

# NZAGS 2016 ANNUAL REPORT 2015

GENERAL

SURGERY

# New Zealand Association of General Surgeons

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## Notice of Annual General Meeting

Annual General Meeting of the New Zealand Association of General Surgeons is to be held on **Saturday 12<sup>th</sup> March 2016 at 1.00pm** at the Spencer on Bryon, Northshore, Auckland.

### Agenda

1. Apologies
2. Minutes of previous AGM held in Rotorua 14th March 2015
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 ratification
6. Surgical Mesh Update
7. Ratification of new Executive Members
8. Re-appointment of auditors - Deloitte
9. General Business
10. Next Meeting, Palmerston North 2017 (conveners, Mr Mike Young and Mr Pravin Kumar)
11. Closure

## **Annual General Meeting**

**Novotel Rotorua Lakeside Hotel, Lake End/Tutanekai St, Rotorua**

**Saturday 14 March 2015, 1:00pm**

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

Executive: Philippa Mercer (President), Andrew Moot (Vice-President), Hugh Cooke (Treasurer), Rowan French (Training Chair), Gavin Wilton, Bronwen Evans (Executive Director), Julian Speight, Michael Rodgers (Past-President)

### **1. Apologies:**

Grant Coulter

**2.** A motion was made to approve the Minutes from the previous AGM, moved by Michael Rodgers and seconded by Andrew Moot.

**3.** Matters Arising from the Minutes – nothing

**4.** Association Reports

a. President, P. Mercer

You can all read my year in review in the Annual Report.

I'd like to thank my predecessor Michael Rodgers for all his work on signing the new College Partnering Agreement. After the hard work of Michael, General Surgery Australia (GSA), and NZAGS, we now both have responsibilities for the administration for the Board in General Surgery (BIGS). 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.

b. Executive Director, B. Evans

You may read my report in full in the Annual Report. It was a busy year for NZAGs with the Executive and other NZAGS members representing NZAGS on over 30 various committees across the College, MoH and private insurers.

The organisation is in a very sound financial position with equity reserves of \$1.1 million. We do not envisage any unusual expenditure over the next twelve months.

NZAGS is looking at revamping the organisation's logo so that it is more conducive to be used in different mediums. We hope to have some designs for you to review later in 2016.

c. Education, R. French

His update is documented in the Annual Report.

I'd like to thank Simon Bann for agreeing to take the role of Vice Training Chair and Simon will take over the role of Training Chair in June 2016.

Thanks go to Linda Porter and Claire Nicoll for their support and work looking after trainees. In particular Claire has taken on the Secretariat role for BiGS.

Currently there are 62 training posts, with the last 6 SET 1 trainees to finish at the end of 2015. Trainees will start at SET 2 from 2016, so we are selecting more senior trainees into those old SET 1 jobs.

We had an 86% pass rate in the Dec 2014 exam with the last Part 2 trainees (14-15) sitting the exam in May 2015.

The introduction of SOLA (our trainee Management system) has been very well received, with our log book flexibility an advantage over the college MALT system.

Late 2014 saw us hold the first, second trainee committee face to face meeting where we interviewed all SET 2 trainees, looking at log books, stress, anything else they need. We want to be more proactive with trainees.

An area of concern is vocational fellowships. A number of trainees don't know what is needed for regional hospitals. NZAGS is concerned at the specialisation of trainees. We are training to surgeon's aspirations rather than to regional provincial needs.

Michael Rodgers: There needs to be scope to accommodate both trainees' aspirations and provincial hospital needs. NZAGS must work to identify provincial hospital requirement 1 -2 years in advance.

5. Annual Membership Subscription – the remit of no change was amended to be a proposed 2% change by the NZAGS Executive. A 2% increase for Members Subscription for year 1 April 2015- 31 March 2016 year was accepted by a majority show of hands.

**6. PHARMAC Update** – the latest information regarding procurement from PHARMAC is listed on the NZAGS website in the Members area. NZNB is also reviewing the documents distributed by PHARMAC.

**7. Bowl Cancer Screening Update**

The pilot is well underway. Ministry projections of requirements is being conducted by Susan Parry. The clinical test was too low to be any relevance.

Accreditation will take place for all units regarding colonoscopy training. Richard Perry is looking into the governance. David Theobald is speaking at this conference later today.

John Dunn: MoH talked with private. NZAGs needs to encourage trainees in colonoscopy to meet numbers. Australia is still not keen on nurses being trained.

Andrew Moot: Need to get more access to endoscopy lists. Log book numbers are dropping.

Hugh Cooke: It's a resource issue MoH needs to understand it's cheaper to train general surgeons than nurses.

Action: Rowan French to draft a letter to major metro areas to ensure Gastro give general surgeons access to endoscopy lists. We need to be proactive to keep the numbers up. Use symptomatic lists for trainees, not lists.

**8. Appointment of new auditors – Deloitte**

The motion was passed by a majority show of hands.

**9. General Business**

Ian Campbell: Peter Lowry in Auckland is negotiating the private surgeons ACC contracts. He is now engaged by Plastics to do their Southern Cross contracts. We need to be proactive and do likewise. Southern Cross is negotiating with the hospitals and then we are told what the hospital has negotiated.

Michael Rodgers: Any surgeon can negotiate directly with Southern Cross.

**10. Next Meeting, North Shore, Auckland in 2016** – where the head line speaker will be Sue Clarke from the UK. We look forward to seeing you there! Palmerston North – a heads up for 2017.

**11. Closure 1.20pm**

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# Financial Statements

New Zealand Association of General Surgeons

30 November 2015

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# New Zealand Association of General Surgeons

## Education Fund

For the year ended 30 November 2015

	Notes	2015	2014
		\$	\$
<b>Income</b>			
BiGS Specialty Governance Fee		35,280	8,639
Hospital Inspection		-	2,248
Seam Income		8,500	-
Trainee Funds		261,895	270,615
Trainee Selection Application		24,782	33,261
Training Day Income		2,388	
<b>Total Income</b>		<b>332,845</b>	<b>314,763</b>
<b>Less Expenses</b>			
ACC Levy		404	372
Accountancy Fees		1,652	437
Amortisation		49,549	60,529
Audit Fees		3,110	3,000
Bank Charges		97	35
BiGS Flights		6,129	-
BiGS Taxi		408	-
Conference Costs		80	-
Depreciation		2,685	1,870
Inland Revenue Penalties		271	-
Interest Paid		19	-
IT Expenses		6,570	-
Office Equipment and Furniture		1,646	187
Postage and Courier		37	-
Printing and Stationery		1,287	2,512
Rent Paid		8,841	9,944
Repairs and Maintenance		6,327	169
SEAM Exp		306	6,911
Selection Expenses		15,211	13,868
Staff Training		190	-
Sundry Expenses		352	-
Telephone Communication		3,303	1,096
Trainee Membership Fees - Expense		18,879	16,530
Training Day Expenses		5,984	14,067
Travel and Accommodation		40,376	19,669
Wages and Salaries		123,648	128,994
Website Hosting and Maintenance		2,955	11,449
<b>Total Expenses</b>		<b>300,316</b>	<b>291,639</b>
<b>Other Income</b>			
Interest Received		30,139	29,454
<b>Total Other Income</b>		<b>30,139</b>	<b>29,454</b>
<b>Net Surplus for the year</b>		<b>62,668</b>	<b>52,578</b>

# New Zealand Association of General Surgeons

NZAGS

For the year ended 30 November 2015

	Notes	2015	2014
		\$	\$
<b>Income</b>			
Annual Conference Proceeds		94,901	41,397
Governance Fee		-	1,837
Membership Subscription Income		58,347	47,294
Other Income		-	487
Trainee Membership Fees		18,879	16,530
<b>Total Income</b>		<b>172,127</b>	<b>107,545</b>
<b>Less Expenses</b>			
(Gain) / Loss on Exchange		(424)	880
ACC Levy		199	205
Accountancy Fees		2,144	3,025
Audit Fees		3,110	835
Bank Charges		567	518
Conference Costs		61,557	20,679
Consultancy Fees		-	392
Credit Card Merchant Fees		3,263	948
Depreciation		-	1,428
Insurance		471	468
IT Expenses		182	205
Legal Fees		1,461	-
Office Equip		-	70
Office Supplies		213	-
PDSB Meeting Attendance Costs		-	759
Postage and Courier		-	46
Printing and Stationery		422	-
Rent Paid		5,108	4,343
Repairs and Maintenance		68	2,170
SEAM Exp		-	379
Secretarial Costs		136	88
Staff Training		500	-
Sundry Expenses		300	57
Telephone Communication		2,898	3,863
Travel and Accommodation		6,940	14,697
Wages and Salaries		43,115	46,843
Website Hosting and Maintenance		642	8,084
<b>Total Expenses</b>		<b>132,872</b>	<b>110,982</b>
<b>Other Income</b>			
Interest Received		5,570	10,885
<b>Total Other Income</b>		<b>5,570</b>	<b>10,885</b>
<b>Net Surplus for the year</b>		<b>44,825</b>	<b>7,448</b>

# Statement of Financial Performance

New Zealand Association of General Surgeons

For the year ended 30 November 2015

	Notes	2015	2014
		\$	\$
<b>Income</b>			
Annual Conference Proceeds		94,901	41,397
BiGS Specialty Governance Fee		35,280	8,639
Governance Fee		-	1,837
Hospital Inspection		-	2,248
Membership Subscription Income		58,347	47,294
Other Income		-	487
SEAM Income		8,500	-
Trainee Funds		261,895	270,615
Trainee Membership Fees		18,879	16,530
Trainee Selection Application		24,782	33,261
Training Day Income		2,388	-
<b>Total Income</b>		<b>504,972</b>	<b>422,308</b>
<b>Less Expenses</b>			
(Gain) / Loss on Exchange		(424)	880
ACC Levy		604	578
Accountancy Fees		3,796	3,461
Amortisation		49,549	60,529
Audit Fees		6,220	3,835
Bank Charges		665	553
BiGS Flights		6,129	-
BiGS Taxi		408	-
Conference Costs		61,637	20,679
Consultancy Fees		-	392
Credit Card Merchant Fees		3,263	948
Depreciation		2,685	3,297
Inland Revenue Penalties		271	-
Insurance		471	468
Interest Paid		19	-
IT Expenses		6,752	205
Legal Fees		1,461	-
Office Equip		-	70
Office Equipment and Furniture		1,646	-
Office Supplies		213	187
PDSB Meeting Attendance Costs		-	759
Postage and Courier		37	46
Printing and Stationery		1,709	2,512
Rent Paid		13,949	14,286
Repairs and Maintenance		6,395	2,339
SEAM Exp		306	7,290
Secretarial Costs		136	88
Selection Expenses		15,211	13,868

Staff Training	690	-
Sundry Expenses	652	57
Telephone Communication	6,201	4,959
Trainee Membership Fees - Expense	18,879	16,530
Training Day Expenses	5,984	14,067
Travel and Accomodation	47,316	34,365
Wages and Salaries	166,763	175,837
Website Hosting and Maintenance	3,596	19,533
<b>Total Expenses</b>	<b>433,189</b>	<b>402,618</b>

#### **Other Income**

Interest Received	35,709	40,339
<b>Total Other Income</b>	<b>35,709</b>	<b>40,339</b>

<b>Net Surplus for the year</b>	<b>107,492</b>	<b>60,029</b>
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# Statement of Movements in General Funds

New Zealand Association of General Surgeons

As at 30 November 2015

	2015	2014
	\$	\$
<b>Equity</b>		
Opening Balance	1,118,145	1,058,116
Current Year Surplus	107,492	60,029
<b>Total Equity</b>	<b>1,225,637</b>	<b>1,118,145</b>

# Statement of Financial Position

New Zealand Association of General Surgeons


As at 30 November 2015

	Notes	30/11/2015	30/11/2014
		\$	\$
<b>Assets</b>			
<b>Current Assets</b>			
Accounts Receivable		12,133	16,147
Cash at Bank	17	928,163	361,532
GST Receivable		5,974	629
Interest Accrued		6,701	9,787
Prepayments		40,085	20,000
Term Deposits	18	172,297	676,254
<b>Total Current Assets</b>		<b>1,165,353</b>	<b>1,084,349</b>
<b>Non-Current Assets</b>			
Fixed Assets as per Schedule	19	10,537	5,721
Intangibles	20	57,966	86,942
Investment Portfolio	18	33,204	31,034
<b>Total Non-Current Assets</b>		<b>101,707</b>	<b>123,697</b>
<b>Total Assets</b>		<b>1,267,060</b>	<b>1,208,046</b>
<b>Liabilities</b>			
<b>Current Liabilities</b>			
Accounts Payable		11,842	47,823
Credit Cards		154	4,480
Holiday Pay Accrual		8,980	15,725
Income Received in Advance		20,447	21,873
<b>Total Current Liabilities</b>		<b>41,423</b>	<b>89,901</b>
<b>Total Liabilities</b>		<b>41,423</b>	<b>89,901</b>
<b>Net Assets</b>		<b>1,225,637</b>	<b>1,118,145</b>
<b>Equity</b>			
<b>Accumulated Funds</b>		<b>1,225,637</b>	<b>1,118,145</b>
<b>Total Equity</b>		<b>1,225,637</b>	<b>1,118,145</b>

For and on behalf of the Board

President 

Date 25/2/2016

Secretary/Treasurer 

Date 25/2/2016

# Notes to the Financial Statements

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## New Zealand Association of General Surgeons For the year ended 30 November 2015

### 1. Statement of Accounting Policies

New Zealand 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). New Zealand Association of General Surgeons (NZAGS) is the administrator of training programs set by the The Royal Australasian College of Surgeons (RACS) in New Zealand.

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. The Financial Statements have been prepared in accordance with taxation principles contained in the Income Tax Act 2007 and disclosure requirements contained in the Tax Administration (Financial Statements) Order 2014. Other applicable financial reporting standards has been used 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

### 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

Software 50% 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.

# Notes to the Financial Statements

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## 8. Income Tax

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

## 9. Subscription Income/Trainee Membership Fees

Subscription Income & trainee membership fees are recorded on an cash 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 2014: \$Nil)

## 15. Capital Commitments

There are no capital commitments at the year end (30 November 2014: \$Nil)

## 16. Related Parties

New Zealand Association of General Surgeons (NZAGS) is the administrator of training programs set by the The Royal Australasian College of Surgeons (RACS).

NZAGS received yearly training fees and was refunded Board in General Surgery costs from RACS totaling \$346,167.71.

NZAGS paid rent and utility costs to RACS totaling \$16,284.78.

## 17. Cash at Bank

	This year	Last Year
ASB Account 00	34,897	34,410
ASB Education 01	32,313	19,174
ASB Fast Saver Account 50	860,953	307,948
	<b>\$928,163</b>	<b>\$361,532</b>



# Notes to the Financial Statements

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## 18. Investments

	This Year	Last Year
ASB Bank - Term Deposit 76 (Matures on 22nd January 2016)	172,297	165,670
ASB Bank - Term Deposit 78	-	510,584
JBWere Investment Portfolio	33,204	31,034
	<b>\$205,501</b>	<b>\$707,288</b>

## 19. Fixed Assets

The entity has the following fixed assets recorded:

<b>Office Equipment</b>	<b>\$10,537</b>
At cost	31,497
Less Accumulated Depreciation	(20,960)
<b>Total Fixed Assets</b>	<b>\$10,537</b>

## 20. Intangible Assets

The entity has the following intangible assets recorded:

<b>Website</b>	<b>\$5,200</b>
At cost	34,109
Less Accumulated Amortisation	(28,909)
<b>Software</b>	<b>\$52,766</b>
At cost	193,440
Less Accumulated Amortisation	(140,674)
<b>Total Intangible Assets</b>	<b>\$57,966</b>

## 21. Subsequent Events

No events occurred subsequent to the reporting date that would have had a material effect on the financial statements (30 November 2014: \$Nil).

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

**Report on the Financial Statements**

We have audited the accompanying financial statements of the New Zealand Association of General Surgeons on pages 4 to 10, which comprise the statement of financial position as at 30 November 2015, and statement of financial performance and statement of movements in general funds for the year then ended, and a summary of significant accounting policies and other explanatory information.

This report is made solely to the Members. Our audit has been undertaken so that we might state to the Members 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 Members, as a body, for our audit work, for this report, or for the opinions we have formed.

**Executive Committee's Responsibility for the Financial Statements**

The Executive Committee is 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 Executive Committee determine 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 and 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 the 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 entity's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates, as well as 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 and the compilation of the entity's financial statements, we have no relationship with or interests in New Zealand Association of General Surgeons. These services have not impaired our independence as auditor of the Entity.

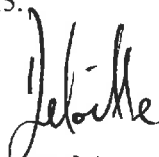
**Opinion**

In our opinion, the financial statements on pages 4 to 10 present fairly, in all material respects, the financial position of the New Zealand Association of General Surgeons as at 30 November 2015, and its financial performance and cash flows for the year then ended in accordance with generally accepted accounting practice in New Zealand.

**Other Matters**

We were appointed auditors of the New Zealand Association of General Surgeons during the year ended 30 November 2015.

The financial statements of the New Zealand Association of General Surgeons for the year ended 30 November 2014 were audited by another auditor who expressed an unmodified opinion on those statements on 26 February 2015.



**Chartered Accountants**  
25 February 2016  
Wellington, New Zealand

# NZAGS Presidents Report 2015

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The Executive has been:

- Philippa Mercer, President
- Andrew Moot, Vice President, Co Convenor 2016 NZAGS ASM
- Julian Speight, Incoming Vice President
- Hugh Cook, Treasurer (retiring from this position March 2016)
- Peter Shapkov, Co Convenor 2016 NZAGS ASM
- Gowan Creamer
- Graeme Roadley
- Ian Burton
- Rowan French, Chair of NZ Training Committee
- Michael Rodgers, Immediate Past President
- Simon Bann, Incoming Chair of NZ Training Committee
- Robert Sthory, Trainee Representative
- David Vernon, Convenor NZAGS 2014 ASM
- Grant Coulter
- Jane Strang, (resigned late 2015)

Staff at NZAGS office

- Bronwen Evans, Executive Director
- Claire Nicoll, General Manager, Policy, Projects and Education
- Linda Porter, Training Manager

2015 has again been a busy and successful year for the New Zealand Association of General Surgeons (NZAGS).

The NZAGS office moved to new premises in December 2015. NZAGS is sub leasing from the Royal Australasian College of Surgeons (RACS) as is the NZ Association of Plastic Surgeons. The new offices are brighter, better, and have several meeting rooms. The new premises are an excellent location for our executive meetings and functions.

The address is:

Level 3, 8 Kent Terrace, Wellington. Visitors are very welcome.

NZAGS along with the NZ Training Committee is responsible for General Surgery training, trainee selection, and trainee days. Surgical Education Assessment Modules (SEAM) and assessment have been introduced. New Zealand has an excellent pass rate for the RACS Fellowship examinations. Thanks to Rowan French and all the Supervisors for their hard work and all the work of the General Surgeons involved in training our trainees.

NZAGS and General Surgery Australia (GSA) work closely with the Board in General Surgery (BIGS). NZAGS is administering BIGS until 2017 then GSA will take on this role. A closer relationship between GSA and NZAGS has developed with representation at each of our respective meetings by the NZAGS

and GSA presidents. I have represented NZAGS at the GSA 2014 Perth meeting and the 2015 Cairns meeting. The content and speakers were excellent and recommend that this close association with GSA continues.

RACS sends many reports / discussion documents to the Surgical Societies in NZ and Australia for comment. These papers are reviewed by the executive and a response formulated. This has significantly increased our communication with both the New Zealand RACS office and Melbourne. Several of our executive represent NZAGS/ General Surgery on various RACS committees. This work load is significant and likely to increase further.

The press release and survey by the RACS Expert Advisory Group (EAG) on Discrimination, Bullying, and Sexual Harassment has been an extremely important event during 2015. The survey showed no difference between reported rates of discrimination, bullying and sexual harassment between New Zealand and Australia. Such events are occurring at a disturbingly high level. We have surveyed New Zealand District Health Boards (DHB's) with a pleasingly high response rate. Most DHB's are aware of these issues and have protocols and codes of conduct regarding this type of behaviour in place. A few described problems in their DHB in this area and where they have had problems in the past. Some DHB's described the process that they had developed to improve reporting and prevention of this type of behaviour. NZAGS regards this behaviour as unacceptable and unprofessional. Systems for reporting such issues can be at a local DHB level, via the RACS Helpline and/or directly to NZAGS. RACS is redrafting their Code of Conduct.

Other areas NZAGS has been involved with in 2015 are:

**1. Endoscopy,** Bowel Cancer screening and the manpower required, governance and training for Endoscopy. There have been many meetings between the stake holders and the government; plus emails and papers on the topic. Andrew, Rowan, David and other general surgeons have all been involved. Unfortunately this issue is ongoing.

**2. General Surgery Manpower.** Claire Nicoll has reviewed the issue of when and how many of our trainees return to New Zealand after a period working overseas.

"This involved longitudinal tracking of the training and employment outcomes for General Surgeons back as far as 2004. Encouragingly the figures have shown that the majority of New Zealand trained General Surgery Fellows do return to New Zealand, often after a sustained period overseas post fellowship. It is hoped that this model, along with surveys and further analysis will enable NZAGS to be confident of the number of candidates to select into our training programme. The numbers need to meet the anticipated demands of an ageing population and increased requirements for colonoscopy once the National Bowel Cancer Screening Programme is gearing up"

This survey was possible because of the excellent Surgical Online Logbook and Assessments (SOLA) trainee logbook and management system NZAGS has developed. SOLA has been useful supporting the training committee when discussing matters such as selection criteria with BIGS.

**3. Southern Cross Medical Care Society (SX).** The Minor Skin under LA in Rooms Guidelines have finally been signed off with SX. This was after long negotiation with SX. It has been developed for NZAGS members only. Maintaining the standards and guidelines is the responsibility of the surgeon and their practice.

**4. Hernias and Mesh.** ACC accepting hernias for treatment remains an ongoing problem even when the patient provides a very good history of an accident or trauma prior to the presentation of the

hernia. NZAGS representatives, along with RACS and other surgical society representatives are meeting with ACC late February 2016 and the results of that meeting will be presented to the AGM.

**5. NZAGS Planning Day.** The NZAGS executive met in early December and discussed future directions for NZAGS. Topics covered included membership, NZAGS branding with a new logo, a website upgrade, endoscopy, the “healthy surgeon” and “Choosing Wisely NZ”. These are all matters we wish to promote.

After significant discussion the executive voted to keep the name “New Zealand Association of General Surgeons” rather than change the association name. The current logo has little meaning and along with typeset of the “NZAGS” it displays poorly. This is under redevelopment.

NZAGS is considering ways we can assist our members to remain healthy, e.g. remind them to have hearing and sight checks. A surgeon who continues to work beyond retirement age or not at full capacity is at risk of causing harm to the patient and to their reputation unless they are fully fit or modify their practice.

In 2015, as NZAGS president, I attended the April Association of Surgeons of Great Britain and Ireland meeting in Manchester U.K. Along with the GSA president I attended the black tie Council dinner in the beautiful Manchester Town Hall, and the next day was introduced to HRH Princess Anne along with other dignitaries. After a quick trip to New York to see friends I flew to Perth WA. In Perth I was able to attend a meeting with David Watters, President RACS, along with the presidents of the other surgical societies. This and other meetings and dinners have provided excellent opportunities to discuss topics of interest to all surgeons. The following day I attended the Convocation Ceremony.

In June, as part of my BIGS role, I joined the Quinquennial Inspection team inspecting training hospitals in Victoria. Simon Bann, Rowan French and Usha Shan also represented NZ. Teams travelled all over Victoria and Tasmania and then met on the 4<sup>th</sup> day. An exhausting time, but we witnessed examples of very good training as well as concerning situations particularly in respect to bullying, and the lack of log book numbers. There appears to be a significant number of new hospitals being built in Australia.

**6. Changes to the executive.** Thank you Hugh for your many years of service as Treasurer. This is an important role and you have been very conscientious. (Our auditors have recommended the position of Treasurer be rotated more frequently in future). Jane, our thanks for your excellent contribution. Roberto has been the trainee representative and has contributed well to the discussion and proved a good trainee voice. Amit Reddy’s nomination to the executive has been accepted; he will fill a new role as the Younger Fellow representative. His appointment will assist NZAGS’ to apply some focus to younger fellows working in General Surgery.

Thank you to Bronwen, Claire, and Linda for all their hard work and support. The office is functioning well and NZAGS is financially secure.

My best wishes to Andrew and Julian as the incoming president and vice president.

Regards

Philippa Mercer

## 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, Wellington) and representatives from each of the 18 DHBs with accredited training positions. In addition there is a training representative and the Wellington office staff. A new 6 month position has been accredited at Gisborne Hospital with a trainee rotating there from Rotorua. This looks to be an excellent addition to the rotation repertoire. The new supervisor at Gisborne is Mr Peter Stiven and we welcome him to the training committee.

Linda Porter is our Training Manager and looks after all day to day operational matters concerning trainees. She remains a consistent and empathetic resource for both myself and the trainees and is the one that keeps all the balls in the air, with the various things that have to happen through the year-assessment collation, training days, selection etc. Claire Nicoll, as the GM- Policy, Projects and Education continues in a role that spans both daily operational matters (such as managing individual trainee probations) to horizon scanning activities. We are starting to see a lot of valuable data emerging from SOLA (the NZAGS trainee management system and logbook) and Claire has been collating and analysing this to help in decision making about training posts.

Following the June selection process my 3 year tenure finishes and Simon Bann takes over as the Chair of the New Zealand Training Committee. I have found the last 3 years in this role challenging yet rewarding, the role has given me insight and involvement into many other facets of governance in surgery. I wish Simon all the best in chairing the Trainee Committee.

### **Training Post Status**

In 2016 New Zealand has 63 SET 2+ training positions. As of December 2015 all previous SET 1 positions have now been “handed back” to the hospitals for them to fill with non-training registrars. This means that those beginning SET training in December 2015 went into SET 2, and the total length of their SET training will be 4 years. 2016 sees an additional SET training post at Waitemata DHB, in addition to the Gisborne position mentioned above.

The transition away from a SET 1 year is now complete, and eligibility for selection to advanced training is now different. In order to be eligible for selection trainees now need to have passed the Generic Surgical Sciences Exam (GSSE). We are yet to see whether this will decrease the number of applicants for the 2016 selection process.

The GSSE is now widely available to non-trainees as an on-line exam. Many of you will be aware of large numbers of General Surgical aspirants taking leave to sit this examination now.

## **Trainee Performance**

Our trainees continue to perform well in general. In 2016 there are a total of 68 trainees. Of these, there is one trainee on probation term 1, 2016. There are a total of 6 trainees on interruption for a variety of reasons.

Examination performance continues to be good, with 16 attempts at Fellowship Exam in 2015 (over the two sittings) with the pass rate being 94%.

One trainee was dismissed from training at the end of 2015 because of failure to complete early SET requirements.

## **2014 Selections**

In 2015 there were a total of 38 applicants for the SET programme in General Surgery. Of these 29 candidates were offered an interview based on their referee reports. A total of 11 candidates were offered training positions following the interview process. Selection of candidates is a relatively complex process that depends on a number of factors including availability of training posts in the following year, and the threshold of performance based on the selection tools. These trainees face a four year training scheme.

In November a SET 0 induction day was held at the NZAGS offices in Wellington. This is the third time we have run this day. The purpose is to familiarize the new trainees with the structure of the training programme, the requirements, and the various regulations that it is important for them to know.

## **SEAM**

All SEAM modules are now deployed on-line, and trainees commencing in 2016 will have to complete all eight modules in the first two years of their training. Each module is going through a process of “standard setting” which ensures the fairness of the summative component of each module. Over time new questions will be added to the question banks for each module.

## **Additional Board and Training Committee Activities**

Following the Board in General Surgery strategy day at the start of 2015, 4 working groups were convened to look at four key areas of the SET programme in General Surgery. The work of these groups is critical to maintaining the quality of our training programme, but the corollary of this is that a certain amount of change can be expected in the next 2 years. The final recommendations of these working groups will be made at the March face to face meeting of the Board in General Surgery. The working parties are:

1. Logbook - it is well known that the Surgical Logbook is an imperfect measure of surgical experience, and can be vulnerable to “gaming”. The logbook working party is looking at ways in which the utility and fairness of this tool can be maximised.
2. Assessment of training - in order to remain contemporary in the way we assess our trainees, it is important that we keep up with the play with respect to work-based assessment tools. It is likely we will see some changes in the way we assess trainees’ knowledge and their technical skills.
3. Components of training - this working party is looking at the whole spectrum of training requirements including the length of training.
4. Supervision - those of us that supervise trainees don’t always have the tools and support that we need to carry out our roles day to day, this working party is looking at these issues.

Similarly to last year the training committee will interview all SET 2 trainees in March at the time of the face to face meeting. The information gained from the interviews in 2015 was used to inform trainee placement for 2016.

My thanks go to the members of the subcommittee for their commitment to the wellbeing of their trainees, and to Linda and Claire for their unwavering support this year.

Rowan French FRACS

*Regional Chair  
New Zealand Training Committee General Surgery RACS  
General/Endocrine/Bariatric Surgeon  
Hamilton, New Zealand*



## Executive Director's Report 2015

The year ending 30 November 2015 has flown by with the number of committees NZAGS members are on, and the rise in feedback requested from various parties within the health industry, growing by the day. There is significant working being undertaken by members and the Executive regarding the surgical prioritisation model, bowel cancer screening, surgical mesh, and reviewing the RACS Expert Advisory Group (EAG) on Discrimination, Bullying, Sexual Harassment report.

Philippa Mercer's term as NZAGS President ends in March 2015, and it's been a pleasure to work with her on developing and growing the NZAGS. She has spent a lot of her time networking with other surgical societies both here and overseas, strengthening our ties with these organisations.

The NZAGS now has an annual turnover of over \$500k and while the Executive Committee members are often called upon for opinion and feedback, and more often asked to sit on various MoH committees, they find their participation on the Executive rewarding. If you would be interested in being on the executive committee now or in the future, please drop me an email. We are always looking for those who wish to contribute to the general surgical environment within NZ.

We also had another office move this year, hopefully the last for a while. NZAGS moved with the RACS. The NZAGS physical and registered office is now

Level 3  
8 Kent Terrace  
Wellington

The postal address remains the same, PO Box 7451, Wellington 6242.  
The phone number and fax number also remain the same 04 384 3355, and 04 384 5731 respectively.

There are two parks reserved at the RACS new building for Fellows, so feel free to drop in for a visit when passing.

### **Association Activities**

#### **a) Financials**

Net Surplus from All Funds for the Year Ended 30 November 2015, was \$107k up 78% on last year.

Income was up 20% in 2015 and this is largely due to two new streams of income showing in the accounts.

1. NZAGS is collecting the conference income directly. In previous years our conference organisers collected the income on our behalf. However, the P&L also shows conference expenses. We had a very good conference in March 2015 at Rotorua, (thank you David Vernon) and made a net-profit of around \$30k.
2. With the advent of the new partnering agreement it was agreed the money provided by the RACS to run the Board in General Surgery would be used to cover both NZAGS and GSA BiGS

expenditure, but unlike previous years, any leftover balance would be split 50:50 between GSA and NZAGS. Previously GSA kept any surplus. The \$36k received for BiGS, covers our \$27k expenditure for attending BiGS meetings and \$9k, which is the NZAGS share of the balance not used in 2015.

3. Membership income was also up by 23% due to the membership fee increase and an increase in paid up members of NZAGS. Please look for your annual membership subscription invoice, it is sent in April each year once the fee has been ratified at the AGM. It is sent to your email address on file.
4. Trainee income was down 4.5 % this year due to the reduction in training time from five years to four years, therefore NZAGS has less number of trainees and less registrars applying for surgical training.

Expenses were up by \$30k due to the conference expenses of \$40k and travel was also up by \$13k. However salary expenses were down \$9k due to staff taking more holidays in 2015, depreciation was down by \$8k.

Currently the organization is in good financial shape and we are looking at ways to utilise reserves in a manner that benefits members and trainees. Setting up a NZAGS research grant is an area the Executive is currently reviewing.

## **Membership**

Twenty seven members paid subscriptions in 2015 who had not paid subscriptions in 2014. However, 24 members who paid in 2014 did not pay in 2015. Overall our paid membership is steady. We need as many general surgeons as possible, both previous and new members, to pay their membership subscriptions in order to keep membership fees low and to ensure we have a strong and robust organisation.

The new [www.nzags.co.nz](http://www.nzags.co.nz) website now has a field that tells you if your membership fees are up to date, once you have logged in. Annual subs are sent out in late March/early April each year, after the fee has been ratified at the AGM. The membership year runs from 1 April to 31 March. We encourage you to pay your subs online and because of this we have removed the 4% credit card processing fee.

There are a large number of general surgeons who are not members of NZAGS. NZAGS is the Specialty organisation that advocates for ALL members as well as administering the training of all general surgeons. For instance, during 2015, the Executive worked diligently with:

- MoH on Bowel 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.

## **b) Strategic Plan and Policy**

The Executive reviewed the NZAGS 3 year strategic plan in December 2015 and I'll notify members once the document has been signed off. It will of course be loaded on [www.NZAGS.co.nz](http://www.NZAGS.co.nz) for members to view.

We have also developed an extensive database of new policy documents which are available on the members' area of the website.

## **c) Private Practice**

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

Ian implemented the development of 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.

This work means no expensive SX audits for our members.

You can contact Ian at [idbur@hotmail.com](mailto:idbur@hotmail.com) or 027 371 7744.

## **d) Into the Future**

With the NZAGS growing membership and the increased management of the Association, the flow of information available to our members is growing.

There have been rumblings that not all members have been receiving their email newsletters (or perhaps not reading them) and other communications. Please ensure [bronwen@nzags.co.nz](mailto:bronwen@nzags.co.nz) is in your contacts list so that the emails do not go into your spam folder. Other feedback states that members are finding it difficult to log onto the website. There is a password help on the website that allows you to request your PASSWORD should you have forgotten it, and if you do not know

your username please email me or ring the office on 04 384 3355. Your username is usually your email address and that is why it's important to keep us updated if you change your email address.

The member's area holds all newsletters, important documents, updates on issues etc.

In addition, if there are any topics or issues you would like the Executive to take a lead on, please feel free to contact me and get the concerns added to the Executive meeting agendas. The Executive are here to represent the members and are happy to look at anybody's concerns. The Executive meet face to face twice a year, March with our ASM and November. If you'd like to come and speak to the Executive at those meetings you're more than welcome.

With more and more responsibility being given to NZAGS in terms of training administration and specialty concerns, the workload on myself, the President, and the Executive Committee can only increase. I look forward to the challenge and having the members support.

#### **e) Other**

Please ensure you keep NZAGS 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 NZAGS an email, or make a change to your profile yourself within the NZAGS website. Log in and visit the PROFILE page <http://www.nzags.co.nz/profile/> Interaction works if we can connect with you and it will ensure that you don't miss out on important announcements.

I also would like to thank my staff, Linda and Claire, 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 2016. On behalf of Claire, Linda and I, thank you.

*Bronwen Evans*  
*Executive Director*

## Directory NZAGA Executive Committee, 2015

President	Philippa Mercer
Vice-President	Andrew Moot
Immediate Past President	Michael Rodgers
Treasurer	Hugh Cooke
Continuing Professional Development	Simon Bann/Ian Burton
Committee Members (during the year)	Simon Bann
	Grant Coulter
	Julian Speight
	Jane Strang
	Graeme Roadly
	Gowan Creamer
Chair, Education and Training	Rowan French
Meeting Co-ordinator Rotorua	David Vernon
Advanced Training Representative	Roberto Sthory
Private Practice Representative	Ian Burton
Executive Director/Secretary	Bronwen Evans

### Office

L3, 8 Kent Terrace

PO Box 7451

Wellington 6242

(04) 384 3355

## Future NZAGS Meetings -2016

Palmerston North	2017
Christchurch	2018
Whangarei	2019
Wellington	2020
New Plymouth	2021
Nelson	2022
Tauranga	2023
Hastings/Napier	2024
Dunedin	2025
Hamilton	2026
Rotorua	2027
Auckland	2028

## NZAGS Paid up Members as at 30 Nov 2015 (excluding Trainees)

David	Adams	Steven	Hudson
Semisi	Aiono	Michael	Hulme-Moir
Imad	Aljanabi	Lincoln	Israel
Philip	Allen	John	Jarvis
Andrew	Audeau	Wayne	Jones
Simon	Bann	Eva	Juhasz
Adam	Bartlett	John	Keating
Grant	Beban	Steven	Kelly
Vanessa	Blair	Burton	King
Michael	Booth	Jonathan	Koea
Alejandro	Boue	Pravin	Kumar
Andrew	Bowker	Stephen	Kyle
Grant	Broadhurst	Richard	Kyngdon
Ian	Burton	Universe	Leung
Robert	Cable	Marianne	Lill
Ian	Campbell	Jasen	Ly
Peter	Chin	Richard	Martin
Rick	Cirolli	John	McCall
Ian	Civil	Philippa	Mercer
Matthew	Clark	Arend	Merrie
Thomas	Clements	Graeme	Millar
Andrew	Connolly	Anupam	Modi
Saxon	Connor	Andrew	Moot
Hugh	Cooke	Hesham	Morsey
Gary	Cooper	David	Moss
Grant	Coulter	Alexander	Ng
Gowan	Creamer	Richard	Perry
Elizabeth	Dennett	Ross	Pettigrew
Atul	Dhabuwala	Murray	Pfeifer
Atul	Dhabuwala	Tony	Phang
Birgit	Dijkstra	Rosalynd	Pochin
John	Dunn	Garth	Poole
Timothy	Eglington	Aleksandra	Popadich
Falah	El-Haddawi	Mohammad	Rafique
John	Fleischl	Bruce	Rhind
Richard	Flint	Konrad	Richter
Rowan	French	Graeme	Roadley
John	Frye	Ross	Roberts
Susan	Gerred	Robert	Robertson
Malcolm	Gordon	Michael	Rodgers
Chris	Gray	Jeremy	Rossaak
David	Griffith	Paul	Samson
Bernd	Grunewald	Mark	Sanders
Neil	Harding-Roberts	David	Schroeder
Nigel	Henderson	Michael	Sexton
Andrew G	Hill	Usha	Shan
Li	Hsee	Peter	Shapkov

James	Shaw
Alexander	Skavysh
Mark	Smith
Trevor	Smith
Gerrie	Snyman
Julian	Speight
Ian	Stewart
Peter	Stiven
Gary	Stone
Jane	Strang
Ian	Thomson
Josephine	Todd

Etienne	Truter
Stephanie	Ulmer
Rene	van den Bosch
David	Vernon
Christopher	Wakeman
Fraser	Welsh
Colin	Wilson
Gavin	Wilton
John	Windsor
Linus	Wu

## Retired Members

Pat	Alley
Terry	Burcher
John	Eastwood
Paul	Fogarty
Robert	Fris
Phillip	Godfrey
Don	Guadagni
David	Innes
Robin	Irwin
Douglas	Knight
Robert	Loan
John	MacDonald
Kenneth	Menzies
Peter	Milsom
Charles	Mixer
David	Morris
Stephen	Packer
Alan	Shirley
Paul	Silvester
John	Simpson
Graeme	Skeggs
William	Sugrue
James	Tyler
Stephen	Vallance
Warren	Watson
Denis	Whittle
Gavin	Wilton
Alastair	Yule



## NZAGS Trainees as at 30 November 2015

Fadhel	Alherz	Jason	Robertson
Mohammad	Amer	Magda	Sakowska
William	Anderson	Rohit	Sarvepalli
Ahmed	Barazanchi	Sean	Seo
Jon	Barnard	Avinash	Sharma
Angela	Bayly	Rebecca	Shine
Savitha	Bhagvan	Parry	Singh
Lisa	Brown	Maiko	Smith
Wai Keat	Chang	Nicholas	Smith
Janice	Chen	Sanket	Srinivasa
Michael	Chu	Mark	Stewart
Benjamin	Cribb	Roberto	Sthory
Andrea	Cross	Jeni	Thomas
Nicola	Davis	Megan	Thomas
Illy	Delasau	Rebecca	Thomas
Melissa	Edwards	Greg	Turner
Alistair	Escott	Ryash	Vather
Alice	Febery	Hayley	Waller
Jesse	Fischer	Delendra	Wijayanayaka
Nicholas	Fischer	James	Wilkins
Bernadette	Goodwin	Alec	Winder
Andrew	Ing	Deborah	Wright
Celia	Keane		
Mark	Kelly		
Yee Chen	Lau		
Melanie	Lauti		
Sean	Liddle		
Ian	Lord		
Neil	Lowrie		
Benedict	Mackay		
Daniel	Mafi		
Stephanie	Manning		
Jacques	Marnewick		
James	McKay		
Thomas	Morgan		
Anna	Morrow		
Michael	O'Grady		
William	Perry		
Luke	Phang		
Jevon	Puckett		
Nigel	Rajaretnam		
Kate	Rapson		
Rukshan	Ravindra Ranjan		
Sarah	Rennie		
Janet	Rhodes		
Simon	Richards		