



New Zealand Association of General Surgeons



Annual Report 2014



New Zealand Association of General Surgeons

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Notice of Meeting

Annual General Meeting of the New Zealand Association of General Surgeons to be held on Saturday 14th March 2014 at 1.00pm in the Novotel Rotorua Lakeside Hotel, Lake End/Tutanekai St, Rotorua .

Agenda

1. Apologies
2. Minutes of previous AGM held in Dunedin March 2014
3. Matters Arising from the Minutes
4. Association Reports
 - a. President, P. Mercer
 - b. Executive Director, B. Evans
 - c. Education, R. French
5. Annual Membership Subscription – proposed no change
6. Pharmac Update
7. Bowl Cancer Screening Update
8. Appointment of new auditors - Deloitte
9. General Business
10. Next Meeting, Auckland 2016 (conveners, Mr Andrew Moot and Mr Peter Shapkov)
11. Closure

Annual General Meeting

Saturday, 29 March 2014, 1:00pm

Dunedin Public Art Gallery, The Quadrant, Dunedin

In attendance: (see signing in sheets attached or AGM book– a quorum was met)

Executive: Michael Rodgers (President), Philippa Mercer (Vice-President), Hugh Cooke (Secretary/Treasurer), Rowan French, Gavin Wilton, Grant Coulter, Bronwen Evans (Executive Director), Julian Speight, Arend Merrie, Andrew Moot

1. Apologies:

Robert Robertson, Ian Burton,

2. A motion was made to approve the Minutes from the previous AGM, moved by Sue Gerrard and seconded by Paul Samson.
3. Matters Arising from the Minutes – nothing
4. Association Reports

a. President, M. Rodgers

You can all read my year in review in the Annual Report. The new trainee management system named SOLA has been rolled out with great success. Trainees like the system. All thanks go to Rowan French and Claire Nicoll for the hard work.

SEAM will be replacing the Speciality specific Exam this year. It's an online learning module with a test at the end. There are eight separate modules that must be sat over two years.

Southern Cross talks halted for a period after the abrupt departure of Justin Vaughan. The NZAGS Executive did meet with Health Funds NZ (the insurance association) and will be working with them to look at streamlining the claims process and forms.

John Dunn – It is in the best interests of surgeons to only commit to a one year contract on AP because they won't allow for a CPI adjustment. And it should be the medical CPI. Surgeons are still very unhappy with the AP contract.

Tom Elliott – Easy Claim – it's far too administrative. Southern Cross is pushing the work onto the practice to decrease their administrative costs. Also we have to use EFTPOS. Fees have to be collected at the time.

Ross Roberts – Also the person to person contracts are not flexible enough.

Grant Coulter – Even worse, they are approaching the practice staff not the surgeons. The fees we can charge look fair and reasonable and we have been told they are CPI adjusted.

Hugh Cooke – Prices do seem to be good. AAPP is now readily accepted. Fees should be standard regardless of whom the contracted services are for i.e. Southern Cross or ACC etc

b. Executive Director, B. Evans

My year in review is in the Annual Report. Financially NZAGS is in a very good position. Profit was down this year due to spending on SOLA and the associated depreciation. Moving forward we will need to budget carefully as the trainee numbers will be significantly reduced over the next two years due to the change to the SET programme.

I'd like to thank Michael Rodgers for his huge amount of work regarding the renewal of the Collaboration Agreement with the College and the issues surrounding the NZAGS voice on the Board in General Surgery. It was a challenging two years for him.

We will be reviewing the Annual Scientific Meeting moving forward to ensure we continue to meet the requirements of members. The Executive will form a sub-committee to review the meetings and may look at introducing conference themes such as Trauma, Acutes, etc. Thank you for attending and I'm always happy to receive feedback.

Please note that the College has decided not to invest in earthquake proofing Elliott House. Our offices, co-located with RACS, in Courtenay Place are on a temporary lease until August 2015, so we will be on the move again next year. We intend to try and stay co-located with the College.

I look forward to working with Philippa Mercer, our new President.

c. Education, R. French

His update is documented in the Annual Report. He'd like to thank Elizabeth (Liz) Dennett for all she achieved and the dedication she gave as Chair of the NZ Training Committee. Liz is vice-chair of Board in General Surgery and will be Chair in 2015.

In addition, he thanked Phillip Thwaite who has stepped down as training supervisor in Tauranga and will be replaced by Jeremy Rossak.

Currently there are 65 trainees, 11 SET 1 and 9 on interruption/deferred

Trainee performance is good with 1 trainee on probation. There were 15 attempts at fellowship with a 67% pass rate (that is only 1 or 2 fails as the numbers are small). However, we can't have complacency over our performance versus our Australian counterparts.

There were 11 trainees selected in 2014 with 1 deferral.

SET 1 transition (the changing of the Set programme to 4 years) is largely to solve an Australian issue. However, it will stop junior trainees dropping out as they are not ready. We will be dropping SET 1 and going to a 4 year training programme. Selection will be at a more senior level. In 2017 when the College has the processes in place, a prerequisite will be that they have to have sat the entrance exam.

5. Introduction of new President and Vice President – Philippa Mercer will move from Vice President to President and Andrew Moot will become Vice President with a view to moving to President at the end of Philippa's two year term.

6. Constitution Amendments

Motion 1. Michael asked to amend the motion. After careful consideration by the Executive, it was agreed

- a) Continue with an MTM audit
- b) But also appoint an accounting firm to oversee the financial accounts on a monthly basis. There will be a cost of around \$6,000 pa

Motion was moved by Michael Rodgers and seconded by Julian Speight

The majority in attendance agreed by show of hands vote – motion passed

Motion 2. Was introduced by Michael Rodgers too. In order to pay for this new option of an audit and accounting services, the Treasurer, Hugh Cooke suggested raising membership fees to \$435 + GST pa (\$500.25).

Motion was moved by Michael Rodgers and seconded by Grant Coulter

The majority in attendance agreed by show of hands vote – motioned passed.

7. Pharmac Update

It's important that NZAGS is fully engaged with the Devices framework. Philippa and Arend Merrie will be meeting with Pharmac on 10th of April to begin this engagement. They will report back to member.

8. Bowl Cancer Screening Update

On April 28th Andrew Moot (vice President) will be meeting with Susan Parry and discussing the resourcing of the proposed Bowel Cancer Screening programme. In particular they will be discussing the training of nurses and GP's.

We will be ensuring that before any non-surgical resource is trained, that there is adequate training for all surgeons, and adequate access to colonoscopy and gastrology lists

John Groom – Opening the lists to nurses and GP's is a can of worms. There should be better access to lists for all general surgeons and a greater focus on the efficiencies within the lists done.

Mark Thompson-Fawcett - there is ambiguity over who we train as we train surgeons who might never wish to do this work.

Hugh Cooke – All surgeons must have the opportunity to do this work and to be trained. We will probably need all surgeons in order to cope with the screening programme. It would be more cost effective to train surgeons than it would nurses etc

Andrew will report back and it will be loaded on the members' website and newsletter

9. General Business - nothing

10. Next Meeting, Rotorua 2015 – we look forward to seeing you there!

11. Closure 1.30pm

Financial Statements

New Zealand Association of General Surgeons

30 November 2014

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**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF THE NEW ZEALAND ASSOCIATION OF GENERAL
SURGEONS INCORPORATED**

We have audited the financial statements of The New Zealand Association of General Surgeons Incorporated on page 5 to 13, which comprise the statement of financial position as at 30 November 2014, the statement of financial performance and statement of movements in general funds for the then year ended and a summary of significant accounting policies and other explanatory information.

This report is made solely to the Board. Our audit has been undertaken so that we might state to the Board those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board, for our audit work, for this report, or for the opinions we have formed.

Board's Responsibility for the Financial Statements

The Board are responsible for the preparation and fair presentation of these financial statements in accordance with generally accepted accounting practice in New Zealand and for such internal control as the Board determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing (New Zealand). Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of the significant accounting estimates and the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Other than in our capacity as auditor, we have no relationship with or interests in The New Zealand Association of General Surgeons Incorporated.

Opinion

In our opinion, the financial statements on page 5 to 13 present fairly, in all material respects, the financial position of New Zealand Association of General Surgeons Incorporated as at 30 November 2014 and its financial performance for the year then ended in accordance with generally accepted accounting practice in New Zealand.

MTM Accounting Limited

26 February 2015
MTM Accounting Limited
Chartered Accountants
Wellington

Education Fund

New Zealand Association of General Surgeons Education Fund For the 12 months ended 30 November 2014

	Nov-14	Nov-13
Income		
BIGS Specialty Governance Fee	8,639	-
Hospital Inspection	2,248	25,118
Trainee Funds	270,615	251,530
Trainee Selection Application	33,261	34,565
Total Income	314,762	311,213
Less Expenses		
ACC Levy	372	90
Accountancy Fees	437	-
Amortisation	9,231	-
Audit Fees	3,000	4,000
Bank Charges	35	-
Depreciation	53,168	46,030
Office Supplies	187	1,356
Printing and Stationery	2,512	630
Rent Paid	9,944	6,533
Repairs and Maintenance	169	415
SEAM Exp	6,911	-
Selection Expenses	13,868	13,724
Telephone communication	1,096	5,935
Trainee Membership Fees - Expense	16,530	15,225
Training Day Expenses	14,067	92
Travel and Accommodation	19,669	31,119
Wages and Salaries	128,994	132,748
Website Hosting and Maintenance	11,449	4,685
Total Expenses	291,638	262,583
Other Income		
Interest Received	29,454	27,638
Total Other Income	29,454	27,638
Profit (Loss) sent to Statement of Financial Performance	52,578	76,267

New Zealand Association of General Surgeons NZAGS For the 12 months ended 30 November 2014

	Nov-14	Nov-13
Income		
Annual Conference Proceeds	41,397	10,000
Governance Fee	1,837	23,501
Other Income	487	664
Subscription Income	47,294	41,005
Trainee Membership Fees	16,530	15,225
Total Income	107,546	90,396
Less Expenses		
ACC Levy	205	711
Accountancy Fees	3,025	203
Audit Fees	835	4,040
Bank Charges	518	644
Conference Costs	20,679	22,870
Consultancy Fees	392	953
Credit Card Merchant Fees	948	698
Depreciation	1,428	2,499
Gain / (Loss) on Exchange	880	3,338
Inland Revenue Penalties	-	43
Insurance	468	612
Interest Paid	-	540
IT Expenses	205	422
Office Equip	70	439
PDSB Meeting Attendance Costs	759	-
Postage and Courier	46	669
Rent Paid	4,343	7,429
Repairs and Maintenance	2,170	-
Salaries	46,843	45,265
SEAM Exp	379	-
Secreterial Costs	88	-
Sundry Expenses	57	1,094
Telephone communication	3,863	2,008
Travel and Accommodation	14,697	7,655
Website Hosting and Maintenance	8,084	1,174
Total Expenses	110,983	103,305
Other Income		
Interest Received	10,885	16,693
Total Other Income	10,885	16,693
Profit (Loss) sent to Statement of Financial Performance	7,449	3,783

Statement of Financial Performance

New Zealand Association of General Surgeons For the 12 months ended 30 November 2014

	Nov-14	Nov-13
Income		
Annual Conference Proceeds	41,397	10,000
BiGS Specialty Governance Fee	8,639	-
Governance Fee	1,837	23,501
Hospital Inspection	2,248	25,118
Other Income	487	664
Subscription Income	47,294	41,005
Trainee Funds	270,615	251,530
Trainee Membership Fees	16,530	15,225
Trainee Selection Application	33,261	34,565
Total Income	422,308	401,608
Less Expenses		
ACC Levy	578	802
Accountancy Fees	3,461	203
Amortisation	9,231	-
Audit Fees	3,835	8,040
Bank Charges	553	644
Conference Costs	20,679	22,870
Consultancy Fees	392	953
Credit Card Merchant Fees	948	698
Depreciation	54,595	48,529
Gain / (Loss) on Exchange	880	3,338
Inland Revenue Penalties	-	43
Insurance	468	612
Interest Paid	-	540
IT Expenses	205	422
Office Equip	70	439
Office Supplies	187	1,356
PDSB Meeting Attendance Costs	759	-
Postage and Courier	46	669
Printing and Stationery	2,512	630
Rent Paid	14,287	13,961
Repairs and Maintenance	2,339	415
Salaries	46,843	45,265
SEAM Exp	7,290	-
Secreterial Costs	88	-
Selection Expenses	13,868	13,724
Sundry Expenses	57	1,094
Telephone communication	4,959	7,943
Trainee Membership Fees - Expense	16,530	15,225
Training Day Expenses	14,067	92
Travel and Accommodation	34,365	38,774
Wages and Salaries	128,994	132,748

Statement of Financial Performance

	Nov-14	Nov-13
Website Hosting and Maintenance	19,533	5,859
Total Expenses	402,621	365,888
Other Income		
Interest Received	40,339	44,331
Total Other Income	40,339	44,331
Net Profit (Loss) for the Year	60,026	80,051

Statement of Movements in General Funds

New Zealand Association of General Surgeons As at 30 November 2014



	30 Nov 2014	30 Nov 2013
Equity		
Opening Balance	1,058,116	978,065
Current Year Earnings	60,026	80,051
Total Equity	1,118,142	1,058,116

Statement of Financial Position

New Zealand Association of General Surgeons As at 30 November 2014

	30 Nov 2014	30 Nov 2013
Assets		
Current Assets		
Accounts Receivable	16,147	2,826
Bank Accounts	361,531	115,100
Interest Accrued	9,787	14,409
Prepayments	20,000	17,001
Total Current Assets	407,465	149,336
Non Current Assets		
Fixed Assets as per Schedule	82,661	98,112
Intangibles	10,002	603
Investments	707,288	869,530
Total Non Current Assets	799,951	968,245
Total Assets	1,207,416	1,117,581
Liabilities		
Current Liabilities		
Accounts Payable	47,823	25,593
Credit Cards	4,481	-
GST Payable (Receivable)	(629)	(3,967)
Holiday Pay Accrual	15,726	14,858
Income Received in Advance	21,873	22,981
Total Current Liabilities	89,274	59,465
Total Liabilities	89,274	59,465
Net Assets	1,118,142	1,058,116
Equity		
Accumulated Funds	1,118,142	1,058,116
Total Equity	1,118,142	1,058,116

For and on behalf of the Board

President		Date	26/2/2015
Secretary/Treasurer		Date	26/2/2015

Notes to the Financial Statements

New Zealand Association of General Surgeons For the year ended 30 November 2014

1. Statement of Accounting Policies

NZ Association of General Surgeons (NZAGS) is an association incorporated under the Incorporated Societies Act 1908. NZAGS is also registered with the Charity Commission. (Charity Number CC32206)

The Financial Statements comprise statements of: Financial Performance; Movements in General Funds; Financial Position; Accounting Policies; as well as these notes to the Financial Statements.

The Financial Statements have been prepared in accordance with generally accepted accounting practice in New Zealand. They comply with New Zealand Financial Reporting Standards (FRS) and other applicable financial reporting standards as appropriate for not for profit entities that qualify for and apply differential reporting concessions. The Financial Statements have been prepared on the basis of historical cost.

2. Differential Reporting

In terms of the framework for differential reporting an entity is exempt from certain financial reporting standards if it satisfies the criteria laid down in the framework; such an entity is called a qualifying entity. The Association is an entity qualifying for differential reporting exemptions as it has no public accountability and is not large in terms of the criteria set out in the Differential Reporting Framework. All available differential reporting exemptions allowed under the framework for differential reporting have been adopted.

3. Particular Accounting Policies

The following is a summary of the significant accounting policies adopted by the Association in the preparation of these Financial Statements.

4. Property, Plant and Equipment

Property, plant and equipment are included at cost less aggregate depreciation provided at the maximum rates allowed by the Inland Revenue Department. Property, plant and equipment that are leased under specific lease for the purposes of Income Tax Legislation are capitalised and depreciated. The depreciation rates used are:

Office Equipment 13% DV to 60% DV

Software 50% DV

5. Amortisation of Intangibles

Intangible assets are included at cost less aggregate depreciation provided at the maximum rates allowed by the Inland Revenue Department. The depreciation rates used are:

Website development 48% DV

6. Foreign Currency

Transactions in foreign currency have been converted at the date of the payment or receipt. Year end balances in foreign currency have been converted at the exchange rate ruling at balance date.

7. Goods and Services Tax

These Financial Statements have been prepared exclusive of GST with the exemption of receivables and payables, which include GST. GST payable or receivable at balance date is included in the appropriate category in the Statement of Financial Position.

8. Income Tax

The Association has charitable status under the Income Tax Act 2007 and is therefore exempt from income tax.

Notes to the Financial Statements

9. Subscription Income/Trainee Membership Fees

Subscription Income & trainee membership fees are recorded on an accrual basis.

10. Changes in Accounting Policies

There have been no changes in accounting policies. All policies have been applied on a basis consistent with those used in the previous years.

11. Employee Entitlements

Provision is made in respect of the Association's liability for annual leave which is calculated on an actual entitlement basis at current rates of pay.

12. Accounts Receivable

Accounts receivable are stated at their estimated realisable value.

13. Audit

These Financial Statements have been subject to audit, please refer to the Auditor's Report.

14. Contingent Liabilities

There are no contingent liabilities at the year end (30 November 2013: \$Nil)

15. Capital Commitments

There are no capital commitments at the year end (30 November 2013: \$Nil)

16. Related Parties

There were no related party transactions for the year (30 November 2013: \$Nil)

17. Cash at Bank

	This year	Last Year
ASB Account 00	34,410	12,593
ASB Education 01	19,174	6,878
ASB Fast Saver Account 50	307,947	95,629
	\$361,531	\$115,100

18. Investments

	This Year	Last Year
ASB Bank - Term Deposit 72	-	141,277
ASB Bank - Term Deposit 73	-	214,816
ASB Bank - Term Deposit 76	165,670	158,992
ASB Bank - Term Deposit 77	-	323,934
ASB Bank - Term Deposit 78	510,584	-
JBWere Investment Portfolio	31,034	30,511

Notes to the Financial Statements

\$707,288 \$869,530

19. Fixed Assets

The entity has the following fixed assets recorded:

Office Equipment at cost	5,721.15
At cost	23,966.38
Less Accumulated Depreciation	(18,275.23)
Software at Cost	76,939.86
At cost	172,863.93
Less Accumulated Depreciation	(95,924.07)
Total Fixed Assets	82,661.01

20. Intangible Assets

The entity has the following intangible assets recorded:

Website at Cost	10,001.98
At cost	34,111.00
Less Accumulated Amortisation	(24,109.02)
Total Intangible Assets	10,001.98

NZAGS President's Report 2014

2014 has been a very active/busy year for NZAGS.

After the hard work of Michael Rodgers, General Surgery Australia (GSA), and NZAGS, we now both have responsibilities for the administration for the Board in General Surgery (BIGS). There are still some issues in defining responsibilities of these organisations that are being worked on. Following the BIGS meetings the Project Management Committee (PMC) meets, usually by teleconference. PMC is a smaller group and chaired by the President of GSA or the President of NZAGS. It assesses proposed BIGS projects – financially, and logistically and potential implications that may arise due to differing environments (e.g. legal) between Australia and NZ.

As President I represent NZ General Surgery on the National Board of Surgery (RACS). Through this I've attended several leaders' education meetings in Melbourne. As well, the President of RACS, Michael Grigg, has started biennial meetings of the Presidents' of the surgical societies. This has assisted communication between the Societies and the College since the Societies now have responsibility for surgical training.

Training

Rowan French chairs the NZ Training Committee. The responsibilities and work load of this committee have grown significantly. The NZ committee functions very well and maintains a high standard of training. Consequently, Rowan is on the Board of Surgical Education and Training (BSET). SOLA, the NZ web based programme, allows trainees to complete their log book on line. This is proving to be very successful.

Southern Cross Medical Care Society

Ian Burton, Simon Bann and myself have now had two meetings with SX in Auckland, the latest being in Jan 2015. The meetings have focussed on SX improving their communication with general surgeons, the Easy Pay system and the Affiliated Provider Schemes. The high cost – financial and time - of LA procedures in their rooms is a concern for members. After discussion NZAGS is writing LA procedure room guidelines for our members, the first draft is due soon and will be available for member discussion. The schemes that are due for signing are Skin LA and Skin GA. The GA contract is held by the hospital.

I believe one important success has been the recognition of the add-on procedure. We are asking SX to widen their understanding of what may be an add-on, i.e. skin lesion, vasectomy etc. SX are coming to the Rotorua meeting; will present and be involved in a panel discussion.

Pharmac

NZAGS had a meeting with Pharmac early in 2014. Since then we have received regular notification of proposed projects and when they seemed relevant to GS they have been forwarded to the members for comment.

Mesh

There has been a lot of debate in the media plus a parliamentary enquiry into the safety of surgical mesh. This is ongoing and involves ACC. The principal issue appears to have been the use of transvaginal mesh. Steve Kelly, Christchurch, and the NZAGs Executive have written a position statement that is available to the public on the [NZAGS website](#). It has been well received.

Committees and the Executive

We have been frequently asked to represent General Surgery on many committees. E.g. Bowel Screening, Endoscopy Manpower, Transplant Training Program, CPD.

Thank you to the executive members for taking on these extra responsibilities and other colleagues who have also volunteered for roles. Andrew Moot (Vice President) has been taking on increasing tasks including organising the 2016 NZAGS Scientific Meeting in Auckland.

Meetings

Following the very successful Dunedin Meeting (2014) David Vernon has been preparing for the 2015 Rotorua Meeting. At the time of writing it appears the attendance will be very satisfactory including trainees, surgeons and sponsors. The program looks excellent.

Thank you

Our grateful thanks must go to Gavin Wilton who has been on the executive since 2006 and is retiring. He has always provided very astute and thoughtful contributions to the discussions. Timaru will miss him. We wish you well Gavin.

Thanks to Bronwen, Linda and Claire for running the office – which at times has been challenging and hectic. It functions well especially as NZAGS becomes a larger organisation with many new functions and responsibilities.

Philippa Mercer
President NZAGS (FRACS)

Annual Report of the New Zealand Training Committee in General Surgery

Composition of the NZTC

The training committee comprises the Chair (myself), Deputy Chair (Simon Bann, Wgtn) and representatives from each of the 17 DHBs with accredited training positions. In addition there is a training representative and the Wellington office staff. Managing the education of surgical trainees and all the ups and downs that go with it is an important but time consuming job. My sincere thanks go to the committee members for their contributions, time and support over the past year. Marianne Lill replaces Semisi Aiono as the Whanganui representative, and thanks go to Semisi for his time and contributions to the committee.

Linda Porter is our Training Manager and looks after all day to day operational matters concerning trainees. Her organization, communication skills and empathy for trainees is second to none and she remains a key asset. Claire Nicoll, as the GM- Policy, Projects and Education has continued to be of enormous strategic value to the committee, negotiating the Trans-Tasman tightrope and providing advice. She has also taken over the Board of General Surgery secretariat role as part of the governance agreement with GSA.

Training Post Status

In 2015 New Zealand has 62 SET 2+ training positions and 6 SET 1 positions. These final 6 SET 1 positions will be returned to DHBs at the end of 2015 as we will be selecting directly into SET 2 for 2016. There is the possibility that an additional training position will be added at Waitemata for 2016.

At the end of 2015 the "SET 1 transition" will be complete and the entry point for training will be the current SET 2 year. This means that training is shortened from 5 years to 4 years. Selection criteria have been altered to raise the selection standard for admission to SET training. There are now a number of professional skills and competencies that the surgical aspirant needs to demonstrate competence in formally before being eligible to apply. I do not anticipate that this will be particularly difficult for the average New Zealand Junior Surgical registrar. Selection this year (for 2016 intake) will be the first time this eligibility criteria will come into effect.

The Generic Surgical Sciences Exam (SSE Generic) is now widely available to non-trainees as an on-line exam. At the moment success in this exam is not an eligibility criteria for application to training, but this will eventually be the case, probably by 2018.

Trainee Performance

We continue to select and train an excellent bunch of prospective young surgeons. Trainee performance has been satisfactory overall. One trainee was on probation term 2, 2014 and another on probation term 1, 2015. For 2015 there are 7 trainees on interruption for one reason or another.

There were a total of 14 attempts for fellowship in 2014 with the overall pass rate 86%.

2014 Selections

In 2014 there were a total of 51 applications for entry into General Surgery SET training. A total of 33 candidates were interviewed. 9 SET positions were initially offered, there was one deferral. Therefore 9 SET 1 trainees commenced in 2014 (one trainee coming in off deferral). The calibre of applicants was very high, but the nature of the SET transition process prevented us from appointing any more. Those reapplying this year, of course, have the prospect of potentially being selected straight into SET 2.

SEAM

The SEAM modules continue to be rolled out in a planned manner so that all 8 modules will be available by the middle of 2015. SEAM is a modular on-line learning and examination programme that replaces the Surgery Specific SET 1 exam. So far New Zealand is seeing high pass rates with no particular issues arising. It is hoped that this will greatly reduce the problem of good trainees being dismissed from the scheme for not completing the old Surgery Specific exam in the required time. Claire Nicoll ran a New Zealand workshop last year to develop the Critical Care and Trauma SEAM module which was highly successful.

SOLA

The SOLA trainee management system and logbook continues to be a success and further development rounds have occurred in 2014 and will occur in 2015 to add functionality. The online logbook continues to be well liked by trainees for ease of data entry. The College continues to be enthusiastic about an easy import option to get data from SOLA into the College MALT logbook, although the current process is a little cumbersome.

Additional Board and Training Committee Activities

The NZTC continues to look for ways to improve the quality of training and calibre of General Surgeons emerging from the scheme. At this years March training day a programme of SET 2/3 interviews has been instituted. This was followed by a face to face meeting of the committee to collate the data generated. It is hoped that this will inform us about a number of things including career aspirations, rotation quality, operative experience, personal and workplace problems and rotation preferences. This is an ongoing part of our programme to be proactive in training and quality, rather than simply reacting to problems.

By the time this report is delivered, the Board in General Surgery will have held a Strategy Day in Sydney on 27th February. This one-off event will look broadly at all aspects of Australasian training in General Surgery, including workforce projection, assessment and training techniques and much more. Events such as this will ensure that our training schemes are dynamic and respond to changing environments and population needs.

Vocational Fellowships

I continue to believe that our fellowship positions are not training to our population needs adequately. The majority of our fellowship positions are high level tertiary positions focusing on narrow areas of practice. While some positions such as these are obviously necessary, across Australasia I suspect the numbers of these fellowships outstrip the population requirements for these skills, and almost certainly

outstrip the available positions at major tertiary centres. We are increasingly seeing tertiary fellowship trained surgeons taking jobs in smaller centres, for which their training is probably too specific, and the support services insufficient for them to fully practice in the field they are trained in. This can lead to frustration and disillusionment.

There is an ongoing need for the creation of "vocational fellowships", a term I use for post-fellowship positions that involve a lot of general surgery, but also maybe 2-3 areas of sub-specialisation. As in example in my hospital we have a post fellowship position that involves tertiary endocrine surgery, mid-level bariatric surgery and intestinal failure work (along with lots of general surgery). Such a subset of skills can be taken to any corner of the country and applied to full extent, both in provincial and metropolitan units. With training shortening from 5 years to 4 years we are likely to increasingly see trainees emerging feeling "undercooked" and the demand for positions such as this will increase. If we are going to truly train to our population needs (which may not always marry up with aspirations of surgical trainees) then we have to create more of these "vocational fellowships".

Once again my sincere thanks to Linda and Claire from the office for always providing me with the right information and the right advice.

Rowan French FRACS
Regional Chair
New Zealand Training Committee General Surgery RACS
General/Endocrine/Bariatric Surgeon
Hamilton, New Zealand

Executive Director's Report 2014

The year ended 30 November 2014 was busy year for your Association. Currently our Executive and NZAGS members are on many committees.

- Pharmac Devices Sub-committee
- DHB Prioritisation Tool
- Endoscopy
- BowI Cancer Screening
- BCCA Steering Committee
- ACC Hernia
- Professional Standards Development Board
- Board in General Surgery
- PFET Program in Transplantation Surgery
- National Standards of Care in Inflammatory Bowel Disease

In addition the Executive held meetings with

- Southern Cross
- Pharmac
- ACC
- Health Funds

In the training area, NZAGS GM of Projects, Policy and Education, Claire Nicolls, has taken over the secretariat role for the Board in General Surgery, and in May 2015 our member, Elizabeth Dennett, will become Chair of the Board in General Surgery.

The office will also be on the move again in 2015. RACS has sold Elliott House, and we are currently in temporary accommodation in Courtney Place. The College has yet to sign the lease but have identified the former Clemenger BDO building at the bottom of Kent Terrace. It does require a major fit out so we don't envisage moving until at least December 2015.

Association Activities

a) Financials

Net Surplus from All Funds for the Year Ended 30 November 2014, was \$60,026 down 25% on last year. This is largely due to,

- \$15k of training day expenses
- the large amount of depreciation on SOLA our new trainee management system and NZAGS website
- of \$55k
- \$9k of amortised assets
- \$15k of website expenses
-

Moving forward, I'm projecting a loss for 2015, due to the decrease in revenue this year from the smaller number of trainees. The move to only 4 years of training i.e. Selecting trainees into SET 2, means we will lose about \$70k of revenue while I cost base should stay the same. We will eventually bring trainee numbers back up over the next 4-6 years as we pen more training posts.

General Administration

General income was down this up this year to \$108k, or a 20% increase due to a large profit made on the 2013 Dunedin ASM, and the fact we raised membership fees in 2014.

The income generated by conference is necessary to ensure the Association remains solvent. This demonstrates how important it is for members to support our meetings and in-particular to make the time to visit with our sponsors and exhibitors at our Annual Scientific Meetings.

Expenses were up by 8% to \$111k. Travel costs increased by 50% due to the new structure of the Project Management Committee which ensures any Board in General Surgery projects can be resourced appropriately. There are more staff flying to Australia for these BiGS meetings.

It's likely the move to a new building either this financial year or next will see a significant rent increase as well as incurring moving costs.

Education and Training

Education income was \$315k about the same as 2013. Things to note for 2015

- Trainee Funds will decrease by \$70k
- Selection fees may also decrease

Expenses were also higher at \$292k up \$30k to:

- Depreciation increase due to SOLA system capex expense \$8k
- Trainee Day Expenses of \$15k
- Website expenses of \$7k
- Amortisation of assets of \$9k

Summary of Accounts

Overall there is a surplus and NZAGS has a very healthy balance sheet, with cash reserves of around \$1,158,000.

We do, however, face decreasing income over the next 2-5 years due to the decrease in trainee numbers, plus increased expenditure planned in 2015 on our website, the Training Management System SOLA, and the unknown regarding conference losses. Net gains are unlikely moving forward.

b) Partnering Agreements with RACS

There will be a review of the College Partnering Agreement this year at the two year anniversary. We will keep members informed of the outcome.

c) Training

Claire Nicoll and Linda Porter continued to develop and implement changes and improvements to SOLA (trainee management system including log books). The system will be used by trainees, supervisors, the Education Committee and administration staff, and will cost around \$100,000. The system will mean less administrative data entry and real-time visibility for all users.

Claire has been fully involved in the introduction of SEAM, working on the modules with GSA. SEAM replaces the specialty specific exam and is an online learning module.

As mentioned before Claire has taken on the role as secretariat for the Board in General Surgery.

d) Membership

Membership has decreased due to retirements and surgeons heading overseas to 130 paid up members and 55 trainees, however, a large proportion of previous members did not pay their subscriptions within the 2014 financial year. I will embarking a on drive to increase our membership this year. It's vitally important that we have a robust membership, not only financially but due to the request for feedback and consultation within the health delivery arena. We need to ensure wild representation.

The new www.nzags.co.nz website now has a field which tells you if your membership fees are up to date once you have logged in. Annual subs are sent out in April each year, after the fee has been ratified at the AGM. The membership year runs from 1 April to 31 March. You can pay your subs online and because of this we have removed the 4% credit card processing fee.

There are still around 20% of General Surgeons who are not members of NZAGS. Most of these seem to be members of sub-specialty groups. NZAGS is the Specialty organization that advocates for ALL members as well as administering the training of all general surgeons. For instance, during 2014, the Executive worked diligently with:

- MoH on Bowl Cancer Screening implications
- Health Fund NZ
- Pharmac – Devices Project
- Southern Cross changes to APP
- Health Benefits NZ – Elective Surgery Prioritisation

We are involved with several Health Benefits projects, including Elective Surgery Prioritisation and Cancer Screening. We are working with Pharmac on establishing an appropriate consultation and feedback model for any and all future Pharmac changes in terms of collective buying. In addition, we have been involved in discussions with HDC regarding process and payments for expert opinions.

I'd like to remind ALL general surgeons that they should be supporting the Specialty by becoming a member, regardless of whether they are also a member of their sub-specialty. Under the terms of the Surgical Collective Agreement, members can claim for both society membership subscriptions.

If we are to have a strong general surgical platform in which to engage with the rest of the health industry, we need a strong membership base. I urge you all to talk to general surgical colleagues and encourage them to join.

e) Strategic Plan and Policy

The Executive will be reviewing our 3 year Strategic Plan in 2015. A copy of this can be found on the members' area of the website.

We have also developed an extensive database of new policy documents which, once they have been approved by the Executive, will also be available on the members' area of the website.

f) Private Practice

Mr. Ian Burton is the Executive member who is our private practice liaison with Southern Cross and other insurers

Currently, Ian is writing the Practice Room Standards Guide for NZAGS. The NZAGS Executive Sub-committee for Southern Cross convinced SX not to enforce a practice room audit for General Surgeons before they could have a contract for Skin Lesions.

If Southern Cross accept our document it will mean no expensive audits for our members.

You can contact Ian at idbur@hotmail.com or 027 371 7744.

g) Other

Please ensure you keep me updated with changes in your email and physical addresses. Email is used for all communications with members, and delivers relevant news and events. It takes two seconds to drop me an email, or make a change to your profile within the NZAGS website <http://www.nzags.co.nz/profile/>, and it will ensure you don't miss out on important announcements.

I also would like to thank the Executive Committee, Training Committee, and all of you who give very generously of your time to our organization. I don't know where NZAGS would be without you.

I wish you all the best in 2015. On behalf of Claire, Linda and I, thank you.

Bronwen Evans
Executive Director

Directory NZAGA Executive Committee, 2009

President	Philippa Mercer
Vice-President	Andrew Moot
Immediate Past President	Michael Rodgers
Treasurer	Hugh Cooke
Continuing Professional Development	Steven Vallance
Committee Members	Simon Bann
	Grant Coulter
	Julian Speight
	Jane Strang
	Gavin Wilton
Chair, Education and Training	Rowan French
Meeting Co-ordinator Rotorua	David Vernon
Advanced Training Representative	James McKay
Private Practice Representative	Ian Burton
Executive Director/Secretary	Bronwen Evans

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97-99 Courtenay Place
Wellington 6242
(04) 384 3355

Future NZAGS Meetings

Auckland	2016
Palmerston North	2017
Whangarei	2018
Auckland TBC co-joint conference	2019
Wellington	2020
Tauranga	2021
Hastings	2022
Christchurch	2023
New Plymouth	2024
Nelson	2025
Hamilton	2026
Dunedin	2027

NZAGS Paid Up Members as at 30 November 2014

First Name	Last Name	First Name	Last Name
David	Adams	Bernd	Grunewald
Semisi	Aiono	Hisham	Hammodat
Imad	Aljanabi	Neil	Harding-Roberts
Philip	Allen	Simon	Harper
Pat	Alley	Nigel	Henderson
Andrew	Audeau	Andrew	Herd
Simon	Bann	Andrew G	Hill
Adam	Bartlett	Li	Hsee
Grant	Beban	Steven	Hudson
Magdalena	Biggar	Michael	Hulme-Moir
Vanessa	Blair	Michael	Hunter
Michael	Booth	David	Innes
Andrew	Bowker	Robin	Irwin
Terry	Burcher	Lincoln	Israel
Ian	Burton	John	Jarvis
Ian	Campbell	Wayne	Jones
Peter	Chin	Eva	Juhasz
Michael (Jen Jie)	Chu	John	Keating
Rick	Cirolli	Steven	Kelly
Ian	Civil	Douglas	Knight
Matthew	Clark	Jonathan	Koea
Thomas	Clements	Stephen	Kyle
Hugh	Cooke	Richard	Kyngdon
Gary	Cooper	Marianne	Lill
Grant	Coulter	Robert	Loan
Issac	Cranshaw	John	MacDonald
Henry (Alf)	Deacon	Kenneth	Menzies
Elizabeth	Dennett	Philippa	Mercer
Atul	Dhabuwala	Arend	Merrie
Birgit	Dijkstra	Graeme	Millar
Carl	Dowle	Charles	Mixter
John	Dunn	Andrew	Moot
Stephen	Dunn	David	Morris
John	Eastwood	Hesham	Morsey
Timothy	Eglington	David	Moss
Nicholas	Fischer	George	Ngaei
John	Fleischl	Paystation	NZ
Richard	Flint	Stephen	Packer
Rowan	French	Ross	Pettigrew
Robert	Fris	Murray	Pfeifer
Katherine	Gale	Tony	Phang
Susan	Gerred	Garth	Poole
Bill	Gilkison	Mohammad	Rafique
Phillip	Godfrey	Elizabeth	Ritchie
Malcolm	Gordon	Ross	Roberts
Chris	Gray	Robert	Robertson
David	Griffith	Michael	Rodgers

First Name	Last Name
Jeremy	Rossaak
Mark	Sanders
David	Schroeder
Belinda	Scott
Susan	Seifried
Sean (Ho Beom)	Seo
Michael	Sexton
Usha	Shan
James	Shaw
Alan	Shirley
Paul	Silvester
John	Simpson
Graeme	Skeggs
Trevor	Smith
Christoffel (Gerrie)	Snyman
Julian	Speight
Ian	Stewart
Peter	Stiven
Jane	Strang
William	Sugrue
Mark	Thompson-Fawcett
Ian	Thomson
Josephine	Todd
Etienne	Truter
James	Tyler
Stephanie	Ulmer
Stephen	Vallance
David	Vernon
Christopher	Wakeman
Denis	Whittle
Colin	Wilson
Gavin	Wilton
John	Windsor
Linus	Wu
Mike	Young
Alastair	Yule

NZAGS Membership Trainees 2014

First Name	Last Name
Sarah	Abbott
Damien	Ah Yen
Fadhel	Alherz
Mohammad	Amer
William	Anderson
Ahmed	Barazanchi
Jon	Barnard
Angela	Bayly
Savitha	Bhagvan
Ian	Bloomfield
Charlotte	Brace
Katherine	Broughton
Lisa	Brown
Amir	Butt
Wai Keat	Chang
Janice	Chen
Benjamin	Cribb
Neil	Curran
Alex	Dalzell
Nicola	Davis
Ratu Ilaitia	Delasau
Alistair	Escott
Alice	Febery
Jesse	Fischer
Rachael	Flanagan
Jonathan	Foo
Jamish	Gandhi
Tamara	Glyn
Nicola	Hodges
Andrew	Ing
Bevan	Jenkins
Maiko	Kano
Celia	Keane
Mark Anthony	Kelly
Yee Chan	Lau
Melanie	Lauti
Jennifer	Liang
Sean	Liddle
Ian	Lord
Neil	Lowrie
Benedict	Mackay
Daniel	Mafi
Jacques	Marnewick
James	McKay
Garth	McLeod
Thomas	Morgan
Toni	O'Regan

First Name	Last Name
William	Perry
Luke (Kian Liun)	Phang
Sandhya	Pillai
Jevon	Puckett
Kheman	Rajkomar
Rukshan	Ravindra Ranjan
Amit	Reddy
Sumeet	Reddy
Sarah	Rennie
Janet	Rhodes
Simon	Richards
Jason	Robertson
Magda	Sakowska
Avinash	Sharma
Rebecca	Shine
Primal	Singh
Nicholas	Smith
Sanket	Srinivasa
Mark	Stewart
Roberto	Sthory
Nainoor	Thakore
Rebecca	Thomas
James	Tietjens
Isileli	Tonga
Sid	Trivedi
Greg	Turner
Ryash	Vather
Hayley	Waller
Melissa	Welch
Fraser	Welsh
David	Westwood
Benjamin	Wheeler
James	Wilkins
Alec	Winder
Jason	Wong
Deborah	Wright