In an exclusive interview, Professor James Toouli explains how WGO aims to not only improve the worldwide education of gastroenterology professionals, but also engage the public and decision makers in the major issues concerning digestive disorders.

Can you introduce yourself and your role within the World Gastroenterology Organisation (WGO)? What are your main responsibilities as President?

I am Emeritus Professor of Surgery at Flinders University in Adelaide, Australia; I retired from active clinical practice nearly a year ago and hence the Emeritus title. In the past, I headed the Gastroenterology Surgical department at Flinders Medical Centre and was Professor of Surgery at the University. I am the first surgeon-President of WGO and first Australian to take up the role.

As President, I oversee all of the multiple activities of WGO around the world. A hard-working executive secretary and her staff based in Milwaukee, USA, ably assist me. In addition, a five-person Executive Committee and the Governing Council, which is made up of chairs of the various WGO committees, support me.

When was the Organisation first established and how has it developed over the years?

WGO was formed in 1935 and incorporated in the US in 1958. It was originally known as Organisation Mondiale de Gastroenterologie (OMGE) and renamed in 2006. Our membership consists of 110 gastroenterology societies around the world, which make up almost all gastroenterology societies in existence. Thus, we have the ability to reach over 50,000 gastroenterologists.

Which major health issues does the Organisation seek to address?

Some of the commonest debilitating diseases are those of the digestive system; eg. diarrhoeal illnesses, hepatitis, gastric, colon and liver cancers, and non-alcoholic and alcoholic liver diseases, to name a few. Only a quarter of the world’s population has access to the high standard of healthcare required to address these problems. WGO is focused on improving health worker education in the other three-quarters of the global population and areas where these problems are prevalent. Providing meaningful and appropriate education where it is needed positively impacts our ability to address these major health issues, but also ensures people with such knowledge remain in their countries of origin, thus helping to curtail the brain drain from less-privileged regions of the world.

Could you describe some of the outreach work WGO facilitates in order to improve knowledge, prevention and treatment of digestive healthcare?

Our outreach work is conducted through our various programmes, which include activities undertaken by our Training Centers. In addition, each year since 2001 we have run Train the Trainers Workshops, in which our member societies are invited to nominate two of their known educators to attend. The Workshops are limited to no more than 50 individuals and have a faculty of 10. Focusing on teaching teachers how to teach, they have become increasingly popular, important and successful over the years.

How do the 17 WGO Training Centers across the world provide training that focuses on the particular local needs of the region in which they are situated?

By early 2015, WGO will have 24 Training Centers around the world. These will be geographically spread and shall include South and Central America, Africa, Asia and the Pacific.
Raising awareness and building bridges

Alongside training and education, WGO facilitates important events intended to provide a platform for bringing important gastroenterological issues to the forefront of the public’s consciousness, as well as improving communication among healthcare professionals in the field, as Professor James Touli illuminates.

WORLD DIGESTIVE HEALTH DAY

“WGO’s annual global public health campaign – World Digestive Health Day – is a great success story for the Organisation. The programme was initiated approximately six years ago, and each year we focus on a different gastrointestinal disease in order to highlight it to the population at large and also educate people on the best available means of diagnosis and treatment. This year, over 50 of our member societies celebrated World Digestive Health Day, which concentrated on the role of bacteria and other microbes in the gut, i.e. their beneficial role as well as the role they may play in gastrointestinal diseases.

Gastrointestinal diseases do not generate as much public attention as other areas of medicine such as breast cancer or heart disease. However, by celebrating an awareness day globally, we believe that this can change so that the population at large may become conscious of health issues which impact on their wellbeing.”

GASTRO 2015

“Gastro 2015, taking place in Brisbane from 28 September to 2 October, marks a change for WGO in that we are going into partnership with one of our member societies. Furthermore, these congresses shall now take place every two years; previously we met every four years.

The congress is the only global gastroenterology event and consequently encompasses topics that are relevant to gastroenterologists and healthcare professionals both from developed and developing nations. Hence, the programme reflects healthcare issues that affect all of these nations. In addition, at each world congress new clinical guidelines are discussed and then disseminated to healthcare professionals globally. Advances and changes in education techniques are also highlighted, thus enhancing the WGO’s activities. Finally, with 5,000 attendees expected, it is the best opportunity for gastroenterologists and related healthcare professionals from all over the world to network.”

The Centers are important to the professional development of health workers from the surrounding regions and countries. Trainees attend the Training Centers for variable periods of time ranging from weeks to years in order to attain skills they can take back to their communities. This upskilling of doctors and other healthcare workers impacts the standard of medicine delivered to their communities.

The training delivered at the various Centers is chosen by local directors and their staff, thus making it relevant for their local needs. WGO provides educational guidelines and monitors standards. In addition, the Organisation – assisted by member societies – facilitates the provision of educational material and expert faculty who can assist in the delivery of educational activities.

Does WGO have an assessment procedure in place for its various outreach programmes to ensure consistency regarding the effectiveness of its gastroenterology training?

We have developed an electronic data collecting system which allows us to track the effectiveness of our various initiatives. The reporting system permits communication between trainees and the central administration. An education expert will be engaged to evaluate the data objectively as the database is further populated over the coming years.

What are the most prevalent digestive disorders in the North American region and in other developing nations?

While access to high-quality healthcare is not a major issue in developed nations, access to appropriate healthcare in a timely and cost-effective manner is important. Common gastroenterological conditions in developed nations include irritable bowel syndrome, non-alcoholic fatty liver disease (which is currently at epidemic levels, associated with the global obesity crisis), colon cancer and inflammatory bowel disease.

WGO produces regularly updated clinical guidelines that are evidence based and practical to assist clinicians in the management of these disorders. Furthermore, our biennial world congresses offer a forum for updates on all gastroenterological issues, whether they be relevant to the developed or developing world. Indeed, it is the only congress that achieves such a mix of clinical updates that are relevant to the world at large. We in the developed world can and do learn a lot from our colleagues in the developing world, as their experiences can, and often are, very relevant to First World medicine.

How do WGO’s Global Guidelines help healthcare professionals in their treatment practice decisions for digestive disorders?

The WGO Guidelines are unique. They are structured on a system known as ‘Cascades’, meaning they are written in a manner that provides different options for diagnosis and treatment depending on the resources available. The Guidelines are freely available on the WGO website in six different languages and updated regularly. We know that they are downloaded frequently and, as a consequence, are valued by gastroenterologists from all over the world.
Global Guidelines for global issues

As a global organisation, WGO has a duty to provide guidance in a manner that is applicable to gastroenterologists everywhere. Their Global Guidelines are written with this in mind, seeking to provide a comprehensive reference resource for the most pressing gastroenterological concerns. Each area features a list of the most significant recent literature – including meta-analyses, systemic reviews, practice guidelines and clinical trials – and grades them based on their importance within the field. Here, International Innovation profiles some of the topics covered.

COELIAC DISEASE

This common form of enteropathy results from an adverse reaction to gluten. While the disease is known to arise in genetically predisposed individuals, and results from an autoimmune response, the exact underlying factors are still unclear. The featured research in WGO’s guidelines includes some of the latest efforts to improve disease screening and diagnosis.

HELICOBACTER PYLORI

These bacteria are present in over 50 per cent of the world’s population, and have been linked with an array of conditions from gastritis to gastric cancer. With a recommendation from Dr Barry Marshall, one of the Nobel Prize-winning scientists who first identified this bacterium in 1982, the Organisation’s H. pylori section features the latest insights from around the world, with a special focus on the impact it has in developing countries, where infection is more prevalent.

INFLAMMATORY BOWEL DISEASE

A catch-all term for a group of idiopathic chronic inflammatory intestinal conditions, of which the two most well-known are Crohn’s disease and ulcerative colitis. These diseases have an autoimmune origin, with the body’s own immune system attacking elements of the digestive system. WGO’s guidelines include key developments in every area from personalised approaches for Crohn’s disease to the efficacy of combination therapies for treating ulcerative colitis.

Are there any areas of gastroenterological research that you are particularly excited by at the moment? Would you like to highlight any significant advances in the field?

This is a question I can only answer for areas of the specialty in which I have direct knowledge. However, I am excited by the fact that it is currently possible to eliminate hepatitis B from the world by effective childhood immunisation programmes. I am keen to work with colleagues who can make this happen, and this is also an area of interest for WGO.

In addition, I am excited by the fact that we can treat non-alcoholic fatty liver disease by targeting the problem of obesity. We have effective surgical approaches that can alleviate the obesity epidemic. The world needs to adopt these procedures to treat the existing problem and, in addition, use effective means to prevent obesity in future generations.

Finally, advances in the prevention, early detection and treatment of gastrointestinal cancers are rapidly becoming available. Colon cancer should be a largely preventable disease as we have effective screening programmes. Also, gastric cancer could become preventable as our understanding of the role of Helicobacter pylori in its formation becomes better understood.

What are the biggest challenges currently faced by gastroenterologists, and how is WGO striving to combat these issues?

The biggest challenge worldwide is access to quality healthcare for gastroenterological disorders for three-quarters of the world’s population. Education is the key to addressing this problem, as it will potentially be far more effective in the long run compared to us providing clinical services. WGO is focusing most of its energies in trying to alleviate this problem and, in partnership with our member societies, I believe that we are making inroads.

Generally speaking, there is an extraordinary willingness from colleagues across the entire world to provide their time and expertise. It is actually resources which tend to be the limiting factor. Fortunately, we also have willing partners in the biomedical industry who have expressed interest in what we are trying to achieve. I am hopeful that over the next 12 months our education programmes will expand significantly with their assistance.

www.worldgastroenterology.org