

Annual Report 2020

The 2020 Annual Report of the Gastroenterological Society of Australia (GESA) documents the Society's strategic activities and member accomplishments achieved against the backdrop of an extraordinary year. This report covers the period from 1 January to 31 December 2020.

About GESA

GESA sets, promotes and continuously improves the standards of practice, training and research in gastroenterology and hepatology in Australia.

Our Shared Purpose

Our ultimate **goal** is optimal gastrointestinal and liver health for all.

We exist to **promote** optimal health through prevention, control and treatment of gastrointestinal and liver disease in humans.

Our decisions are **guided** by excellence, equity, leadership and fellowship.

Working Together

We actively **collaborate** to ensure our clinical and research practices are world class.

We **care** deeply about our patients and continue to find innovative ways to benefit their wellbeing.

We **seek** to provide true fellowship and support to our members.

Be a part of the peak professional organisation for gut and liver health in Australia

Be a Member: Join GESA and be a part of Australia's largest community of health care professionals and researchers in the fields of gastroenterology and hepatology.

Be Active: Be part of our Board, faculties, networks or special interest groups, volunteer your expertise, join a committee or express your interest in supporting our many education activities.

Be Informed: Enjoy a range of publications, news updates, member-only emails and journals that keep you abreast of important developments in gastroenterology and hepatology.

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GESA Board of Directors 2019–2021



Associate Professor Simone Strasser

(President), MBBS (Hons), MD, FRACP, FAASLD

Simone Strasser is a Senior Staff Specialist in the AW Morrow Gastroenterology and Liver Centre and the Australian National Liver Transplant Unit and Director of Hepatology Clinical Trials at Royal Prince Alfred Hospital, and a Clinical Associate Professor in the Central Clinical School (Medicine) at the University of Sydney.

Simone has a major clinical and research interest in primary liver cancer, viral hepatitis, non-alcoholic fatty liver disease, advanced liver disease and liver transplantation. She is site principal investigator on multiple clinical trials of new therapies for patients with liver disease and liver cancer.

Simone is a regular speaker in national and local educational programs and sits on many educational, advisory, editorial and administrative boards and committees in Australia and internationally. Her publications include book chapters and more than 165 publications in peer-reviewed journals.



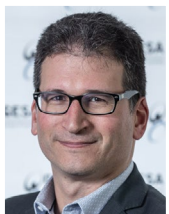
Professor Jane Andrews

(Education), MBBS, FRACP, PhD, AGAF

Jane Andrews is a clinical gastroenterologist, with a focus on inflammatory bowel disease (IBD), and the Medical Lead of Gastroenterology and Gastrointestinal Surgery in the Central Adelaide Local Health Network. She previously worked in private practice.

Jane's research focuses on health outcomes and novel approaches to care. She collaborates in her ongoing research nationally, internationally and in a truly multidisciplinary fashion. Jane is the Board Chair of Crohn's Colitis Cure, which has designed and sponsored the build of IBD-specific software that is now serving as a cloud-based electronic medical record for people with IBD in Australia and New Zealand.

Jane has previously served as the Chair and Secretary of GESA's IBD Faculty and as a member of GESA's Digestive Health Foundation educational arm. She has contributed to numerous GESA bodies of work, including consumer and professional information leaflets and clinical practice updates. Her passion is to support excellence in health care access and outcomes for all, and to use evidence, logic and systems to assist in this endeavour.



Associate Professor Jakob Begun

(Chair, IBD Faculty), BSc, MPhil, MD, PhD

Jakob Begun is Director of IBD at the Mater Hospital in Brisbane, IBD Group Leader at the Mater Research Institute and Associate Professor in the School of Medicine at the University of Queensland. He completed his advanced training in gastroenterology and IBD at Massachusetts General Hospital, before returning to Australia to pursue interests in clinical and translational IBD research and gut health.

Jakob leads a basic and translational laboratory at the Translational Research Institute, investigating the interaction between the innate immune system and the gut microbiome, as well as genetic contributions to disease. He also performs clinical research examining predictors of response to therapy, minimising barriers of care for adolescents and young adults with IBD, improving outcomes for pregnant women with IBD and the use of intestinal ultrasound in patients with IBD.

GESA Board of Directors 2019–2021



Associate Professor William Connell

(Advocacy and Government Relations), MBBS, MD, FRACP

Bill Connell is a visiting gastroenterologist and Director of the IBD Service at St Vincent's Hospital Melbourne and an Honorary Principal Fellow at the University of Melbourne.

He is employed on a session basis to attend outpatients, endoscopy patients and inpatients. Bill is also a private gastroenterologist with an office at St Vincent's Private Hospital in Melbourne.



Professor Benedict Devereaux

(President-Elect), MBBS, MPhil, FACG, FASGE, FRACP

Ben Devereaux is Professor of Medicine at the University of Queensland and a senior consultant and gastroenterologist at Royal Brisbane and Women's Hospital.

He trained at the University of Queensland and Royal Brisbane Hospital before completing fellowships in advanced endoscopy, particularly endoscopic retrograde cholangiopancreatography (ERCP) and endoscopic ultrasound (EUS), at Indiana University Medical Center in Indianapolis, USA, where he developed a specific interest in the staging and management of pancreatic cancer.

Ben is a frequent invited speaker and demonstrator at national and international scientific meetings and live endoscopy workshops. He is actively involved in clinical research in the areas of advanced pancreaticobiliary endoscopy, preoperative weight loss and gastrointestinal mucosal immunity. Ben is the editor of the *Handbook of Clinical Pancreatology* and chairs the Infection Control in Endoscopy Committee.



Conjoint Professor Anne Duggan

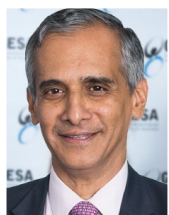
(Chair, Finance, Audit and Risk Committee), BA(Hons), DipEd, BMed, MHP, PhD, FRACP, FRACMA, GAICD

Anne Duggan is a gastroenterologist in private practice in Sydney. She is also Clinical Director, Healthcare Variation, at the Australian Commission on Safety and Quality in Health Care and a Conjoint Professor in the School of Medicine and Public Health, University of Newcastle.

Anne has a strong interest in quality and safety, system improvement and redesign and has previously worked as a medical advisor to the Quality and Safety Branch of NSW Health and as Executive Director of Clinical Governance for Hunter New England Local Health District.

She has served on the GESA Board in various roles. Anne has published widely and is a member of the Editorial Advisory Committee of the *Medical Journal of Australia*.

GESA Board of Directors 2019–2021



Professor Jacob George

(Chair, Liver Faculty, Sep 2020 – 2021), MB BS, FRACP, PhD, FAASLD

Jacob George is Professor of Medicine at the Westmead Institute for Medical Research, University of Sydney, and Head of the Department of Gastroenterology and Hepatology at Westmead Hospital.

He undertakes basic and clinical research on non-alcoholic steatohepatitis, hepatitis C, liver cancer and hepatic fibrosis. Jacob has mentored numerous undergraduate and postgraduate students and gastroenterology trainees during his career.



Associate Professor Arthur Kaffes

(Chair, Endoscopy Faculty), MBBS, FRACP

Arthur Kaffes is a gastroenterologist and therapeutic endoscopist at the Royal Prince Alfred and Prince of Wales hospitals in Sydney and Clinical Associate Professor at the University of Sydney Clinical School.

He has a keen interest in pancreaticobiliary endoscopy, which has led to new techniques and devices for metallic stenting in benign disease, side-port EUS fine needle aspiration and ERCP in altered anatomy. Arthur performed the first balloon enteroscopy procedure in Australia. Colonoscopy quality and maximising polyp detection are a key research interest.

Arthur hosts a large national live endoscopy meetings annually at Royal Prince Alfred Hospital, where these techniques are often presented and discussed. He has published and presented papers and abstracts in both local forums and international meetings.



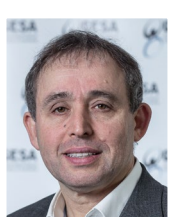
Professor Paul Pavli

(Deputy Chair, Sep 2019 – Aug 2020 and Chair, Aug 2020 – 2021, Research and Grants Committee), MBBS(Hons), PhD, FRACP

Paul Pavli is a Senior Staff Specialist in Gastroenterology and Hepatology at Canberra Hospital and a researcher at the Liver Disease and Gastroenterology Medical School, Australian National University.

Paul's research interests are in the clinical and basic scientific aspects of IBD. His main focus is the interaction between the intestinal microbiota and the innate immune system, particularly intestinal macrophages in Crohn's disease.

Paul has served on National Health and Medical Research Council (NHMRC) Discipline Panels, the Australian Drug Evaluation Committee of the Therapeutic Goods Administration, writing committees of *Therapeutic Guidelines: Gastrointestinal* and *Antibiotics* and the editorial boards of the *Journal of Gastroenterology and Hepatology* and *Alimentary Pharmacology and Therapeutics*. He is a Director of the Board for Crohn's and Colitis Australia and chairs the Quality of Care Steering Committee.



Associate Professor Stephen Pianko (Advocacy and Government Relations), MBBS, PhD(Hons), FRACP

Stephen Pianko is an Adjunct Associate Professor in Gastroenterology at Monash Health. Following a postdoctoral fellowship in San Diego, USA, he returned to Melbourne and has been instrumental in establishing a robust and dynamic clinical research team at Monash Health.

Stephen's involvement in clinical research in liver disease and new strategies in health care delivery has resulted in more than 50 peer-reviewed publications. He was involved with writing the initial GESA/Australian Liver Association hepatitis C guidelines. Stephen has been invited to present his work at national and international meetings. He is a passionate advocate for improving patient access to new therapies. He has also been involved in interventional colonoscopy and teaches colonoscopy at Monash Health and a private ambulatory care and endoscopy facility.

GESA Board of Directors 2019–2021



Professor Nicholas Shackel

(Chair, Liver Faculty, Sep 2019 – Aug 2020), MB BS(Hons), FRACP, PhD

During his time on the GESA Board, Nicholas Shackel was Professor of Medicine and Gastroenterology at UNSW and a Senior Clinician in the Gastroenterology Department at Liverpool Hospital. He was the Head of the Gastroenterology and Liver Disease group at the Ingham Institute.

Nicholas was Chair of GESA's Liver Faculty from September 2019 to August 2020. He has been a council member of the Transplantation Society of Australia and New Zealand and is a regular NHMRC panel member and reviewer for multiple journals.



Associate Professor William Tam

(Advocacy and Government Relations), MBBS, FRACP, PhD

William Tam is an Associate Professor in the School of Medicine, University of Adelaide, and a gastroenterologist at the Royal Adelaide and Lyell McEwin hospitals. He also provides gastroenterological services to rural patients.

As a faculty member of the National Endoscopy Training Initiative, William is committed to strengthening and promoting safety and quality in endoscopy. His interests include gastrointestinal malignancies, endoscopic imaging and interventional endoscopy. He is on the editorial board of *Endoscopic Ultrasound* and is frequently involved in national and international educational meetings and webinars.

William is Immediate Past President of the Australian Medical Association (South Australia) and past president of the Australasian Council of Chinese Medical Associations. He is also a member of the volunteer Australia & New Zealand Gastroenterology International Training Association.



Associate Professor Nina Tirnitz-Parker

(Chair, Research and Grants Committee, Sep 2019 – Aug 2020), MSc, PhD

Nina Tirnitz-Parker is an Associate Professor in the School of Pharmacy and Biomedical Sciences at Curtin University and Head of the Liver Disease and Regeneration Laboratory at the Curtin Health Innovation Research Institute.

Her research focuses on cellular crosstalk of hepatic cell types during chronic liver disease and tumour niche formation and has been supported by project grants from the NHMRC since 2012.

From 2017 to 2019, Nina was the national scientific representative on the Australian Liver Association Executive Committee and served on the GESA Research Committee. She then chaired the GESA Research and Grants Committee from September 2019 to August 2020. Nina has often been convenor or an organising committee member of the GESA Research Workshop since 2013.

GESA Strategic Plan 2019–2023

What does a strategic plan provide?

A strategic plan is a management tool to pull the entire organisation together in agreeing on future priorities.

It involves answering three questions:

1. Where are we now?
2. Where do we want to be in 4 years' time?
3. How are we going to get there?

Our strategic planning process

GESA's Strategic Plan focuses on the opportunities and challenges that we will encounter over the next 4 years. The plan was developed as a collaboration of the GESA Board of Directors, GESA members, stakeholders and staff.

Solid foundation

Our strategy is based on evidence, experience and insight. Our thinking and our work and decisions will be guided by our Strategic Plan.

Clear priorities

Our strategy is intended to identify priorities for the next 4 years, and its aim is to keep our focus, attention and resources directed to our purpose.

Adaptable objectives

Our objectives are flexible enough to respond to emerging issues and the understanding that new programs, initiatives, opportunities and risks may emerge in the coming years that will also support our strategic priorities.

Strategic priorities

Leadership

We will achieve our vision by being bold and innovative.

Goals:

- Be united in our commitment to excellence, equity, openness and integrity
- Be widely recognised as Australia's leading experts in gastroenterology and liver health
- Align our governance and management to Australian best practice
- Maintain financial robustness

Activities:

- Having accountability to the leadership goals, the Board will identify and deliver our strategic priorities
- The Finance, Audit and Risk Committee will support the Board in risk and financial management
- Establish a Nominations/Governance Committee to ensure excellent governance
- Develop a Resources Plan to focus activity to align with strategic goals
- Establish diversified income streams to grow revenue to deliver our strategy
- Establish a Board New Income Working Group to identify innovative income streams

Best practice

We support our members to optimise community health care.

Goals:

- Enable and empower high-impact research
- Support implementation of evidence-based best practice
- Ensure high-quality standards through our credentialling programs
- Deliver education tailored to members across their career cycles
- Stage a world-class GESA Australian Gastroenterology Week (AGW) conference with clear member benefits
- Support other health practitioners (ie, GPs, nurses, dietitians) in delivering quality clinical care

Activities:

- The Research and Grants Committee will manage the grants process and secure new research grant funds
- Establish a management-level Professional Development Working Group to define educational needs and oversee delivery of approved programs
- Support practitioners in achieving credentialling
- Enhance our support framework for Faculties and working groups
- Translate our expertise to inform the community on gastrointestinal and liver disorders

Advocacy

We will be the voice of our members and community on matters of concern that lead to change.

Goals:

- Partner with government and stakeholders to shape the future of gastroenterology and liver health
- Manage a specific and finite list of advocacy issues and actively pursue these
- Proactively present informed and expert opinions in the public arena
- Communicate the advocacy agenda with members in a timely manner

Activities:

- When necessary, a Board Advocacy Working Group will identify and drive select topics
- Monitor topics of concern to members
- Proactively lead relevant change for important industry issues
- Foster government connections to ensure inclusion in relevant debates and strategy development (including funding bodies)
- Work with aligned organisations to solve common health care challenges

GESA Strategic Plan 2019–2023

Members

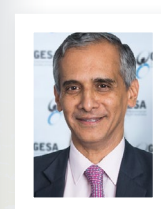
We seek to be viewed as an integral part of a member's professional life.

Goals:

- Understand the diverse interests and needs of members
- Empower groups of members to develop their areas of interest
- Develop our members' sense of connection with and pride in GESA
- Encourage and enable members to actively contribute to GESA

Activities:

- Ask members biennially about their needs to ensure we are in step with these
- Adjust our operations to meet members' needs in line with our Resources Plan
- Communicate with members in a manner they prefer
- Provide regular opportunities for fellowship and collegiality
- Develop ways to support members in times of need



Directors of GESA for 2020

President's Report



Board of Directors 2019–2021

Simone Strasser (President)

I am delighted to introduce the 2020 Annual Report of the Gastroenterological Society of Australia. This report outlines many of the Society's achievements over the past 12 months.

What a year! Certainly 2020 started as any other, with ambitious plans to expand our commitment to education, advocacy, collegiality and research in all matters to do with the gastrointestinal tract and liver. That all shifted very quickly in March when the **COVID-19 pandemic** entered our lives and, virtually overnight, changed the way we do everything. We all suddenly found ourselves working from home, along with the rest of our families, juggling childcare and school lessons along with our own work. Non-urgent medical procedures were suspended from 25 March, with a dramatic impact on those whose clinical practice was heavily dominated by procedural work. Fortunately, the rapid introduction of Medicare Benefits Schedule (MBS) items that allowed for telehealth consultations meant we found new ways to keep our patients and staff safe through uncertain times. We had to be responsive, agile and imaginative as we adapted to the new world.

I am so proud of the role that GESA took in those early weeks and months in providing specific advice to our members, the general gastroenterology community and the public. Even though we were still in the early days of the pandemic, with little information to guide us, by the second week of March we were able to provide **advice to our patients and clinicians** about the impact of COVID-19 infection on patients with gastrointestinal and liver disorders. Subsequently, we provided guidance for endoscopy units, including on the appropriate use of personal protective equipment, amid uncertainty about viral transmission and who was infected and in the context of inadequate supplies. We provided triage guidelines to assist with stratifying patients for endoscopic procedures while access to these was severely restricted and the risk of attending health care facilities was unclear. Further guidance was given to paediatricians, researchers, IBD clinicians and endoscopy staff over the following months. In total, we produced 16 comprehensive COVID-19 practice updates in 2020: most within the first 6 weeks of the pandemic. We have advocated to government throughout the pandemic to ensure our patients have access to continuing high-level care, regardless of their vulnerability and location, and to ensure our clinicians have access to appropriate measures to keep themselves safe.

Despite the pandemic, 2020 was one of our more successful years. GESA continues to represent nearly 1,000 members who participate in the activities of more than 30 **faculties, committees, networks and special interest groups**. We are particularly excited to welcome the new GESA Paediatrics Network and Private Practice Network, who are supporting the interests of our colleagues working in these areas. The Young GESA Network, supporting our younger consultants and advanced trainees, goes from strength to strength. Many of the activities and highlights of the faculties and committees are included in this report. We continue our strong focus on research, clinical practice, governance and responsible financial management throughout the organisation.

We also continue to **engage with government** and advocate on behalf our profession and patients. In the past year, we have had communication and discussions with the federal health minister and the Department of Health on a range of issues relating to the MBS Review, Medical Services Advisory Committee, Pharmaceutical Benefits Advisory Committee and the Therapeutic Goods Administration. We were represented at a parliamentary roundtable on hepatitis C and participated in a Parliamentary Friends meeting. Having seen enormous benefits from telehealth consultations during the pandemic, we are actively advocating for the long-term continuation of telehealth MBS item numbers. We continue to engage with the Department of Health to review and modify the new colonoscopy MBS item numbers that were introduced in November 2019.

GESA responds to many enquiries from the media, clinicians and consumers. Our **updated and refreshed website** provides easier access to a great deal of clinical information for consumers and clinicians. It also hosts our COVID-19 advice, position statements and consensus documents. Throughout 2020, we had more than 550,000 unique views of our websites and we answered more than 5,000 enquiries, particularly from members seeking information about COVID-19. We look forward to

President's Report

reviewing, updating and refreshing all our consumer and clinician materials through the next year, and I thank all those involved from our faculties, networks and membership for their contributions to this work.

Early in the year, it became apparent that we could not hold GESA AGW 2020 in its usual format because of the COVID-19 pandemic. While it was disappointing not to be able to come together in person, I commend Greg Moore and the Scientific Program Committee, as well as all the speakers and support staff, for their creativity, flexibility and hard work in delivering the reimagined **GESA AGW 2020 Virtual**. The live interactive sessions, seminars, lectures, free papers, posters and sponsor interactions provided an excellent forum for clinical and scientific engagement for the 1,200 people who attended the virtual meeting over 10 days in November. I thank everyone involved for their tireless efforts in delivering a wonderful GESA AGW 2020.

In 2020, we saw the introduction of **innovative solutions to enhance networking** and provide our members with access to clinical and practice information. We launched a new tool for members to discuss clinical cases confidentially and securely via the closed-discussion GESA eForum in the myInteract app. To support referral and participation in sponsored and investigator-initiated clinical trials around the country, we launched the GESA ClinTrial Refer app, which provides clinical trial information across multiple areas of gastroenterology and hepatology. I encourage all our members to install and explore these apps and integrate them into day-to-day life. We also launched GESA Online Education, an online portal to many educational and training opportunities in endoscopy, hepatology, IBD, general gastroenterology and research that we plan to expand over the coming years.

The **GESA Grants and Fellowships** program awarded close to \$300,000 in grants to clinical and basic researchers in 2020. I thank Nina Tirnitz-Parker and Paul Pavli for their diligent efforts in overseeing the work of the GESA Research and Grants Committee. I am delighted with the introduction of two new GESA Fellowships: an IBD Fellowship funded by Celltrion Healthcare and an Endoscopy Fellowship funded by Olympus. I thank our sponsors for providing these wonderful training opportunities, particularly at a time when overseas fellowships are not an option.

The **colonoscopy credentialling program** continues to grow, with more than 1,600 colonoscopists participating in recertification and more than 1,000 recertified. With recertification now mandatory for anyone performing colonoscopy in accredited facilities, I encourage all those who have not yet registered to do so through the Colonoscopy Recertification Program portal on the website. I thank Mark Schoeman and the Committee members for their dedication and countless hours of work in reviewing all logbook submissions and applications for recertification. Their common-sense and respectful approach and deep commitment to quality are truly appreciated. In November 2020, GESA and the Royal Australasian College of Surgeons (RACS) signed a memorandum of understanding to formalise the representation of RACS in the recertification program, as we continue in our aim to ensure that all Australians have access to the highest standard of colonoscopy.

I would particularly like to acknowledge the enormous dedication of our CEO, Fiona Bailey, and our amazing management and office staff for delivering and supporting all the activities of our Society during a challenging year. **GESA staff** are all based in Melbourne and had to endure working from home through two prolonged periods of lockdown, as well as ongoing restrictions, while ensuring that the day-to-day operations of the Society continued seamlessly. I commend Fiona for her high level of leadership in keeping our team together, and all team members for their professionalism and commitment in delivering and supporting our operations.

I would also like to thank my fellow Directors for their tireless efforts on behalf of GESA. They have provided tremendous wisdom, support and guidance to enable delivery of the strategic goals of the Society.

I encourage all our members to consider how they might contribute to the gastroenterology and hepatology community in the future. This might be by standing for election, joining a committee, updating our clinical resources, participating in GESA AGW or other educational or research events, or donating to our philanthropic or research projects. Any contribution is highly valued.

I hope you enjoy reading the 2020 GESA Annual Report.

Simone Strasser

CEO's Report



Fiona K Bailey (GESA CEO)

I have much pleasure in presenting the 2020 GESA Annual Report.

The **COVID-19 pandemic** meant this was a rare and challenging year for our community, GESA members, our staff, families and the Society itself — one characterised by uncertainty, continual change and a new way of living.

For the year, the prevailing culture became one of **immense collegiality**, albeit at a distance, and of rethinking many of the embedded activities and practices that were the traditional mainstay for us as a Society and profession. However, it was also a year that saw the Society meet the challenges rapidly and with agility (including providing timely information to members) as we adapted to the circumstances. The silver lining was that we improved and increased our range of services to members and the community.

Almost every day in March 2020, the pandemic meant that the Australian health care system was confronted with significant change. For the Melbourne-based GESA office staff, it meant that, from mid March until year end, all **work was done remotely**, without any opportunity for physical contact with one another or our wide range of suppliers. As a team, we were also acutely aware of the support we were providing to so many members who were working in extremely difficult and trying circumstances.

March also saw significant changes to the Fair Work legislation come into effect, in response to well-publicised cases of wage theft. **Work practices** had to change at the same time that we were adjusting to working from home. Culturally, this was a significant change for GESA, as our staff had historically donated many hours to ensure what needs to get done is done ... and they often still do, while trying to manage many other personal demands.



Late March saw the cancellation of many GESA events, which had a significant **impact on our income**. GESA received both the government rescue package and JobKeeper payments for most of our staff. As was the purpose of this subsidy, it enabled us to retain all staff at their designated quotas in what was an exceptionally busy time for the team in supporting the change in Society activities: a significant achievement for any organisation. It also allowed us to retain the corporate knowledge that had built up over years and enabled us to have a workforce ready for when things returned to “COVID-normal”.

One of the greatest challenges was the reimagining of GESA AGW 2020 as a highly successful virtual event. This achievement is a credit to the Scientific Program Committee's flexibility and good humour, as they adapted week by week to what was feasible and COVID-doable.

Many options were explored, and we were all proud to deliver a wonderful **GESA AGW 2020 Virtual**. More than 1,200 people registered for the event, exceeding all expectations and proving there was still demand for high-quality content. Feedback has been extremely positive and has shown that a hybrid model for GESA AGW is the new way to deliver the premier gastrointestinal and hepatology event in Australia. Thank you in particular to the Scientific Program Committee Chair, Greg Moore, who never failed to be sanguine and encouraging in every phone call and meeting.

Despite the rethinking and reimagining of all our activities, including how **education** was provided, the new ways of doing things can truly be regarded as enhancements to the Society. While many courses that are traditionally delivered in person were cancelled or deferred, many other functions and courses could be provided online and on demand. We launched the new GESA Learning Management System during the year, and this online platform continues to be refined in functionality and to provide expanded content for our members. Our website, as a major communication medium, was redesigned, giving it a contemporary mobile-friendly look and streamlined navigation.

Unlike many organisations, our **membership** grew in 2020 as we provided tangible benefits to members, in the form of both timely advisories and advocacy on a range of issues.

We welcomed the **establishment and implementation** of the GESA Paediatric Network, GESA Private Practice Network and GESA Regional and Remote Network, each providing a much-needed networking opportunity for those with interests in areas that go beyond specific clinical domains. Also established in 2020 was a forum for CEOs of similar societies — this provided a much-appreciated mechanism for sharing learning and knowledge as we all sought to support our members in an unprecedented time. It also enabled smaller societies with minimal staff to be supported by those with more established mechanisms in place. Ultimately, it reflected that, as a community, we were all striving for the same end goal — to keep one another safe and supported. It was also another mode in which GESA expressed its values as a collegial Society.

Elsewhere in this report, you will read of the significant steps taken in establishing a **conjoint colonoscopy recertification committee**, with the signing of a memorandum of understanding with the RACS and talks underway with the Royal Australasian College of Physicians (RACP). The Society has a record number of highly active internal committees and representatives sitting on external committees, ensuring GESA has a voice on many issues.

Like all organisations, our staff aim to ensure that the needs of our members are well serviced. The **GESA staff** exceeded all expectations with their professional, attentive, caring and good-humoured approach to members, supporters and each other this year. I am very proud of the team we have, and it shows that a Zoom meeting at 9am every single morning for more than 9 months does not weaken the spirit but ensures a camaraderie built on deep connections.

Thank you also to **our President, Simone Strasser**. Simone has truly lived and breathed the Society over the past year and is the personification of professionalism and compassion, complemented by a wicked sense of humour that has lightened many a tight moment. Working side by side during this most arduous and memorable year has been a pleasure with such a graceful President. My thanks also to the Chairs of faculties and our Board of Directors for their wisdom and guidance.

We look forward to continuing to flourish and will endeavour to embed many of the positives that have come from a challenging 2020 into GESA's future operations.

Fiona K Bailey

Approximate number of enquiries and website visits in 2020			
Communication and enquiries		Website unique views	
Communication advisories (Snapshots, emails, SMS) to members	106,079	GESA website	297,311
Email campaigns	101	GESA AGW website	149,684
GESA members unsubscribing	64	CCRTGE website	111,170
Phone and email enquiries (including CCRTGE and recertification)	4,961	Recertification website	30,615
Media enquiries	13		

Appointment of GESA Life Membership

By awarding Life Membership, GESA recognises any person who has given distinguished and conspicuous service to the Society (a person may be invited to become a Life Member by a majority vote of the Board) and/or is a Full Member who has at least 20 years of financial membership with the Society.

Join us in congratulating our new Life Members.

RECOGNISING MEMBERS' LOYAL AND OUTSTANDING SERVICE



Don Cameron has been awarded Life Membership in recognition of his significant services to GESA. Don was GESA President from 2013 to 2015 and has received the Outstanding Clinician Award and Distinguished Service Award. A stalwart of quality in colonoscopy and endoscopy, he was instrumental in building the recertification system that has served Australian gastroenterology so well. Don contributed a great deal of time and energy to the initiation, implementation and maintenance of the successful Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy (CCRTGE) program. He brokered resolutions to difficult problems facing the Society during his time in office. Don helped to shape and guide the transition of the GESA administration to its current excellent state. This move has proven to be visionary and places the Society in a wonderful and effective position for the foreseeable future. Don has been a GESA member for 35+ years.



Geoff Farrell has been awarded Life Membership to reflect the Society's great appreciation of his invaluable contributions and in recognition of his dedication and contribution to the profession and the Society. Geoff served on the GESA Board from 1985 to 1993, then again in 1995 to 1997. He served 2 years as GESA Board President and 2 years as the Chair of the Australian Liver Association, from 1997 to 1999. Geoff has been a GESA member for 35+ years.



Brian Jones has been awarded Life Membership in recognition of his contribution to the Society, which includes serving as a GESA Board Member from 1993 to 1995. Brian was also the recipient of a GESA Young Investigator Award and the inaugural Outstanding Clinician Award. He has published more than 100 scientific papers and chapters in peer-reviewed journals and textbooks. Brian has been a GESA member for 22+ years.



Antony Speer has been awarded Life Membership in recognition of his contribution as a GESA Board Member from 1997 to 2001, as Treasurer, as a Research Committee member from 1997 to 1999 and for serving on the Australian Gastrointestinal Endoscopy Association Committee from 1997 to 2003. Antony has been a GESA member for 22+ years.

Members

We are delighted to extend a warm welcome to our 32 new members:

Joshua Abasszade
Afolabi Akanbi
Aysha Al-Ani
William Chung
Kate Collins
Michael De Gregorio
Oliver Duncan
Hydar El Jamaly
Jaryd Fletcher
Krystyna Gieniec
Hayden Green
Mark Henderson
David Iser
Melissa Jennings
Neda Kamiri
Clayton Lam

Joseph Lawler
Timothy Lyon
Jessica McCole
Alpha Mekapogu
Anna Prebble
Jessica Pulley
Yanfei (Jacob) Qi
Jeevithan Sabanathan
Hariti Saluja
Anuj Sehgal
Atul Sinha
Erin Symonds
Nikhil Thapar
Gina Trakman
Josephine Wright
Cecy Xi

Vale



Emeritus Professor
WGE (Graham) Cooksley



Associate Professor
Andrew Keegan



Dr Ken Perkins

Finance, Audit and Risk Committee Report



Finance, Audit and Risk (FAR) Committee 2019–2021

Anne Duggan (Chair)
Andrew Polson (Deputy Chair, Independent Member)
Benedict Devereaux (President Elect)
Ray Boyapati (GESA Member)

The FAR Committee was established by, and of, the Board (pursuant to the GESA Constitution) to assist the Board in maintaining a sound corporate governance framework and undertaking its fiduciary duties and responsibilities.

The objectives of the FAR Committee are to review and advise the Board on the financial management and sustainability of the organisation, including the:

- effectiveness of risk management identification and control
- integrity of financial statements
- effectiveness of internal controls over financial reporting
- level of compliance with legal and regulatory requirements
- independent auditors' qualifications and independence
- performance of the internal and external auditors.

Audit

The independent audit of the statutory accounts of GESA and its controlled entity was undertaken by auditors CW Stirling & Co and signed by the GESA Board pursuant to s. 60.15 of the Australian Charities and Not-for-profits Commission Regulation 2013. The audit included a review of financial governance (i.e. policies and procedures relating to fiscal management, Directors' meeting attendance and the Contracts and Asset Registers).

The Financial Statements are available for review in the Members Lounge on the GESA website:
gesa.org.au > Members > Members Lounge

Revenue and Expenditure

The accounts reflect the revenue and expenditure for the period 1 January to 31 December 2020 for the parent company GESA and its fully owned subsidiary Gastroenterology Research & Education (GARE), which was closed at the end of this period.

GESA continues as a financially secure entity, with the resources to pursue its purpose in the areas of leadership, best practice, education, research and advocacy.

GESA was operationally profitable and reports a profit for the financial period.

GESA works on accrual accounting principles. If a project is not completed at the time of reporting, the revenue and expenditure are deferred into liabilities and assets in the balance sheet, then brought into the profit and loss statements and recognised when the "event" has occurred.

BAS for GESA is paid on time each quarter. FBT is payable at the end of each FBT year in April. All business insurances, including Directors and Officers insurance, are reviewed and renewed annually in March. Membership renewals are issued on the anniversary date of when a member joined the Society.

Finance, Audit and Risk Committee Report

Financial Summary

Overall total equity was \$17.62m on 31 December 2020, up from \$16.26m in 2019. The total comprehensive income, consisting of net profit for the period and other comprehensive income, was \$1.35m, down from \$1.62m in 2019.

GESA manages a range of projects for which the funds are defined as “tied funds” (i.e. the funds for these projects are committed entirely to these projects or awards and grants). These funds are accrued from financial period to financial period.

The expenses incurred to deliver all GESA services and projects were \$2.74m. The expense of GESA staff time is applied to projects to accurately reflect the cost of delivering these projects (fully allocated costing).

Points of interest as of 31 December 2020

- GESA had a total of 991 members (up from 979 in 2019), of whom 889 were financial, in 2020. The total amount that members of the company are liable to contribute if the company is wound up is \$19,820, based on 991 members (889 financial, four on leave, 19 honorary, 16 life and 63 retired members at \$20 per member). Income from membership for the period was \$454k.
- Members donated \$10,700, down from \$12,850 in 2019. Donations are split between the Members’ Philanthropic Project Grant (\$4,500) and Members’ Research Grant (\$6,200).
- The COVID-19 pandemic had a significant impact on GESA AGW 2020. The virtual conference and the cancellation or reformatting of other events resulted in an overall decrease in revenue and expenses.
- GESA researchers were awarded over \$252k (down from \$593k in 2019) by way of grants, awards and other initiatives. The decrease was largely due to a reduction in sponsored grants.
- Income from CCRTGE applications and registration was \$289k (up from \$259k in 2019) and expenditure was \$157k (down from \$168k in 2019). CCRTGE income is separated from general GESA revenue and expenses. A report to parent bodies is prepared by the CCRTGE Chair annually. In recognition of CCRTGE being a conjoint entity, accumulated surpluses have been reclassified as a current liability. There will be a small ongoing effect, as CCRTGE surpluses will not be included in GESA income.

GESA Investment Portfolios

- GESA has two investment portfolios: the Research Portfolio, to support research activity, and the Operations Portfolio, to support other GESA activity. Cumulatively, these funds reached \$16.47m at year end.
- The investment portfolios are managed by Morgan Stanley and are structured with a medium-risk return profile. The portfolios are managed to be consistent with the Board-approved investment strategy, which includes ethical and conflict-of-interest filters and the distribution of funds beyond what is needed to maintain the real value of the portfolios.
- With positive market movements in 2020, the net return on the investment portfolios, inclusive of realised and unrealised changes in market value of investments, was 9.07% before inclusion of franking credits (down from 15.37% in 2019). This performance significantly exceeded the benchmark Morningstar Balanced Investment Portfolio return of 3.74%.

GESA Corporate Status and Structure

GESA is a company limited by guarantee. It operates as a Non-Profit Company with Health Promotion Charity substatus and is registered with, and reports to, the Australian Charities and Not-for-profits Commission (ACNC). Directors are listed on the ACNC website.

GESA complies with all legislation, either state or federal, as relevant. Its operations are governed by a Constitution.

Finance, Audit and Risk Committee Report

GARE

GESA fully owned GARE, which comprised a unit trust for which the trustee was GARE Pty Ltd. GARE was used if financial separation from GESA was required for a project. The financial accounts reported here are consolidated, showing the combined activity of GESA and GARE operations.

A review of the structure of GESA in 2020 determined that GARE was no longer required, and it was closed in 2020.

Donations

GESA has deductible gift recipient (DGR) status, such that donations made to it are fully tax deductible. GESA may call for donations directly from its members but not from the general public. Hence, the donations button is visible only in the Members Lounge area of the website. However, GESA may receive unsolicited donations from the public.

Offshore Payments

On occasion, GESA makes payments to overseas entities. The companies, organisations and individuals (typically speakers) are generally paid on invoice and are known to GESA professionally.

Risk

GESA actively manages risk with regular reviews of its activities and maintenance of a risk register. In 2020, the FAR Committee adopted an annual plan for meeting agendas to ensure it meets its delegated responsibilities.

The 2020 financial year saw a significant focus on risk from multiple directions, which included the reformatting of GESA AGW 2020 into an online event and the reformatting, deferral or cancellation of many other planned in-person events.

Anne Duggan

FINANCIAL STATEMENTS CAN BE ACCESSED BY GESA MEMBERS ONLY

To read the latest statements, please visit

gesa.org.au > Members > Members Lounge

GESA AGW 2020 Virtual Highlights



GESA AGW Scientific Program Committee 2020–2021

Greg Moore (Chair)
Vipul Aggarwal (Endoscopy)
Jakob Begun (IBD)
Mark Ward (IBD)
Golo Ahlenstiel (Liver, Research & Grants Committee)
Kim Bridle (Liver, Research & Grants Committee)

Catherine Conway (Nursing, GENCA)
Marian O'Connor (Nursing, GENCA)
Winita Hardikar (Paediatric Network)
David Prince (Young GESA)
Fiona Bailey (GESA CEO)

In an extraordinary year when face-to-face meetings were not possible, GESA AGW 2020 was reimagined and held over 10 days as **GESA AGW 2020 Virtual**. Twelve sessions were held between Saturday 21 November and Monday 30 November 2020.

Our thanks go to the 1,200 GESA AGW attendees who watched live presentations and interacted with expert presenters from around Australia and the world. This immersive event provided opportunities to network with colleagues and experts, while listening to lectures and educational programs.

An additional thank you to our 76 speakers (including seven international speakers), 26 session chairs, 14 sponsors and exhibitors, the Committee members and 369 abstract submitters who contributed to the success of GESA AGW 2020 Virtual.

Although some elements of GESA AGW could not be offered, there were many that could be. The GESA AGW Scientific Program Committee delivered a bespoke program to meet the needs of the gastroenterological community through hosting the meeting on a videoconference platform.

This online platform was used to host the live interactive program, and attendees could access the virtual exhibition hall, e-posters gallery, digital slide presentations and viewable-on-demand sessions.

Abstracts were published online in the GESA AGW supplement to the *Journal of Gastroenterology and Hepatology*.

Program highlights

Plenary speakers: Geoff Hebbard received the Outstanding Clinician Award and Grant Ramm the Distinguished Researcher Prize, with each sharing their career highlights.

Trans-Tasman Lecture: Andrew Day presented on “Diet and Gut Health – Fact or Fantasy?”.

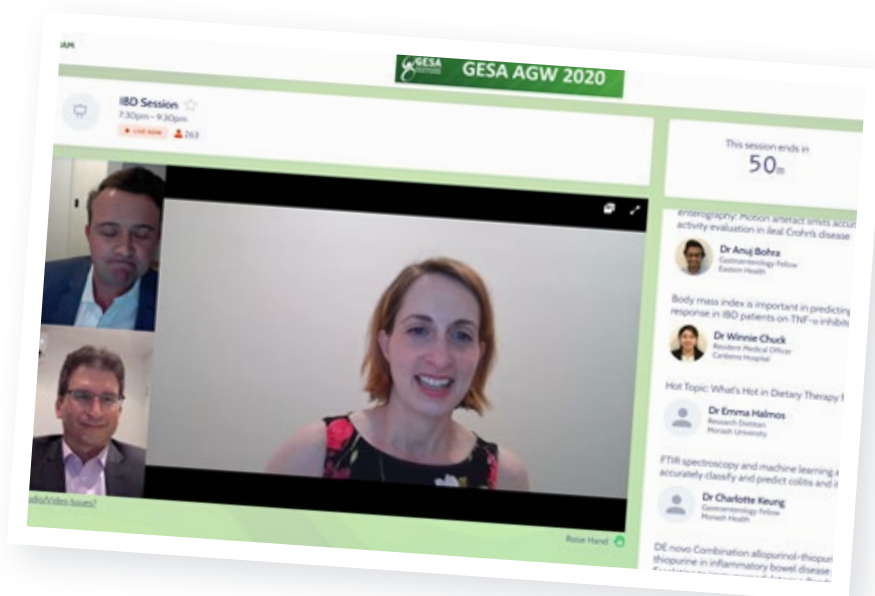
Private Practice Network: This session focused on three topics relevant to all clinicians practising in private and public settings:

- governance, advocacy and Medicare, including the new colonoscopy MBS item numbers
- the future of private practice and infection control in the COVID-19-normal era
- keeping practice records safe and the practice safe from litigation.



GESA AGW 2020 Virtual Highlights

Liver: International and national speakers were invited to deliver informative and revolutionary insights into liver disease and therapies in Australia. Paolo Caraceni presented a State-of-the-Art Lecture on “Long-term albumin treatment in patients with cirrhosis and ascites: from clinical trials to daily clinical practice”. International speaker Gwilym Webb reviewed COVID-19 in liver disease, and national speakers included Caroline Tallis, presenting on updates in liver transplant; Jacob George, on redefining fatty liver disease and the new term metabolic-associated fatty liver disease; and Jess Howell, on the challenges and opportunities of managing viral hepatitis in the context of COVID-19.



Endoscopy: This session took a wide lens to what is new and exciting in endoscopy. Some of the key talks included State-of-the-Art Lectures from Tyler Berzin, on “AI in GI”, and Amrita Sethi, with an update on cholangiopancreatography. Video lectures from experts included Gregor Brown on hot tricks in cold snare polypectomy, Milan Bassan on improving outcomes in gastrointestinal bleeding, Philip Craig on full-thickness resection devices in the upper and lower gastrointestinal tract, and Samarth Rao on cool tips in hot snare polypectomy. National speakers included Michael Bourke, presenting “3rd Space – Last Frontier in Endoscopy?”, and Saurabh Gupta, who discussed the role of endoscopy in obesity management in 2020.

IBD: Four expert speakers explored the future of IBD, followed by interactive discussions. The stimulating State-of-the-Art Lecture by Shomron Ben-Horin on monitoring IBD in 2020 and beyond, which posed the question “Will it make outcome prediction and therapy choices obsolete?”, was followed by three hot topics: Emma Halmos summarised developments in dietary therapy for IBD, Kate Lynch discussed updates in peripheral blood liver and intestine-specific lymphocytes in primary sclerosing cholangitis and IBD, and Payal Saxena provided an overview on interventional colonoscopy in IBD.

Paediatrics: This session included a State-of-the-Art Lecture from Chris Burgess on perinatal risk factors and outcomes in IBD (“Can you blame your mother?”), followed by a mini-lecture from Michael Stormon on paediatric liver transplantation in Australia and New Zealand. Three case presentations were given: Cathy Mews and Rupert Hinds presented the case of “Jack Spratt can eat no fat”; Rammy Abu-Assi and Fariha Balouch led a discussion on hypoglycaemia and hepatology; and Jason Yap and Nikhil Thapar concluded the session with a third case presentation, enigmatically titled “Hedgehog skin, the colonel and drain pipes: a complex case of inflammation where east meets west”.

Young GESA: This session provided valuable lessons from Emma McCahon on leadership in health care and Wayne Schwass on mental health and wellbeing. International speaker Thomas Oxley closed the session with a discussion of innovation in medicine.



GESA AGW 2020 Virtual Highlights

Gastroenterological Nurses College of Australia (GENCA): This session focused on:

- infection control guidelines and what the implications are for nurses and health professionals in this COVID-19-normal world
- practical implications for nurses of new infection control guidelines
- basics of IBD.

GESA AGW 2020 Virtual International Speakers

Shomron Ben-Horin (Israel) – IBD

Tyler Berzin (USA) – Endoscopy

Paolo Caraceni (Italy) – Liver

Andrew Day (New Zealand) – Trans-Tasman Lecture

Thomas Oxley (USA) – Young GESA

Amrita Sethi (USA) – Endoscopy

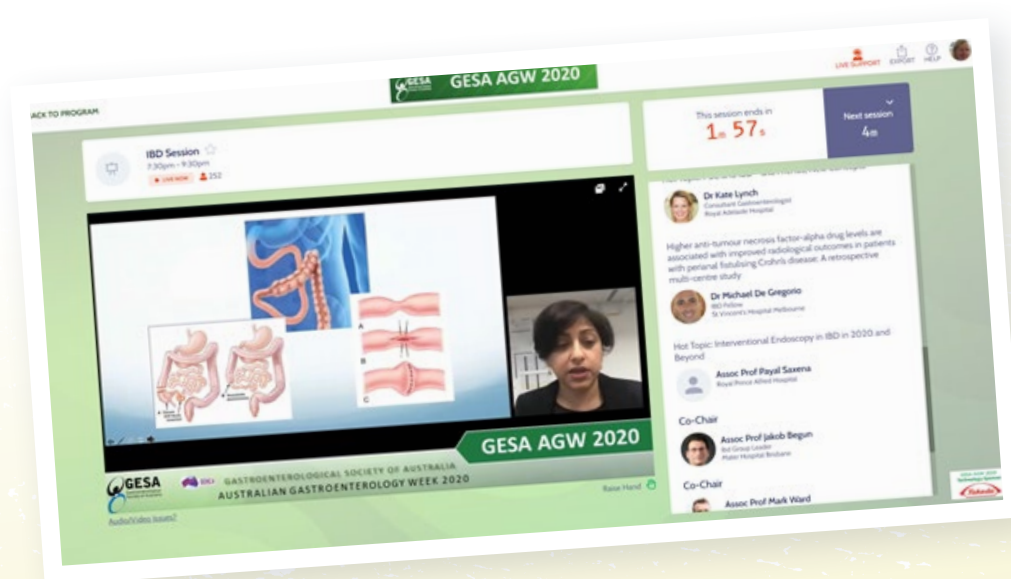
Gwilym Webb (UK) – Liver

AGMs: Most annual general meetings for the various organisations and faculties were held before GESA AGW 2020 Virtual. The IBD Faculty AGM, which was held at the end of the GESA AGW IBD Session, was the only exception.

Media: A variety of sessions and articles were covered by the media, with articles printed in the online health care news publication *the limbic*.

In summary, I would like to take this opportunity to thank the Scientific Program Committee for their incredible flexibility and ability to deliver such a different, yet dynamic, program to best meet the needs of our members during this difficult time. Finally, I would like to thank the GESA members and our other colleagues who heartily gave of their time, enthusiasm, patience and forgiveness and joined us in GESA AGW 2020 Virtual as we dived into the unknown.

Greg Moore



GESA AGW 2020 Virtual Bushell Foundation and Trans-Tasman Lectures

BUSHELL FOUNDATION LECTURE

The Philip Bushell Foundation has been a long-term sponsor of landmark international lecturers at GESA AGW.

The **2020 Bushell Lecture** was cancelled due to COVID-19.

TRANS-TASMAN LECTURE

GESA and the New Zealand Society of Gastroenterology have a philosophy of sharing information, mentoring and building capacity to ultimately strengthen the relationship between the two societies. The Trans-Tasman Lecture is delivered during the opening Plenary session at each society's annual scientific meeting by the visiting Trans-Tasman President or esteemed other.



Professor Andrew Day is an academic paediatric gastroenterologist based in Christchurch in the South Island of New Zealand. He has a clinical appointment at Christchurch Hospital and an academic position at the University of Otago, Christchurch. In 2017, he was appointed the Cure Kids Chair of Paediatric Research.

Professor Day's research endeavours focus almost exclusively on aspects of IBD: themes include non-invasive biomarkers, intestinal microbiota, nutrition and nutritional therapy, epidemiology and innate defence mechanisms. He has published more than 260 peer-reviewed papers, along with many other publications.

The title of the Trans-Tasman Lecture was "Diet and Gut Health – Fact or Fantasy?".

GESA AGW 2020 Virtual Board Honours

DISTINGUISHED RESEARCHER PRIZE

The Distinguished Researcher Prize recognises a GESA member's outstanding contribution to research. It is awarded on the merit of demonstrated leadership, mentoring and development of other researchers. It acknowledges the development of clinical practices that have delivered improvements to patient outcomes, processes or safety, with a willingness to share knowledge and findings with colleagues.



Plenary Presentation: Scientific Learnings of Hepatic Fibrosis for Make Benefit Glorious Society of GESA

Grant Ramm received the Distinguished Researcher Prize for his outstanding contribution to research. He is the Head of the Department of Cell and Molecular Biology, Group Leader of Hepatic Fibrosis and Senior Principal Research Fellow at the QIMR Berghofer Medical Research Institute in Brisbane. After obtaining his PhD in Medicine in 1993, he was awarded an American Liver Foundation Postdoctoral Research Fellowship to study at Saint Louis University in the USA, where he was among the first to investigate the newly identified liver myofibroblast precursors (hepatic stellate cells, then called lipocytes or Ito cells) and their role in hepatic fibrogenesis. He returned to QIMR and in 1996 established the Hepatic Fibrosis Group. Professor Ramm has been continuously funded by the NHMRC since 1997 and has held three NHMRC Fellowships (2003–2019). In 2014, he was awarded Fellowship of the American Association for the Study of Liver Diseases for “significant contributions to the knowledge and/or practice of liver and biliary diseases”. He was the first to identify hepatic stellate cells as the source of excess collagen deposition leading to hepatic fibrosis in haemochromatosis, schistosomiasis and hepatocellular carcinoma (HCC) and in children with cystic fibrosis or biliary atresia. He has made seminal contributions to both the haemochromatosis and cystic fibrosis fields. His group is focused on investigating the mechanisms responsible for hepatic fibrogenesis, translating this into better biomarkers for non-invasive detection and staging of liver disease, and in identifying therapeutic molecules to treat inflammation and fibrosis associated with chronic liver disease.

OUTSTANDING CLINICIAN AWARD

The Outstanding Clinician Award recognises a GESA member's outstanding contribution to clinical gastroenterology. It is awarded on the merit of demonstrated leadership, mentoring and development of other clinicians. It acknowledges the quality, outcomes and impact of clinical research or programs developed that have made a significant and measurable improvement to patient outcomes, processes, safety or clinical practices.



Plenary Presentation: 30 Years of Bloating!

Geoff Hebbard received this prestigious award for consistently demonstrating admirable characteristics throughout his career. He is an inspirational leader who excels in clinical teaching and research and has implemented numerous important initiatives that have greatly expanded patient treatment opportunities. Professor Hebbard graduated from the University of Melbourne in 1985 and completed his residency and gastroenterology training at the Royal Melbourne and Austin hospitals, before undertaking a PhD in neurogastroenterology at the University of Adelaide, supervised by Professor Michael Horowitz and Professor John Dent. This was followed by a postdoctoral position in Zurich, Switzerland. He returned to the Repatriation General Hospital in Adelaide and in 2002 was appointed to his current position of Director of Gastroenterology and Hepatology at the Royal Melbourne Hospital and Clinical Professor at the University of Melbourne. Professor Hebbard has chaired the Drugs and Therapeutics Committee of Melbourne Health since 2017. His academic and clinical interests are in neurogastroenterology, patients with complex functional gastrointestinal disorders and physiological data acquisition. His other appointments include membership of the Gastroenterology Advanced Training Committee of the RACP, Past President of the Australasian Neurogastroenterology and Motility Association and past membership of the Board of GESA.

GESA AGW 2020 Virtual GESA Young Investigator Judges Awards

GESA YOUNG INVESTIGATOR AWARDS

The purpose of the **GESA Young Investigator Awards** (YIAs) is to stimulate interest in research training by rewarding excellence among those involved in research training or in the early stages of their independent research activities. The GESA YIAs are designed to acknowledge and recognise outstanding performance and leadership potential by early career researchers.

The winner of the GESA YIA for Clinical Research receives the Douglas Piper Award, and the winner of the GESA YIA for Basic Science receives the June Halliday Award.

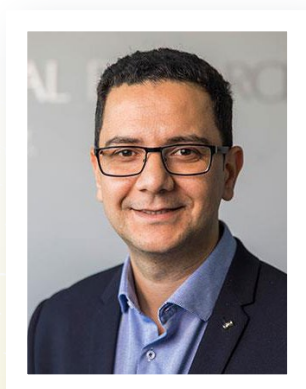
Eight young investigators were selected to present their research in a dedicated YIA session at GESA AGW 2020. A judging panel selected the winners in the Clinical Research and Basic Science categories.



DOUGLAS PIPER YOUNG INVESTIGATOR AWARD CLINICAL RESEARCH

Winner: Craig Haifer

Topic: Lyophilised Oral Faecal Microbiota Transplantation in the Management of Ulcerative Colitis (LOTUS Study): Results from the induction phase of a randomised controlled trial



JUNE HALLIDAY YOUNG INVESTIGATOR AWARD BASIC SCIENCE

Winner: Jason Behary

Topic: Impact of the gut microbiome and metabolome on the peripheral immune response in non-alcoholic fatty liver disease-related HCC

GESA AGW 2020 Virtual

GESA Young Investigator People's Choice Awards

The **GESA YIA People's Choice Awards** were held at the end of the YIA session. Winners in the Clinical Research and Basic Science categories were selected by the YIA audience and recognised with a certificate and complimentary registration to GESA AGW 2021.

In 2020, the winners of the Douglas Piper and June Halliday Awards also won the GESA YIA People's Choice Awards.



GESA YIA PEOPLE'S CHOICE AWARD CLINICAL RESEARCH

Winner: Craig Haifer

Topic: Lyophilised Oral Faecal Microbiota Transplantation in the Management of Ulcerative Colitis (LOTUS Study): Results from the induction phase of a randomised controlled trial



GESA YIA PEOPLE'S CHOICE AWARD BASIC SCIENCE

Winner: Jason Behary

Topic: Impact of the gut microbiome and metabolome on the peripheral immune response in non-alcoholic fatty liver disease-related HCC

POSTER OF MERIT

The **Poster of Merit** for 2020 was cancelled due to COVID-19.

GESA AGW 2020 Virtual Abstract Reviewers

Our thanks to the many GESA AGW 2020 Abstract Reviewers

Leon Adams
Golo Ahlenstiel
Robert Anderson
Ross Apostolov
Minoti Apte
John Argyrides
Oyekoya Ayonrinde
Gavin Barr
John Bate
Catherine Bond
Kim Bridle
Andrew Buckle
Daniel Burger
Rodrigo Carlessi
Natalia Castaño Rodríguez
Elizabeth Chow
Britt Christensen
Charles Cock
Susan Connor
James Cowlishaw
Darrell Crawford
Andrew Day
Peter De Cruz
Marios Efthymiou
Katherine Ellard
Tim Elliott
Daniel Enosi Tuipulotu
Rajaraman Eri
Robyn Foulds
Mayur Garg
Simon Ghaly
David Gilbert
Edward Giles
Rimma Goldberg
Arun Gupta

Craig Haifer
Amy Hamilton
Neel Heerasing
Chandana Herath
Rupert Hinds
Shaun Ho
Georgina Hold
Bronte Hold
Jacinta Holmes
Darcy Holt
Gordon Howarth
Mariko Howlett
Jason Huang
Katharine Irvine
Sally Liang James
Gary Jeffrey
Sahar Keshvari
Ian Kronborg
Thao Lam
John Lancaster
Ian Lawrence
Steven Leach
Rupert Leong
Miriam Levy
Diana Lewis
Gary Lim
Finlay Macrae
Avik Majumdar
Gregory Moore
Kate Muller
Sanjay Nandurkar
Amanda Nicoll
Albert Nwaba
Marian O'Connor
James O'Beirne

Claire O'Brien
Sam O'Connor
Paul Pavli
Callum Pearce
Stephen Pianko
Sherman Picardo
Emilia Prakoso
Lani Prideaux
Brindi Rasaratnam
Gautam Rishi
Marno Ryan
Rohit Sawhney
David Scott
Devanshi Seth
Muhammad Asif Shahzad
Shanela Sooben
Miles Sparrow
Michael Stormon
Simone Strasser
Kavitha Subramaniam
Michael Swan
William Tam
James Thomas
Alex Thompson
Nina Tirnitz-Parker
Jason Tye-Din
Patricia Valery
Anastasia Volovets
Vicky Whitehall
May Wong
Susi Woods
Sern Wei Yeoh
Ian Yusoff
Amany Zekry
Matt Zimmerman

Research and Grants Committee Report



Research and Grants Committee 2020–2021

Paul Pavli (Chair, IBD)

Nina Tirnitz-Parker (Chair, resigned Aug 2020, Liver)

Minoti Apte (Deputy Chair, Pancreatic Disease)

Edward Giles (Paediatric Gastroenterology)

Bronte Holt (Endoscopy)

John Argyrides (Endoscopy)

Britt Christensen (IBD)

Simon Ghaly (IBD)

Kim Bridle (Liver)

Golo Ahlenstiel (Liver)

Vicki Whitehall (Colorectal Cancer)

Susan Woods (Gastric Cancer)

Fiona Bailey (GESA CEO, ex officio)

In 2020, the Research and Grants Committee awarded more than \$280,000 in **grants, fellowships and awards** on behalf of the Society. These funds are in addition to the \$2.1 million awarded by the Society to its members since January 2015.

The Committee or subcommittees also:

- reviewed and updated the criteria for grants and awards
- reviewed and rated all 55 abstracts submitted for the GESA YIA at GESA AGW and assessed the GESA YIA posters and presentations.

The planned 2020 Research Workshop was deferred to 2021, and \$35,000 of funding was held over to support this event.

At **GESA AGW 2020 Virtual**, the Distinguished Researcher Prize was awarded to Professor Grant Ramm from the QIMR Berghofer Medical Research Institute in Brisbane. The Committee awarded the June Halliday YIA for Basic Science to Jason Behary, and the Douglas Piper YIA for Clinical Science to Craig Haifer. The YIA People's Choice Awards mirrored these decisions.

The **recipients of research funding** in 2020 were:

- Craig Haifer, Ola Niewiadomski and Astrid-Jane Williams, who were each awarded a Ferring IBD Clinical Project Grant of \$30,000
- Rimma Goldberg, Lionel Hebbard, Nadeem Kaakoush, Nathan Subramaniam, Ran Wang and Hui Zhang, who each received a GESA Project Grant of \$25,000
- Robert Bryant, who was awarded the GESA Members' Research Grant (\$7,350)
- Astrid-Jane Williams, who was awarded the Rose Amarant Grant (\$5,000).



A list of current and past awardees is available on the GESA website: gesa.org.au > Research > Funding Recipients

Looking ahead, a **Research Workshop**, convened by Vicki Whitehall and Susi Woods, is planned to be held face-to-face at a venue in the Adelaide Hills on 20–21 November 2021. Funds have been made available to encourage the participation of researchers at all stages of their careers, and the workshop will give members the opportunity to interact and develop new collaborations. The Committee continues to actively pursue strategies to boost membership and increase involvement of career scientists and basic researchers with GESA.

Paul Pavli

GESA Research Grants and Fellowship Recipients

Congratulations to our 2020 GESA Grants and Fellowship recipients. (Note: all amounts include GST.)

GESA MEMBERS' RESEARCH GRANT



Robert Bryant

Queen Elizabeth Hospital, South Australia

Project:

IBD in a town like Alice: establishing a best-practice IBD service using a novel software platform

Grant:

\$7,350

ROSE AMARANT GRANT



Astrid-Jane Williams

Liverpool Hospital, New South Wales

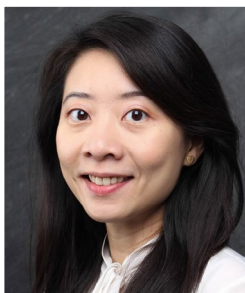
Project:

Paediatric to adult transition in IBD care: a pilot study of a structured clinical pathway in an adult service

Grant:

\$5,000

GESA CELLTRION HEALTHCARE IBD FELLOWSHIP



Emi Khoo

Mater Hospital, Queensland

Project:

Study of Tofacitinib for the treatment of chronic PouchITis (STOPit)

Grant:

\$30,000

GESA Research Grants and Fellowship Recipients

GESA PROJECT GRANTS (\$25,000)



Nadeem Kaakoush
University of NSW, New South Wales

Project:
Immunoglobulin (Ig) A degradation by the gut microbiome



Rimma Goldberg
Monash Health, Victoria

Project:
Restoring protective immunity in IBD



Ran Wang
Mater Research Institute, Queensland

Project:
Development of a novel inhibitor of IL-23p19 for IBD



Lionel Hebbard
James Cook University, Queensland

Project:
Determining the role of a novel gene in liver cancer



Hui Zhang
Centenary Institute, New South Wales

Project:
Targeting a unique enzyme as a novel therapy for primary liver cancer



Nathan Subramaniam
Queensland University of Technology, Queensland

Project:
Identification of biomarkers in liver disease progression using spatial transcriptomics

Inflammatory Bowel Disease Faculty Report



IBD Faculty Committee 2019–2021

Jakob Begun (Chair)
Britt Christensen (Chair-Elect)
Robert Bryant
Sam Costello

Simon Ghaly
Peter Lewindon
Mark Ward

The GESA IBD Faculty was busy in 2020 and is looking forward to 2021. The COVID-19 pandemic required a great deal of flexibility and a realignment of the Faculty's aims. The **GESA AGW 2020** IBD stream looked quite different from previous years but, despite the change in format to a virtual meeting, it was very successful. The meeting highlighted our international presenter — Shomron Ben-Horin — as well as mini-presentations on “hot topics in IBD” and selected abstracts. Following this meeting was an IBD Faculty meeting covering the year's activities and plans for the coming year.

A priority for 2020 was ensuring that the IBD patient and physician communities were well informed about **COVID-19** and its implications for treatment and disease activity. Britt Christensen, with the assistance and support of the IBD Faculty, published guidelines on managing IBD in the context of the COVID-19 pandemic (*Intern Med J* 2021; 51: 284-287). The IBD Faculty also authored patient guidelines for COVID-19, as well as a recent patient handout that has been dispersed through GESA and other organisations, such as Crohn's & Colitis Australia. The Faculty is in the process of submitting a review of COVID-19 vaccines and their use in the setting of IBD.

The IBD Faculty is supporting an effort to produce a **unified collection of patient handouts** that will be endorsed by GESA and available to gastroenterologists through the GESA website. This involves a large working group, with input from gastroenterologists, colorectal surgeons, nurses, dietitians, psychologists, IBD nurses, stoma therapists and patient representatives.

In 2020, the IBD Faculty was proud to support the creation of the **GESA Celltrion Healthcare IBD Fellowship**, which aims to support promising young investigators who are pursuing IBD Fellowship training in Australia. This year's Fellowship was awarded to Emi Khoo, who is performing her Fellowship research project at the Mater Hospital in Brisbane.

Finally, the IBD Faculty has supported several **educational initiatives**, including a collaborative project with Crohn's & Colitis Australia to develop educational IBD materials for GPs and general gastroenterologists. In addition, the Faculty has supported an educational program for gastroenterologists to optimise use of medications in patients with IBD, including conventional and biological therapies, in collaboration with NPS MedicineWise.

The IBD Faculty's priorities for 2021 include:

- **Advocacy:** Improving access for patients by continuing telehealth reimbursement for patient visits, ensuring reimbursement for biological infusions in private hospitals so patients do not experience financial hardship, and continuing to support reimbursement for faecal calprotectin testing
- **Education:** Updating the IBD guidelines and progressing the documentation of IBD Fellowship requirements
- **Fellowship/collegiality and education:** Improving support for regional gastroenterologists, strengthening interactions with allied health groups and developing IBD-specific interest groups
- **Information:** Developing the portfolio of patient handouts on dietary advice, mental health awareness, surgical interventions, sexual health and medical treatments for patients with IBD.

Strategic objectives

- Actively engage in and contribute to the development of government policy on IBD and its acknowledgement as a chronic disease
- Collaborate with IBD Nurses Australia, a subcommittee within GENCA
- Support relevant patient organisations

Key projects

- Quality of care in IBD – clinical update 2021
- Unified patient handouts (consensus process)
- IBD Fellowship guidelines
- COVID-19 information and support documents

Jakob Begun



Liver Faculty Committee 2020–2021

Jacob George (Chair)
Nicholas Shackel (Chair, retired Aug 2020)
Leon Adams
Golo Ahlenstiel

Miriam Levy
John Lubel
Avik Majumdar
Kate Muller

The **consensus statement on management of HCC** was published on 14 December 2020, with the full statement available on the GESA website and a summary published in the *Medical Journal of Australia*. A press release accompanied this statement. We thank all members of the consensus group, with special thanks to John Lubel and Nick Shackel for their leadership. The Faculty's advocacy was also instrumental in attracting Pharmaceutical Benefits Scheme approval for immunotherapy for HCC.

Working groups have been constituted to prepare the **hepatitis B virus (HBV) management guidelines**. Progress has been delayed by COVID-19, but we aim to launch the guidelines within 12 months. In a similar project led by Alex Thompson, national policy on **management of hepatitis C virus (HCV)** has been updated annually to reflect current practice and developments.

The **Portal Hypertension Working Group**, led by Golo Ahlenstiel and Avik Majumdar, is working towards understanding current practice in tertiary and non-tertiary centres in Australia. This includes community engagement and planning towards consensus.

A **Metabolic (Dysfunction) Associated Fatty Liver Disease Working Group**, led by Jacob George and Leon Adams, is working towards developing guidelines for referral from primary to specialist care for patients with fatty liver disease.

GESA hosted a **World Hepatitis Day Webinar** on 28 July 2020 and partnered with the Singapore Hepatology Conference to host a series of webinars on advanced liver disease. Finally, Steven Bollipo led the development of **COVID-19 guidance** for patients with liver disease.

Strategic objectives

- Promote high standards of training and practice among liver disease practitioners
- Convene workshops pertinent to laboratory-based and clinical research into liver disease
- Assist in the development of educational materials relevant to the specialty
- Actively engage in and contribute to the development of government policy on technology and treatment pertinent to liver disease
- Promote and assist with the development of professional standards
- Collaborate with international bodies pertinent to the liver and liver diseases

Key projects

- Hepatitis B consensus statement for health professionals and the Australian community
- Education: hepatology advanced trainee program, hepatology masterclass
- Clinical Research Network: Efficacy and safety of sofosbuvir–velpatasvir–voxilaprevir for NS5A-inhibitor-experienced patients with HCV (*Clin Infect Dis*, Sep 2020); Efficacy and safety of calcineurin inhibitor salvage therapy in autoimmune hepatitis (*Scand J Gastroenterol*, Nov 2020); MOSAIC IgG-4
- Commentary on HCV management in children (GESA and Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine), with Winita Hardikar and Michael Stormon (nearing completion)
- Focus areas: liver cancer, hepatitis B, fatty liver disease and portal hypertension
- GESA COVID-19 guidance for patients with liver disease

Liver Faculty Report

The GESA Liver Faculty's **goals in 2021** are:

- finalising the HBV consensus statement
- drafting GESA documents on the indications for transjugular intrahepatic portosystemic shunts
- developing guidelines for GP referral of patients with fatty liver disease to gastroenterologists
- developing COVID-19 vaccination guidelines for patients with liver disease
- updating GESA online factsheets and guidelines.

Jacob George

HCC Consensus Statement Committee

Leon Adams	Greg Dore	Suzanne Mahady	James Seow
Golo Ahlenstiel	Michael Fink	Geoffrey McCaughan	William Sievert
Peter Angus	Jacob George	Barbara Moore	Manfred Spanger
Sally Bell	Mark Goodwin	Kate Muller	Sally Spruce
Kaye Bowers	Paul Gow	Michael Ng	Simone Strasser
James Burnes	Ingrid Hickman	Amanda Nicoll	Katherine Stuart
Sarat Chander	Thai Hong	John Olynyk	Tom Sutherland
Robert Cheng	Jessica Howell	Jennifer Philip	Caroline Tallis
Asif Chinnaratha	David Iser	David Pryor	Niall Tebbutt
Maria Cigolini	Ashu Jhamb	Kate Reed-Cox	Alex Thompson
Paul Clark	William Kemp	Stuart Roberts	Michael Wallace
Stephen Clarke	Miriam Levy	Chris Rogan	Martin Weltman
Darrell Crawford	Lara Lipton	Marno Ryan	Allan Wigg
Olivia Cullen	John Lubel	Glen Schlapoff	Amany Zekry
Anouk Dev	Gerry MacQuillan	Nicholas Shackel	

HBV Consensus Statement Committee

Leon Adams	Mark Douglas	Miriam Levy	Stuart Roberts
Golo Ahlenstiel	Joe Doyle	Ken Liu	Joe Sasadeusz
Nicole Allard	Sam Elliot	John Lubel	Nicholas Shackel
Tanya Applegate	Jacob George	Michaela Lucas	William Sievert
Jen Audsley	Michelle Giles	Avik Majumdar	Monica Slavin
David Baker	Behzad Hajarizadeh	Mei Mak	Briohny Smith
Bob Batey	Margaret Hellard	Marianne Martinello	Sally Spruce
Sally Bell	Jacinta Holmes	Gail Matthews	Michael Stormon
Scott Bowden	Thai Hong	Geoffrey McCaughan	Simone Strasser
Wendy Cheng	Kelly Hosking	Jen McLachlan	Caroline Tallis
Paul Clark	Jessica Howell	James O'Beirne	Tuu Thomas
Ben Cowie	David Iser	Christopher Pearce	Alex Thompson
Jane Davies	Will Kemp	Matt Penn	Eddie Tse
Josh Davis	Sushena Krishnaswamy	Stephen Pianko	Kumar Visvanathan
Anouk Dev	Suong Le	Dilip Ratnam	Michael Wallace
John Didlick	Alice Lee	Peter Revill	James Ward
Greg Dore	Christopher Leung	Jacqui Richmond	Amany Zekry

Clinical Research Network Report



Clinical Research Network (CRN) Committee

Stuart Roberts (Chair)
Wendy Cheng
Paul Clark
Jacob George
Barbara Leggett

Miriam Levy
Geoffrey McCaughan
William Sievert
Simone Strasser
Alex Thompson

Despite the impact of COVID-19 on clinical research activity, the Liver Faculty CRN continued its track record of taking projects to completion and publication in 2020. Among these was the **Mycophenolate Mofetil as Salvage Therapy in Patients with Autoimmune Hepatitis (TAPESTRY) project**, which was completed with publication of the final study ("Efficacy and safety profile of calcineurin inhibitor salvage therapy in autoimmune hepatitis") in the *Scandinavian Journal of Gastroenterology*. This study reported on outcomes of 33 patients with autoimmune hepatitis in seven major Australian liver centres. It brings to a close a successful project that resulted in three original articles (two in medium- to high-impact journals) and several letters to the editor regarding the outcomes of second- and third-line salvage therapies for this condition.

The **Management, Outcomes and Survival of an Australian IgG4-Sclerosing Cholangitis Cohort (MOSAIC) study**, under Will Kemp's leadership, was initiated in 2019 and completed in 2020. Data on 67 patients in 22 liver centres were collected, with the study confirming the preponderance of IgG4-sclerosing cholangitis in men and highlighting the steroid-response nature of this condition. It also found that relapse is common after steroid cessation. The paper is now under review at *Clinical Gastroenterology and Hepatology*.

Also completed in 2020 was the prospective cohort study evaluating the **efficacy and safety of sofosbuvir–velpatasvir–voxilaprevir for NS5A-inhibitor-experienced HCV patients with difficult-to-cure characteristics**, led by Tim Papaluca and Alex Thompson. The study's final results were published in *Clinical Infectious Diseases* and confirmed the real-world efficacy of this medication in 97 patients recruited from 27 hospitals.

A key initiative of the CRN in 2020 was establishing a **National Observational Epidemiological and Clinical Quality HCC Registry (ORACLES)**. The registry is being run in collaboration with Monash University and the Australian National Liver Cancer Collaborative, with nominal support from the Liver Foundation and GESA. Its primary aim is to improve the quality of care of patients with HCC, but it also has capacity to assess epidemiological trends, patterns of care, variation in treatment patterns and survival outcomes, and adherence to the new Australian consensus statement on HCC management. Funded initially by pharmaceutical companies, including Eisai, Ipsen and AstraZeneca, and led by a 15-person steering committee chaired by

OPERA-C Faculty

Project Leader: Paul Clark (Co-Lead)	Jacob George	Gerry MacQuillan	Simone Strasser	Alan Wigg
Stuart Roberts (Co-Lead)	Andrew Lloyd	William Sievert	Alex Thompson	Amany Zekry

Hospitals participating in OPERA-C

Alfred Hospital (Vic)	Flinders Medical Centre (SA)	Rockhampton Hospital (Qld)
Austin Hospital (Vic)	John Hunter Hospital (NSW)	Royal Adelaide Hospital (SA)
Barwon Health (Vic)	Latrobe Regional Hospital (Vic)	Royal Brisbane & Women's Hospital (Qld)
Bathurst Hospital (NSW)	Liverpool Hospital (NSW)	Royal Perth Hospital (WA)
Blacktown Hospital (NSW)	Lyell McEwin Hospital (SA)	Royal Prince Alfred Hospital (NSW)
Blue Mountains Hospital (NSW)	Mater Hospital Brisbane (Qld)	Sir Charles Gairdner Hospital (WA)
Box Hill Hospital (Vic)	Monash Hospital (Vic)	St George Hospital (NSW)
Broome Hospital (WA)	Nepean Hospital (NSW)	St Vincents Hospital Melbourne (Vic)
Canberra Hospital (ACT)	Orange Hospital (NSW)	Sutherland Hospital (NSW)
Concord Hospital (NSW)	Princess Alexandra Hospital (Qld)	Westmead Hospital (NSW)

Clinical Research Network Report

Stuart Roberts, it involves 24 major liver centres with broad representation in all mainland states. Through Professor John Zalcberg, Monash University, with its strong track record in running other upper gastrointestinal cancer registries in Victoria, is providing the infrastructure to coordinate the registry. The registry will also provide an invaluable resource to conduct basic science and translational research studies, in collaboration with scientific researchers, including developing and validating biomarkers to diagnose and risk-stratify patients with HCC.

The **Observational Prospective Epidemiological Registry in Australia of HCV Liver Disease (OPERA-C)** continues to plug along under Paul Clark's guidance and now has more than 3,400 patients with HCV receiving direct-acting antivirals in its database. Cuts of the database are planned in 2021, and we await the release of the first manuscripts from this project.

Other small projects conducted in 2020 included two surveys sent to CRN members: hepatologists were asked their opinion on when to give prophylactic fresh frozen plasma and platelets to patients with cirrhosis undergoing invasive procedures under various clinical scenarios (Stuart Roberts); and feedback was sought from hepatologists on their perception of the utility of azathioprine metabolite testing in autoimmune patients treated with thiopurines (Martin Weltman).

Stuart Roberts

GESA World Hepatitis Day Webinar

Steering Committee

Jacob George (Chair)
Simone Strasser (Moderator)
Alex Thompson

Kate Muller
Kevin Marriott (Hepatitis Australia rep)

Let's talk Hep C! An overview for physicians and patients of Australian hepatitis C treatment

In 2020, GESA supported World Hepatitis Day by presenting an informative and interactive webinar — developed in conjunction with Hepatitis Australia — that provided perspectives from leading physicians and community members, as well as a Q&A session.

Held on Tuesday 28 July, a total of 189 people connected to the webinar, with the majority of attendees rating it as good or excellent.



Watch the webinar
recording at gesa.org.au >
Education & Resources >
Online Education

Endoscopy Faculty Report



Endoscopy Faculty Committee 2019–2021

Arthur Kaffes (Chair)	Bronte Holt
Matthew Remedios (Chair-Elect)	Sneha John
Vipul Aggarwal	Payal Saxena
John Argyrides	

Although 2020 was a difficult year for all, the Endoscopy Faculty remained keen to develop and address key areas of endoscopy that affect our professional community.

With **COVID-19** taking centre stage from March, the pandemic dramatically changed the trajectory of our efforts during the past 12 months. I wish to thank the Endoscopy Faculty and GESA Board for their efforts in developing key documents that helped shape our response to COVID-19 throughout Australia. Our prompt recommendations on both personal protective equipment use and procedure categories were welcomed, with much positive feedback received. As COVID-19 is now being well controlled and the vaccine rollout has commenced, we have been able to begin looking at broader matters in the endoscopic community.

The Endoscopy Faculty has been active in driving key issues, such as **MBS item numbers**. William Tam has been the lead on development of the endoscopic mucosal resection item number, and we have been working alongside him in supporting that endeavour. With the support of the GESA Board, the Endoscopy Faculty will also look at additional MBS item numbers, such as for cholangioscopy, and will advise on other items, such as therapeutic double balloon enteroscopy.

The Endoscopy Faculty has focused on several **position papers** and will be looking at the recommendations on endoscopy in patients with diabetes and sedation guidelines for patients. We will also be updating the GESA position statement on nurse endoscopy in Australia.

Special thanks to Vipul Aggarwal, who was the lead on the endoscopy program for **GESA AGW 2020** and did a great job under difficult circumstances. Planning for the 2021 GESA AGW endoscopy program is underway.

As a reminder to those who are interested in being involved with the Endoscopy Faculty, look out for an invitation to nominate, which is due soon.

Arthur Kaffes

Strategic objective

- Represent endoscopists and continuously work to advance this specific area of gastroenterology

Key projects

- The National Endoscopy Training Initiative (NETI), which aims to enhance the quality and safety of endoscopy and has established a comprehensive series of national, formalised and standardised workshops conducted by experienced and highly qualified supervisors
- COVID-19 clinician and patient material and recommendations on endoscopic procedure triage and endoscope reprocessing, and advice on preventive measures during gastrointestinal endoscopic procedures
- Consensus statement and guidelines on infection prevention and control in endoscopy
- Advocacy: MBS item number changes to capsule endoscopy and colonoscopy

Endoscopy Faculty Report



Small Bowel Special Interest Group

Reports to Endoscopy Faculty

Robert Feller (Chair)

No Small Bowel Special Interest Group session was held at GESA AGW 2020 because of the reduced program and online format in response to COVID-19. We hope to correct that in 2021, depending on conference arrangements.

A separate Capsule Endoscopy Workshop, under the auspices of NETI, was held online in November 2020 with 45 registrants, including several from overseas. It was a successful afternoon and is likely to be held online again in 2021.

GESA
Gastroenterological Society of Australia

Capsule Endoscopy Workshop 2020 Virtual

PROGRAM

Date: Friday 6 November 2020
Convenor: Dr Robert Feller
Faculty: Dr Ashley Miller, Assoc Professor Chris Hair and Assoc Professor Philip Craig

TIME	TOPIC	FACULTY
13:15	Registrants log on	Dr Robert Feller
13:25	Welcome	Dr Robert Feller
13:30	CE - The Basics	Dr Ashley Miller
14:00	Normal Variants	Dr Robert Feller
14:15	Obscure GI bleeding	
14:45	Questions	A/Prof Chris Hair and Dr Ashley Miller
14:50	Live Capsule Reading	A/Prof Philip Craig
15:10	Break	Dr Robert Feller
15:20	Inflammatory Disease	
15:45	Polyps and Tumours	
16:10	Questions	A/Prof Philip Craig and Dr Robert Feller
16:25	Live Capsule Reading	All Faculty
16:45	Break	All Faculty
16:55	Capsule Clips and Tips	
17:20	Questions and Discussion	
17:30	Workshop concludes (Faculty will remain online to answer questions)	

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National Endoscopy Training Initiative Report



National Endoscopy Training Initiative

Cameron Bell (Chair)
Mark Appleyard
John Argyrides
Gregor Brown
Philip Craig
Tim Elliott

Robert Feller
Leon Fisher
Mayur Garg
Shara Ket
Andrew Luck
Finlay Macrae

Andrew Metz
Ashley Miller
James Moore
Vinh-An Phan
Tony Rahman
Mark Schoeman

Rajvinder Singh
Peter Tagkalidis
William Tam
Andrew Trinh
Rhys Vaughan

Due to the COVID-19 pandemic, it was not possible to run face-to-face NETI courses in 2020.

NETI 2021 Courses

The NETI Committee is investigating holding face-to-face courses in 2021, in line with COVID-19 government recommendations. For updates, please visit gesa.org.au > Education & Resources > Face-to-Face Education

A brief history of NETI

1990 – GESA began “credentialling” in gastrointestinal endoscopy and colonoscopy via the CCRTGE.

2005 – Gregor Brown started running a Basic Colonoscopy Course at the Alfred Hospital, Melbourne.

2006 – Michael Bourke and Cameron Bell conducted endoscopy workshops at Westmead Hospital, Sydney.

2008 – NETI was established by Gregor Brown, Ian Norton, Mark Schoeman, Mark Appleyard and Michael Bourke, all endoscopists and GESA members with an interest in procedural quality and training, who recognised that available endoscopy courses were insufficient. NETI was initially largely unfunded, receiving limited financial support from the federal government and administrative support from the GESA office. The “NETI” name is attributed to Gregor Brown.

2009 – NETI began delivering Train the Colonoscopist Trainer courses.

2009/2010 – ERCP workshops were held (Tony Speer had previously held an ERCP workshop before 2000).

Other workshops have since been added to the NETI roster, including Capsule Endoscopy, Endoscopic Ultrasound and Practical Quality Colonoscopy Skills.



Capsule Endoscopy

Convenor: Robert Feller

Faculty: Philip Craig
Ashley Miller
Chris Hair

COVID-19 restrictions in 2020 saw the annual Capsule Endoscopy Workshop delivered as a virtual event. There were 45 registered delegates (25 GESA members and 20 non-members), including 10 from New Zealand and one from the UK.

The workshop provided the delegates with the knowledge to understand the indications for and practice of capsule endoscopy, including:

- equipment, software and reading
- recognising normal and abnormal findings, including a range of abnormalities
- being able to provide an accurate report, including advice on appropriate further investigation and management.

In the absence of a physical event, the delegates reported finding the Faculty very knowledgeable and that the workshop helped with their practice and knowledge.

Endoscopic Ultrasound Australia 2020

Organisers

Benedict Devereaux (Course Director)

Jason Hwang (Course Coordinator)

Jason Huang (Course Coordinator)

International speakers

Anand Sahai (University of Montreal Hospital, Quebec, Canada)

Pietro Fusaroli (University of Bologna, Bologna, Italy)

Hiroiyuki Isayama (Juntendo University, Tokyo, Japan)

Endoscopic Ultrasound Australia 2020 was held on Friday 21 and Saturday 22 February at the Royal Brisbane and Women's Hospital Skills Centre, Brisbane — the only in-person GESA workshop held in 2020.

The meeting focused on the technique of EUS and its role in the diagnosis and management of an array of diseases.

Eighty-five people attended over one-and-a-half days to hear about the latest advances in EUS. The workshop program aimed to broaden the diagnostic and therapeutic capabilities of attendees at all levels — from senior surgeons and physicians right through to basic trainees.

Delegate feedback

"Excellent content"

"Great to be able to interact with international speakers"

"Great networking opportunities"



Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy (CCRTGE) Report



CCRTGE Committee

Gregor Brown (GESA, RACP)
Sulman Ahmed (Chair-Elect, RACS)
Looi Ee (RACP, Paediatric)
Sam O'Connor (RACP, Rural)

Darren Pavey (GESA, RACP)
Iain Skinner (RACS)
Melinda Van Oosterum (RACS, Rural Rep)
Daniel Croagh (RACS)

The CCRTGE was established in 1990 by three parent bodies: GESA, the RACS and the RACP. The CCRTGE recognises training in gastroscopy, colonoscopy, ERCP, EUS and capsule endoscopy for physicians and surgeons of all colleges.

Demand for certification remains high, with an 8% increase during 2020 to a new record of 346 logbook approvals (covering 84 physicians and 139 surgeons), with most being for colonoscopy and gastroscopy. The standard of applications also remains high, with 97% of the year's applications being approved at the CCRTGE meeting or shortly thereafter.

As the requirements of the new Australian Commission on Safety and Quality in Health Care Colonoscopy Clinical Care Standard are implemented by health facilities, the number of **applications from experienced practitioners** has risen, as expected, to 30, comprising more than 8% of total applications. It is anticipated that use of the experienced practitioner pathway will decrease from 2021.

The Committee continues its role in reviewing the currency and practicality of the **standards for certification** of endoscopic procedures. Other items or events of note in 2020 include:

- an increase in the number of therapeutic procedures required for paediatric gastroscopy certification
- due to COVID-19 travel restrictions, both meetings of the Committee were conducted via videoconference (Zoom)
- completion of an independent review of the website application, with a view to improving ease of use for participants and reviewers, increasing security and decreasing overall maintenance and running costs
- the induction of Dr Daniel Croagh (upper gastrointestinal surgeon) as a member of CCRTGE representing the RACS
- development of Direct Observation of Procedural Skills forms for gastroscopy and colonoscopy in conjunction with our New Zealand CCRTGE colleagues and RACS; these will be an invaluable training tool, providing structure to supervisors in their assessment of trainees' skills.

My thanks to the Committee members for their hard work and to the Secretariat for their considerable contribution, without which the Committee could not function.

Gregor Brown

CCRTGE Help Desk Inquiries

Enquiries	2016	2017	2018	2019	2020
Email	1,114	1,000	569	647	752
Phone	312	374	316	428	443
Total	1,426	1,374	885	1,075	1,195

CCRTGE Assessments

Applications	2016	2017	2018	2019	2020
Received	420	251	274	351	357
Approved*	337	237	260	341	346

* Approved at meeting; unapproved applications were returned to applicants for revision and resubmission.

Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy (CCRTGE) Report

CCRTGE Applications and Outcomes 2020

Logbooks and applications			Logbooks and applications by Fellowship			
Procedure	Received	Approved*	RACP (pending†)	RACS (pending†)	ACRRM (pending†)	RACGP (pending†)
Capsule endoscopy "grandfather"	0	0				
Capsule endoscopy	11	11	10 (1)			
Colonoscopy (adult)	176	171	15 (43)	59 (54)	2 (3)	0 (0)
Colonoscopy (paediatric)	3	3	0 (3)			
ERCP	13	12	8 (0)	3 (2)		
EUS	9	9	9 (0)			
Gastroscopy (adult)	142	137	5 (53)	42 (40)	0 (1)	1 (0)
Gastroscopy (paediatric)	3	3	0 (2)	0 (1)		
Total	357	346	47 (102)	104 (97)	2 (4)	1 (0)
Pathway	Received	Approved*				
Australian advanced trainees	297	288				
New Zealand CCRTGE recognised	6	6				
Overseas-trained specialist	24	22				
Experienced practitioner	30	30				

* Approved at meeting (meetings held in April and November 2020); unapproved applications were returned to applicants for revision and resubmission.
† Pending Fellowship at the date of assessment.



Colonoscopy Recertification Program Report



Colonoscopy Recertification Program Committee

Mark Schoeman (Chair, GESA)
Melissa Jennings (GESA)
Peter Katelaris (GESA)
Iain Skinner (Surgeon Rep)

Brian Kirkby (Surgeon Rep)
David Scott (GESA, Rural)
Looi Ee (Paediatric Rep, as needed)
Fiona Bailey (GESA, ex officio)

Despite the uncertainty caused by COVID-19, the **Colonoscopy Recertification Program** has continued to grow and mature. There are now more than 1,660 colonoscopists registered and 1,030 recertified; it is estimated that over 75% of practising colonoscopists from all colleges are registered with the program. The program has accelerated in the 2 years since it was effectively mandated by the federal government via its inclusion in the revised Colonoscopy Clinical Care Standard, which came into force on 1 January 2019.

The Committee is pleased to report that the overall standard of applications has been high, with average performance well in excess of the requirements for adenoma and sessile serrated adenoma (SSA)/polyp detection. The averages for both these **performance metrics** have continued to increase throughout the year.

In recognition of the COVID-19-related decrease in elective procedures performed, all participants in the program were granted a **6-month** extension of their recognition, and new certificates with the extended expiry dates were distributed to most participants.

Several challenges involving **submissions for recertification** were resolved at the Committee's monthly meetings. Although most applications were successfully recertified, a significant proportion of submissions have been audited, but the supporting documentation provided has been excellent. Submissions have required more detailed review for a few applicants, and we are working hard to improve the quality of these submissions so the applicants can be recertified. For instance, some applicants have found it difficult to provide photo documentation of colonoscopy landmarks because image capture facilities were not available. It is pleasing that recertification requirements have helped their applications for this equipment to be provided at their endoscopy units.

GESA and the RACS signed a **memorandum of understanding** in November 2020 to formalise the joint nature of the program. This is expected to be finalised in 2021, with further discussions with the RACP aimed at forming a conjoint committee similar to the CCRTGE.

Ongoing reviews of data have found that **images do not need to be retained** once a logbook has been approved. After communication to the affected parties, a process was implemented for these redundant images to be deleted.

There are now more than 240,000 colonoscopies logged in the system. **Analysis of these data** is considered an important part of the program to deliver continual improvements in patient health care and the program. The GESA Board has given provisional approval for data analysis, and it is a goal of the Committee to publish findings in a peer-reviewed journal in 2021.

Key statistics (December 2020)

- Registered colonoscopists: 1,661
- Recertified colonoscopists: 1,312 (29 paediatric), including recognition of 279 successful CCRTGE participants
- Procedures logged: >240,000
- Average adenoma detection rate: 41% in adult patients (increase of 2% from 2019)
- Average SSA detection rate: 12% in adult patients (increase of 2% from 2019)
- Caecal intubation rate: 98% (unchanged from 2019)
- Terminal ileum intubation rate: 71% (decrease of 2% from 2019)
- Cancer detection rate: 1.6% (unchanged from 2019)

Participation in Colonoscopy Recertification Program									
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Total
ACRRM		4		4			2	2	12
RACGP	1	3		3			3	1	11
RACP	18	193	3	152	51	11	150	60	638
RACS	2	112	2	85	35	6	96	34	372
Total	21	312	5	244	86	17	251	97	1,033

Mark Schoeman

Practitioners Recertified

Practitioner	
1	Muhammad Abdullah
2	Sandun Abeyasundara
3	Ned Abraham
4	Leon Adams
5	Sanjay Adusumilli
6	Vipul Aggarwal
7	Golo Ahlenstiel
8	Ahmad Nazree Ahmad Nordeen
9	Samsher Ali
10	Asar Alsaffar
11	Ghiyath Alsnih
12	Vimalan Ambikaipaker
13	Nicole Andrews
14	Iman Antoun
15	Mohamed Ashour
16	Mohamed Atalla
17	David Badov
18	Ross Balson
19	Andrew Barclay
20	Malcolm Barnes
21	Gavin Barr
22	Leisa Barrett
23	Nigel Barwood
24	John Bate
25	Samuel Battaglia
26	Simon Bazaadut
27	Andrew Bean
28	Christian Beardsley
29	Ian Bejer
30	Cameron Bell
31	Alice Bennett
32	Richard Benny
33	Christophe Berney
34	Jesse Beumer
35	Jal Bhathawalla
36	David Bird
37	Charles Blair
38	Ian Bloomfield

Practitioner	
39	Roderick Borrowdale
40	Michael Bourke
41	Laurence Britton
42	Katherine Broughton
43	Martin Bruening
44	Robert Brun
45	Robert Bryant
46	Andrew Bui
47	Daniel Burger
48	Gareth Burns
49	Sally Butchers
50	William Bye
51	Kirsty Campbell
52	Manny Cao
53	Catherine Cayzer
54	Joy Chakraborty
55	Salim Chalooob
56	Manju Chandrasegaram
57	Philip Chang
58	Derek Chen
59	Michelle Chen
60	Robert Chen
61	Anthony Cheng
62	Robert Cheng
63	Steve K H Cheng
64	Simon Chew
65	Yew Hung Chieng
66	Bernard Chin
67	Shivakumar Chitturi
68	Sarah Cho
69	Nak Jin Choi
70	Andre Chong
71	Chee Fook Choong
72	Carina Chow
73	Anthony Ciccocioppo
74	Paul Clark
75	Caroline Louise Clarke
76	Kristenne Clement

Practitioners Recertified

Practitioner	
77	Ruben Cohen-Hallaleh
78	David Colledge
79	Josephine Collins
80	Trevor Collinson
81	John Colman
82	Michael Condous
83	Jacinta Cover
84	James Cowlshaw
85	Alexander Craig
86	Philip Craig
87	Darrell Crawford
88	Georgina Cunningham
89	David Dalton
90	Rahim Daneshjoo
91	Mark Mamdouh Daoud
92	John Darke
93	Jurstine Daruwalla
94	Kamala Das
95	Scott Davison
96	Peter Day
97	Shashank Desai
98	Christopher Desmond
99	David Devonshire
100	Anoj Dharmawardhane
101	Christopher Dobbins
102	Eric Donaldson
103	Lloyd Dorrington
104	Mark Doudle
105	Brian Draganic
106	Musa Drini
107	Steven Due
108	Pramod Durgakeri
109	Michael Egerton
110	Ian Elbourne
111	Toufic El-Khoury
112	Katherine Ellard
113	Timothy Elliott
114	Olga Ellison

Practitioner	
115	Emad El-Omar
116	Alexander Engel
117	Shaukat Taher Esufali
118	Stephen Fairley
119	Peter Fanning
120	Scott Fanning
121	Shadi Faraj
122	Keith Chip Farmer
123	Serguei Fedorine
124	John Fiatarone
125	Angus Fisher
126	Mortimer FitzGerald
127	Sheila Catherine FitzGerald
128	David Fone
129	Robert Franz
130	Elliot Freeman
131	Wayne Friedman
132	Paul Froomes
133	Sam Galhenage
134	Carey Gall
135	George Garas
136	Richard Gartrell
137	Rafael Gaszynski
138	Terence Gavaghan
139	Leah Gellert
140	Karim Ghanim
141	John Gibbons
142	Raghubinder Gill
143	Andrew Gilmore
144	Colin Giorcelli
145	Tom Gleeson
146	Kolitha Goonetilleke
147	Adam Gordon
148	Ilana Gory
149	Peter Gourlas
150	Ralph Gourlay
151	Jason Grant
152	Martin Grehan

Practitioners Recertified

Practitioner	
153	Sean Griffin
154	Joshua Grundy
155	Nitin Gupta (Paediatric)
156	Vikas Gupta
157	Craig Halliday
158	John Hansen
159	Richard Harrison
160	Richard Heddle
161	Rasika Hendaheva
162	Craig Hendry
163	Edward Hewson
164	Henry Hicks
165	Michael Hing
166	Shirhan Ho
167	Yik-Hong Ho
168	Bruce Hodge
169	Brian Hodgkins
170	Paul Hollington
171	Darcy Holt
172	Terence Holt
173	Graham Hool
174	Luke Hourigan
175	Andrew Hughes
176	Georgia Hume
177	Jeremy Humphris
178	Ronald Andrew Hunter
179	Andrew Huo
180	Jason Hwang
181	Luis Isabel
182	Anton Iseli
183	David Iser
184	Michael Issac
185	Harish Iswariah
186	Abraham Jacob
187	Antony Jacob
188	Simon Jakobovits
189	Norman Janu
190	Neil Jayasuriya

Practitioner	
191	Eshwarshanker Jeyarajan
192	Ajay John
193	David Johnston
194	Brett Jones
195	Ian Jones
196	Martin Jones
197	Mark Joseph
198	Alex Karatassas
199	Sanjay Kariappa
200	Viraj Kariyawasam
201	Simon Keelan
202	Philip Kennedy
203	Shara Ket
204	Mohd Qaseem Khan
205	Natalie Kiel
206	Ju Hwan Kim
207	Richard Kimber
208	Brian Kirkby
209	Matthew Kitson
210	Steven Kolt
211	Nickolas Kontorinis
212	Jenn Hian Kenneth Koo
213	David Koong
214	Tady Kordian
215	Stuart Kostalas
216	Daniel Kozman
217	Mathew Kozman
218	Robert Krones
219	Vu Kwan
220	Charlotte Kwik
221	Avelyn Kwok
222	Kelvin Kwok
223	Raymond Kwok
224	Francis Lam
225	John Lancaster
226	Joseph Lawler
227	Ian Lawrance
228	Eric Lee

Practitioners Recertified

Practitioner	
229	Peter Lee
230	Richard Lee
231	Rupert Leong
232	Mark Lewis
233	Chon Hann Liew
234	Grace Lim
235	Hou Kiat Lim
236	James T Lim
237	Rita Lin
238	Darren Lituri
239	David Lloyd
240	Peter Loder
241	Andrew Luck
242	Nicholas Lutton
243	Tim Lyon
244	Andrew MacLeod
245	Graham Magarry
246	Suzanne Mahady
247	Puneet Mahindra
248	Allison Malcolm
249	Mario Malkoun
250	Phillip Malouf
251	Dileep Mangira
252	Michael Mar Fan
253	Rohan Marks
254	Kareem Marwan
255	Tess McClure
256	Jennifer McDonald
257	Kathleen McGrath (Paediatric)
258	Hugh McGregor
259	Peter McInerney
260	Carolyn McIvor
261	Paul McMurrick
262	Matthew McNamara
263	Brian Meade
264	Alan Meagher
265	Geoffrey Menezes
266	Michael Merrett

Practitioner	
267	Sameer Mhrshahi
268	David Mildenhall
269	Justine Mill
270	Ashley Miller
271	Michael Miros
272	Anubhav Mittal
273	James Moore
274	Bradley Morris
275	Alan Moss
276	Anthony Mounkley
277	Mark Muhlmann
278	Basavaraj Mundasad
279	Brendan Murphy
280	Michael Murray
281	Jothi Murugesan
282	Crispin Musumba
283	Niroshan Muwanwella
284	Hajir Nabi
285	Satish Nagarajah
286	Ammar Nagree
287	Shyam Nagubandi
288	Kavinderjit Nanda
289	Giovanni Napoli
290	Ahmed Naqeeb
291	Graham Newstead
292	Ada Ng
293	E-Ern Ian Ng
294	Michael Ng
295	Robert Nguyen
296	Thang Nguyen
297	Ola Niewiadomski
298	Keith Noack
299	Ian Norton
300	Farnoush Noushi
301	Sam O'Connor
302	Paul O'Farrell
303	Matthew Oliver
304	Lee Ong

Practitioners Recertified

Practitioner	
305	Tsai-Wing Ow
306	Ramesh Paramsothy
307	Sudarshan Paramsothy
308	Gordon Park
309	Sandra Park
310	Gokulan Pavendranathan
311	Maree Pekin
312	Nam Viet Pham
313	Stephen Pillinger
314	Adrian Polglase
315	Jessica Preece
316	Casper Pretorius
317	Emily Prewett
318	Peter Prichard
319	Ilana Prideaux
320	Aviv Pudipeddi
321	Krishnaraj Ragunath
322	Tony Rahman
323	Kheman Rajkomar
324	Devinder Raju
325	Quentin Ralph
326	Saranga Ranasinghe
327	David Rangiah
328	Herath Rathnayake
329	Madhur Ravikumara (Paediatric)
330	Christopher Rayner
331	Vanessa Rees
332	Matthew Rickard
333	Eliot Roach
334	Elliott Robert
335	Joseph Roche
336	James Ross
337	William Ross
338	David Ruppin
339	Ferry Rusli
340	Jeevithan Sabanathan
341	Amir Safe
342	Inian Samarasam

Practitioner	
343	Shamim Samedani
344	Douglas Samuel
345	Adrian Sartoretto
346	Sangarapillai Sathanathan
347	Heinrich Schwalb
348	David Scott
349	Jayantha Senaratne
350	Rebecca Seton
351	Timothy Shanahan
352	Shekhar Sharma
353	Ian Shaw
354	Anneke Shea
355	Ragheb Sidhom
356	Way Siow
357	Paul Sitzler
358	Dawid Smalberger
359	Briohny Smith
360	Kenji So
361	Michael Solomon
362	Siddharth Sood
363	Miles Sparrow
364	Geeta Srivatsa
365	Joel Stein
366	Samuel Stevens
367	Andrew Stevenson
368	Peter Stewart
369	Elmarie Steyn
370	Daniel Stiel
371	Richard Stiles
372	Johannes Stofberg
373	Martin Strahan
374	Boris Strekozov
375	Katherine Stuart
376	Kavitha Subramaniam
377	Vidyut Suttur
378	David Swartz
379	Wiyang Szetoo
380	Shireen Tabatabai

Practitioners Recertified

Practitioner	
381	William Tam
382	Michael Tan
383	Terrence Tan
384	Howard Tang
385	Kevin Tang
386	Shanthapriya Tellambura
387	Adrian Teo
388	Marcus Teo
389	Narcissus Teoh
390	Benjamin Terkasher
391	Sony Sebastian Thazhath
392	Lena Thin
393	James Thomas
394	Peter Thomson
395	Marcus Thorne
396	Thomas Tiang
397	Keith Tish
398	James Toh
399	Darren Tonkin
400	Eric Torey
401	Anand Trivedi
402	Jim Tryfonopoulos
403	Edmund Tse
404	Jeffrey Tu
405	Emma Turner (Paediatric)
406	Jason Tye-Din
407	Johan Van Den Bogaerde
408	David van der Poorten
409	Jeffrey Van Gangelen
410	Jacob Vanyai
411	Raphael Varghese
412	Gabriella Vasica

Practitioner	
413	Abhinav Vasudevan
414	Michael Von Papen
415	Don Walker
416	Michael Warner
417	Satish Warriar
418	Eric Wegman
419	John Wenman
420	Melissa White
421	Shiran Wijeratne
422	Anna Wilkes
423	Nicholas Williams
424	Stephen Williams
425	Evan Willingham
426	Robert Winn
427	Indrajith Withanage
428	John Wong
429	Shing Wong
430	Timothy Wright
431	Ruwei Xu
432	John Yamba
433	Phillip Yang
434	Raymond Yap
435	Yu-ting Yeh
436	Srini Yellapu
437	Aileen Yen
438	Justin Yeung
439	Pranavan Yoganathan
440	Christopher Young
441	Yen-Ni Yu



Paediatric Network Committee

Edward Giles (Chair, retired
Dec 2020)

Ajay Sharma (Chair)

Usha Krishnan (Deputy Chair)

Nitin Gupta

Jeremy Rosenbaum

Mark Safe

Nikhil Thapar



My thanks for the opportunity to lead this group for the past 2 years. I have tried to make some small changes that I hope will make paediatric gastroenterology in Australia

and New Zealand a more organised specialty and, through this, improve the lives of our patients. I particularly want to thank Don Cameron, who, despite retiring, has continued to provide leadership for our small craft group and great practical help in keeping our communication lines open.

The main “achievement” of the past 2 years was gaining **formal recognition of paediatric gastroenterology** as a group within GESA, which came about with the formation of the GESA Paediatric Network. This will allow a more formalised process for our group, as well as other advantages. It will not be a dramatic change in practice, as GESA has always included paediatrics in its activities, but it will provide significant advantages over time. These include more logistical support for our activities. I thank Simone Strasser, President of GESA, and Fiona Bailey, CEO, and others for their hard work in making this happen.

Jeremy Rosenbaum has assisted with **training** through his role with the RACP in representing paediatric gastroenterology. While this is not officially a GESA or Paediatric Network role, it is important to think about training issues. I have also recommended that a trainee should have an official role on the Paediatric Network Committee and strongly advised the incoming Chair, Ajay Sharma, to consider ways to improve the training experience in paediatric gastroenterology in Australia (and New Zealand). Ajay has already taken a strong lead on this issue.

I want to thank Looi Ee for her ongoing hard work in the **endoscopy** space. Like other “executive” roles in the Paediatric Network, the endoscopy role is partly separate, as it is largely run by the CCRTGE. Nitin Gupta has come on board as the new Paediatric Network endoscopy representative. Looi and Nitin are both working hard to ensure that paediatric issues are not forgotten in all areas related to endoscopy in Australia.

In 2020, the RACP offered an opportunity for six specialty groups across adult and paediatric medicine to bid for the chance to provide a **webinar education series**. Nikhil Thapar volunteered to arrange a series of speakers and a bid for the Paediatric Network. Thanks to Nikhil and GESA’s support, we won the bid, and I thank all the speakers who have provided excellent talks to a general paediatric and trainee audience, with great feedback being received. We have also been invited to present at the 2021 RACP Congress.

Alongside training, **collaborative projects** are another area in which I hope the Paediatric Network can do more in the years ahead. There has been some interesting discussion regarding the role of parenteral nutrition in patients with severe neurodevelopmental problems and feed intolerance. I propose that, for next year’s AGM, we invite our paediatric palliative care colleagues to a session at which we can discuss this issue with some data; possibly even in a debate format. Australian paediatric gastroenterologists have also contributed to several international COVID-19 registries.

I thank Winita Hardikar for her work on the Scientific Program Committee for **GESA AGW 2020** – having to do twice the work, in arranging a program and then rearranging a virtual program. The paediatric component of GESA AGW 2020 was a great success, with a substantial proportion of the Paediatric Network in virtual attendance.

Finally, I would encourage all of you to consider whether there are roles in GESA or related organisations where you could represent paediatric gastroenterology. I feel strongly that all GESA faculties and special interest groups with any relevance to paediatrics should have at least one paediatric representative. I will remain the paediatric representative on the GESA Research and Grants Committee until the end of 2021 – but I look to all of you to think where your expertise and interest could best be used.

Edward Giles

Private Practice Network



Private Practice Network Committee 2020–2022

Anil Asthana (Chair)
Stephen Pianko
Natalie Kiel

Adam Gordon
Simon Jakobovits
Albert Nwaba

Since the GESA Private Practice Network (PPN) was formally launched at GESA AGW 2020 Virtual, our membership has grown to more than 80 members.

The highlight of the year was our program for **GESA AGW**, which attracted more than 100 members per session. A wide array of subjects — including Medicare item number changes, the future of private practice, what private practice means in the COVID-19-normal era, and setting up private practice — were discussed. We had invited a range of speakers, including representatives from the Department of Health and Human Services, private hospital CEOs, cybersecurity and IT experts and law experts, among others.

Another highlight in 2020 was the launch of our **webinar series**, with the first session titled “Moving into private practice – funding options”. The National Head of Healthcare at Westpac was invited for this, and we obtained a positive response from attendees.

The PPN’s priorities for 2021 include:

- **Education initiatives:** holding multidisciplinary meetings (virtually or in person, pending local policies) for private practitioners to discuss clinical cases, with panel discussion by experts. We anticipate recording these sessions and, over time, creating clinical resources that will be accessible via the myInteract app. The Committee will also work towards a meaningful and substantial GESA AGW program.
- **Advocacy:** creating a survey for all PPN members to understand what the high priorities are for attention of our members in private practice. The important issues will then be raised with the GESA Board.
- **Member support and mentorship:** creating a noticeboard on the myInteract app for members to post job or work vacancies by employers and for junior colleagues to reach out regarding guidance or mentorship.
- **Webinar series:** covering the practical and policy aspects of private practice.

In adjusting to the COVID-19 pandemic, the GESA PPN Committee remains productive and continues to represent its membership.

Anil Asthana



Strategic objectives

- Create professional networks and collegiality between private practitioners
- Provide advocacy for and representation of PPN members
- Offer educational initiatives, both clinical and practical, related to private practice
- Encourage professional development in practice-related matters and leadership
- Provide career guidance and mentorship

Key projects

- Clinical case presentations and expert panel discussions
- Raising members’ priorities with the GESA Board
- Running a webinar series on private practice in a COVID-19-normal environment
- Providing communication between our members for mentorship and guidance via the myInteract app
- Devising a GESA AGW PPN program

Regional and Remote Network



Regional and Remote Network Committee

Kirsty Campbell (Co-Chair, NT)
Julian Rong (Co-Chair, Vic)
Robyn Nagel (Qld)
John Masson (Qld)
David Scott (NSW)

Stuart Kostalos (NSW)
Lauren Beswick (Vic)
Albert Ngala (Tas)
Alice Bennett (SA)
Rajit Gilhotra (Trainee Rep, Qld)

After some COVID-19-related delays, the Regional and Remote Network was formed in 2020, with the Committee having representation from most states and territories.

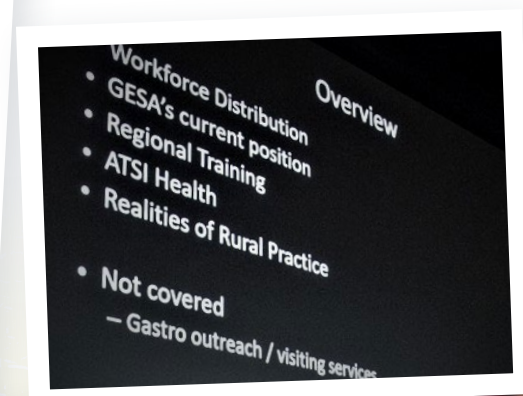
Immediate goals include expanding our membership base and documenting the number and distribution of rural and regionally residing gastroenterologists in Australia, along with attempting to capture information on the visiting medical officer services offered.

Medium-term plans are to continue to advocate for improvement to the regional workforce by:

- promoting this as a satisfying career option
- working with GESA and the RACP to expand the number of regionally based training sites and rotations offered to increase exposure to regional health
- highlighting the disparity in health outcomes for those living in rural and regional Australia.

Additional plans include collaborating with larger centres to give rural patients the opportunity to participate in clinical trials, to improve their access to medications for IBD and HCC; and moving towards having a biennial rural gastroenterology conference, hosted in a regional location, to allow for presentation of local research, networking and promotion of a career as a regionally based general gastroenterologist.

Kirsty Campbell



Young GESA Network



Ray Boyapati



John (Nik) Ding

Young GESA Network Committee

Ray Boyapati (Co-Chair, retired Dec 2020)
John (Nik) Ding (Co-Chair, retired Dec 2020)
David Prince (Chair)
Anil Asthana

Kirsty Campbell
Natalie Kiel
Avik Majumdar
Payal Saxena

The Young GESA Network Committee continued to meet during a year affected by COVID-19, with an exciting program at **GESA AGW 2020 Virtual**. The main focus of the meeting was to offer an alternative to the excellent scientific program by providing other resources and experts that would not usually be present during the conference.

The Young GESA session concluded the GESA AGW virtual conference and included Dr Emma McCahon speaking on leadership in healthcare, Mr Wayne Schwass sharing his thoughts on mental health and wellbeing, and Dr Thomas Oxley discussing innovation in medicine. These sessions showcased a broad range of topics and made for good discussion about how we might be able to think outside the box when it comes to leadership, following through on ideas and seeing them to completion, and ensuring we prioritise our mental health and wellbeing.

The Committee also held elections, with a very competitive field of applicants. The future is looking bright in the hands of the team that will form the **new Young GESA Committee**, led by David Prince. A handover meeting has been held with the outgoing Committee to formally discuss the aims and goals of Young GESA.

We look forward to what the future holds for this exciting group. We also thank all Committee members for their hard work over the past 3 years and the wider GESA organisation for the strong support shown for Young GESA.

Ray Boyapati and John Ding



GESA Special Interest Groups

The GESA special interest groups provide a forum for those members of the Society with a special interest in a particular area of gastroenterology to work with like-minded people in advancing and promoting high standards of training and practice. They provide a bedrock of technical expertise and knowledge that underpins GESA's activities in developing educational material, contributing to public health policy and working to improve professional standards.

Bariatric Special Interest Group

Ratified June 2019

Reports to Endoscopy Faculty

Saurabh Gupta (Chair)

Coeliac Disease Special Interest Group

Ratified November 2014

Reports to IBD Faculty

Jason Tye-Din (Chair)

Endoscopic Ultrasound Special Interest Group

Established November 2014

Reports to Endoscopy Faculty

Payal Saxena (Chair)

Gastrointestinal Cancer Special Interest Group

Reports to Endoscopy Faculty

Gregor Brown

Finlay Macrae

Small Bowel Special Interest Group

Reports to Endoscopy Faculty

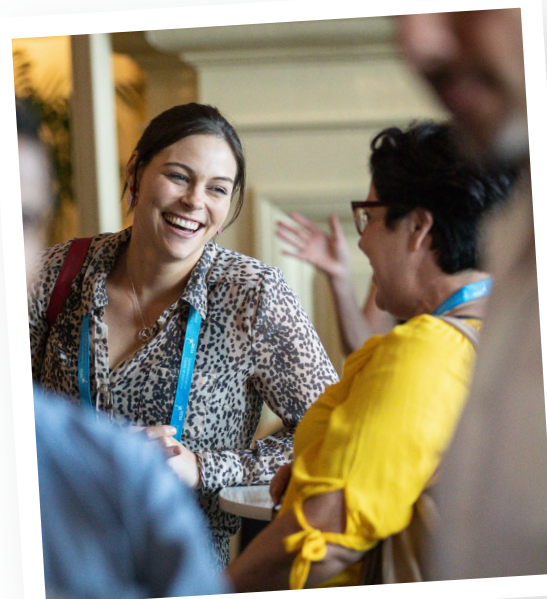
Robert Feller (Chair)

Neurogastroenterology Special Interest Group

Established November 2014

Reports to Board

Geoff Hebbard (Chair)



GESA Representatives on External Committees

GESA members represent the Society at external events and on projects, working groups and committees each year.

Organisation/Event	2020 Representatives
Animal Health Australia – Crohn’s disease response spokesperson (ongoing)	Paul Pavli
American Association for the Study of Liver Diseases (ongoing)	Nicholas Shackel
Australian and New Zealand College of Anaesthetists review of PS09: <i>Guideline on sedation and/or analgesia for diagnostic and interventional medical, dental or surgical procedures</i>	Paul Pavli
Asian Pacific Association of Gastroenterology (ongoing)	Sneha John
Asian Pacific Association for the Study of the Liver	Simone Strasser
Asian-Pacific Topic Conference	Darren Pavey
Cancer Council Victoria review of Colorectal Cancer Optimal Care Pathways Project	Finlay Macrae
Crohn’s & Colitis Australia (ongoing)	Gregory Moore
Lifeblood Microbiome Clinical Advisory Board	Sudarshan Paramsothy
Liver Cancer Alliance	Geoffrey McCaughan
Presidents of Hepatology Society of the Countries in Asia-Pacific region (1st Annual Meeting)	Alex Thompson
RACP representative (ongoing)	Malcolm Arnold
RACP Adult Medicine Division Council	Amany Zekry
RACP Advanced Training Committee (ongoing)	David Prince
RACP Advanced Training Committee Chair (ongoing)	Jamshid (Jim) Kalantar
World Endoscopy Organization (ongoing)	Arthur Kaffes
World Gastroenterology Organisation (ongoing)	Simone Strasser



Infection Control in Endoscopy Report



Infection Control in Endoscopy Committee

Benedict Devereaux (Chair, GESA)
Andrew Taylor (GESA)
Di Jones (GENCA)
Robyn Brown (GENCA)
Elizabeth Wardle (GENCA)
Sue Greig (ACIPC)
Cate Quoye (ACIPC)
Eugene Athan (Infectious Diseases Physician, ASID)

Mary Jo Waters (Microbiologist, ASID)
Karen Vickery (Microbiologist, Macquarie University)
Kate Haberfield (CSSD, St Vincent's Hospital Melbourne)
Maryann Todman (Respiratory CNC, Royal Brisbane and Women's Hospital)
Farzad Bashirzadeh (TSANZ; Respiratory Physician, Royal Brisbane and Women's Hospital)

2020 was a busy year for the Infection Control in Endoscopy (ICE) Committee. I would like to thank all the Committee members for the major commitment they have made.

The **COVID-19 pandemic** dominated much of the Committee's work. We pivoted to provide clear guidance on multiple aspects of endoscopy practice during the pandemic, including considerations for Australian endoscopy units, guidance for triage of endoscopic procedures, GESA and GENCA recommendations for endoscope reprocessing and updated advice on preventive measures during gastrointestinal endoscopic procedures.

These documents defined best practice during the pandemic. They were tailored to be relevant in endoscopy units across the country, taking into account jurisdictional variations in disease prevalence. When appropriate, we sought Infection Control Expert Group review to ensure a nationally consistent message, particularly about personal protective equipment, across medical specialties. The pandemic remains a dynamic challenge, and the Committee will continue to advise the gastroenterology community when significant changes to current practices are necessary.

The fourth edition of the comprehensive **infection control in endoscopy guidelines** is in the final stages of production. As can be seen from the list of ICE Committee members, this is a multidisciplinary, multisociety project, with representatives from GESA, GENCA, the Australasian Society for Infectious Diseases (ASID), the Australasian College for Infection Prevention and Control (ACIPC) and the Thoracic Society of Australia and New Zealand (TSANZ). It incorporates input from gastroenterologists, respiratory physicians, gastroenterology and respiratory medicine nurses, infectious disease specialists, microbiologists and central sterile supply department (CSSD) experts. Release of this seminal reference has been delayed due to the work required in response to the pandemic, but it will be launched in 2021.

In October, the authors of **GESA's position statement on simethicone use during gastrointestinal endoscopy**¹ revisited this issue. After considering input from GESA members and a review of the latest literature, the group determined that:

- the statements in the GESA position paper remain appropriate,¹ with no need to alter GESA's position, as no new evidence has been published to necessitate such a change
- the ICE Committee will continue to review issues related to simethicone use in endoscopy and consider changes to this position as necessary.

The use of simethicone is under ongoing review by gastrointestinal endoscopy representative organisations internationally. Further research is required to determine if simethicone use is associated with biofilm formation and/or an increased risk of transmission of clinically significant infectious microorganisms. A key question is the relevance of the route of administration. The three major endoscope manufacturers advise against the use of simethicone. There are no definitive data guiding the optimal route of administration (either via endoscope channels or orally before gastroscopy or with the colonoscopy preparation). All endoscopists and endoscopy unit managers are advised to monitor published studies and expert opinion statements over time and adjust their practice accordingly.

The field of infection control in endoscopy is dynamic. Multiple advances in respect to endoscope manufacture and reprocessing techniques and technologies are on the horizon. The ICE Committee will work to ensure that its documents and recommendations remain contemporary, so as to define the standard of best practice.

Benedict Devereaux

¹ Devereaux BM, Taylor ACF, Athan E, et al. Simethicone use during gastrointestinal endoscopy: position statement of the Gastroenterological Society of Australia. *J Gastroenterol Hepatol* 2019; 34: 2086-2089.

Handbook of Clinical Pancreatology

The first edition of the *GESA Handbook of Clinical Pancreatology* was launched in December 2016 and was initially only available in Australia on iPads. It consisted of 19 chapters, each written by an Australian expert. Following further platform development, it became available on Android devices.

The handbook is a succinct guide, rather than a definitive textbook, that can be referred to in the lecture hall, hospital ward or consulting room. Readers can search specific topics and view relevant videos or still photos. They can construct their own “favourites” list and email sections to colleagues. To assist medical professionals in managing their patients, the handbook brings together a group of expert clinicians providing focused, clinically relevant chapters on the spectrum of pancreatic disorders.

The second edition of the handbook is now with the publisher and nearing completion. Publication was delayed due to the unexpected impacts of the COVID-19 pandemic. Each updated chapter is co-authored by an Australian and an international expert. I am honoured that pancreatology experts from around the world (Scotland, England, France, Germany, India, Thailand, New Zealand, USA and Canada) agreed to contribute to the handbook. In addition, three new chapters — Paediatric Clinical Pancreatology, Cystic Fibrosis and the Pancreas, and Diabetes of the Exocrine Pancreas — have been added to complete the breadth of the resource. The second edition will be launched in 2021 and will be available internationally on all Android and Apple devices, including iPhones.

I am confident that the handbook will be used by students, practising physicians and surgeons and all those involved in the care of patients with pancreatic disease. By enhancing knowledge of clinical pancreatology, patient care and outcomes will improve.

Benedict Devereaux

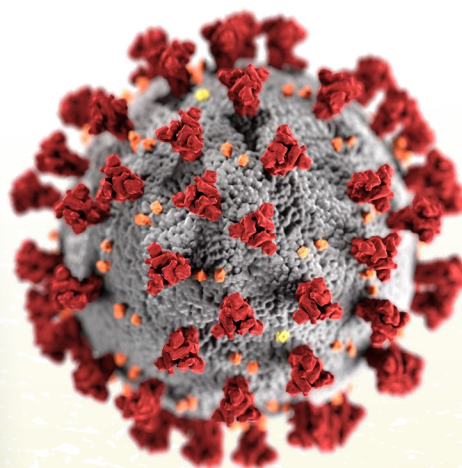
Contents of <i>Handbook of Clinical Pancreatology</i>, second edition		
Chapter	Authors	
1. Pancreas Anatomy	Mark Brooke-Smith	Sa-ard Treepongkaruna
2. Pancreas Physiology	Jeremy Wilson	Markus Lerch
3. Pancreatic Radiologic Imaging	Stephen Drew	Bachir Taouli
4. Endoscopic Ultrasound and the Pancreas	Saurabh Gupta	Marc Giovannini
5. Pancreatic Exocrine Insufficiency	Gerald Holtmann	Ronen Ben Jakob
6. Diabetes of the Exocrine Pancreas	Katie Wynne	Anne Dornhorst
7. Cystic Fibrosis and the Pancreas	Scott Bell	Sarah Jane Schwarzenberg
8. Paediatric Clinical Pancreatology	Tanja Gonska	Chee Ooi
9. Acute Pancreatitis 1: Aetiology and Pathogenesis	Stephen Philcox	Jorge Obando
10. Acute Pancreatitis 2: Management	Andrew Metz	Rungsun Reknimitr
11. Chronic Pancreatitis 1: Aetiology and Pathogenesis	Ian Norton	Suresh Chari
12. Chronic Pancreatitis 2: Complications and Management	Darren Pavey	Pramod Garg
13. Pancreatic Fluid Collections: Classification and Management	Vu Kwan	Frank Weilert
14. Pancreatic Cystic Lesions	David Williams	Ian Penman
15. IgG4-Related Pancreatitis Disease: Pathogenesis, Diagnosis and Management	Neomal Sandanayake George Webster	Christophe Rosty
16. Hereditary and Idiopathic Pancreatitis	Jeremy L Humphris	Andrew Biankin
17. Pancreatic Neuroendocrine Tumours	David Williams	Hsiu-Po Wang
18. Pancreatic Cancer 1: Diagnosis and Staging	Benedict Devereaux	Anand Sahai
19. Pancreatic Cancer 2: Screening and Surveillance	Nam Nguyen Alina Stoita	Marco Bruno
20. Pancreatic Cancer 3: Endoscopic Management	Arthur Kaffes	Kenneth Binmoeller
21. Pancreatic Cancer 4: Surgery	Andrew Barbour	Cristina Ferrone
22. Pancreatic Cancer 5: Chemotherapy and Radiotherapy	Anubhav Mittal Benjamin Loveday	Megan Barnett

COVID-19 Practice Updates

GESA members were updated frequently in 2020 with information and advice on best practice in relation to patient care in the context of the COVID-19 pandemic.

COVID-19 updates from GESA

- Impact of COVID-19 for GI and liver patients – updated 19 March 2020
- Considerations for Australian endoscopy units during the COVID-19 pandemic – updated 20 March 2020
- GESA guide for triage of endoscopic procedures during the COVID-19 pandemic – issued 26 March 2020
- Recommendations for patients with IBD during the COVID-19 pandemic – updated 26 March 2020
- Principles for clinicians caring for patients with IBD during the COVID-19 pandemic – updated 26 March 2020
- GESA Colonoscopy Recertification Program suspended to assist colonoscopists during COVID-19 pandemic – issued 2 April 2020
- Principles for clinicians caring for paediatric gastroenterology patients during the COVID-19 pandemic – issued 7 April 2020
- Suspension for six months of the GESA Colonoscopy Recertification Program during the COVID-19 pandemic – issued 8 April 2020
- Impacts of the COVID-19 pandemic on GI and liver researchers in Australia – issued 17 April 2020
- Removal of the bulk-billing requirement for patients younger than sixteen and for patients at risk of COVID-19 – issued 20 April 2020
- GESA recommendations on endoscopic procedure triage – updated 24 April 2020
- GESA and GENCA recommendations for endoscope reprocessing during the COVID-19 pandemic – issued 1 May 2020
- GESA updated advice on preventative measures during gastrointestinal endoscopic procedures during the COVID-19 pandemic – updated 11 May 2020
- GESA statement of considerations for the management of liver diseases during the COVID-19 pandemic – issued 28 May 2020
- Updated GESA advice regarding school attendance for paediatric patients with IBD during the COVID-19 pandemic – issued 29 May 2020
- Practical management of IBD patients during the COVID-19 pandemic – issued 13 July 2020



An Open Letter to our Colleagues

Dear colleagues, doctors and health care workers,

The COVID-19 pandemic has taken over our health care systems, our thoughts, our relationships and our economy. It has forcefully pressed a “STOP” button on almost everything.

The human race is going through testing times ... the world will never be the same place again.

Despite all the sadness and grief, it is a season for unity and humanity.

“In the presence of epidemics or other danger, I will not allow fear or concern for personal harm to turn me from my duty”, says the original Hippocratic Oath.

Broadcasts and reports from all over the world are heartbreaking.

Most of us doctors are fearful and emotionally shaken.

Most of us, particularly our trainees and junior consultants, have not worked through pandemics or disaster management before.

We are afraid many of us will continue to bear heavy consequences for a long time; many of us might lose loved ones.

Physicians feel like they are going, unprepared, to a war.

They are preparing wills and living apart from their families.

Doctors’ and health care workers’ mental health is crucial in the short and long term, and we should promptly address this issue.

We all need to support each other and accept each other. It is a time for us all to go beyond dissimilarities, competition and politics and to represent the nobility of our profession.

We are allowed to fear the uncertain, but it is important to remember that we are all in this together.

We hope we come out of this crisis as a better race, reinforcing our societal values and embracing humility, integrity and solidarity.

We hope we see a movement towards “compassionate leadership” at all levels, especially in the health care system.

We hope we soon see the light, or many lights, at the end of this tunnel.

We hope we can soon hug and kiss our loved ones and socialise with the world; for now, we will all be encouraging a better social connection despite physical distancing.

In the end, at times of crisis and confusion, humans are at their best.

No one should struggle alone.

In this rapidly changing COVID-19 world, where borders are closed, barriers are erected and uncertainty is almost the only certain thing, we all share our humanity and our vulnerability.

Please let us all go “viral” on kindness.

Dr Patricia Kaazan

Gastroenterology and Hepatology Advanced Trainee, Princess Alexandra Hospital, Queensland

Dr Carolyn McIvor

Director of Gastroenterology, Logan Hospital, Queensland

This is an edited version of a letter originally published in Snapshot, 31 March 2020.



History

Gastroenterology in Australia began as a specialty in the late 1940s, with the return of inspired, dedicated and ambitious people from war service and overseas registrar positions. Early gastroenterologists, such as Ian Wood, William Morrow, William King, Peter Parsons and Rod Andrew, combined teaching, clinical work and research with leadership and mentoring. They established the foundations for the growth of gastroenterology as a specialty in Australia and paved the way for the next generation of physicians with a passion for the gut.

1940s

- The first gastroenterology clinical unit is founded in Prince Alfred Hospital in Sydney
- Gastroenterology begins as a specialty in Australia in the late 1940s

1950s

- Gastroenterological understanding expands and a career pathway emerges
- A meeting of interested people is held in Sydney to discuss forming a society for gastroenterology (1958)
- The Gastroenterological Society of Australia is established (1959)

1960s

- Gastroenterology develops as a specialty and establishes itself as a separate discipline within internal medicine in Australia
- The Gastroenterological Society of Australia hosts the 3rd Asian Pacific Congress of Gastroenterology in Melbourne (1968)
- The Bushell Lectureship is established (1969)

1970s

- The Society decides to formulate a definition of a gastroenterologist and begins to clarify its aims as an adviser to government and an educator for medical practitioners

1980s

- The Society focuses on membership, generating and fostering research activities and promoting high standards of clinical practice
- The *Journal of Gastroenterology & Hepatology* is established (1984)
- The Research Institute is established for the promotion of research (1986)

1990s

- The Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy is formed
- The 1990 World Congress of Gastroenterology is held in Sydney
- A need for specialty sections within the Society is recognised
- The Australian Gastroenterology Institute is launched (1991)
- GESA's scientific meeting is moved to October and renamed Australian Gastroenterology Week (AGW) (1993)
- The Endoscopy and Hepatology sections are respectively named the Australian Gastrointestinal Endoscopy Association and Australian Liver Association
- The Australian Hepatic, Pancreatic & Biliary Association is created in the late 1990s
- The Australian Gastroenterology Institute changes its name to Digestive Health Foundation (1999)

2000s

- The inaugural Asia-Pacific Digestive Week is held in Sydney (2001)
- The emergence of the Digestive Health Foundation as the umbrella for the Society's public education arm takes form
- There is quality improvement in clinical practice
- The Nobel Prize in Physiology or Medicine for 2005 is jointly awarded to Barry J Marshall and J Robin Warren (WA) for their discovery of "the bacterium *Helicobacter pylori* and its role in gastritis and peptic ulcer disease"

2010s

- Associations are renamed Faculties (Endoscopy Faculty, IBD Faculty and Liver Faculty)
- The Liver Faculty Clinical Research Network is established (2010)
- The Australian Inflammatory Bowel Disease Association is established
- GESA moves from secretariat services of a management company to employing staff (2014)
- Gastro 2015 World Congress is held with the World Gastroenterology Organisation in Brisbane
- The National Colonoscopy Recertification Program is launched (2016)
- GESA office relocates to Flinders Lane, Melbourne (2017)
- The Young GESA Network is established (2018)

2020

- Global COVID-19 pandemic
- The Paediatric Network, Private Practice Network and Regional and Remote Network are established
- GESA AGW 2020 is presented as a fully virtual event
- *Australian recommendations for the management of hepatocellular carcinoma: a consensus statement* is launched
- RACS and GESA sign a memorandum of understanding to form a conjoint committee for recertification in colonoscopy

The selection of historical events up to and including 2000s is summarised from Emma Russell and Katherine Sheedy, *A passion for the gut: the evolution of gastroenterology in Australia* (Sydney: Gastroenterological Society of Australia, 2009).

GESA Presidents

2019–2021	Simone Strasser	1997–1999	Neville Yeomans	1975–1977	Brian Billington
2017–2019	Narci Teoh	1995–1997	James Toouli	1973–1975	Richard Joske
2015–2017	Ian Norton	1993–1995	John Dent	1971–1973	Allan Kerr Grant
2013–2015	Don Cameron	1991–1993	Roderick Kater	1969–1971	Ruthven Blackburn
2011–2013	William Sievert	1989–1991	William Doe	1967–1969	Peter Parsons
2009–2011	Michael Grimm	1987–1989	James St John	1965–1967	William Irwin
2007–2009	Darrell Crawford	1985–1987	James Watts	1963–1965	Stanley Goulston
2005–2007	Paul Desmond	1983–1985	Kerry Goulston	1961–1963	William King
2003–2005	Peter Gibson	1981–1983	Jack Hansky	1959–1961	William Morrow
2001–2003	Barbara Leggett	1979–1981	Lawrie Powell		
1999–2001	Geoffrey Farrell	1977–1979	Neil Gallagher		



Thank you to the many organisations that have supported our projects, grants, awards, fellowships, guidelines, consensus statements, educational events, meetings and GESA AGW. We appreciate your involvement and contribution to achieving best practice in gastroenterology and hepatology.

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For more information, please visit gesa.org.au > Members > Donations



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