an opportunity to thank **Belinda Bennett**, our team administrator, who will retire by the end of this year.

Events:

Last year, we had the pleasure of organizing our first **ALTIM- Aotearoa Liver Transplant Interdisciplinary Meeting** in Auckland. The opportunity to reunite physicians, surgeons, anaesthetists and Allied Health from the motu for a discussion on transdisciplinary management of our transplant patients was truly amazing, and it was a fantastic networking opportunity. I am hoping that we would be able to organise the second ALTIM term 4 of 2026 or term 1 of 2027.

In October 2025, we will also have an **HCC education day in Auckland**. The aim is to gather everyone involved in the care of patients with HCC - physicians, surgeons, radiologists, nurse specialists, medical and radiation oncologists. The management of HCC is a team effort, and we need to ensure that all patients can access the same level of care regardless of their location. We will also have the opportunity to reflect on the public system's recent access to Atezolizumab-Bevacizumab.

In February 2026, we will have the pleasure to invite the team from Edinburgh for a Masterclass in abdominal normothermic Regional Perfusion for deceased donors. The goal is to train the NZ teams so we can kick start our own program in March 2026 (details below).

Projects and protocols:

Our number of LT has been frustratingly steady over the past 10 years, owing to a low donation rate in Aotearoa NZ. New indications in the oncology field have emerged, and I am pleased to say that we now have protocols that enable LT as an option in certain cases of early intra-hepatic cholangiocarcinoma, peri-hilar cholangiocarcinoma, neuro-endocrine liver metastases and colorectal liver metastases (see edito in NZMJ here <https://nzmj.org.nz/journal/vol-137-no-1605/liver-transplantation-for-colorectal-liver-metastases>). **We are developing these new indications according to the international standards and with the guidance of TSANZ. Some of these protocols are accessible on the Hepatology SIG page;** don't hesitate to contact us directly to discuss your patients.

In order to try to increase the number of LT in a constrained donor pool, we are in the process of dynamising our live donor program (for paediatric and adult recipients). Thanks to Dr Sepulveda, we have been able to start our laparoscopic live donation program from adult-to-paediatric recipients. Other surgical options involve the use of partial grafts with auxiliary transplants or RAPID procedures; where a whole graft can be split and used in two adult donors.

Projects and protocols continued:

In the upcoming year, the **launch of the abdominal-normothermic Regional Perfusion program (A-NRP) for donors after circulatory death** will be the most significant change. There is an increasing proportion of deceased donors with circulatory arrest death -DCD- (as opposed to brain death DBD), but the liver grafts from DCD donors are usually more at risk with more graft failure, ischaemic cholangiopathy and retransplantation. We have been using hypothermic oxygenated perfusion (HOPE) for our extended criteria-DBD and DCD grafts since 2022: despite an improvement in the outcomes of extended criteria DBD grafts, unfortunately HOPE does not completely mitigate the risk of cholangiopathy from DCD donors, and that is why we want to achieve it with A-NRP. A-NRP involves the perfusion in the donor after their death, in order to resuscitate the abdominal organs and help them overcome the hit of the warm ischaemia caused by the circulatory arrest. This technique dramatically improves results for liver grafts, but also for kidney and pancreas grafts. It is already widely used in Europe and in the USA, but not yet in Australia and NZ. Legal issues prevent this technique from being implemented in Australia despite the push from the liver transplant community, and we are hoping that NZ will pave the way for Australia in the future. We are inviting the Edinburgh team, pioneer in A-NRP, to train our donation team early next year before we can start the program. Overtime, it should allow us to extend our criteria and increase the donor pool from deceased DCD donors.

Another big project for the unit over the next couple of years is a **cultural Māori review** of our processes, in collaboration with Māori health services and our Māori health nurse specialist for abdominal transplant Tallulah Lautami. We are also assessing a new **allocation score** (GEMA-Na) that is more equitable for female recipients. We are working on the renewal of our information supports, to try to make it culturally appropriate and more accessible to our patients and whānau.

The next big challenge we are facing if we want to improve the outcomes for our LT patients is to focus on the long-term: tailored immunosuppression, holistic approach with healthy lifestyle, management of cardiovascular and renal risk, screening of de novo cancers, mental health... I am hoping that we will soon be able to develop regular checks at anniversary dates and collect data on the **long-term outcomes** to improve our practices. We should be able to agree on goals and rely on our fantastic network of nurse specialists and hepatology SIG. Feel free to contact me if you are interested in being involved.

Lastly, we have now been referred for opinion or management of patients with acute and portal vein thrombosis thanks to the impulsion of Dr Hannah Giles and we now have a solid team of hepatologists/surgeons/interventional radiologists/haematologists that is happy to be consulted about patients with portal vein thrombosis. Referral in a timely manner is a cornerstone as some interventions may only be available when the portal vein is not completely occluded or when the clot is fresh enough, preventing further development of refractory GI bleeds and ascites.

We are always happy to hear from you if you have questions or ideas, please contact me at lbarbier@adb.govt.nz.

Members

James Irwin
Honey Clarke
Louise O'Connor
Malcolm Arnold
Marius van Rijnsoever
Nicola Griffiths
Russell Walmsley
Susan Parry
April-Mae Marshall (secretariat)

Thank-you to Magda Sakowska and Gino Borromeo for their contribution to NEDS. Both Magda and Gino have resigned from NEDS this year. We are delighted to welcome Karen Kempin to NEDS, acting as our nursing representative. We are currently looking to recruit a surgical representative for our group.

Provation MD upgrades.

Canterbury and Waikato have upgraded to Provation MD 530, while Taranaki and Auckland remain on older versions of the database. Ensuring all NZ sites are on 530 will allow use of data improvements that are not present on older versions of the programme. Please advocate for upgrade of your database if you are in a location where you are still using an older database.

The most important part of the upgrade is the inclusion of a second ID number, the CPN (Common Persons Number). This ID number allows linkage of data between sites. If you work in multiple sites, all of your KPI data will be linked together using the CPN number. Without the CPN number, no linkage is able to occur and KPI audit for each user occurs separately at each site.

Cloud Based Endoscopy Reporting.

Please note that **Provation have stated the there will be no more development of Provation MD**, and future development will only occur in the cloud computing product, Provation APEX. Provation MD therefore does not have a long future life, and **Aoteoroa New Zealand needs to plan to move on from it**. We are in the process of doing this. Clinical engagement with Provation is good for this process, however there is no engagement or commitment from Te Whatu Ora to move forward. Part of this process is engaging with other endoscopy reporting system providers to ensure we get the product that best suits our needs. Governance of this process is being provided by EGGNZ.

Provation User Group (PUG).

Thank-you to Honey Clarke, who has set up and run two Provation User Group meetings. John Lares from Provation has kindly attended these meetings to provide expertise. The meetings so far have been a success, with sharing of problems and solutions in the Provation space.

Health Data Platform

Te Whatu Ora Health NZ has developed a data platform for analytics. Endoscopy reporting data is one of the first cabs off the rank. See the presentation in the Friday Morning Session at this year's ASM to see our dashboard in action. The dashboard is designed for unit leads to monitor performance of their unit (benchmarked against the country) and of individuals (benchmarked against each other). We are hopeful that in the future a KPI reporting dashboard will be available for all performing endoscopists. We are also hopeful that we will be able to provide a training dashboard for our conjoint committee of endoscopy training, and a recredentialling dashboard for an as yet unformed recredentialling body.

We also hope that pathology data will soon be able to be incorporated into the dashboard, allowing adenoma detection rate to be calculated as part of the reporting.

Data Standard Documentation for Gastroscopy, ERCP

NEDS has written a colonoscopy data standard, which defines all colonoscopy datapoints that are required in an endoscopy report in Aotearoa New Zealand. This standard is expected to be used when interacting with endoscopy reporting system providers, who are expected to meet this standard in their reporting.

NEDS is embarking on writing the same standards for gastroscopy and for ERCP.

Feedback:

If you have any suggestions or feedback regarding standardisation of endoscopy data in Aotearoa New Zealand, please let us know. james.irwin@midcentraldhb.govt.nz



"If we have data, let's look at data. If all we have are opinions, let's go with mine."
Jim Barksdale

Paediatric Gastroenterology

Dr Helen Evans

Starship Child Health

New Zealand Child and Youth Clinical Network

Focus is on advocacy role:

- Demonstration of need for neonatal screening for neonatal liver disease, acknowledging incidence of biliary atresia being 3-4 times more common in New Zealand due to higher disease frequency in tamariki Māori but also 2-3 times more common in Pacifica and Asian children. This has resulted in
- Partnering with Te Manu Toroa in the Bay of Plenty.
- Three highly productive family and community health professional hubs in Tauranga, Kaitia and South Auckland.
- Widespread support by stakeholders for a screening initiative.
- Partnership with Safe Kids to devise an education campaign for families regarding safe administration of liquid paracetamol to children.
- Creation of an investigation algorithm for Metabolic-Associated Steatotic Liver Disease. This remains a work in progress due to concern by General Paediatricians regarding number of children potentially requiring investigation.
- Partnership with NZ Child and Youth Clinical Network for Child Protection resulted in an excellent joint satellite symposium at the 2024 Paediatric Society of NZ Annual Scientific Meeting.

Clinical services and staffing

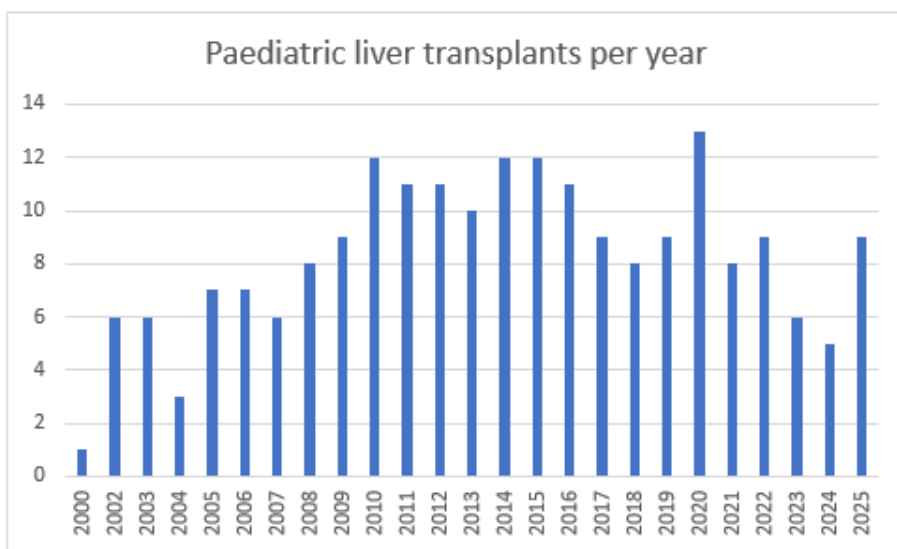
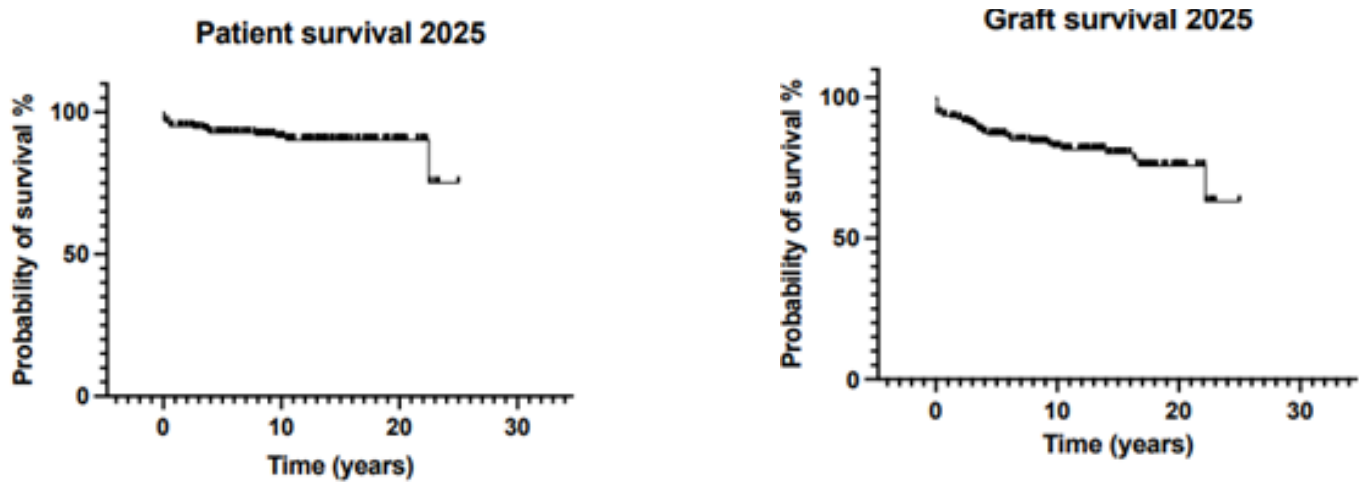
- No changes in 2024/2025.
- We continue to advocate for additional senior staff, particularly in Christchurch, but we also recognise an evolving need in Hamilton.
- Population growth and continued increase in IBD in children mean that our SMO numbers are now well below international comparators.

Clinical concerns

- We remain concerned about the increasing number of children with functional gastrointestinal disorders, especially those labelled as having Ehlers-Danlos syndrome, of whom a number continue to seek surgical treatment overseas for vascular compression syndrome.
- We continue to observe this trend closely, and remain keen to work with adult counterparts and other professional groups in learning more about this trend.

Paediatric liver transplantation

- Excellent graft and patient outcomes, similar to international comparators.
- Peak in complex, very sick infants and children throughout 2025.
- Challenges in the AYA (Adolescent and Young Adult) period remain concerning despite long-standing dedicated clinic with under-staffing in this field – graft and patient loss is the biggest concern.
- Cluster of post-transplant lymphoproliferative disease (PTLD) in young children currently being investigated.



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Academic and research contributions

- Continued focus on IBD which continues to increase annually
- Contribution to international registry on Alagille syndrome (GALA)
- Continued research into biliary atresia which is much commoner in NZ than other countries
 - Current Fellow Zeba Moin undertaking a PhD in this area
- Involvement in clinical trials
 - Odevixibat in biliary atresia (BOLD and BOLD-Extension)
- Site acceptance to participate in the International Intestinal Failure Registry

Inter-agency work

- Dr Helen Evans was elected as Secretary-Treasurer of the International Pediatric Transplant Association
- Professor Andrew Day is current President Elect of PSNZ – the first paediatrician in this role
- Dr Helen Evans was appointed to the inaugural New Zealand Clinical Senate
- We are represented at various Pharmac committees by Drs Evans, Bishop, Roberts and Kim Herbison (dietitian)

Australia and New Zealand Biliary Atresia Registry

- This is a new initiative involving all sites in Australia and New Zealand providing diagnosis and surgery for biliary atresia
- Should become an invaluable resource for benchmarking outcomes against other centres, plus providing research opportunities

Pediatric Australasian Gastroenterology Research Network (PEDAGREE)

- New Zealand Paediatric Gastroenterologists continue to contribute
- Upcoming projects on coeliac disease and eosinophilic gastroenteritides



NZ Conjoint Committee

for the recognition of training in Gastrointestinal Endoscopy

Dr Richard Stein, Chair

Progress for the 2024 to 2025 year:

The Conjoint Committee is working with our secretariat to simplify the application process. As requirements for recognition must be acceptable to our own Colleges and Societies, but must also conform to Australian and international standards, the application process has become more complicated and, at times, burdensome. For instance, in recent years, we have added DOPS/DOPyS and safe-sedation certification to the requirements, as well as more specific requirements for therapeutic procedures such as ERCP. We also require additional information for those with overseas training and those applying through the experienced practitioners pathway to ascertain that NZ standards are met.

In an effort to make the application process more straightforward, we are in the process of revamping our website to make it more user-friendly. We are also actively looking at replacing manual logbooks with electronic ones using Provation, but this is a work-in-progress. We are consolidating our internal records to streamline retrieval of applicant information.

The Conjoint Committee is made up of six volunteers who give generously of their time without compensation. Every application is reviewed by each committee member. The Committee does not operate to achieve a profit, but we need to assure sustainability.

Managing many pages of applications, confirming that logbooks are accurate, along with communication with applicants, supervisors, and committee members is time-consuming and costly. The cost for our secretariat, which we contract through the NZSG, has more than doubled this past year, along with rising costs for indemnity insurance and IT support to maintain and improve our website. Consequently, beginning in 2024, application fees for each procedure are being increased to \$550, which is still considerably less than application fees in Australia. For those applicants applying via the reciprocity pathway (who have recognition through GESA or JAG), the cost will increase from \$50 to \$100. These increases are, unfortunately, necessary to keep our committee operating.

Finally, programme directors are already aware that we need to require that our Supervisors have recognition of training themselves or have “equivalent training”. We anticipate that Conjoint recognition of training will be a requirement for all supervisors within the next few years and encourage all supervisors to apply for recognition in the near future.

Please contact the Chair, [Dr Richard Stein](#), at any time if you have questions or concerns

Committee Objectives

The New Zealand Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy (NZCCRTGE) is a New Zealand body comprising representation from the Royal Australasian College of Physicians (RACP), the Royal Australasian College of Surgeons (RACS) and the New Zealand Society of Gastroenterology (NZSG). The Committee provides recognition of training undertaken in New Zealand in gastroscopy, colonoscopy and ERCP procedures within the confines of a set standard of guidelines. The Committee strives to keep these guidelines up to date and aligned with similar guidelines in Australia so that reciprocal recognition of training can occur.

Conjoint Executive Committee Composition and Terms of Office

The Conjoint Executive Committee consists of two representatives from each of RACS, RACP and NZSG. The current Committee consists of the following members:

Parent Body	Member	Current Term
Chairperson (RACP Rep)	Dr Richard Stein	June 2015
Secretary (RACS Rep)	Dr Deborah Wright	March 2022
RACP Rep	Dr Judy Huang	August 2024
RACS Rep	Dr Marianne Lill	June 2015 to December 2025
RACS Rep	Dr Sarah Rennie	December 2025
NZSG Rep	Mr Bevan Jenkins	October 2019
NZSG/RACP Rep	Dr Rees Cameron	March 2017

Assessments Outcomes

Below is an outline of the number and type of Endoscopists considered for recognition of training by the Conjoint Committee since 2015. In 2025 applications were received by 19 practitioners applying for recognition in gastroscopy (19) colonoscopy (19) ERCP (1) capsule endoscopy (1)

Year	RACP	RACS	Nurse Practitioner	Total
2015	7	12		19
2016	14	11		25
2017	19	15		34
2018	7	9		16
2019	12	3		15
2020	5	6		11
2021	6	5		11
2022	6	8		15
2023	19	9	1	29
2024	16	8	1	24
2025	13	4	2	19
TOTAL	201	193	4	395

Financial Status

Below gives the running sums for the Committee’s financial year from 2026 to presents. The NZCCRTGE’s financial year runs from 1 April to 3 March.

Year	Total Income \$	Total Expenditure \$	Surplus (Deficit) \$	Fund Balance Year End \$
2016	5,000	743	4,257	17,196
2017	5,800	2,197	3,603	20,800
2018	6,600	9,133	(2,533)	18,267
2019	3,800	10,073	(6,273)	11,994
2020	4,100	2,369	1,731	13,725
2021	7,300	4,4626	2,838	16,563
2022	6,650	8,277	(1,627)	14,936
2023	13,350	11,112	2,408	17,344
2024	13,343	13,905	(563)	16,781
2025	20,650	9,585	11,065	27,846

Annual Report

NZ Committee for Recognition of Training in Gastrointestinal
Endoscopy

For the year ended 31 March 2025

Prepared by MTM Accounting Limited

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7	Statement of Changes in Equity
8	Balance Sheet
9	Notes to the Financial Statements

Compilation Report

NZ Committee for Recognition of Training in Gastrointestinal Endoscopy For the year ended 31 March 2025

Compilation Report to the Board of NZ Committee for Recognition of Training in Gastrointestinal Endoscopy.

Scope

On the basis of information provided and in accordance with Service Engagement Standard 2 Compilation of Financial Information, we have compiled the financial statements of NZ Committee for Recognition of Training in Gastrointestinal Endoscopy for the year ended 31 March 2025.

These statements have been prepared in accordance with the accounting policies described in the Notes to these financial statements.

Responsibilities

The Board are solely responsible for the information contained in the financial statements and have determined that the Special Purpose Reporting Framework used is appropriate to meet your needs and for the purpose that the financial statements were prepared.

The financial statements were prepared exclusively for your benefit. We do not accept responsibility to any other person for the contents of the financial statements.

No Audit or Review Engagement Undertaken

Our procedures use accounting expertise to undertake the compilation of the financial statements from information you provided. Our procedures do not include verification or validation procedures. No audit or review engagement has been performed and accordingly no assurance is expressed.

Independence

We have no involvement with NZ Committee for Recognition of Training in Gastrointestinal Endoscopy other than for the preparation of financial statements and management reports and offering advice based on the financial information provided.

Disclaimer

We have compiled these financial statements based on information provided which has not been subject to an audit or review engagement. Accordingly, we do not accept any responsibility for the reliability, accuracy or completeness of the compiled financial information contained in the financial statements. Nor do we accept any liability of any kind whatsoever, including liability by reason of negligence, to any person for losses incurred as a result of placing reliance on these financial statements.

MTM Accounting Limited
Chartered Accountants
Floor 3
191 Thorndon Quay
Wellington

Dated: 1 September 2025

Directory

NZ Committee for Recognition of Training in Gastrointestinal Endoscopy For the year ended 31 March 2025

Nature of Business

Medical Training Recognition

Incorporation Date

2 February 2001

Incorporation Number

1115404

Address

26 Brandon Street, Wellington, New Zealand, 6011

Chartered Accountant

MTM Accounting Limited

Bankers

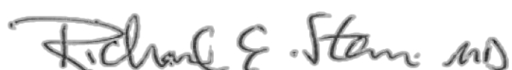
Bank of New Zealand

Approval of Financial Report

NZ Committee for Recognition of Training in Gastrointestinal Endoscopy For the year ended 31 March 2025

The Board is pleased to present the approved financial report including the historical financial statements of NZ Committee for Recognition of Training in Gastrointestinal Endoscopy for year ended 31 March 2025.

APPROVED



Chairperson

Date01 September 2025

Statement of Profit or Loss

NZ Committee for Recognition of Training in Gastrointestinal Endoscopy For the year ended 31 March 2025

	NOTES	2025	2024
Trading Income			
Subscriptions		20,650	13,343
Total Trading Income		20,650	13,343
Gross Profit		20,650	13,343
Total Income		20,650	13,343
Expenses			
Accounting & Consulting		863	863
Amortisation of Website		-	1,553
Bank Fees		3	7
General Expenses		219	-
Insurance		1,691	1,428
Secretariat Support		6,020	7,783
Subscriptions		410	225
Website costs		380	2,048
Total Expenses		9,585	13,905
Profit (Loss) for the Year		11,065	(563)

These financial statements have been prepared without conducting an audit or review engagement, and should be read in conjunction with the attached Compilation Report.

Statement of Changes in Equity

NZ Committee for Recognition of Training in Gastrointestinal Endoscopy For the year ended 31 March 2025

	2025	2024
Equity		
Opening Balance	16,781	17,344
Increases		
Profit for the Period	11,065	-
Total Increases	11,065	-
Decreases		
Trustees Loss for the Period	-	563
Total Decreases	-	563
Total Equity	27,846	16,781

These financial statements have been prepared without conducting an audit or review engagement, and should be read in conjunction with the attached Compilation Report.

Balance Sheet

NZ Committee for Recognition of Training in Gastrointestinal Endoscopy As at 31 March 2025

	NOTES	31 MAR 2025	31 MAR 2024
Assets			
Current Assets			
Cash and Bank			
BNZ Bank Account		30,573	19,247
Total Cash and Bank		30,573	19,247
Prepayments		2,086	1,691
Total Current Assets		32,659	20,938
Total Assets		32,659	20,938
Liabilities			
Current Liabilities			
Trade and Other Payables		4,813	4,157
Total Current Liabilities		4,813	4,157
Total Liabilities		4,813	4,157
Net Assets		27,846	16,781
Equity			
Retained Earnings		27,846	16,781
Total Equity		27,846	16,781

These financial statements have been prepared without conducting an audit or review engagement, and should be read in conjunction with the attached Compilation Report.

Notes to the Financial Statements

NZ Committee for Recognition of Training in Gastrointestinal Endoscopy For the year ended 31 March 2025

1. Reporting Entity

The financial statements presented here are for NZ Committee for Recognition of Training in Gastrointestinal Endoscopy Incorporated, a separate legal entity.

NZ Committee for Recognition of Training in Gastrointestinal Endoscopy is an incorporated society registered under the Incorporated Societies Act 1908.

This special purpose financial report was authorised for issue in accordance with a resolution of members dated 1 September 2025.

2. Statement of Accounting Policies

Basis of Preparation

These special purpose financial statements have been prepared in accordance with the Tax Administration (Financial Statements) Order 2014.

The financials statements have been prepared on a historical cost basis, except as noted otherwise below.

The information is presented in New Zealand dollars.

Historical Cost

These financial statements have been prepared on a historical cost basis. The financial statements are presented in New Zealand dollars (NZ\$) and all values are rounded to the nearest NZ\$, except when otherwise indicated.

Changes in Accounting Policies

There have been no changes in accounting policies. Policies have been applied on a consistent basis with those of the previous reporting period.

Income Tax

Income tax is accounted for using the taxes payable method. The income tax expense in profit or loss represents the estimated current obligation payable to Inland Revenue in respect of each reporting period after adjusting for any variances between estimated and actual income tax payable in the prior reporting period.

Goods and Services Tax

The entity is not registered for GST. Therefore all amounts are stated inclusive of GST.

	2025	2024
3. Intangible Assets		
Website	7,763	7,763
Amortisation - Website	(7,763)	(7,763)
Total Intangible Assets	-	-

	2025	2024
4. Income Tax Expense		
Net Income for the Year per Financial Statements		
Current Year Earnings	11,065	(563)
Total Net Income for the Year per Financial Statements	11,065	(563)
Additions to Taxable Profit		
Non-Deductible Expenses	9,585	13,905
Total Additions to Taxable Profit	9,585	13,905
Deductions from Taxable Profit		
Non-taxable income	20,650	13,343
Total Deductions from Taxable Profit	20,650	13,343
Taxable Profit	-	-
Tax Payable at 33%	-	-
Deductions from Tax Payable		
Resident Withholding Tax Paid	-	-
Provisional Tax Paid	-	-
Total Deductions from Tax Payable	-	-
Income Tax Payable (Refund Due)	-	-

5. Related Parties

The NZ Society of Gastroenterology Incorporated is a related party and pays expenses and receives income on behalf of NZ Committee for Recognition of Training in Gastrointestinal Incorporated.

6. Contingent Liabilities

There are no contingent liabilities at balance date. (2024: none).

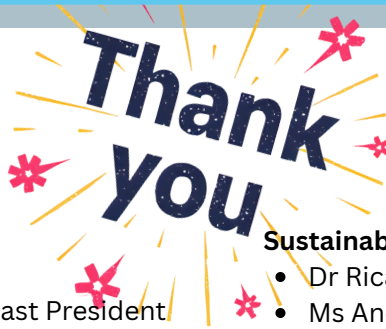
7. Capital Commitments

There are no capital commitments at balance date. (2024: none).

Committee and Group Members

The Society is thankful to all of our members for the support they provide through their membership, attendance at events and courses, and sharing their voice.

Many members sit on Committees, Working Groups and Networks. Others volunteer their time as Facilitators of course. We'd like to say



NZSG Executive

- Prof Andrew Day -President
- Prof Catherine Stedman - Immediate Past President
- Dr Rajan Patel - Secretary
- Dr Rees Cameron - Treasurer
- Dr Lesley Anne Smith - Educational Lead
- Dr Nicholas Anticich
- Dr Safina Gadeock
- Dr Mehul Lamba
- Dr Frank Weilert
- Dr Catherine Correia - Trainee Rep
- Dr Andrew Thushyanthan - Trainee Rep
- Ms Karen Kempin - NZgNC Rep

Equity Working Group (WG)

- Dr Alex Lampen Smith (Chair) – Tauranga
- Dr Helen Evans - Auckland
- Melissa Haines - Waikato
- Dr James Irwin – Palmerston North
- Dr Kirsty MacFarlane – Australia - Nga Puhī
- Dr Rachael Harry – Auckland
- Dr Thomas Boswell – Taranaki
- Dr Zoe Raos – Auckland - Te Ātiawa
- Hama McNeill – Community Member

Inflammatory Bowel Disease (IBD) Medication WG

- Dr James Fulforth (Chair) – Waikato
- Dr Ashwin Bhana - Wellington
- Dr Jonathan Bishop – Auckland
- Prof Murray Barclay – Christchurch
- Dr Caroline Jiang – Wellington
- Dr Thomas Mule - Auckland
- Dr Rajan Patel - Christchurch
- Heidi Su - Christchurch

Sustainability WG

- Dr Ricardo Jurawan (Chair) – Taranaki
- Ms Andrea Dixon (Nurse) – Auckland
- Ms Holly Weale (Nurse) – Christchurch
- Dr Jonathon Sheu - Taranaki
- Dr Justine Evans - Taranaki
- Dr Malcolm Arnold – Christchurch

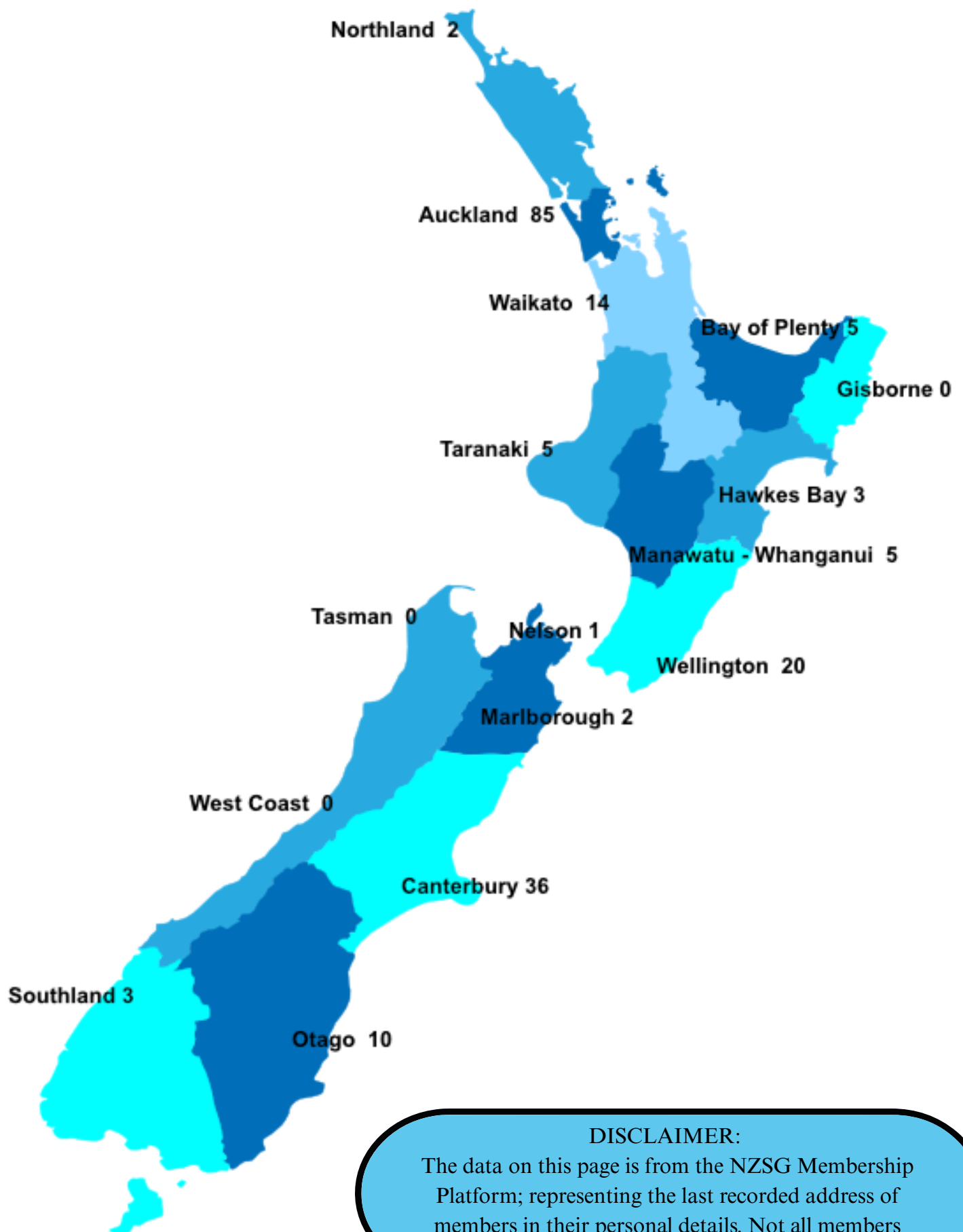
Hepatology WG

- Dr Amanda Chen (Co-Chair) – Wellington
- Dr Jerry Yung-Lun Chin (Co Chair)– Wellington
- Dr Alex Lampen-Smith - Tauranga
- Dr Clare Russell - Auckland
- Dr Dominic Ray Chaudhuri – Auckland
- Prof Ed Gane - Auckland
- Dr Estella Johns – Wellington
- Dr Frank Weilert – Hamilton
- Dr Hannah Giles - Auckland
- Dr Jeffrey Ngu - Christchurch
- Dr Louise Barbier – Auckland
- Ms Lucy Mills – Auckland
- Dr Mirthe Van der Valk - Auckland
- Dr Rachael Harry – Auckland
- Dr Reina Lim - Dunedin
- Dr Stephanie Yung - Auckland
- Dr Wayne Bai – Hamilton

Lead Facilitators and Convenors

- Dr Jerry Chin - ASM 2024
- Dr Catherine Correia - Trainees' Day
- Prof Andrew Day - IBD Superstars
- Prof Richard Gearry - IBD Superstars
- Dr Melissa Haines - ASM 2024
- Dr Judy Haug - Introduction to Endoscopy
- Dr Lesley Anne Smith - Polypectomy Course (PRIME)
- Dr John Perry - Hepatology Network Meetings
- Dr Andrew Thushyanthan - Trainees' Day
- Dr Russell Walmsley - Train the Colonoscopy Trainer

NZSG Members last recorded region of work/home



DISCLAIMER:

The data on this page is from the NZSG Membership Platform; representing the last recorded address of members in their personal details. Not all members are represented.