

# Annual Report

1 January – 31 December

# 2022

The 2022 Annual Report of the Gastroenterological Society of Australia (GESA) documents the Society's strategic activities and member accomplishments achieved against the backdrop of another extraordinary year. This report covers the period from 1 January to 31 December 2022.

## 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.

# Contents

## 04 The Report

- Strategic Highlights
- GESA Board of Directors
- President's Report

## 12 Committee Reports

- AGW Scientific Program Committee
- Finance, Audit and Risk Committee
- Research and Grants Committee

## 24 GESA Credentialing

- Conjoint Committee for the Recognition of Training in Gastroenterology
- Recertification in Colonoscopy Conjoint Committee

## 28 Faculty Reports

- Endoscopy Faculty
- Inflammatory Bowel Disease Faculty
- Liver Faculty

## 35 GESA Network Groups

- Liver Clinical Research Network
- Paediatric Network
- Private Practice Network
- Regional Remote and Indigenous Network
- Sustainability Network
- Young GESA Network

## 45 Members

- Membership
- Fellowship of GESA Program

## 49 Professional Resources

## 54 GESA Supporters



# 2022-2025 Strategic Plan

GESA as an organisation is focused on ensuring best outcomes for our community by dedicating our efforts towards the pillars of our society. Our strategy over the next three years is to ensure actions within the strategic priorities achieve the goals we have outlined in each.

Service	Best Practice	Research	Education	Advocacy and Professional Affairs
<p><b>Goal:</b> To understand and serve the needs and concerns of our members, patients and the community.</p> <p>Maintenance of a well governed organisation that is functional in delivering appropriate services to our membership and our community.</p> <ul style="list-style-type: none"> <li>Delivering an annual meeting for the purpose of communication, education and research <ul style="list-style-type: none"> <li>AGW</li> <li>Gut School</li> <li>Other educational and research meetings</li> </ul> </li> <li>Maintaining our Board structure and regular review of its form and function.</li> <li>Ensuring a workforce to deliver service requirements for our membership and community.</li> </ul> <p>Communication between Board and Committee structure with appropriate support.</p> <ul style="list-style-type: none"> <li>Ensuring a responsive organisation to needs of membership and patients <ul style="list-style-type: none"> <li>Through surveys and member participation</li> </ul> </li> <li>Engaging directly with the membership and consumer groups <ul style="list-style-type: none"> <li>Creation of a dedicated consumer group.</li> </ul> </li> </ul>	<p><b>Goal:</b> To support the highest standards in GI and Liver clinical practice.</p> <p>Lead and communicate evidence based clinical standards.</p> <ul style="list-style-type: none"> <li>Initiate reviews and implementation of clinical standards</li> <li>Communicate contemporary government and public health advice</li> <li>Support guideline creation and dissemination.</li> </ul> <p>Participate in conjoint training and certification programs.</p> <ul style="list-style-type: none"> <li>Endoscopic conjoint committee</li> <li>Collaborate with other national bodies to ensure maintenance of evidence base</li> </ul> <p>Reward best clinical standards by celebrating clinical excellence.</p> <ul style="list-style-type: none"> <li>Clinical excellence award.</li> </ul>	<p><b>Goal:</b> Promote, facilitate and fund high value investigator-initiated research conducted by our membership.</p> <ul style="list-style-type: none"> <li>Create a forum for multidisciplinary collaboration to identify and address unmet needs in gastrointestinal/liver research and clinical practice.</li> </ul> <p>Facilitate the dissemination of current research.</p> <ul style="list-style-type: none"> <li>Through scientific programs as part of AGW and other research meetings</li> <li>Review and endorsement of research activities that have a bearing on clinical practice</li> <li>Reward excellence by awarding of research awards.</li> </ul> <p>Fund appropriate research to improve health in our community.</p> <ul style="list-style-type: none"> <li>Allow independent review of research projects through the Research Committee</li> <li>Engage with major funding bodies to advocate for GI and Liver research</li> <li>Facilitate networks to empower research in Australia.</li> </ul> <p>Evaluate the impact of GI and Liver research that is facilitated by GESA.</p> <ul style="list-style-type: none"> <li>Research may be endorsed by GESA</li> <li>Research may acknowledge GESA due to funding.</li> </ul>	<p><b>Goal:</b> Provide contemporary, evidence-based GI and Liver education and training tailored to our members, patients and community.</p> <p>Provide educational activities specific to our various stakeholders:</p> <ul style="list-style-type: none"> <li>Large meeting format education such as conferences and seminar series <ul style="list-style-type: none"> <li>AGW and other scientific meetings</li> </ul> </li> <li>Specific craft group educational activities supported by GESA: <ul style="list-style-type: none"> <li>NETI – Endoscopic teaching and training</li> <li>GENIUS/EUS workshop</li> </ul> </li> <li>Clinician teaching <ul style="list-style-type: none"> <li>Specialty areas and collaboration with other Clinical bodies (RACP, RACS etc)</li> </ul> </li> <li>Consumer teaching <ul style="list-style-type: none"> <li>Improve health literacy of our consumer base, this could be specific to GI and Liver related issues or general community level</li> </ul> </li> </ul> <p>Teaching in challenging areas such as Rural and Remote, how to ensure training requirements in remote regional areas to maintain equity of access and training.</p>	<p><b>Goal:</b> Represent our members, patients and community to all agencies to ensure we all provide high quality, equitable GI and Liver related healthcare.</p> <p>Partnering with appropriate agencies.</p> <ul style="list-style-type: none"> <li>Government collaboration to ensure dialogue around health issues pertaining to GI and Liver</li> <li>Ensure GESA representatives on guidelines and clinically relevant committees</li> <li>Engagement with media to support our mission.</li> </ul> <p>Representation of GESA through individual participation.</p> <ul style="list-style-type: none"> <li>Membership involvement in NHMRC and MRFF to advocate for funding</li> <li>Membership of Advisory groups within government</li> <li>Membership within Industry Advisory Groups.</li> </ul> <p>Focus on philanthropic connections to provide assistance with our vision.</p> <ul style="list-style-type: none"> <li>Use of philanthropy to propagate advocacy for a cause</li> <li>Use of philanthropy as a funding source.</li> </ul>



# Strategic Highlights

Service	Best Practice	Research	Education	Advocacy and Professional Affairs
<ul style="list-style-type: none"> <li>• Restructured the Board, reducing the board size to take effect in 2023.</li> <li>• Increased membership numbers.</li> <li>• Established new faculties and networks increasing opportunities for members to collaborate, engage, undertake education, research and advocate.</li> </ul>	<ul style="list-style-type: none"> <li>• Established FGESA credentials recognising the contribution of our leaders in Gastroenterology &amp; Hepatology.</li> <li>• Produced 12 new Clinical Guidelines.</li> <li>• Produced 17 Position/consensus Statements.</li> <li>• GESA made submissions on behalf of our members on MBS colonoscopy item numbers</li> </ul>	<ul style="list-style-type: none"> <li>• Delivered the Research workshop bringing in national and international speakers to facilitate and share learnings on latest research. GESA President announced further 3 year commitment from the Board to support the Research Workshop.</li> <li>• The Research Grants committee awarded of \$358,950. Total Funds committed to research since 2016 exceeds \$3 million.</li> <li>• Received 388 abstract submissions. With 371 abstract published.</li> <li>• Received 40 expressions of interest for research grants.</li> <li>• Received 33 Young Investigator Award submissions including 4 in basic science.</li> <li>• Awarded Board Honours</li> </ul>	<ul style="list-style-type: none"> <li>• Delivered a successful hybrid AGW.</li> <li>• Re-introduced a number of face to face events post-covid.</li> <li>• Established the Recertification in Colonoscopy Conjoint Committee (RCCC) - in partnership with RACP &amp; RACS a new conjoint committee operational from 1 Feb 2023.</li> <li>• Translated a number of our guidelines providing greater access to our professional resources in the Community.</li> <li>• Establishing our inaugural GESA Gastroenterology Fellow in the NT commenced in 2023.</li> </ul>	<ul style="list-style-type: none"> <li>• Our members serve on a number of clinical panels and in research advisory roles.</li> <li>• IBD Faculty &amp; GESA Board advocated in partnership with Crohn's &amp; Colitis Australia to reduce the admin burden with PBS applications to streamline the process.</li> <li>• Private Practice Network advocated for Prostheses List reform.</li> <li>• Sustainability - developed a 5-year strategic framework for action.</li> <li>• Advocacy for reimbursement for medications that have shown benefit for patients.</li> <li>• Members recognised with national and international honours and awards.</li> </ul>

# GESA Board of Directors



**Professor Benedict Devereaux**

President, MBBS, MPhil, FACP, FASGE, FRACP, FGESA  
[full bio](#)



**Professor Alex Boussioutas**

President-Elect/Vice President, MBBS, PhD, FRACP, AGAF, FGESA  
[full bio](#)



**Professor Jane Andrews**

Professional Relations, MBBS, FRACP, PhD, AGAF, MAICD, FGESA  
[full bio](#)



**Associate Professor Jakob Begun**

Education Program, BSc, MPhil, MD, PhD, FGESA  
[full bio](#)



**Dr Kirsty Campbell**

Regional, Remote and Indigenous Network; Gut School, MBBS, FRACP, FGESA  
[full bio](#)



**Associate Professor Britt Christensen**

Chair, IBD Faculty, BSc, MBBS(Hons), FRACP, MPH, PhD, FGESA  
[full bio](#)

# GESA Board of Directors



## **Professor Jacob George AM**

Chair, Liver Faculty, MBBS, FRACP, PhD, FAASLD, FAAHMS, FGESA

[full bio](#)



## **Associate Professor John Lubel**

Chair, AGW Scientific Program Committee, BDS, FDSRCS(Eng), MBBS, MRCP(UK), FRACP, PhD, FGESA

[full bio](#)



## **Professor Paul Pavli AM**

Co-Chair, Research and Grants Committee, MBBS(Hons), PhD, FRACP, FGESA

[full bio](#)



## **Dr Matthew Remedios**

Chair, Endoscopy Faculty, MBBS, FRACP, FGESA

[full bio](#)



## **Professor Alex Thompson**

Chair, Finance, Audit and Risk Committee, MBBS(Hons), PhD, FRACP, FAASLD, FGESA

[full bio](#)



## **Professor Nina Tirnitz-Parker**

Strategic Governance, MSc, PhD, GAICD, FGESA

[full bio](#)



# President's Report



## **Benedict Devereaux**

MB BS, MPhil, FACP, FASGE,  
FRACP, FGESA  
[full bio](#)

**2022 was an extremely productive year for GESA. The Board, faculties, committees and networks have worked hard in the service of GESA members, their patients and the broader community. All of GESA's activities are presented in this Annual Report, which I commend to you.**

Chairing this Board has been a great honour and pleasure. All the Directors have shown an unreserved commitment to the interests of the Society. All interactions between the Directors, particularly in Board meetings, have been conducted in great spirit. Challenging or contentious issues have been debated vigorously, if necessary, but always in an inclusive and respectful manner. This spirit has provided the infrastructure for the Board's productivity and success.

Each Director has been responsible for a specific portfolio, in addition to their overarching responsibility to the core financial, risk management and governance matters of the entire organisation. The collective intellect,

experience, energy and goodwill of the Directors has made my role much easier and very enjoyable.

As Vice President and President-Elect, Alex Boussioutas has provided great support and insight on multiple issues. The Society will be in safe and competent hands when Alex assumes the presidency at Australian Gastroenterology Week (AGW) in September 2023.

Alex Thompson has chaired the Finance, Audit and Risk Committee. His leadership and diligence have ensured the financial and risk profiles of the organisation are more than sound. Nina Tirnitz-Parker has led in strategic governance and played a key role in guiding the Board through several fundamental changes, which are detailed below.

John Lubel has chaired the Scientific Program Committee with great enthusiasm and expertise and led the way in delivering a magnificent AGW in Sydney. John and his committee reunited us at a face-to-face AGW, despite ongoing challenges and risks associated with the COVID-19 pandemic.

**Our Strategic direction has been set guided by our pillars: service, best practice, research, education, advocacy and professional affairs**

# President's Report

Jane Andrews has led the professional affairs portfolio, managing GESA's interaction with multiple external stakeholders. More broadly, Jane has brought her extensive experience to the Board, always challenging us to refine our commitment to our strategic goals and optimise our processes.

Paul Pavli continued his longstanding commitment as Co-Chair of the Research and Grants Committee. Paul's passion for research and his support of researchers are unfailing, and his advocacy was central to the increase in funding that the Society provides for Australian researchers and for prioritising the Research Workshop.

Paul also represented the Society on the multi-stakeholder committee led by the Australian and New Zealand College of Anaesthetists to review guidelines on endoscopist-directed nurse-administered procedural sedation.

Jakob Begun has led our education portfolio. This is a key initiative that provides an overarching structure to all GESA's educational events, across faculties, networks and committees. Jake's energy, enthusiasm and good nature have brought this initiative to fruition. Kirsty Campbell has led our Regional, Remote and Indigenous Network Committee. Kirsty's insights and passion have facilitated several of the Society's key new initiatives, which are detailed below.

In addition, Kirsty coordinated and expanded Gut School for our new trainees.

Jacob George, Matthew Remedios and Britt Christensen have represented the faculties of Liver, Endoscopy and IBD, respectively. They were each highly productive in the formulation and publication of position statements, guidance documents and research papers. In advocating for their faculties, they have constantly worked to improve the provision of optimal health care for patients.

## **Three new faculties have been established: Paediatric, Gastroenterology, Gastrointestinal Cancer and General Luminal Gastroenterology**

The Board has made several key changes to its structure and governance pathways. As announced at AGW 2022, the Faculty representatives will no longer sit on the Board. This provides two main benefits to the Society. First, it allows the formation of new faculties to broaden the appeal and representation of the organisation. Three new faculties have subsequently been established: Paediatric Gastroenterology, Gastrointestinal Cancer and General Luminal

Gastroenterology. Second, the Board will be slightly smaller, with nine Directors rather than twelve.

The Board always has the option to co-opt further Board members if required at any time. This brings GESA in line with a contemporary board structure.

These changes will come into effect in mid-2023 and represent the most substantial changes to the Society's governance structure since transitioning from a Council to a Board 7 years ago.

The Board has also refreshed the Society's strategic plan and set the Society's course for the coming 3 years, as guided by our pillars: service, best practice, research, education, advocacy and professional affairs. Attention to these matters is of primary importance to ensure the Society is futureproofed and capable of fulfilling its mission of optimal gastrointestinal and liver health for every Australian.

In 2022, the Board introduced Fellowship of GESA (FGESA). Conferral of Fellowship is a formal and public recognition of sustained and outstanding contributions to the fields of gastroenterology and hepatology in Australia that align with GESA's values or that make a significant contribution to the work of the Society.

The inaugural Fellowships were conferred to 126 recipients at the GESA Annual General Meeting, to recognise those who have made sustained and outstanding contributions since GESA's

# President's Report

inception more than 60 years ago. Nominations for Fellowship of GESA open annually, and awardees will be recognised at the following GESA Annual General Meeting.

GESA's standout educational and collegiate event is AGW. John Lubel and the Scientific Program Committee organised an outstanding AGW in Sydney in 2022. All projections regarding attendees and revenue were surpassed.

**We had 1,569 attendees, including 434 industry representatives, over 3 days**

AGW is also GESA's key revenue source, and John and his committee's success, supported by the entire Board, provided a return to the Society's coffers that will underpin our service provision in the coming year.

A highly successful Research Workshop was conducted in Sydney in the days leading up to AGW. In recognition of the importance of this meeting and the Society's commitment to it, as well as to research and researchers, the Board committed to holding the Research Workshop annually for the next 3 years. The increased frequency of the meeting should build momentum that will be reflected in greater research outputs over the coming years.

Supporting research and researchers in Australia remains a core pillar for the Society. In 2022, the GESA Board supported research to the extent of about \$500,000. This included grants to both clinical and basic researchers. This support is in addition to the commitment to holding more frequent Research Workshops, to increase the profile of gastrointestinal and liver research in this country. I thank Paul Pavli and Vicki Whitehall, as Co-Chairs of the Research and Grants Committee, for their longstanding commitment.

In November 2022, GESA held its inaugural Young GESA Network meeting over a weekend at Kingscliff, NSW. This was combined with the Gut School for our advanced trainees. I would like to thank David Prince from the Young GESA Network for his work, as well as Kirsty Campbell for coordinating Gut School. A Paediatric stream, coordinated by Jonathan O'Donnell, was held during the weekend.

Young GESA Weekend was strongly supported by the Directors who attended and spoke at the meeting. It was an overwhelming success and provides a model for these meetings in the years to come. These events are not to overshadow all of GESA's other educational meetings, including the Liver Masterclass and NETI workshops.

The GESA Sustainability Network has been very active in its first year of operation, and I acknowledge and thank Chris Hair for his leadership in this key area.

The committee has presented several educational webinars and is strongly committed to improving the sustainability of gastrointestinal health care in Australia, while collaborating with international organisations. In addition to education and policy development, the network is committed to promoting research into sustainability in gastroenterology.

**The Sustainability Committee is strongly committed to improving the sustainability of gastrointestinal health care in Australia**

Throughout 2022, work continued on the evolution of the Colonoscopy Recertification Committee into the Recertification in Colonoscopy Conjoint Committee (RCCC). The RCCC brings together GESA, the RACP and the Royal Australasian College of Surgeons (RACS) to conjointly oversee colonoscopists' recertification across the country. This has been an extremely constructive collaboration.

The RCCC represents a major advance in the promotion of colonoscopy quality. I thank Mark Schoeman, who has chaired the committee since its inception, and all the committee members for their ongoing commitment to this essential role. The RCCC governance now mirrors that of



# President's Report

the Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy (CCRTGE), which was established in 1990. I thank the CCRTGE Chair, Sulman Ahmed, and his committee for their ongoing service to this benchmark process.

The increased collaborative momentum shared by GESA, RACP and RACS led to the establishment of a Conjoint Endoscopy Training Committee (CETC) Think Tank to define syllabi for gastroscopy, colonoscopy and ERCP. The formalised CETC is expected to be established in the second half of 2023.

The significance of physicians and surgeons collaboratively reforming endoscopy training cannot be overstated, as it will ensure the delivery of high-quality endoscopic care from major teaching hospitals through to small regional centres throughout Australia.

One of the key initiatives of this Board has been the Regional, Remote and Indigenous Network. Led by Kirsty Campbell, this committee has been extremely active.

## **The first GESA Regional Fellow was selected to take a position at Royal Darwin Hospital**

In support of the Fellow, the Board established the GESA Travelling Professor program. Experts in liver disease, IBD, endoscopy and general gastroenterology will each visit the Fellow for a week throughout the 1-year term. This will provide support not only to the Fellow but to the Fellow's unit and will build clinical and research links to major metropolitan centres and academic units. In addition, the committee has established the Endoscopy Outreach Program. Australia's leaders in gastroenterology, particularly endoscopy, will visit a regional centre for a week to provide education and up-skilling.

The program's motivation is simply to bring the resources available in large metropolitan centres to remote centres. In collaboration with our nursing colleagues from the Gastroenterological Nurses College of Australia (GENCA), we will also provide an update on infection prevention and control in endoscopy, focusing on endoscope reprocessing. Again, the relationships and collaborations formed, both clinical and from a research perspective, will support these units far beyond the week-long program.

In addition to these major initiatives, the Society continues, on a daily basis, to provide support for members and their patients. We have formulated position statements and clinical guidance documents promoting optimal gastroenterology practice and management. We have also released many communication advisories to members, via

Snapshot, emails and SMS, as well as managing phone and email enquiries and providing information through our website.

As is clear, for a Society of about 1,000 members, we have a remarkable impact. The Board has maintained its focus on the core responsibilities of financial and risk management. It has restructured the organisation to ensure it can more broadly meet the needs of its members and the community in the years to come. In addition, it has realised key programs that will positively affect the practice of gastroenterology and hepatology across the country, whether in a large metropolitan centre or a remote town. These programs will translate to better patient care.

All this work could not have been possible without the efforts and support of the GESA team. On behalf of the Board, I thank former GESA CEO, Fiona Bailey, for her longstanding commitment to, and work for, the Society. I acknowledge the significant contribution of the Acting CEO, Nick Catton, and all the other GESA team members for their support of me, the Board and the membership.

In the following pages are further details of GESA's activities. It has been my great honour to serve as President for the past 2 years. GESA's reputation as the peak organisation for gastrointestinal and liver health in this country is secure.

**Benedict Devereaux |**

# Committee Reports

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# GESA AGW Scientific Program Committee



John Lubel (Chair)

Vipul Aggarwal (Endoscopy)

Yoon-Kyo An (Young GESA and Intestinal Ultrasound)

Anil Kumar Asthana (Private Practice)

Rebecca Burgell (Neurogastroenterology and Motility)

Simon Ghaly (IBD)

Chris Hair (Sustainability)

Natalie Kiel (Private Practice)

Daniel Lightowler (GENCA)

Kate Lynch (Liver)

Avik Majumdar (Liver)

Kavitha Subramaniam (IBD)

Nikhil Thapar (Paediatric)

Vicki Whitehall (Research and Grants)

Fiona Bailey (GESA CEO)

Fotini Bakas (GESA)

Loretta York (GESA)

For the first time since 2019, GESA AGW was a face-to-face meeting, with the added convenience of online participation for those unable to attend in person. The meeting was held in Sydney over 3 days, from Friday 9 to Sunday 11 September. The program proved once again why this is the premier annual gastroenterology and hepatology meeting in Australia. With specialised knowledge shared by 19 leading international speakers, attendees experienced state-of-the-art discoveries and innovations in gastroenterology and hepatology.

We sincerely thank the nearly 1,600 GESA AGW attendees for their overwhelming support of this hybrid format. Attendees met with expert speakers from across the globe, while others enjoyed their exclusive clinical insights from the comfort of their own homes. An additional thanks to our 104 national speakers, 46 session chairs and authors of 388 submitted abstracts, as well as our sponsors and exhibitors, who all made this event possible.

## Program highlights

Crafted around the theme of 'Bidirectional Learning – a Foundation for Excellence and Innovation', the program featured lectures and

presentations on the latest scientific and clinical developments in managing gastroenterological and liver conditions. These highlighted the importance of mutual learning and the sharing of ideas to aid patients' journeys to recovery and to achieve clinical excellence in gastroenterology and hepatology. The program ultimately aimed to strengthen collaborative relationships between clinicians, nurses, researchers, patients and the industry.

In addition to the usual outstanding international and national guest speakers and state-of-the-art updates, sessions also featured rapid scientific advances in gastroenterology and hepatology, regional and remote health care and the challenges of private practice, including patients' perspectives, delivered by patients themselves.

## Plenary Speakers

- Evelien Dekker gave the Bushell Foundation Lecture, discussing serrated lesions and their pathobiology, detection, resection and impact on colorectal cancer
- William Connell accepted the Outstanding Clinician Award
- William Sievert was awarded the Distinguished Researcher Prize
- Zoë Raos continued a longstanding tradition between the two societies of Australia and



# GESA AGW Scientific Program Committee

New Zealand by presenting the Trans-Tasman lecture on the simplicity and complexity of equity in the health care system

GESA continued its tradition of fostering and promoting research for members, with the Young Investigator Awards (YIA) session returning to encourage young researchers in the field.

Forty-one outstanding abstracts were offered free papers and woven throughout the program. E-posters and digital slide presentations were available for viewing on the AGW Virtual website and at the abstract hub in the Exhibition Hall.

Most annual general meetings for the various organisations and faculties were held before GESA AGW 2022.

A variety of sessions were covered by the media, with articles printed in the online health care news publication the limbic. Research Review Australia also published an independent conference review of GESA AGW 2022.

The GESA AGW Exhibition Hall was a one-stop opportunity to learn about the latest industry advances and updates on products, equipment and services. The Exhibition Hall featured a total of 48 supporters, 17 sponsors, 25 exhibitors and six not-for-profit organisations.

As I reflect on another successful GESA AGW, I personally thank the Scientific Program Committee for their outstanding flexibility and commitment

to delivering yet another cutting-edge program catering to the different needs of our members and the wider gastroenterology community. This year's theme of 'bidirectional learning' was made possible by their meticulous planning and work.

I would especially like to offer a big thanks to the GESA members and our other colleagues for their ongoing support of AGW – whether virtual or face-to-face – as a guiding light in a sea of global educational offerings. Without them, it would not be possible to have such a successful event. The engagement, support and ownership of our AGW have allowed it to continue evolving and going from strength to strength; for this, I am sincerely grateful. Together we can continue to strengthen AGW over the coming years.

**John Lubel |**

## **GESA AGW 2022 International Speakers Presented in person:**

- Bushell Foundation Lecture (Endoscopy): Evelien Dekker (The Netherlands)
- Trans-Tasman Lecture: Zoë Raos (NZ)
- Endoscopy: Prasad Iyer (USA)
- IBD: Bruce Sands (USA)
- IBD: Mark Silverberg (Canada)
- Liver: Emma Culver (UK)

- Liver: Paolo Caraceni (Italy)
- Paediatrics: Richard Thompson (UK)
- Paediatrics: Andrew Day (NZ)

## **GESA AGW 2022 International Speakers Presented via videoconferencing:**

- General Gastroenterology: Mark Fox (Switzerland)
- IBD: Miles Parkes (UK)
- IBD: Siew Ng (Hong Kong)
- IBD: Bo Shen (USA)
- Intestinal Ultrasound (GENIUS): Christian Maaser (Germany)
- Liver: Juan Gonzalez-Abraldes (Canada)
- Liver: Michael Trauner (Austria)
- Liver: Tom Karlsen (Norway)
- Liver: Palak Trivedi (UK)
- Paediatrics: Alexandra Papadopoulou (Greece)

# GESA AGW Scientific Program Committee

## Abstracts Submitted for GESA AGW 2022

- **388** General and YIA abstracts submitted
- **371** abstracts published in [Journal of Gastroenterology and Hepatology 2022: 36 Suppl S1](#)
- **33** YIA submissions, including four in Basic Science
- **153** digital slide presentation offers accepted
- **169** E-poster offers accepted
- **41** free papers offered



# GESA AGW 2022 – Award recipients

## BOARD HONOURS



### **Distinguished Researcher Prize Professor William Sievert**

Presentation: Can the placenta cure cirrhosis?



### **Outstanding Clinician Award Associate Professor William (Bill) Connell**

Presentation: The strength and power of togetherness – how teams can make a difference in health care

## GESA YOUNG INVESTIGATOR AWARDS



### **June Halliday YIA Basic Science and People's Choice Award Basic Science Kathryn Mullany**

Presentation: Gene therapy for genetic metabolic liver disease: correcting maple syrup urine disease in a preclinical neonatal



### **Douglas Piper YIA Clinical Research Charlotte Keung**

Presentation: Local peri-fistula injection of allogeneic human amnion epithelial cells is a safe and promising treatment for refractory

## POSTER OF MERIT PRESENTATION



### **Poster of Merit Alexander Thompson**

Circulating HBV RNA levels are associated with risk of hepatitis flare after stopping



### **GESA YIA People's Choice Award Clinical Research May Wong**

Presentation: A pilot study of pan-enteric capsule endoscopy vs bidirectional endoscopy in patients



# GESA AGW 2022 – Abstract Reviewers

**Our sincere thanks to everyone who volunteered their time to review abstracts**

Leon Adams  
Golo Ahlenstiel  
Yoon-Kyo An  
Minoti Apte  
Minnie Au  
Alex Barnes  
Robert Batey  
Jakob Begun  
Mark Bettington  
Kim Bridle  
Gregor Brown  
Rebecca Burgell  
Luis Calzadilla Bertot  
Calvin Chan  
Samuel Costello  
Alice Day  
Andrew Day  
Ana Dugic  
Marios Efthymiou  
Lochlan Fennell  
Emma Flanagan

Robert Fraser  
Mayur Garg  
Simon Ghaly  
Dave Gibson  
Cameron Gofton  
Michael Grimm  
Arun Gupta  
Craig Haifer  
Amy Hamilton  
Neel Heerasing  
Simon Hew  
Rupert Hinds  
Shaun Ho  
Jacinta Holmes  
Gordon Howarth  
Mariko Howlett  
Nadeem Kaakoush  
Patricia Kaazan  
William Kemp  
Emi Khoo  
Mehul Lamba

Ian Lawrance  
Barbara Leggett  
Rupert Leong  
Gary Lim  
Kate Lynch  
Finlay Macrae  
Richie Madden  
Avik Majumdar  
Tamara Mogilevski  
Marianne Mortimore  
Kate Muller  
Jeevinesh Naidu  
Nam Nguyen  
Amanda Nicoll  
Albert Nwaba  
James O'Beirne  
Keith Ooi  
Paul Pavli  
Sherman Picardo  
Emilia Prakoso  
Aviv Pudipeddi

Yanfei (Jacob) Qi  
Krish Ragonath  
Tony Rahman  
Chris Rayner  
Janske Reiling  
Sarah Rouse  
Jeevithan Sabanathan  
Santosh Sanagapalli  
Rohit Sawhney  
Michael Schultz  
Alexandra Sechi  
Asif Shahzad  
Ajay Sharma  
Edward Shelton  
Lisa Shim  
William Sievert  
Richard Skoien  
Miles Sparrow  
Ashish Srinivasan  
Andrew St John  
Katherine Stuart

Kavitha Subramaniam  
Nathan Subramaniam  
Erin Symonds  
William Tam  
Aravind Gokul  
Tamilarasan  
Myo Jin Tang  
Douglas Taupin  
James Thomas  
Ian Turner  
Jason Tye-Din  
Mark Ward  
Molla Wassie  
Lauren White  
Vicki Whitehall  
May Wong  
Susan Woods  
Sern Wei Yeoh  
Neil Youngson  
Matt Zimmerman

# Finance, Audit and Risk Committee



Alex Thompson (Chair)  
Andrew Polson (Deputy Chair,  
Independent Member)  
Alex Boussioutas (President-Elect)  
Ray Boyapati (GESA Member)

The Finance, Audit and Risk (FAR) Committee reports to the Board and oversees financial reporting, the company's audit, appointment of the auditor and risk management.

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 reports on a calendar-year basis.

GESA's operating surplus for 2022 is \$666,980.

The FAR Committee oversaw GESA's investment portfolios in 2022. It is fair to say that this was a challenging year for our investment portfolios, which produced a deficit of \$2,219,327, including unrealised losses of \$2,211,641. We invest in the medium to long term and remain confident with this investment strategy. The committee ensures all investments are ethically compatible with GESA's purpose of improving population health.

When combining GESA's operating and non-operating activities, we made a net loss of \$1,552,348.

GESA's main sources of income are membership fees, AGW, education events and professional

resources. We also receive support for research from our industry partners and withdrew funds from our investment portfolio to fund peer-reviewed research projects. GESA's largest expenses are AGW and delivering against our strategic pillars of leadership, best practice, research, advocacy and member services.

GESA had a total of 1,090 members, of whom 991 were financial, in 2022. This is an increase in total membership from 1,080 in 2021. Income from membership for 2022 was \$529k.

Income from CCRTGE applications and registration was \$252k (a decrease from \$299k in 2021), and expenditure was \$226k (a decrease from \$250k in 2021).

The decision to proceed with a hybrid virtual and in-person conference (AGW 2022) proved a successful one, and we received excellent support from our industry partners. Members kindly donated funds (\$7,600) that were used to provide opportunities for recipients to attend AGW.

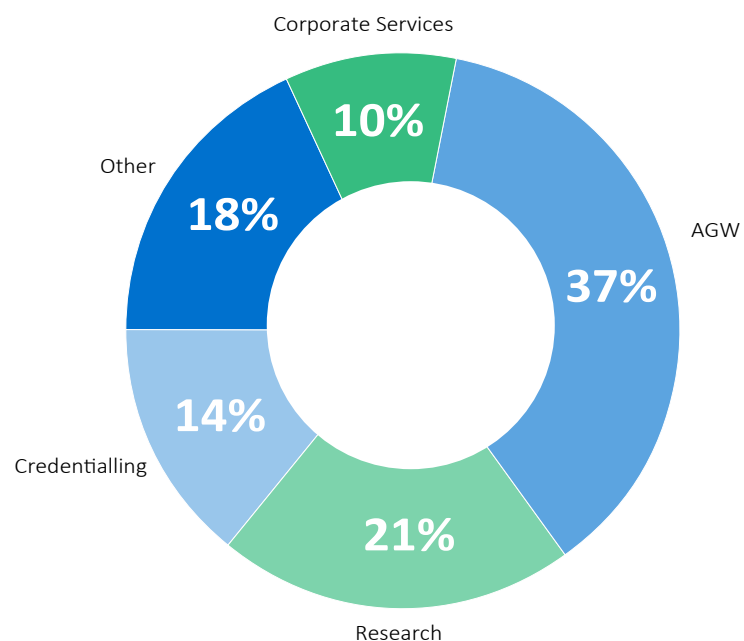
The committee oversaw several governance improvements in 2022 and ensured the Board was able to manage risks and make effective and sound decisions.

**Alex Thompson |**

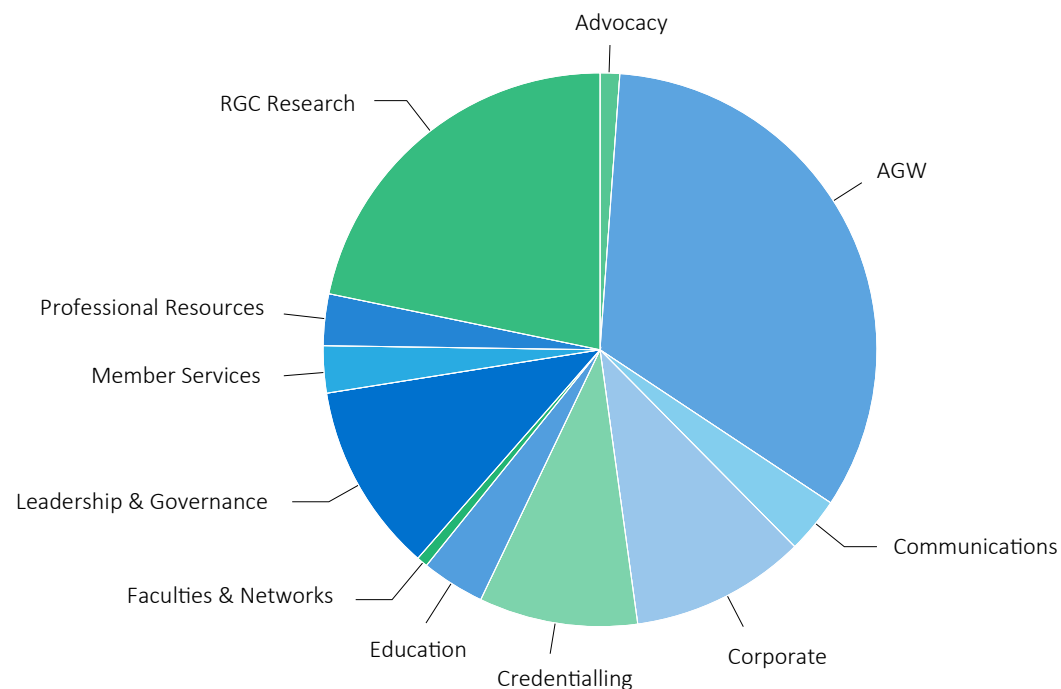
\*Financial Statements are available for review in the Members Lounge on the GESA website

# Finance, Audit and Risk Committee

Income



Expenses



## Summary financial position as of 31 December 2022

Total assets	\$19,438,405
Total liabilities	-\$1,754,325
Net assets	\$17,684,080

Operating income	\$4,630,367
Operating expenditure	-\$3,963,387
Operating surplus	\$666,980

Net movement in investment portfolios	-\$2,219,327
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# Research and Grants Committee



Paul Pavli (Co-Chair, GESA Board, IBD)

Vicki Whitehall (Co-Chair, Colorectal Cancer)

Leon Adams (Liver)

Golo Ahlenstiel (Liver)

Minoti Apte (Pancreatic Disease)

Kim Bridle (Basic Science, Liver)

Georgina Hold (IBD, Microbiome)

Tamara Mogilevski (IBD)

Nam Nguyen (Endoscopy)

Keith Ooi (Paediatric Gastroenterology)

Krish Ragunath (Endoscopy)

Susi Woods (Gastric Cancer)

In 2022, the Research and Grants Committee awarded more than \$335,000 in grants, fellowships and awards on behalf of the Society. These funds are part of a total \$3.3 million since 2016.

At GESA AGW 2022, the committee awarded the June Halliday YIA for Basic Science to Kathryn Mullany, and the Douglas Piper YIA for Clinical Research to Charlotte Keung. The YIA People's Choice Award for Basic Science was also won by Kathryn Mullany, and the People's Choice Award for Clinical Research by May Wong. Alexander Thompson was awarded the Poster of Merit Award for the most notable poster at AGW.

In 2022, there were 40 expressions of interest for GESA Project Grants. Of these, 19 full applications were reviewed, and funding was awarded to five people, each of whom received a GESA Project Grant of \$50,000 (including GST): Leon Adams, Catherine Bond, Craig Haifer, Nathan Subramaniam and Thomas Tu.

The other recipients of research funding in 2022 are listed in the following pages. A list of current and past awardees is available on the GESA website.

The committee or its subcommittees also:

- Reviewed and updated the criteria for grants and awards
- Reviewed and rated all 33 abstracts submitted for the YIAs at GESA AGW and assessed the YIA presentations and Poster of Merit finalists
- Reviewed the committee's role in the Society.

Thanks to all committee members for their contribution..

**Paul Pavli and Vicki Whitehall |**



# Research and Grants Committee

## GESA Research Workshop 2022

### Conveners: Vicki Whitehall and Susi Woods

The GESA Research Workshop was held as a face-to-face event in Sydney on 8–9 September 2022, preceding GESA AGW 2022. After being deferred from 2021, this collegial and inclusive 2-day meeting brought together Australian researchers from the fields of gastroenterology and hepatology. The workshop spanned all forms of gastroenterology-related research, including upper gastrointestinal, hepatology, endoscopy, luminal and cancer. It included a breakfast session with a discussion of how to build successful scientific and clinical research partnerships.

The aim of the GESA Research Workshop aligns with GESA's vision and mission: to optimise gastrointestinal health for patients and the community by ensuring research is integral to the narrative among GESA members.

Specifically, the Research Workshop provided a forum for the interchange of ideas and for forging collaborations between gastroenterology and hepatology investigators, clinicians, PhD scholars, postgraduate scientists, career clinical researchers and science researchers.

It was also an opportunity for younger researchers to develop their presentation skills and confidence and to present their research to their peers in a relaxed and friendly environment.

The Research Workshop program:

- provided early- to mid-career researchers with a platform to showcase their research
- delivered outstanding international and national speakers
- showcased Australian and international research
- enabled in-person contact with peers from around Australia
- allowed informal networking via the social program.

The workshop was closed by Benedict Devereaux, who announced GESA's ongoing commitment to research by ensuring the workshop becomes a fixture on the GESA calendar for at least the next 3 years. Funds have been made available to encourage the participation of researchers at all stages of their careers, and the workshop will give members opportunities to interact and develop new collaborations. The committee continues to actively pursue strategies to boost membership and increase the involvement of career scientists and basic researchers with GESA.

We thank all delegates and speakers who attended this first face-to-face meeting after the challenges of the past three years. Special thanks to our sponsors, the Research Workshop Organising Committee and the GESA events team, who made the event possible.

## Attendance

A total of 120 delegates attended the Research Workshop 2022, with seven international speakers (who presented virtually), eight national speakers and 33 free paper presentations.

### International Speakers (virtual)

- Tatiana Kisseleva (USA)
- Yu Tian (USA)
- Frank Tacke (Germany)
- Aleixo Muise (Canada)
- Alex Shalek (USA)
- Bernd Schnabl (USA)
- Daniele Tauriello (The Netherlands)

# Grants and Fellowship Recipients



## **GESA Dr Falk Pharma Research Grant**

### **Sumaira Hasnain**

(University of Queensland, Qld)

Project: Can the placenta cure cirrhosis?

**Value: \$30,000**



## **GESA Mostyn Family Grant**

### **Daniel Enosi Tuipulotu**

(John Curtin School of Medical Research, ACT)

Project: Innate immune sensing in the development of colorectal cancer

**Value: \$30,000**



## **GESA Celltrion Healthcare IBD Fellowship**

### **Aysha Al-Ani**

(Royal Melbourne Hospital, Vic)

Project: Multiplexed imaging to predict outcomes in acute severe ulcerative colitis

**Value: \$30,000**



## **GESA Members Research Grant**

### **Alan Wigg**

(Flinders Medical Centre, SA)

Project: Prevalence of risk factors for liver disease and advanced fibrosis in a remotely living adult Aboriginal population

**Value: \$13,950**



## **GESA Rose Amarant Grant**

### **Mark Ward**

(Alfred Health, Vic)

Project: Quantifying bound anti-drug antibodies to anti-tumor necrosis factor (TNF) therapy using a drug tolerant assay can predict subsequent immunogenic failure when de-escalating from combination therapy to anti-TNF monotherapy

**Value: 6-month grant of \$5,000**

# GESA Project Grant Recipients



## **GESA Project Grant**

**Leon Adams** (University of Western Australia, WA)  
Project: Assessing the gut microbiome associated with metabolic-dysfunction fatty liver disease (MAFLD)

**Value: \$50,000**



## **GESA Project Grant**

### **Craig Haifer**

(St Vincent's Hospital, NSW)  
Project: Orally administered faecal microbial transplantation in the management of immune checkpoint inhibitor-associated colitis – a randomised controlled trial to assess safety and preliminary efficacy

**Value: \$50,000**



## **GESA Project Grant**

### **Thomas Tu**

(Westmead Institute for Medical Research, NSW)  
Project: Targeting viral reservoirs in chronic hepatitis B to cure chronic infection

**Value: \$50,000**



## **GESA Project Grant**

### **Catherine Bond**

(QIMR Berghofer Medical Research Institute, Qld)  
Project: Organoid co-culture modelling to assess efficacy of a novel sequential therapy for aggressive colorectal cancers

**Value: \$50,000**



## **GESA Project Grant**

### **Nathan Subramaniam**

(Queensland University of Technology, Qld)  
Project: Analysis of novel genes associated with non-alcoholic fatty liver disease

**Value: \$50,000**

# **GESA Credentialing**

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



Sulman Ahmed (Chair, RACS)  
Darren Pavey (Chair-Elect, RACP)  
Daniel Croagh (RACS)  
Looi Ee (Paediatric, RACP)  
Sam O'Connor (GESA)  
Iain Skinner (GESA)  
Melinda Van Oosterum (Rural, 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.

Despite the challenges presented during 2022, demand for certification remained high, with 294 applications received. The standard of applications also remained high, with 93% of logbooks being approved. Most logbook approvals were for colonoscopy and gastroscopy.

As expected, the number of applications from experienced practitioners has continued falling, down to 33 in 2022, as the requirements of the

ACSQHC Colonoscopy Clinical Care Standard are implemented by health facilities.

The committee continues its role in reviewing the currency and practicality of the standards for certification of endoscopic procedures. In February 2022, Direct Observation of Procedural Skills forms were introduced as a submission criterion for gastroscopy and colonoscopy logbooks on the Australian advanced trainee pathway.

After a functional review of the logging website found that the existing platform was stable and secure, some further improvements were made by modifying existing functions and adding new features.

**Sulman Ahmed |**

## CCRTGE Help Desk Enquiries

Enquiries	2016	2017	2018	2019	2020	2021	2022
Email	1,114	1,000	569	647	637	557	472
Phone	312	374	316	528	612	531	481
<b>Total</b>	<b>1,426</b>	<b>1,374</b>	<b>885</b>	<b>1,175</b>	<b>1,249</b>	<b>1,088</b>	<b>953</b>

## CCRTGE Assessments

Applications	2016	2017	2018	2019	2020	2021	2022
Received	420	251	274	332	357	399	294
<b>Approved*</b>	<b>337</b>	<b>237</b>	<b>260</b>	<b>328</b>	<b>333</b>	<b>376</b>	<b>273</b>

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

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

## CCRTGE Applications and Outcomes as at 31 December 2022

Applications by procedure			Applications by fellowship			
Procedure		Approved*	RACP (pending†)	RACS (pending†)	ACRRM (pending†)	RACGP (pending†)
Capsule endoscopy "grandfathered"	2	1	2 (0)	—	—	—
Capsule endoscopy	13	13	11 (2)	—	—	—
Colonoscopy (adult)	128	118	6 (35)	32 (52)	—	3 (0)
Colonoscopy (paediatric)	1	1	0 (1)	—	—	—
ERCP	15	15	—	9 (1)	4 (1)	—
EUS	6	6	5 (1)	—	—	—
Gastroscopy (adult)	129	119	5 (34)	51 (39)	—	—
Gastroscopy (paediatric)	—	—	—	—	—	—
<b>Total</b>	<b>294</b>	<b>273</b>	<b>29 (73)</b>	<b>92 (92)</b>	<b>4 (1)</b>	<b>3 (0)</b>

\* Approved at committee meeting; unapproved applications were returned to applicants for revision and resubmission.  
† Pending fellowship of relevant college at the date of assessment.

Applications by pathway	Received
Australian advanced trainee	243
Experienced practitioner	33
Overseas-trained specialist	13
New Zealand CCRTGE-recognised	3

# Colonoscopy Recertification Program



Mark Schoeman (Chair, GESA)  
Nitin Gupta (Paediatric, RACP)  
Henry Hicks (Rural, RACS)  
Melissa Jennings (GESA)  
Peter Katelaris (RACP)  
Brian Kirkby (RACS)  
Grace Lim (RACS)  
David Scott (Rural, RACP)  
Iain Skinner (GESA)  
Jay Batterson (GESA, ex officio)

Despite another year interrupted by COVID-19, the Colonoscopy Recertification Program has continued to grow, with now more than 2,000 colonoscopists registered and 1,800 practitioners recertified by the program. With the program entering its sixth year of operation, an increasing proportion of participants are now being recertified for a second time.

As 2022 was the fourth year since the program was effectively mandated by the federal government through its inclusion in the revised ACSQHC Colonoscopy Clinical Care Standard, which came into force on 1 January 2019, participation by practitioners has continued to increase.

The overall standard of applications has remained high, with average performance continuing to be well in excess of the requirements for adenoma and sessile serrated adenoma (SSA)/polyp detection.

With more than 450,000 colonoscopies now logged in the system, these data are a valuable resource for research and program improvement. Analysis of these data to deliver improvements in patient health is considered an important part of the program. The GESA Board has given provisional approval for this data analysis, and it is a goal of the committee to publish findings in a peer-reviewed journal in 2023.

GESA, the RACP and RACS have agreed to form a conjoint committee to administer the Colonoscopy Recertification Program, and all parties have signed the new committee's terms of reference. The new committee will be known as the Recertification in Colonoscopy Conjoint Committee (RCCC). The RCCC comes into effect from 1 February 2023. All current committee members have graciously agreed to continue in their roles for the RCCC, but it is anticipated that additional committee members will be recruited.

A list of all recertified practitioners is available at [recert.gesa.org.au/recertifiedAU.php](https://recert.gesa.org.au/recertifiedAU.php)

Key statistics (as at December 2022)

- Registered colonoscopists: 2,038
- Recertified colonoscopists: 1,780 (including 42 paediatric)
- Complementary certifications by CCRTGE-recognised new registrants: 143
- Logbooks submitted for assessment in 2022: 307
- Renewal of previously recognised participants (successfully recertified): 230
- Logbooks assessed in 2022: 349
- Procedures logged in 2022: ~110,000

**Mark Schoeman |**

# Faculty Reports

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# Endoscopy Faculty



## Endoscopy Faculty Committee

Matthew Remedios (Chair)  
Vipul Aggarwal (Chair-Elect)  
Nicholas Burgess  
Saurabh Gupta  
Sneha John  
Nam Nguyen  
Krish Ragunath  
Christine Welch

It is with pleasure that I provide an update on behalf of the Endoscopy Faculty.

The Endoscopy Faculty remains keen to develop and address key areas of endoscopic practice and engagement with stakeholders. We are strategically involved in matters affecting the endoscopic community. I wish to thank the Endoscopy Faculty and GESA Board for their efforts in this regard.

As a profession, we are hopeful that we have put the anxiety associated with the COVID-19 pandemic behind us. We now face the challenges of workplace pressures, with increasing endoscopic service requirements and strained resources. Waiting list demands are escalating, and we are actively engaged with the government on workforce issues. Our GESA position statement on the timing of elective endoscopic procedures in patients with recent COVID-19 infection was released in March and subsequently published in the Journal of Gastroenterology and Hepatology (J Gastroenterol Hepatol 2022; 37: 1400-1401).

We are acutely aware of the impact of MBS colonoscopy item numbers on clinical practice,

including the rigidity of timing and the impact of the 50% rule on gastroscopy and colonoscopy with polypectomy. We continue to engage with the Department of Health on these issues. To that end, we are working on GESA position statements on quality gastroscopy and the appropriate indications for combined procedures – “the double” – which will be critical in improving the standards of endoscopic practice in Australia.

The Prostheses List reform agenda, with regard to endoscopic haemostatic clips, remains a significant issue. GESA and the Endoscopy Faculty are actively engaged in ensuring appropriate funding for this.

We have made a submission to the Department of Health for consideration of an MBS item number for cholangioscopy/SpyGlass, with recommendations for procedural reimbursement. We are hopeful for a favourable outcome.

A step forward this year has been the updated PG09 guideline on sedation in gastrointestinal endoscopy and, importantly, discharge criteria after sedation. We anticipate this will be considered favourably after a 6-month trial period. Information can be found on GESA Snapshot. We are very

# Endoscopy Faculty

grateful to Paul Pavli as a key driver of this review, along with our anaesthesia colleagues.

The GESA patient information endoscopy resources have all been updated, including a new brochure on EUS. These resources are available for the community on the GESA website.

I would like to thank Vipul Aggarwal and Nick Burgess for their lead role in planning the Endoscopy program for GESA AGW 2022. They coordinated an excellent and well-received hybrid meeting, and our colleagues enjoyed finally being able to catch up face to face after several challenging years. Planning for the GESA AGW

2023 Endoscopy program in Brisbane is now well underway, and we look forward to seeing you all there. I will be handing over the Chair of the Endoscopy Faculty to Vipul Aggarwal at that time.

**Matthew Remedios |**



# National Endoscopy Training Initiative

## GESA Train the Colonoscopist Trainer

The Train the Colonoscopist Trainer workshop is an intensive, highly interactive 2-day course, involving six delegates. The course focuses largely on the practical skills involved in training someone to perform colonoscopy.

Day 1 consists of sessions covering adult education concepts, the structure of a high-quality training episode, discussion of elements of communication between trainer and trainee and the giving of useful feedback.

On Day 2, delegates train one of the local registrars for 30 minutes during a real colonoscopy, then receive feedback from faculty about how they have performed as a trainer.

In 2022, two Train the Colonoscopist Trainer workshops were held:

- Thursday 2 and Friday 3 June at Royal North Shore Hospital, Sydney
- Thursday 25 and Friday 26 August at Royal Brisbane and Women's Hospital, Brisbane

Faculty: Cameron Bell, Mark Schoeman, Mark Appleyard and Andrew Luck

## GESA Capsule Endoscopy Workshop


The GESA Capsule Endoscopy Workshop is targeted at physicians and surgeons who are recognised in endoscopy by the CCRTGE and who are commencing the practice of capsule endoscopy, or experienced practitioners who have not previously attended a capsule endoscopy course. The workshop is also targeted at advanced trainees who are learning the practice of capsule endoscopy.

The objective is 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; and being able to provide an accurate report, including advice on appropriate further investigation and management.

The 2022 workshop was held at the International Convention Centre, Sydney, on Friday 9 September. It was attended by 31 delegates.

Convenor: Robert Feller

Faculty: Ashley Miller and Chris Hair

**GESA**  
gastroenterological  
society of Australia

Capsule Endoscopy Workshop 2022

PROGRAM

Venue: International Convention Centre, Sydney  
Date: Friday 9 September 2022  
Convenor: Assoc Professor Robert Feller  
Faculty: Assoc Professor Ashley Miller and Assoc Professor Chris Hair

TIME	TOPIC	FACULTY
13:15	Registration	
13:30	Welcome	A/Prof Robert Feller
13:35	CE-the Basics	A/Prof Robert Feller
13:55	Normal Variants	A/Prof Ashley Miller
14:05	Obscure GI Bleeding	A/Prof Robert Feller
14:30	CE Video Clips	All Faculty
14:40	Inflammatory Disease	A/Prof Chris Hair
15:00	Afternoon tea	
15:15	Hands-on session	All Faculty
16:00	Polyps and Tumours	A/Prof Robert Feller
16:20	MCQs	
16:30	CE Video Clips	All Faculty
16:45	Questions/Discussion	All Faculty
17:00	Workshop concludes	



# Inflammatory Bowel Disease (IBD) Faculty



## IBD Faculty Committee

Britt Christensen (Chair)  
Robert Bryant (Chair-Elect)  
Crispin Corte  
Simon Ghaly  
Peter Lewindon  
Tamara Mogilevski  
Kavitha Subramaniam

The GESA IBD Faculty was again busy in 2022, with the impact of the COVID-19 pandemic waning and the reintroduction of in-person meetings. Nevertheless, we continued to keep IBD patient and physician communities well informed about COVID-19, its implications for treatment and disease activity, as well as vaccine recommendations for patients with IBD.

The GESA AGW 2022 IBD stream was very successful, highly rated and well attended. The meeting highlighted our international presenters, Mark Silverberg from Canada and Bruce Sands from the USA, as well as virtual visitors Siew Ng from Hong Kong and Bo Shen from the USA. There were sessions on advanced management of fistulas and pouches, the future management of IBD and mini-presentations on “pragmatic pearls in an ocean of IBD”. In conjunction with the meeting, an IBD Faculty meeting covered the year’s activities and plans for the coming year.

The IBD Faculty has continued its advocacy for reimbursement for medications that have shown benefit for patients with IBD, including upadacitinib for patients with ulcerative colitis (UC); subcutaneous infliximab for Crohn’s disease (CD), UC and fistulising CD; ustekinumab for UC; and ozanimod for UC. Faecal calprotectin testing has now become available as an MBS item, but only for ruling out IBD in patients younger than 50 years. We are working to expand this to make



it available as an IBD monitoring tool. The Faculty acknowledges the huge time and financial impact of PBS applications for biologic and small molecule agents, in both public and private practice. We are working with Crohn’s & Colitis Australia and GESA to advocate for a more streamlined and efficient process, while acknowledging that biosimilar medications need to be incentivised to enter the Australian market.

Early in 2022, the IBD Faculty finalised a unified collection of patient handouts that are now available to gastroenterologists and patients through the GESA website. This involved a large working group, with input from gastroenterologists, colorectal surgeons, nurses, dietitians, psychologists, IBD nurses, stoma therapists and patient representatives. The Faculty is now finalising documentation of IBD fellowship requirements, which should become available on the GESA website in early 2023. Work



# Liver Faculty

on a transition of IBD care consensus statement was undertaken throughout 2022, aiming for publication by the end of 2023.

The IBD Faculty's priorities for 2023 include:

- Advocacy: for reimbursement for faecal calprotectin testing as a monitoring tool in patients with IBD; for PBS listing of new medications for IBD that have shown benefit to patients; and for creating more efficient and streamlined approaches for biologic medicine applications, by removing hurdles such as the intensive paperwork required for authority medications
- Education: finalising documentation of IBD fellowship requirements, completing an IBD transition of care consensus statement and developing an Australasian IBD management guideline and a consensus statement on vaccination in patients with IBD
- Fellowship/collegiality: improving support for regional gastroenterologists and patients, strengthening interactions with allied health groups and developing IBD-specific interest groups.

**Britt Christensen |**



## Liver Faculty Committee

Jacob George (Chair)  
Jessica Howell (Chair-Elect)  
Leon Adams  
Golo Ahlenstiel  
Katharine Irvine  
Miriam Levy  
Avik Majumdar

The Liver Faculty and Clinical Research Network (CRN) were busy in 2022, with several papers published or finalised, as outlined in the Liver CRN report. The CRN terms of reference have also been updated, with input from the Faculty and CRN Chairs, and approved by the Board.

The Liver Masterclass was held on Thursday 28 and Friday 29 July 2022 at Sofitel Noosa. The meeting was a resounding success, involving extensive discussions about cases and time to catch up with colleagues. Emad El-Omar's plenary presentations on the microbiome were of the highest standard. Thanks to the organisers, Caroline Tallis, Miriam Levy and Kate Muller.

The Hepatology Advanced Trainee Program on Thursday 16 and Friday 17 June was very well received by the trainees. I thank the organisers, Avik Majumdar, Katherine Stuart and William Kemp, for putting together an excellent program.

Work continues on the clinical consensus statements for the assessment of MAFLD in Australian primary care. The steering committee has reviewed draft recommendations from the four working groups and returned them with modifications and comments. The updated recommendations will be amalgamated into a final list in February 2023, followed by potentially two rounds of the Delphi process (one online), with the final report expected in late 2023.

# Liver Faculty

Updated clinical resources ([gesa.org.au](https://gesa.org.au) [here](#)) include a clinical update on haemochromatosis and updates of the hepatitis C virus consensus statement, with its associated management summary and remote consultation form for GPs. Two new resources were also made available: the National Prisons Hepatitis Network's Consensus statement on the management of hepatitis C in Australia's prisons, launched at the Australasian Viral Hepatitis Conference in May, and the Cirrhosis Care Bundle developed by Avik Majumdar and Golo Ahlenstiel. A media statement regarding paediatric severe, acute hepatitis of unknown origin was published in April 2022 and is available [here](#).

New and updated patient resources, covering advanced liver disease, fatty liver disease, FibroScan, treatment of hepatitis B and primary sclerosing cholangitis, can be found at [gesa.org.au](https://gesa.org.au) > Education & Resources > Patient Resources. Five patient factsheets (advanced liver disease, fatty liver disease, FibroScan, high-protein, high-energy diet and treatment of hepatitis B) have

been translated into Vietnamese, simplified and traditional Chinese and Arabic.

The results of the Portal Hypertension Working Group survey have been collated and preliminary data produced. The response rate was about 40%–50% for all centres. A face-to-face meeting is planned in the first half of 2023 to develop the analysis of the results into a publication. The Faculty is also intending to develop a clinical practice guideline on the management of portal hypertension in 2023–2024, if approved by the Board.

Katharine Irvine has developed a survey to ascertain involvement of basic scientists with GESA and the Liver Faculty. The survey will be sent to all GESA members and about 300 additional recipients on behalf of the Research Committee.

**Jacob George |**

## Strategic objectives

- Provide a forum for members with an interest or expertise in the liver specialty
- Work to improve research, teaching and clinical practice in the liver specialty
- Participate in AGW by initiating workshops and providing ideas for symposia and lectures
- Foster training in the liver specialty through travelling fellowships or other appropriate training opportunities
- Interact or be affiliated with regional and international groups related to the liver specialty
- Provide advice and information to the GESA Board

# **GESA Network Groups**

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# Liver Clinical Research Network



## Liver Clinical Research Network (CRN) Committee

Stuart Roberts (Chair)  
Emily He  
Jacinta Holmes  
Ken Liu  
Kate Lynch  
Avik Majumdar  
Kate Muller  
James O'Beirne  
Michael Wallace

The Liver Faculty CRN underwent significant transformation in 2022 to bring it into line with other GESA special interest groups and faculty bodies. Board-approved terms of reference were established, along with a formal governance and reporting structure and a clear path for approval of new research projects and funding applications, as well as manuscripts generated by CRN projects. Importantly, a new oversight committee was established, with broad and diverse representation from all mainland states and great depth and quality from a clinical research perspective. Each member will be appointed for a 2-year term, with future CRN steering committee membership to be determined by a formal nomination and voting process.

The main achievements of the National Observational Epidemiological and Clinical Quality HCC Registry (ORACLES) in the past 12 months were database mapping at several sites and the selection of 23 clinical quality indicators via a modified Delphi consensus process involving the working group and experts involved in the management of HCC, as well as consumers. These clinical indicators include nine related to initial diagnosis and staging, 13 related to treatment and

management and one outcome assessment. Led by John Lubel, this work has been completed and published (Hepatol Commun 2022; 6: 3260-3271). The Registry has also collected data on more than 680 cases of early-stage HCC from 11 sites, which will be used to conduct analyses of patterns of care and outcomes of single and combination therapies.

Prospective follow-up data from the Observational Prospective Epidemiological Registry in Australia of HCV Liver Disease (OPERA-C) are still incoming. At recruitment closure, the OPERA-C database contained 3727 individual patient records. The final data linkage to national databases, such as Medicare, the PBS and the National Death Index, is underway, which will provide definitive outcomes data for patients with treated HCV infection. Two publications have been generated from the Registry (Dig Dis Sci 2023; 68: 291-303 and BMC Gastroenterol 2022; 22: 339).

Led by Amanda Nicoll, the Australian Drug-Induced Liver Injury Network (AusDILIN) project continues to evaluate cases of severe drug-induced liver injury in 14 liver centres across Australia, with enrolment of more than 100 patients.

The results of the 2021 survey CRN members regarding use of pre-procedural prophylactic blood products in patients with cirrhosis have now been analysed, and a manuscript has been prepared and submitted.

# Liver Clinical Research Network

Approved by the Liver Faculty and led by Golo Ahlenstiel, Avik Majumdar and Jacob George, the transjugular intrahepatic portosystemic shunts (TIPSS) national registry is underway, with a survey initially completed by several CRN centres to understand current practice in the placement of TIPSS at major liver centres, including the indications for placement and numbers performed annually. Ultimately, it is planned to set up a REDCap database for liver centres to record TIPSS procedures, including outcomes.

Under the guidance of Siddharth Sood, a retrospective multicentre project is evaluating the cost-effectiveness of regular administration of weekly albumin infusions for patients with cirrhosis and refractory ascites, compared with a group of matched historical controls. Supported by CSL, the study protocol has been finalised and an expression of interest sent to CRN sites. Eleven centres have so far shown interest in participating.

**Stuart Roberts |**

- **Provide a national framework for clinical research in liver disease**
- **Develop and maintain a network of investigators and sites for clinical and translational research, disease registries and clinical trials related to liver disease**
- **Develop or contribute to the design, conduct and implementation of registries, research studies and clinical trials related to liver disease**
- **Develop interest and skills in clinical research in liver disease among emerging gastroenterologists and hepatologists**



# Paediatric Network



## Paediatric Network Committee

Ajay Sharma (Chair)  
Nikhil Thapar (Chair-Elect, Scientific Program Committee and Educational representative)  
Usha Krishnan (Deputy Chair)  
Looi Ee (Endoscopy representative)  
Nitin Gupta (Endoscopy representative)  
Jonathan O'Donnell (Trainee representative)  
Jeremy Rosenbaum (RACP representative)  
Mark Safe (myInteract moderator)

Research activities of the Paediatric Network include the Pediatric Australasian Gastroenterology Research Network (PEDAGREE), chaired by Andrew Day, which was formed to work on collaborative projects across Australia and New Zealand.

In 2022, PEDAGREE published results of a survey of paediatric gastroenterologists about variations in coeliac disease diagnosis before and during COVID-19 (J Paediatr Child Health 2022; 58: 2280-2285). PEDAGREE was also successful in acquiring a grant to set up the first paediatric eosinophilic oesophagitis nationwide database in Australia.

Under the leadership of Ed Giles and other Paediatric Network representatives, collaboration is ongoing with Crohn's & Colitis Australia on the national audit of paediatric IBD.

Discussions are ongoing about implementing a national training program, including a workforce planning model to identify future needs. There is agreement between centres to align advertisements for gastroenterology fellowships, interviews and

offers to successful applicants. We are also looking at identifying unmet needs and applications for state and federal government funding for positions, clinical standards for managing gastroenterological conditions, and accredited vs non-accredited positions. The priority is to ensure advanced trainees receive a broad range of experience and are able to move from non-transplant to transplant centres as per the requirements of their training.

We were fortunate to have several international speakers at GESA AGW 2022: Richard Thompson, Alexander Papadopoulos and Andrew Day. Thanks to Winita Hardikar for her previous efforts as the paediatric representative on the Scientific Program Committee.

The Paediatric Network is aiming to establish an Education Group, with representatives from centres, trainees, allied health professionals and senior members of the gastroenterology community. We plan to establish a webinar series, running two to four sessions a year. Each centre would set up an education session, potentially with two or three speakers, to focus on a topic of local

# Paediatric Network

interest, which would then be accessible to other centres and GESA members via webinar.

Mark Safe has proposed replacing myInteract with Microsoft Teams as the platform to coordinate discussions. Teams is a more robust platform that would enable threaded discussions by groups and tracking of discussions. Members will be surveyed to determine whether Teams is considered a preferable option.

With the likely establishment of a Paediatric Faculty of GESA, Chair-Elect Nikhil Thapar will look to start as Chair in September 2023. At the AGM, he provided a short statement on the future focus for the development of the centres and ensuring that paediatric gastroenterology, hepatology and nutrition receive the resourcing required to meet the expected enormous growth in demand.

I thank the committees, current and previous committee chairs and all current and past members for their contributions to education, training and membership and for their input into the creation of the Paediatric Network legacy.

**Ajay Sharma |**

**The Paediatric Network's strategic objectives for 2023 include advocacy, education, collegiality, information and collaboration, particularly:**

- **the likely transitioning of the Paediatric Network into a Paediatric Faculty of GESA**
- **ongoing work towards coordinating paediatric gastroenterology training positions within and between states to streamline selection through RACP**
- **ongoing liaison with CCRTGE on paediatric endoscopy and colonoscopy issues**
- **continuing to facilitate and coordinate multisite research projects in paediatric gastroenterology, liver and nutrition across Australia**
- **continuing to engage in GESA's clinical trial network.**

# Private Practice Network



## Private Practice Network Committee

Anil Asthana (Chair)  
Adam Gordon (Chair-Elect)  
Simon Jakobovits  
Natalie Kiel  
Albert Nwaba  
Stephen Pianko

Since the GESA Private Practice Network (PPN) was formally launched in 2020, the network has grown to more than 90 members.

There were a few highlights in 2022, including:

- the GESA AGW 2022 program
- advocacy in regard to Prostheses List reform
- the PPN strategic roadmap.

The PPN program at GESA AGW 2022 was a significant success. There were two sessions – one clinical and the other non-clinical. Both sessions were full houses, with no room to stand.

After the Department of Health proposed to remove endoscopic haemostatic clips from the Prostheses List, GESA sent a submission in support of reversing this proposal. PPN members played an important role in this, assisting with background due diligence and participating in discussions with the Department of Health.

The PPN's priorities for 2023 include:

- Committee: electing a new PPN committee
- Advocacy: continuing to work with the GESA Board regarding any private practice or Medicare-related matters
- Networking: organising local face-to-face PPN networking meetings
- Member support: creating an open forum meeting with our members to understand their needs and requirements
- RACP CPD: engaging with our members and the RACP regarding its review of continuing professional development.

**Anil Asthana |**

# Regional, Remote and Indigenous Network



## Regional, Remote and Indigenous Network Committee

Kirsty Campbell (Co-Chair, NT)  
Julian Rong (Co-Chair, Vic)  
Alice Bennett (Chair-Elect, SA)  
Lauren Beswick (Vic)  
Rajit Gilhotra (Qld)  
John Masson (Qld)  
Andrew McIntyre (Qld)  
Robyn Nagel (Qld)  
Albert Nwaba (Tas)  
David Scott (NSW)

It has been an exciting year for the Regional, Remote and Indigenous Network, including hosting our first session at GESA AGW. This included an update on our regional workforce and training in regional areas, before we heard from regional nurses about the challenges of PBS applications. A panel discussion then sparked considerable debate about ensuring high-quality services in regional areas from an endoscopic perspective, while also promoting engagement in multidisciplinary teams.

GESA is committed to improving access to care for regionally based patients, as well as networking and up-skilling for regional practitioners. As part of this, GESA has established and is funding the following three new initiatives.

The inaugural Janssen GESA Regional Fellowship has been awarded to Bassem Ibrahim, who will be living and working in Darwin in 2023. Bassem hails from regional NSW and has completed his basic physician training through John Hunter Hospital and its regional training sites. With this amazing opportunity, he hopes to establish a solid foundation that will aid his ambitions to enter gastroenterology advanced training. This initiative is jointly funded by GESA, Janssen and the Northern Territory Government.

To support the Regional Fellow and supervising unit, GESA has established the GESA Travelling Professor program, which will bring four renowned experts in functional and general gastroenterology, endoscopy, IBD and hepatology to Darwin to provide mentorship and educational up-skilling opportunities. The inaugural Travelling Professors



# Sustainability Network

are Rebecca Burgell, Jane Andrews, Cameron Bell and John Lubel.

GESA recognises that there are multiple barriers to accessing high-quality endoscopy in regional areas, including staffing shortages and geographical isolation. As such, it has committed to establishing an Endoscopy Outreach Program, which will launch in Alice Springs in May 2023.

While not taking on the form of an “Endoscopy Bus”, a la Priscilla Queen of the Desert, this program will provide high-quality endoscopic services, along with reprocessing up-skilling, a locally delivered Train the Colonoscopist Trainer course, medical grand rounds and a community event. Given that a large proportion of colonoscopy services in regional areas are delivered by surgeons and their training registrars, with Central Australia being no exception, this outreach program will include a surgeon as part of the faculty.

We will continue to engage with the GESA faculties and industry to improve access to appropriate investigations and therapy for our patients, and we hope to see an expansion in regional training sites.

In the meantime, we welcome Bassem to the Northern Territory and hope to provide some updates and croc pics in an upcoming edition of Snapshot.

**Kirsty Campbell |**



## Sustainability Network Committee

Chris Hair (Chair)  
Michael Swan (Chair-Elect)  
Fiona Bailey  
Lauren Beswick  
Anne Duggan  
Finlay Macrae  
Geoffrey Metz  
Daniel Schneider

The GESA Sustainability Network was established in April 2022 with the support of the GESA Board, with the first committee inaugurated in May 2022.

The mission of the network is to encourage and support members, volunteers and employees of GESA to practise environmental sustainability and stewardship in the provision of digestive health care and research.

The committee was proud to develop a vision for action – ASPIRE:

Advocacy: create a voice for sustainability and collaborate with sustainability-focused societies to support environmental stewardship practices

Society: reduce the environmental impact of the Society’s gastroenterology-related activities

People and practice: empower our members to develop the skills and knowledge to practise



# Sustainability Network

sustainability in their everyday activities of providing gastroenterology services

**Industry:** work with our partners in industry to develop and make competitively available high-quality environmentally sound products used in our delivery of high-quality gastroenterology care

**Research and education:** work with members across the Society to prioritise research aligning with environmental sustainability, climate change impacts and gastroenterology; and lead by identifying and sharing sustainability initiatives with GESA members and collaborating partners

**Endoscopy:** promote environmentally sustainable approaches to diagnosis and gastrointestinal endoscopy.

The 5-year roadmap to action developed by the committee will guide us and future members in achieving this vision.

**Chris Hair |**

In 2022, actions of the Sustainability Network included:

- development of a 5-year strategic framework for action
- delivery of webinar-based education on sustainability in gastroenterology, with a focus on endoscopy
- hosting of a successful sustainability session at GESA AGW, at which more than 70 attendees were present, either virtually or in person
- completion of a large sustainability survey of more than 130 doctors and nurses from GESA and GENCA
- establishment of collaborations with other networks, including the World Gastroenterology Organisation, the Asian-Pacific Society for Digestive Endoscopy, GENCA and the RACS Environmental Sustainability in Surgical Practice Working Group
- commencement of work to integrate sustainability principles into training, including NETI programs, advanced training and member actions
- advocacy at GESA Board level to consider what actions GESA can commit to with the aim of reducing its carbon footprint.

During 2023, the network aims to:

- engage with GESA, its faculties and networks to develop their sustainability action plans
- collaborate to deliver practical action-based educational webinars to GESA and other gastroenterology-linked networks
- advocate for sustainability-based research being given a high profile during GESA AGW 2023
- host an interactive and engaging face-to-face session during AGW
- interact with NETI faculty to implement sustainability presentations
- collaborate with the RACS, GENCA and Endoscopy Faculty to deliver a practical toolkit for reducing carbon emissions from endoscopy-related procedures.

# Young GESA Network



## Young GESA Network Committee

David Prince (Chair)  
Yoon-Kyo An  
Chamara Basnayake  
Georgina Cunningham  
Simon Hew  
Jonathan O'Donnell  
Anastasia Volovets  
May Wong

2022 was another exciting year for the Young GESA Network. Thank you to all those who got involved.

GESA AGW was a great success, with our session on different career pathways in gastroenterology featuring inspiring talks from Chamara Basnayake, May Wong, John Ding and Yoon-Kyo An. Thanks go to May and Yoon-Kyo for coordinating the program and Kirsty Campbell for chairing the session.

In November, we had our inaugural Young GESA Weekend in conjunction with Gut School. This was held in Kingscliff, NSW, and attracted more than 75 attendees. The program had three dedicated streams, with content specific to trainees and paediatric and adult gastroenterologists.

More than 30 speakers contributed to the program, and the calibre of content for the weekend was

amazing. Feedback from the event was generally positive. Thank you to all who contributed to this weekend, with special mention going to the organising committee of Kirsty Campbell, Georgina Cunningham, Jonathan O'Donnell, May Wong, Anna Di Bartolomeo and Loretta York. We are already planning to repeat this event in 2023 and are hoping to make it bigger and better. Keep an eye out for more information and lock in the date early.

The Young GESA team is also planning a family planning webinar to be held in February 2023. This is being led by Georgina Cunningham.

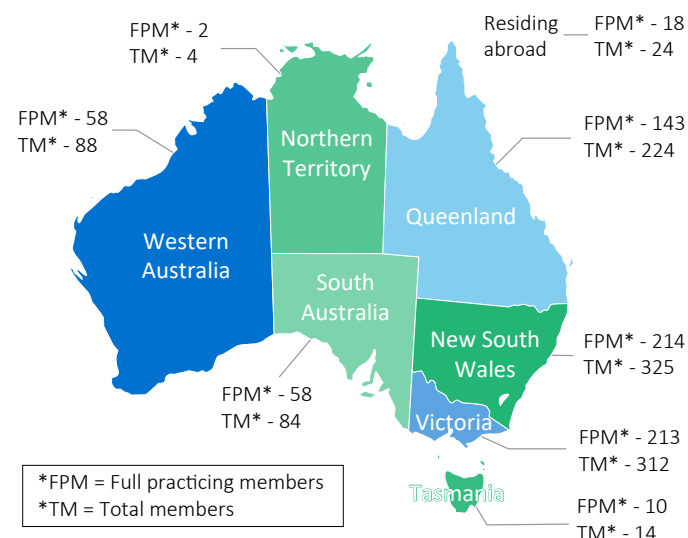
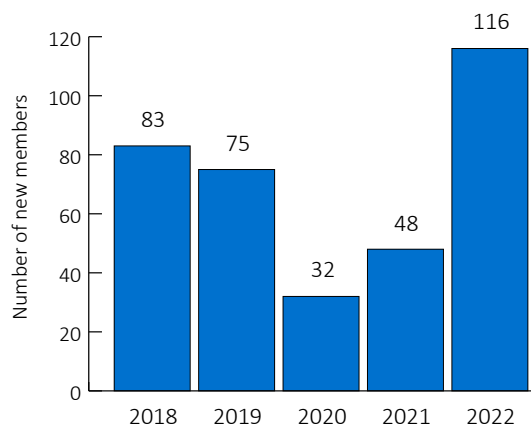
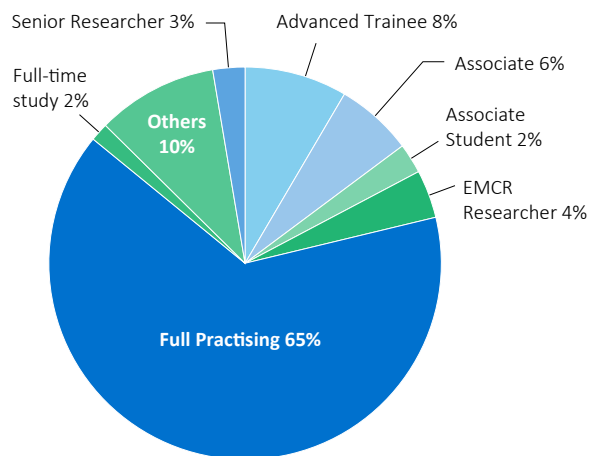
The Young GESA Network Committee looks forward to what 2023 holds and to expanding on the great work of the Young GESA Network to date.

**David Prince |**

# Members

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# Members



## We are delighted to extend a warm welcome to our 116 new members:

Reeham Abu-Rgeef  
Lauren Andersson  
Emily Andrew  
Richard Benny  
Karen Bensted  
Ashwin Bhana  
Purnima Bhat  
Bobby Boumelhem  
Lucy Bracken  
Grace Burns  
Elise Cannan  
Melissa Carroll  
Patrick Chan  
Andrew Chan  
Alvin Cheah  
Madiha Cheema  
Lynna Chen

Rachel Cheong  
John Chetwood  
Ayaz Chowdhury  
King Wah  
Matthew Chu  
Harry Crane  
Georgina Cunningham  
Jacqui Dobson  
Jonathan Dudzik  
Ali Eqbal  
Luke Fairweather  
Hayley Favelle  
Sean Ferencz  
Dustin Flanagan  
Eliza Flanagan  
Jacqueline Fraser  
Arjun Gandhi

Sajith Gangadharan  
Kathryn Gazelakis  
David Gibson  
Naeman Goetz  
Thomas Goodwin  
Michael Gounder  
Bonita Gu  
Robert Hackett  
Abir Halder  
Imogen Hartley  
Tony He  
Emily He  
Sheridan Helman  
S M Zahid Hosen  
JiaLi Huang  
Joanna Huang  
Simon Hume

Natalie Hung  
Rachael Jacob  
Mina Kaddis  
Nathan Kuk  
Rina Kumar  
Thomas Lee  
Tanya Lee  
Wencong Lin  
Sheng Wei Lo  
Grace Lovett  
Elizabeth Low  
Salim Maher  
Evania Marlow  
Abigail Marsh  
Aparna Morgan  
Savannah Morrison  
Kumanan Nalankilli

Severine Navarro  
Kelly Olsen  
Dheeraj Pandey  
Christopher Perry  
Timothy Phan  
Alexander Prudence  
Amy (Yiqun) Qu  
Georgette Radford  
Vanessa Rees  
Sarah Romero  
Qi Ruan  
Amit Saha  
Shirin Salimi  
Manjeet Sandhu  
Rohit Sarkar  
Babak Sarraf  
Lauren Schooth

Jonathan Schubert  
Jonathan Segal  
Henry Shen  
Sj Sijie Shen  
Matthew Smith  
Wai Sinn Soh  
Lauren Stammers  
Ei Phyu Phyu Swe  
Jin Lin Tan  
Katrina Tan  
Natassia Tan  
Kirstin Taylor  
Elaine Thomas  
Rajni Tiwari  
Laurence Vaitiekunas  
Lucy Vaux  
Karla Vinasco

Nicole Walker  
Karen Waller  
Hunter Wang  
Vincent (Ziqi) Wang  
Zoe Welham  
Lauren White  
Sophie Willemse  
Jean Winter  
Darren Wong  
Peter Wu  
Haotian Yang  
Kim Yong Sul  
Neil Youngson  
Georgia Zeng  
David Zhang

# Fellowship of GESA Program

Conferral of Fellowship of GESA is a formal and public recognition of sustained and outstanding contributions to the fields of gastroenterology and hepatology in Australia that align with GESA's values or that make a significant contribution to the work of the Society.

Fellowship is available to members of GESA (for at least 10 years) who have made such a contribution at the highest level and who have attended at least five GESA meetings, such as AGW, during the previous 10 years. In exceptional circumstances and at the discretion of the Board, Fellowship may also be awarded to international or national non-members who have made such a contribution.

Candidates must be nominated by two Fellows of GESA in a submission detailing the candidate's attainment of the conferral criteria. This includes evidence of the candidate's:

- achievements and contributions to the fields of gastroenterology and hepatology in Australia and their impact over at least 10 years in three of the following categories:
  - career progression, promotions and seniority

- excellence in teaching (lecturing, higher-degree supervision, mentoring, teaching publications or media, examination formulation or supervision)
- excellence in research (higher degrees, publication history, H index)
- excellence in service and engagement (contribution to the profession and community through representation on boards, societies or patient and consumer organisations resulting in improved gastrointestinal or liver health)
- sustained contribution to GESA, with an emphasis on the impact of this, as shown by significant and sustained contributions to three or more of the strategic pillars of the Society and/or service on the Board, faculties or committees for at least two full terms.

Applications are considered at GESA Board meetings, and conferral decisions are at the Board's discretion. Acceptance of a nominee is to be a unanimous decision.

GESA will present new Fellows annually at the GESA AGM. New Fellows will receive a certificate and have the distinction of using the postnominal FGESA in their professional activities.

The inaugural Fellowships of GESA were conferred in 2022 to:

- all former GESA Council members and all former and current GESA Board Directors
- all past recipients of the Distinguished Researcher Prize, the Outstanding Clinician Award, the Outstanding Service Award and the Outstanding Mentor Award
- all former and current members of the committees of the CCRTGE, the Recertification in Colonoscopy Program and NETI
- other people who have made a significant contribution to the fields of gastroenterology or hepatology in Australia or to the work or promotion of the values of the Society.



# Inaugural Fellows of GESA 2022

David Abi-Hanna  
Sulman Ahmed  
Jane Andrews  
Mark Appleyard  
Minoti Apte  
Anil Asthana  
Peter Bampton  
Jakob Begun  
Cameron Bell  
Sally Bell  
Prithi Bhathal  
Michael Bourke  
Alex Boussioutas  
Ray Boyapati  
Kerry Breen  
Gregor Brown  
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Anthony Catto-Smith  
Wendy Cheng  
Britt Christensen  
William Connell  
Susan Connor  
Alistair Cowen  
Philip Craig  
Darrell Crawford

John Croese  
Graham Cullingford  
Geoffrey Davidson  
David de Carle  
John Dent  
Paul Desmond  
Benedict Devereaux  
Frank Dudley  
Anne Duggan  
Looi Ee  
Katherine Ellard  
Geoffrey Farrell  
Robert Feller  
David Fone  
John Furness  
Jacob George  
Peter Gibson  
Kerry Goulston  
Michael Grimm  
Ian Gunn  
Ian Gust  
Chris Hair  
Geoffrey Hebbard  
Richard Holloway  
Michael Horowitz  
Gary Jeffrey

Melissa Jennings  
Brian Jones  
Dianne Jones  
Arthur Kaffes  
Michael Kamm  
Peter Katelaris  
Rod Kater  
Paul Kerlin  
Barbara Leggett  
Stephen Locarnini  
John Lubel  
Andrew Luck  
John Lumley  
Ian Mackay  
Finlay Macrae  
Guy Maddern  
Barry Marshall  
John Masson  
Geoffrey McCaughan  
Geoffrey Metz  
Gregory Moore  
James Moore  
Graeme Newstead  
Ian Norton  
Paul O'Brien  
Sam O'Connor

Edward O'Loughlin  
John Olynyk  
Donald Ormonde  
Robert Padbury  
Darren Pavey  
Paul Pavli  
Stephen Pianko  
Andrew Polson  
Tony Rahman  
Grant Ramm  
William Reed  
Matthew Remedios  
Roderick Roberts  
Stuart Roberts  
Ian Roberts-Thomson  
David Russell  
Mark Schoeman  
David Scott  
Warwick Selby  
David Shearman  
Arthur Shulkes  
William Sievert  
Rajvinder Singh  
Iain Skinner  
Richard Smallwood  
Antony Speer

James St John  
Daniel Stiel  
Simone Strasser  
John Stuchbery  
Nathan Subramaniam  
Nicholas Talley  
William Tam  
Narci Teoh  
Alex Thompson  
Ben Thomson  
Nina Tirnitz-Parker  
James Toouli  
Melinda Van Oosterum  
Rhys Vaughan  
Katrina Watson  
Stephen Williams  
Jeremy Wilson  
Tom Wilson  
Geoffrey Withers  
Neville Yeomans  
Graeme Young  
Amany Zekry

# **Professional Resources**

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# Professional Resources

During 2022, GESA members and collaborators developed or reviewed and updated a total of 49 resources (37 patient resources and 12 clinical resources) and 20 translations (five patient resources each translated into four languages).

## Patient Resources

### Liver Faculty

New or updated patient resources:

- Advanced Liver Disease
- Fatty Liver Disease
- FibroScan
- Treatment for Hepatitis B
- Primary Sclerosing Cholangitis

Resources translated into Arabic, Traditional and Simplified Chinese and Vietnamese:

- Advanced Liver Disease
- Fatty Liver Disease
- FibroScan
- Treatment for Hepatitis B
- High-Protein, High-Energy Diet

### Endoscopy Faculty

- Bowel Polyps
- Bowel Preparation
- Capsule Endoscopy
- ERCP
- Endoscopic Ultrasound (EUS)
- Flexible Sigmoidoscopy
- Gastroscopy

### General

- Constipation
- Gastroenteritis in Children
- Reflux
- *Helicobacter pylori*
- Lactose Intolerance

### IBD Faculty

New or updated patient resources

- Adalimumab
- Aminosalicylates (5-ASAs)
- Complementary and alternative therapies
- Corticosteroids
- Crohn's disease and ulcerative colitis
- Diet
- Golimumab
- Infliximab
- Life with a stoma
- Mental health
- Methotrexate
- Pregnancy and fertility
- Sexual health
- Surgery
- Thiopurines
- Tofacitinib
- Travel
- Ustekinumab
- Vaccinations
- Vedolizumab

# Professional Resources

## Clinical Resources

### Liver Faculty

Cirrhosis Care Bundle (preamble and checklist)

Australian consensus recommendations for the management of hepatitis B infection

Australian recommendations for the management of hepatitis C virus infection: a consensus statement (2022)

Including updates of:

- Clinical guidance for treating hepatitis C virus infection: a summary
- Hepatitis C remote consultation request form

Surgical Risk in Patients with Cirrhosis

### Author Group

Avik Majumdar, Madeleine Gill, Janice Pritchard-Jones

Collaboration with NPS MedicineWise

Hepatitis C Virus Infection Consensus Statement Working Group

Golo Ahlenstiel, Eric Kalo, Avik Majumdar

### General

Iron Deficiency Clinical Update 2022

COVID-19 vaccination update – 4th dose after 3 dose primary vaccination and role of specific therapies for COVID in immunocompromised patients – issued 25 January 2022

Timing of elective endoscopic procedures in patients with recent COVID-19 infection – issued 11 March 2022

GESA Advisory: Telehealth July 2022

Media statement regarding paediatric severe, acute hepatitis of unknown origin – issued 29 April 2022

Media statement: Working together to support access to quality colonoscopy care across Australia – issued 4 May 2022

### Author Group

Mayur Garg

GESA members and Board of Directors

GESA members and Board of Directors

Anil Asthana, Matthew Remedios, Alex Thompson, Benedict Devereaux

Winita Hardikar, Liver Faculty

GESA members and Board of Directors

# Professional Resources

## Acknowledgements

We thank all GESA members and collaborators who dedicated their time and expertise to develop, review and update these resources in 2022.

## Reviewers of Liver Patient Resources

Jacob George (Chair)	Katharine Irvine
Leon Adams	Nathan Johnson
Golo Ahlenstiel	Shelley Keating
Kindness Bondezi	Miriam Levy
Welan Dionela	Kate D Lynch
Mark Douglas	Avik Majumdar
Madeleine Gill	Shyam Nagubandi
Ingrid Hickman	Simone Strasser
Jessica Howell	Thomas Tu

## Reviewers of Endoscopy Patient Resources

Matthew Remedios (Chair)	Adam Haigh
Vipul Aggarwal	Sneha John
Nicholas Burgess	Nam Nguyen
Saurabh Gupta	Krish Ragunath
	Christine Welch

## Reviewers of General Patient Resources

Akalya Mahendran	Simone Strasser
Nadia Perera	Lauren Tang
Anna Prebble	Karen Waller
Ajay Sharma	Tom Wilson

## Hepatitis B Consensus Statement Steering Committee

John Lubel (Co-Chair)	Benjamin Cowie
Gail Matthews (Co-Chair)	Simone Strasser
	Alex Thompson

## Hepatitis C Consensus Statement Steering Committee

Alex Thompson (Chair)	Stuart Roberts
Fran Bramwell	William Sievert
Wendy Cheng	Alison Stewart
Krispin Hajkowicz	Simone Strasser
William Kemp	Caroline Tallis
Gail Matthews	Helen Tyrrell
Lucy McDonald	Alan Wigg

## GESA Board of Directors

Benedict Devereaux  
(President)

Alex Boussioutas  
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Jane Andrews  
(Professional Relations)

Jakob Begun  
(Education)

Kirsty Campbell  
(Regional, Remote and Indigenous/Gut School)

Britt Christensen  
(Chair, IBD Faculty)

Jacob George  
(Chair, Liver Faculty)

John Lubel  
(Chair, Scientific Program Committee)

Paul Pavli  
(Co-Chair, Research and Grants Committee)

Matthew Remedios  
(Chair, Endoscopy Faculty)

Alex Thompson  
(Chair, Finance, Audit and Risk Committee)

Nina Tirnitz-Parker  
(Strategic Governance)



# Welcome to GESA AGW 2022

*Bidirectional Learning – a foundation for excellence & innovation*



# GESA Supporters and Donors

**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.**



## The Philip Bushell Foundation

**Top tier supporters \$80k and above**

GESA is a registered charity and is able to accept donations from its members. Donations are tax deductible. Donations support either GESA Members' Donation Philanthropic Grant or GESA Members' Donation Research Award. Allocation of funds is determined by the GESA Board. For more information, please visit [gesa.org.au](https://gesa.org.au)



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Gilead Sciences  
Cantel Australia  
Ferring Pharmaceuticals  
Organon Pharma  
Mostyn Family Foundation  
W.L. Gore & Associates  
CSL Behring (Australia)  
Roche Products

## **\$10k and above**

Ecolab Healthcare ANZ  
Sandoz  
Avant Insurance  
Vifor Pharma  
Cook Medical  
Fresenius Kabi Australia  
Ambu Australia  
Care Pharmaceuticals  
Glutagen  
MD Solutions Australasia  
Novo Nordisk Pharmaceuticals  
3-D Matrix Medical Technology Pty Ltd  
Apollo Endosurgery Pty Ltd  
Arrotex Pharmaceuticlas Pty Ltd  
AstraZeneca  
BiomeBank  
CK Surgitech  
Endomed  
Medical Technologies Australia  
Medtronic Australia  
Midmed  
Nestle Health Science  
QML Pathology  
The a2 Milk Company (Australia)  
Whiteley Medical  
Wilhelm Integrated Solutions

## **\$5k and above**

Eisai Australia  
Cellmed  
Rose Anne Amarant Charitable Trust

## **\$1k and above**

AusEE Inc  
Crohn's & Colitis Australia  
Department of Health and Aged Care  
PSC Support Australia Inc



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