

17 - 18 MARCH 2018

NZAGS18

PAST, PRESENT AND FUTURE

COPTHORNE HOTEL BAY OF ISLANDS PAIHIA

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ANNUAL REPORT



**NEW ZEALAND ASSOCIATION
OF GENERAL SURGEONS**

Promoting Surgical Excellence

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 17th March 2018 at 1.00pm** at the Copthorne Hotel Bay of Islands, Paihia.

Agenda

1. Apologies
2. Minutes of previous AGM held in Palmerston North 25 March 2017
3. Matters Arising from the Minutes
4. Association Reports
 - a. President, A. Moot
 - b. Executive Director, B. Evans
 - c. Education, S. Bann
5. Ratification of Annual Membership Subscription increase in line with CPI of 1.6% to \$530.00pa - Peter Shapkov. Treasurer
6. Re-appointment of auditors – Deloitte - Peter Shapkov Treasurer
7. Introducing our new president Mr Julian Speight with a huge thank you to Andrew Moot who becomes past-president
8. Introducing new Executive Members Jasen Ly, Nagham AlMozany, John Lengyel and a thank you to Philippa Mercer who is stepping down
9. Board in General Surgery Changes – Simon Bann
10. Introducing CADENZA – Gowan Creamer
11. Southern Cross Update – Ian Burton
12. General Business
13. Next Meeting, Christchurch 2018 (conveners, Ross Robertson and Philippa Mercer)
14. Closure

AGM Minutes 25th March 2017 at 1pm at the Palmerston North Convention Centre

Present: (Please see attached sign-in sheet)

- 1. Apologies:** Gowan Creamer, Julian Speight, Hugh Cooke, Amit Reddy, Rowan French
- 2. Minutes:**

Andrew Moot advised that he wanted to make a correction to the Minutes of the 2016 AGM and remove the first sentence of his report regarding endoscopy under General Business. The amended minutes were **moved** by Andrew Moot and **seconded** by Simon Bann.

- 3. Matters arising:** nil
- 4. Reports**

4a. Presidents report:

Andrew Moot advised that there is some momentum with endoscopy governance group as EGGNZ now has funding and is led by Russell Walmsley. The Ministry of Health have asked EGGNZ to propose criteria for endoscopists to be accredited to participate in the Bowel Screening Programme. This work stream will then lead onto a review of certification and re-certification of endoscopists – this is particularly important with the addition of nurse endoscopists to the workforce. Andrew advised members that to meet the minimum criteria for endoscopists to participate in the Bowel Screening Programme, they must have done 500 endoscopies in the past 5 years, have a successful caecal intubation rate of greater than 90%, have a caecal withdrawal times of greater than 6 minutes 90% of the time, and in terms of skills be competent and confident to remove flat lesions of greater than 2cm (Level 3 polypectomies). A draft document with proposed criteria will be going to the Ministry of Health shortly, but that the requirements are not different to those required for participation in the pilot.

Andrew also talked about an endoscopy workforce survey currently being surveyed via a roadshow by Malcolm Arnold of NEQUIP. This survey will take into account the work force in public and private and will be the first time the endoscopy workforce data has been so comprehensively gathered. Andrew encouraged members to meet with Malcolm when the roadshow visited their region.

4b. Executive Director's report:

Bronwen Evans advised that her report was available in the Annual report and that she would be speaking to some items in her report later during the AGM.

4c. Education report:

Simon Bann noted that his report is available in the Annual Report thanked the trainees, Claire Nicoll and Linda Porter for their support. Simon noted that last year was a very sad year for Linda and thanked the trainees for their initiative in setting up a fund for Linda and her family.

Simon talked about the new trainee induction day in November where the new trainees were advised to make sure that they had sufficient provincial and breast surgery experience before the end of their training.

Simon advised that currently there are 65 accredited post, 62 of which are filled. The most important activity this year were the hospital inspections and some new posts will be created as a result. With

respect to Board in General Surgery initiatives, Simon advised that the length of training is still being looked at, and that there is ongoing logbook and assessment tools review. Simon noted that several New Zealand centres were piloting some new assessment tools – Entrusted Professional Activities (EPAs) and Procedure Based Assessments (PBAs)

5. Annual Membership Subscription ratification

Andrew Moot moved that the Annual Subscription fee is raised by CPI which means it will rise from \$515.35 to \$520.50 per year. Unanimously approved.

6. ACC Update – Grant Coulter

Grant advised that he had met with ACC about 3 times in the past year along with Julian Speight, Philippa Mercer and Spencer Beasley regarding guidelines for cover for hernias as this has not been reviewed for several years – these were made available to those attending the AGM. Grant was surprised to discover that 1/3 of the hernias covered were umbilical which are most likely not caused by accident. The next area for review will be incisional hernias which is likely to be tricky – Grant and the others considered that they should be covered by ACC, but ACC want to score patients on other factors such as obesity and diabetes, and several other co-morbidities and type of surgery performed. Grant reported that working with ACC has been a largely fair and positive experience and ACC seems positive about the engagement too even though General Surgery only makes up 1-2 % of the annual ACC spend.

Grant refer to the guidelines where the original 30 day referral from GP has been reduced to 10 days, this was queried and ACC have conceded that if there are god reasons for any delay, they would look at covering referrals outside that time limit.

There were no questions from the floor.

7. Southern Cross Breast AFP update – Ian Burton and Philippa Mercer

Southern Cross (SX) have postponed their plan to sign up surgeons to a breast contract for now, although probably only until next year. The consultation around consultation fees is still in progress and needs to be completed by 1st July – apparently about 50% of surgeons have been signed up on individual contracts to date. Apparently the process is easy. SX do not want surgeons to include mark up for administration. Fees should be up to date and surgeons should include a fee review by CPI or other time frame which suits the surgeon. SX are likely to accept small increases of \$5-10, but not \$50 increases. SX intends to move the lowest fees up and bring the highest down – SX accept there are regional differences. Philippa reiterated that surgeons with low fees should try and set these higher before negotiation commences. There will be further contracts rolled out in the future. Philippa opened the floor to questions.

Dave Adams, who stated he thought he was the cheapest surgeon in New Zealand, recounted his experience where SX refused to allow a reasonable increase in fees which has forced him to retire from private practice. Dave said that SX looks at what has been charged historically and will not allow an increase to that the rate to normalize to other's fees. Unfortunately Dave was under the illusion that SX would take the past 6 months charging into account, but SX used the past two year charge rates. Philippa acknowledged that Dave had missed out but encouraged others to persevere.

Ian Burton says SX offered a template of fee structures which has not yet been received. Philippa advised that the template shows fee structures for various components of a consultation and advised members to be careful they didn't miss anything out.

8. Health Workforce NZ Predictions

Andrew Moot went through the key forecasting that is available through the HWFNZ model including predictions by head count and FTE until 2026, and number of surgeons per 100,000 population as a whole and per over aged 60 population. Assumptions are based on historical models and Medical Council APC registrations, the total number of surgeons does not increase much and dip against total population assuming current inputs from training rates and IMG influx and retirements. Worryingly, the model shows that a further 16 surgeons are required per year to keep the surgeon to over 60 population ratio the same as now. Andrew advised that additional training would only be undertaken if quality was not compromised.

Phil Truskett advised the audience that currently in Australia there are 6000 doctors not in a training programme of whom 4000 want to be, and there are 2500 IMGs in areas of need predominantly in the non-metropolitan areas.

This at a time when HWFNZ have proposed radical changes to funding for vocational training released at the start of this week. The new funding model is HWFNZ response to support their request for government funding which has not changed for several years. Due to its recent release there has not been time to consider the implications of the proposal for training yet.

9. Ratification of Nigel Henderson and thank you to Hugh Cooke

Andrew Moot welcomed Nigel Henderson from New Plymouth to the Executive Committee and thanked Hugh Cooke for his time on the Executive, much of it as Treasurer. Andrew noted that unfortunately Hugh could not be present due to a family bereavement. This leaves a spot available on the Executive and Andrew encouraged members to come forward or nominate peers. Bronwen will be sending nomination forms out shortly.

10. Branding

Bronwen advised members that for the past 18 months the Executive have been reviewing the current logo which no one was very happy with. As a result the executive have come up with a mission statement, a tagline and a new logo. Bronwen showed the different formats for this logo which is based on a capital G and S with a New Zealand flavour. There are new colours and the tagline can also be incorporated.

11. Re-appointment of auditors – Deloitte

Approved unanimously

12. General Business – nil

Next ASM and AGM are in Northland in 2018

Performance Report

New Zealand Association of General Surgeons
For the year ended 30 November 2017

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Entity Information

New Zealand Association of General Surgeons For the year ended 30 November 2017

Legal Name of Entity

New Zealand Association of General Surgeons Incorporated.

Entity Type and Legal Basis

New Zealand Association of General Surgeons ("NZAGS" or "Association") is an association incorporated under the Incorporated Societies Act 1908. NZAGS is also a registered charity registered with the Charity Commission.

Registration number

Charity Services Registration number: CC32206

Incorporated Societies Registration number: 643992

Entity's Purpose or Mission

The aims of the Association are to:

- Promote and represent the practice of General Surgery and associated specialties in New Zealand;
- Promote a forum for all General Surgeons to discuss and comment on matters affecting their practice;
- Promote activities that provide for continuing education, peer review and research in General Surgery;
- Administer the selection and training of medical practitioners in the specialty of General Surgery in accordance with the partnering agreement with the Royal Australasian College of Surgeons and the Board in General Surgery;
- To promote the Continuing Professional Development of General Surgeons.

Entity Structure

Association Structure:

Our association is run by an executive committee who are elected by a ballot for a term of four years. They are eligible for re-election for a further three terms of four years.

Operational Structure:

Our operations are managed by a team of four paid employees. We employ a Chief Executive, a Policy and Projects Officer, a Training Manager and an Accounts Office Manager. Three of our staff are employed on a part time basis.

Main Sources of Entity's Cash and Resources

Funding is received by way of reimbursement of training costs, membership subscription income and annual conference proceeds.

Main Methods Used by Entity to Raise Funds

The Association raises funds by providing training to their members and charging membership subscriptions.

Entity's Reliance on Volunteers and Donated Goods or Services

No reliance is placed on volunteers and donations by the Association.

Physical Address

Level 3, 8 Kent Terrace
Wellington

Postal Address

PO Box 7451, Wellington South, New Zealand, 6242

Approval of Performance Report

New Zealand Association of General Surgeons For the year ended 30 November 2017

The Board are pleased to present the approved performance report including the historical financial statements of New Zealand Association of General Surgeons for year ended 30 November 2017.

APPROVED



Andrew Moot

Chair

Date 21 February 2018



Peter Shapkov

Treasurer

Date 21 February 2018

Statement of Service Performance

New Zealand Association of General Surgeons For the year ended 30 November 2017

Our Purpose

The New Zealand Association of General Surgeons is a not-for-profit organisation with around 300 members. We are the voice of General Surgery in New Zealand; promoting excellence in surgical practice including education and training, collegiality and the well-being of its surgeons and patients.

	2017	2016
Our Achievements in the Year		
Number of General Surgeons Qualified in the Year	7	16
Number of New Doctors Selected for Training	12	19
Number of Trainee Days Held	2	2
Number of Trainee Days Attended	117	123

Additional Output Measures

The Association has liased with various entities within the health industry including Ministry of Health, insurance companies and PHARMAC.

Work was completed with several insurance companies that NZAGS feels will ensure that the delivery of private health care in New Zealand remains affordable for both surgeons and patients.

Details of Our Achievements

1. The Association's members have contributed to the following Ministry of Health initiatives:
 - The Association is contributing to an Endoscopy Governance Group to provide governance on endoscopy in New Zealand which will include the national bowel screening program.
 - Bowel Cancer Screening Project - resource requirement assessment i.e. how many surgeons required, where will any additional surgeons come from. The Association has been in discussion with Health Workforce NZ and the Ministry of Health about a Health Workforce NZ Project to predict nationwide requirements for General Surgeons.
 - Perioperative Mortality Review - review and report to the Minister on deaths that are within the Committee's scope, with a view to reducing these deaths and to continuous quality improvement through the promotion of ongoing quality assurance programmes.
2. Trainee selection and Delivery Improvements:
 - Improving the process of selection. Considerable analysis had been conducted on the best use of the selection tools and their weightings for Selection 2017.
 - A new surgical logbook has been developed to ensure full training support and visibility for all general surgical trainees and their supervisors.
 - Providing support to the Board in General Surgery of RACS.
3. Annual Scientific meeting with a two day programme of latest surgical advancements which ensures surgeons meet their continuing professional development targets for the year.
4. Liaising with Southern Cross about the ongoing roll out of their affiliated provider scheme, and also updating their colonoscopy criteria.
5. ACC - The Association has been working with ACC on defining hernia coverage under ACC legislation.
6. Developing and working on a Surgeons Wellness Programme to ensure the ongoing health of surgeons within New Zealand. NZAGS is currently trialing various Wellness Apps that can support our surgeons to understand how they are coping with workloads and work-life balance.

Additional Information

This years outcomes arose mainly because many of the Ministry of Health initiatives were close to implementing, if not implemented.

Statement of Financial Performance

New Zealand Association of General Surgeons For the year ended 30 November 2017

	NOTES	2017	2016
Revenue			
Donations, fundraising and other similar revenue	1	25,107	10,268
Fees, subscriptions and other revenue from members	1	509,970	477,476
Revenue from providing our services	1	65,210	36,563
Interest, dividends and other investment revenue	1	35,517	33,290
Total Revenue		635,804	557,597
Expenses			
Volunteer and employee related costs	2	214,580	210,747
Costs related to providing our services	2	296,161	267,365
Other expenses	2	35,127	47,312
Total Expenses		545,868	525,424
Surplus for the Year		89,936	32,173

The notes on pages 11 to 17 form part of these financial statements, and should be read in conjunction with them.

Statement of Financial Position

New Zealand Association of General Surgeons As at 30 November 2017

	NOTES	2017	2016
Assets			
Current Assets			
Bank accounts and cash	3	426,045	341,528
Debtors and Prepayments	3	33,852	54,176
Other Current Assets	3	850,361	820,821
Total Current Assets		1,310,258	1,216,525
Non-Current Assets			
Investments - J B Were	3	39,101	32,191
Property, Plant and Equipment	5	9,417	8,818
Intangible Assets	6	43,721	47,420
Total Non-Current Assets		92,238	88,430
Total Assets		1,402,497	1,304,955
Liabilities			
Current Liabilities			
Creditors and accrued expenses			
Trade and other payables		21,429	19,461
Income Received In Advance		18,838	21,737
Total Creditors and accrued expenses		40,267	41,199
Employee costs payable	4	14,155	5,947
Unused donations and grants with conditions		-	-
Other current liabilities			
Funds held on behalf - Linda Porter		330	-
Total Other current liabilities		330	-
Total Current Liabilities		54,752	47,146
Total Liabilities		54,752	47,146
Total Assets less Total Liabilities (Net Assets)		1,347,745	1,257,809
Equity			
Accumulated Funds		1,347,745	1,257,809
Total Equity		1,347,745	1,257,809

The notes on pages 11 to 17 form part of these financial statements, and should be read in conjunction with them.

Statement of Cashflows

New Zealand Association of General Surgeons For the year ended 30 November 2017

	2017	2016
Cashflow statement		
Cashflows from Operating Activities		
Donations, fundraising and other similar revenue	25,107	10,268
Fees, subscriptions and other receipts from members	522,884	477,479
Interest, dividends and other investment receipts	34,543	37,265
Receipts from providing goods and services	65,370	37,412
Payments to suppliers and employees	(504,130)	(473,232)
Cashflows from operating activities	(813)	(653)
Total Cashflows from Operating Activities	142,961	88,539
Cash flow from Investing and Financing Activities		
Receipts from sale of investments	-	173,309
Cashflow from other Investing and Financing Activities	1,953	(1,719)
Payments to acquire property plant and equipment	(4,347)	(3,420)
Payments to purchase investments	(34,613)	(820,819)
Payments to purchase intangibles	(21,767)	(22,525)
Total Cash flow from Investing and Financing Activities	(58,774)	(675,174)
Net Increase / Decrease in cash	84,187	(586,635)
Cash balances		
Cash and cash equivalents at beginning of year	341,528	928,163
Cash and cash equivalents at end of year	426,045	341,528
Net change in cash for the year	84,187	(586,635)

The notes on pages 11 to 17 form part of these financial statements, and should be read in conjunction with them.

Statement of Accounting Policies

New Zealand Association of General Surgeons For the year ended 30 November 2017

Basis of Preparation

The entity has elected to apply PBE SFR-A (NFP) Public Benefit Entity Simple Format Reporting - Accrual (Not-For-Profit) on the basis that it does not have public accountability and has total annual expenses equal to or less than \$2,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting except for subscription income and membership fees as disclosed below. The Performance Report is prepared under the assumption that the entity will continue to operate in the foreseeable future.

Goods and Services Tax (GST)

The entity is registered for GST. All amounts are stated exclusive of goods and services tax (GST) except for accounts payable and accounts receivable which are stated inclusive of GST.

Income Tax

New Zealand Association of General Surgeons is wholly exempt from New Zealand income tax having fully complied with all statutory conditions for these exemptions.

Property, Plant and Equipment

Property, plant and equipment are included at cost less aggregate depreciation provided at the rates outlined below. The depreciation rates used are:

Office Equipment 13% DV to 60% DV

Amortisation of Intangibles

Intangible assets are included at cost less aggregate depreciation provided at the rates as outlined below. The rates used are:

Website Development 48% DV

Software 50% DV

Subscription Income/Trainee Membership Fees

Subscription Income and trainee membership fees are recorded on a cash basis

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.

Presentation Currency

These financial statements are presented in New Zealand dollars because that is the primary economic environment in which the Association operates.

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.

Bank Accounts and Cash

Bank accounts and cash in the Statement of Cash Flows comprise cash balances and bank balances (including short term deposits) with original maturities of 90 days or less.

Changes in Accounting Policies

There have been no changes in accounting policies. Policies have been applied on a consistent basis with those of the previous reporting period.

Reclassification of 2016 Selection and Trainee Day Expenditure

Expenditure totaling \$12,455, originally reported as Selection Expenditure in 2016, has been reclassified to travel, accommodation and meals and meeting room costs.

Expenditure totaling \$16,993, originally reported as Trainee Day Expenditure in 2016, has been reclassified to travel, accommodation and meals, gifts and meeting room costs.

These reclassification's were made to more correctly reflect the actual expenditure incurred.

Notes to the Performance Report

New Zealand Association of General Surgeons For the year ended 30 November 2017

	2017	2016
1. Analysis of Revenue		
Donations, fundraising and other similar revenue		
BiGS wash up grant	25,107	10,268
Total Donations, fundraising and other similar revenue	25,107	10,268
Fees, subscriptions and other revenue from members		
Conference Income	141,159	132,545
Membership Subscription Income	66,041	56,243
Trainee Membership Fees	15,615	15,012
Trainee Funds	247,790	240,835
Training Day Income	5,805	7,187
Trainee Selection Application	18,261	16,304
SEAM Income	15,300	9,350
Total Fees, subscriptions and other revenue from members	509,970	477,476
Revenue from providing goods or services		
BiGS Specialty Governance Fee	8,730	34,779
Hospital Inspection	52,701	-
Provision of Accounting Services	3,779	1,784
Total Revenue from providing goods or services	65,210	36,563
Interest, dividends and other investment revenue		
Interest Education Fund	16,060	20,046
Interest	14,500	12,538
JBWere Investment Portfolio - Income	3,119	707
Un-realised gain on investment	1,837	-
Total Interest, dividends and other investment revenue	35,517	33,290
	2017	2016

2. Analysis of Expenses

Volunteer and employee related costs		
Salaries	60,366	44,074
Staff Recruitment	-	10,125
Training Salaries	154,215	156,548
Total Volunteer and employee related costs	214,580	210,747
Costs related to providing our services		
ACC Levy	601	369
Travel, Accommodation and Meals	81,152	43,529
Accountancy Fees	668	1,663
Bank Charges	508	(614)
BiGS costs	8,602	30,283
Conference Costs	101,865	98,516

Consultancy	10,904	8,745
Credit Card Merchant Fees	5,038	3,999
Gifts	765	1,057
Insurance	874	519
Interest Paid	10	5
IT Expenses	6,235	2,881
Marketing and advertising	3,142	-
Meeting costs	7,291	11,974
Office Expenses	21,448	20,083
Rent	23,782	26,736
SEAM Exp	155	56
Selection Expenses	159	681
Subscriptions	1,358	-
Trainee Membership Fees	15,615	15,012
Training Day	929	64
Website Hosting and Maintenance	5,059	1,806
Total Costs related to providing our services	296,161	267,365

Other expenses

(Gain) / Loss on Exchange	(1,953)	1,719
Amortisation	25,466	33,071
Audit Fees	6,575	6,636
Bad Debts	1,290	747
Depreciation	3,748	5,139
Total Other expenses	35,127	47,312

2017 2016

3. Analysis of Assets**Bank accounts and cash**

ASB Account 00	17,999	15,652
ASB Education 01	21,828	26,898
ASB Fast Saver Account 50	385,862	298,978
Linda Porter Fund	330	-
Petty cash	27	-
Total Bank accounts and cash	426,045	341,528

Debtors and prepayments

Accounts Receivable	1,680	12,063
GST Receivable	5,031	5,191
Prepayments	25,280	34,197
Interest Accrued	1,861	2,725
Total Debtors and prepayments	33,852	54,176

Other current assets**Investments**

ASB Term Deposit 80	319,499	307,569
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ASB Term Deposit 79	530,862	513,252
Total Investments	850,361	820,821
Total Other current assets	850,361	820,821
Long Term Investments		
J B Were Investment	39,101	32,191
Total Long Term Investments	39,101	32,191
	2017	2016

4. Analysis of Liabilities

Creditors and accrued expenses		
Accounts Payable	20,702	19,212
Income Received in Advance	18,838	21,737
Credit Cards	726	249
Total Creditors and accrued expenses	40,267	41,199
Employee costs payable		
Holiday Pay Accrual	8,725	5,947
PAYE Payable	5,430	-
Total Employee costs payable	14,155	5,947
Other Current Liabilities		
Funds held on behalf - Linda Porter	330	-
Total Other Current Liabilities	330	-
	2017	2016

5. Property, Plant and Equipment

Office Equipment		
Office Equipment - Cost	39,264	34,917
Office Equipment - Accumulated Depreciation	(29,847)	(26,099)
Total Office Equipment	9,417	8,818
Total Property, Plant and Equipment	9,417	8,818

Significant Donated Assets Recorded

The Association have received no donated assets.

	2017	2016
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6. Intangible Assets

Software		
Software at Cost	211,756	193,439
Software Accumulated Depn	(180,914)	(167,000)
Total Software	30,842	26,439
Website		
Website at Cost	60,084	56,634

Website Accumulated Amortisation	(47,206)	(35,654)
Total Website	12,878	20,981
Total Intangible Assets	43,721	47,420
	2017	2016

7. Accumulated Funds

Accumulated Funds		
Opening Balance	1,257,809	1,225,636
Surplus for the Year	89,936	32,173
Total Accumulated Funds	1,347,745	1,257,809
Total Accumulated Funds	1,347,745	1,257,809
	2017	2016

8. Commitments

Commitments to lease or rent assets		
Due within one year	1,987	1,791
Total Commitments to lease or rent assets	1,987	1,791

The NZ Association of General Surgeons has made a rental commitment to the Royal Australasian College of Surgeons to commit to their sublease until the end of 2018.

9. Contingent Liabilities and Guarantees

There are no contingent liabilities or guarantees as at 30 November 2017 (Last year - nil).

	2017	2016
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10. Related Parties

Receivables		
Royal Australasian College of Surgeons		
BiGS costs reimbursement	25,107	11,405
Total Royal Australasian College of Surgeons	25,107	11,405
Payables		
Royal Australasian College of Surgeons		
Rent owing at year end	1,987	1,852
Total Royal Australasian College of Surgeons	1,987	1,852
Purchases		
Royal Australasian College of Surgeons	(23,782)	(26,736)
Total Purchases	(23,782)	(26,736)

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

NZAGS receive yearly training fees and was refunded Board in General Surgery Costs from The Royal Australasian College of Surgeons. NZAGS also paid rent and utility costs to The Royal Australasian College of Surgeons.

11. Assets Held on Behalf of Others

As at 30 November 2017 the Association was holding \$330 in funds for Linda Porter.

12. Events After the Balance Date

There were no events that have occurred after the balance date that would have a material impact on the Performance Report (Last year - nil).

13. Audit

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



Independent Auditor's Report

To the Members of the New Zealand Association of General Surgeons

Opinion

We have audited the performance report of the New Zealand Association of General Surgeons ('NZAGS'), which comprises the statement of financial position as at 30 November 2017, and the entity information, statement of service performance, statement of financial performance, and statement of cash flows for the year then ended, and the statement of accounting policies and other explanatory information.

In our opinion:

- The reported outcomes and outputs, and quantification of the outputs to the extent practicable in the statement of service performance are suitable;
- The performance report on pages 3 to 17, presents fairly, in all material respects, the financial position of NZAGS as at 30 November 2017, its financial performance and cash flows, the entity information and the service performance for the year then ended in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Not-for-Profit) issued by the New Zealand Accounting Standards Board ('PBE SFR – A (NFP)').

Basis for opinion

We conducted our audit of the statement of financial performance, statement of financial position, statement of cash flows, statement of accounting policies and notes to the performance report in accordance with International Standards on Auditing ('ISAs') and International Standards on Auditing (New Zealand) ('ISAs (NZ)'), and the audit of the entity information and statement of service performance in accordance with the International Standard on Assurance Engagements (New Zealand) ISAE (NZ) 3000 (Revised) ('ISAE (NZ) 3000 (Revised)'). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Performance Report* section of our report.

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

We are independent of NZAGS in accordance with Professional and Ethical Standard 1 (Revised) *Code of Ethics for Assurance Practitioners* issued by the New Zealand Auditing and Assurance Standards Board and the International Ethics Standards Board for Accountants' *Code of Ethics for Professional Accountants*, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

Executive Committee's responsibilities for the performance report

The Executive Committee is responsible on behalf of NZAGS for:

- Identifying outcomes and outputs, and quantifying the outputs to the extent practicable, that are relevant, reliable, comparable and understandable, to report in the statement of service performance;
- the preparation and fair presentation of the performance report on behalf of NZAGS in accordance with PBE SFR – A (NFP), and
- for such internal control as the Executive Committee determines is necessary to enable the preparation of a performance report that is free from material misstatement, whether due to fraud or error.

In preparing the performance report, the Executive Committee is responsible on behalf of NZAGS for assessing NZAGS' ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Executive Committee either intends to liquidate the NZAGS or to cease operations, or has no realistic alternative but to do so.

Auditor's responsibilities for the audit of the performance report

Our objectives are to obtain reasonable assurance about whether the performance report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs, ISAs (NZ) and ISAE (NZ) 3000 (Revised) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this performance report.



As part of an audit in accordance with ISAs, ISAs (NZ) and ISAE (NZ) 3000 (Revised), we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the performance report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Perform procedures to obtain evidence about and evaluate whether the reported outcomes and outputs, and quantification of the outputs to the extent practicable, are relevant, reliable, comparable and understandable.
- Obtain an understanding of internal control relevant to the audit 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 NZAGS' internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Executive Committee.
- Conclude on the appropriateness of the use of the going concern basis of accounting by the Executive Committee and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on NZAGS' ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the performance report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause NZAGS to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the performance report, including the disclosures, and whether the performance report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Executive Committee regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Deloitte Limited

Wellington, New Zealand
21 February 2018

Appendix 1: Statement of Financial Performance - Education Fund

New Zealand Association of General Surgeons For the year ended 30 November 2017

	NOTES	2017	2016
Revenue			
Donations, fundraising and other similar revenue			
Donations received		25,107	10,268
Total Donations, fundraising and other similar revenue		25,107	10,268
Fees, subscriptions and other revenue from members			
Fees received		281,350	266,490
Other Revenue from Members		5,805	7,187
Total Fees, subscriptions and other revenue from members		287,155	273,676
Revenue from providing our services			
BiGS Specialty Governance Fee		8,730	34,779
Hospital Inspection		52,701	-
Total Revenue from providing our services		61,431	34,779
Interest, dividends and other investment revenue			
Interest			
Interest Education Fund		16,060	20,046
Total Interest		16,060	20,046
Total Interest, dividends and other investment revenue		16,060	20,046
Total Revenue		389,754	338,769
Expenses			
Volunteer and employee related costs			
Wages and salaries		154,215	150,365
Total Volunteer and employee related costs		154,215	150,365
Costs related to providing our service			
ACC Levy		389	54
Accountancy Fees		245	1,791
Bank Charges		340	306
Conference Costs		-	43
Consulting and Computing		9,311	7,398
Gifts		663	1,057
Interest Paid		-	4
IT Expenses		3,609	2,424
Marketing and advertising		1,040	-
Meeting Room Costs		3,612	9,650
Travel and accommodation		69,555	28,675
International travel and accommodation		8,602	30,283
Office Expenses		13,128	8,358
SEAM Exp		155	56

	NOTES	2017	2016
Selection Expenses		159	681
Subscriptions		36	-
Trainee Membership Fees		15,615	15,012
Training Day Expenses		929	64
Website Hosting and Maintenance		3,067	1,172
Insurance		-	(580)
Rental and lease payments		10,873	13,037
Total Costs related to providing our service		141,327	119,488
Other expenses			
Amortisation of intangibles		25,466	33,071
Audit fees		3,250	3,318
Bad debts		75	747
Depreciation		3,748	5,139
Total Other expenses		32,539	42,275
Total Expenses		328,081	312,128
Surplus/(Deficit) for the Year		61,673	26,641

Appendix 2: Statement of Financial Performance - NZAGS

New Zealand Association of General Surgeons For the year ended 30 November 2017

	NOTES	2017	2016
Revenue			
Fees, subscriptions and other revenue from members			
Subscription from Members		81,656	71,255
Conference Income		141,159	132,545
Total Fees, subscriptions and other revenue from members		222,815	203,800
Revenue from providing our services			
Other revenue			
Provision of Accounting Services		3,779	1,784
Total Other revenue		3,779	1,784
Total Revenue from providing our services		3,779	1,784
Interest, dividends and other investment revenue			
Interest			
Interest		14,500	12,538
JBWere Investment Portfolio - Income		3,119	707
Total Interest		17,619	13,244
Un-realised gain on investment		1,837	-
Total Interest, dividends and other investment revenue		19,456	13,244
Total Revenue		246,050	218,828
Expenses			
Volunteer and employee related costs			
Staff Recruitment		-	10,125
Wages and salaries		60,366	50,256
Total Volunteer and employee related costs		60,366	60,381
Costs related to providing our services			
ACC Levy		213	315
Accountancy Fees		424	(129)
Bank Charges		168	(920)
Conference Costs		101,865	98,473
Consultancy Fees		-	275
Credit Card Merchant Fees		5,038	3,999
Interest Paid		10	-
IT Expenses		2,626	457
Meeting Costs		3,679	2,324
Travel and accommodation		11,597	14,854
Office Expenses		8,320	11,725
Website Hosting and Maintenance		1,993	634
Insurance		874	1,099

	NOTES	2017	2016
Rental and lease payments		12,908	13,699
Repairs and maintenance		1,593	1,072
Marketing and advertising		2,102	-
Subscriptions		1,323	-
Gifts		102	-
Total Costs related to providing our services		154,834	147,877
Other expenses			
Amortisation of intangibles		-	-
Audit fees		3,325	3,318
Bad debts		1,215	-
Depreciation		-	-
Unrealised foreign currency gains and losses		(1,953)	1,719
Total Other expenses		2,588	5,037
Total Expenses		217,787	213,296
Surplus/(Deficit) for the Year		28,262	5,532

NZAGS Presidents Report 2018

The Executive has been:

- Andrew Moot, President
- Julian Speight, Vice President
- Philippa Mercer, Immediate Past-President
- Nigel Henderson
- Gowan Creamer
- Graeme Roadley
- Ian Burton (Private Practice representative)
- Rowan French, Previous Chair of NZ Training Committee
- Peter Shapkov, Treasurer
- Simon Bann, Chair of NZ Training Committee
- Suheelan Kulasegaran, Trainee Representative
- David Vernon
- Grant Coulter
- John Lengyel (as convener for the 2018 ASM)

My term as President will end in March and Julian Speight will become the President for the next two years. Graeme Roadley will become Vice President. Many thanks to the executive and staff for their hard work during my term as president. Philippa Mercer will be stepping down from the executive at the ASM in March, although she will be helping to organise the ASM in 2019 which we are planning to be held in Christchurch. Philippa remains an elected member on the NZ National Board of RACS. She has served on the training committee and the executive of NZAGS for many years, including the role of President from 2014-2016. Thank-you Philippa for your many years of service to the society.

Jasen Ly from Waikato has joined the executive representing younger fellows. He has replaced Amit Reddy. Thank-you Amit for your service to NZAGS over the past two years.

I have nominated Nagham AlMozany from Auckland City Hospital to join the executive and I anticipate she will therefore be welcomed onto the executive at the upcoming AGM in March 2018 (Bay of Islands). Thank-you Nagham for your willingness to contribute to the work of the society.

Several of our executive represent NZAGS/ General Surgery on various RACS committees, and other Ministry of Health committees. Ian Burton has served on the executive as our private practice representative for many years, and I anticipate he will retire from the exec in the next year. There is room for another member on the executive and we would welcome nominations especially with people who may wish to take on the role of the private practice representative.

Staff at NZAGS office

- Bronwen Evans, Executive Director
- Claire Nicoll, General Manager, Policy, Projects and Education
- Sandra Kennerley, Accounting and Administration Officer

Linda Porter resigned as training manager during 2017 and has been replaced by Helen Glasgow. Thank you to Bronwen, Claire, Sandra, Helen and Linda for all their hard work and support. The office is functioning well and NZAGS is financially secure.

Regular Practice Review

The RACS CPD program is developing and one of the areas that surgeons will be expected to participate in is 'Reflective Practice'. This could include a regular practice review. Both Visitors and Visitees can earn points on the RACS CPD program. Several other specialties (GP, O&G, Orthopaedic Surgery, General Registrants with the Medical Council) already have practice review programs. Regular practice review is designed to be a formative (as opposed to summative) assessment, helping the Visitee to develop professionally and help guide future CPD activities. A sub-committee of the NZAGS executive is creating a regular practice review program for General Surgeons in NZ. This will be piloted this calendar year. The visits are designed to provide a confidential review by two of the Fellow's peers about aspects of their practice. The practice visit process incorporates interviews with the multidisciplinary team the Fellow works with, as well as a review of the clinical work load, case mix and record keeping.

The practice visit process is a protected quality assurance activity under a formal notice obtained by NZAGS. This means that all information that becomes known solely as a result of the practice visit process is strictly confidential. NZAGS has obtained a notice from the Minister of Health protecting the confidentiality of the process, with the objective of encouraging fellows to participate fully and frankly in the practice visit process.

The aim of the practice visit programme is to provide feedback about the practice and facilitate quality improvements where necessary, in a collegial and supportive manner. In my view every practice visit ought to lead to some suggestions for the continuous professional development of the Visitee, even if they are performing already at an excellent standard.

Practice visits are not intended to be used as a mechanism for investigating concerns that have been raised about a fellow's competence, health or fitness to practise. Where there are such concerns other mechanisms are available. If you would like to receive a practice visit and potentially become a visitor in the future, do contact Bronwen Evans ASAP so that you can potentially be involved in the Pilot.

Australian Medical Council Report

The training and education programs of RACS were reviewed in 2017 and in December the Accreditation committee released their final report. The AMC leads the accreditation process and assessment teams for bi-national training programs and continues to include New Zealand members, site visits to NZ, and consultation with NZ stakeholders. The accreditation standards of AMC and the New Zealand Medical Council (NZMC) are the same. The AMC's finding is that it is reasonably satisfied that the education, training and continuing professional development programs of the college substantially meet the accreditation standards.

The AMC commended the college for establishing the Expert Advisory Group (EAG) to undertake the substantial review of concerns relating to discrimination, bullying and sexual harassment. The AMC believes the Building Respect, Improving Patient Safety (BRIPS) Action Plan is influencing surgical culture. The AMC recommends the training boards supported by the college should promote the BRIPS programs and support all surgeons "call out" bad behaviour in work and training. The college must also develop and implement completely confidential and safe processes for obtaining- and acting on- regular and systematic feedback from the trainees on the quality of supervision, training and clinical experience.

The issue of diversity of trainees and flexibility of training was a recurrent theme across all specialties. The AMC report calls on the College to build on their policy to remove the overt and hidden barriers to flexible forms of training. RACS must liaise with hospitals to implement flexible training by the 2018 progress report. They recommended the college further develop its selection policy, particularly with regard to the transparent scoring of the CV and standardisation of the structured referee reports. The standard of entry into the surgical training program must be clearly documented and publicly available.

The AMC granted accreditation for 4 years, subject to satisfying AMC monitoring requirements including progress reports. This report can be accessed from the College website. (<https://www.surgeons.org/about/amc-2017/>).

The Board in General Surgery

NZAGS and GSA work closely with the Board in General Surgery (BiGS). General Surgery still has a combined Board in General Surgery with Australia, whereas orthopaedics and plastic surgery have their own training boards in New Zealand. All the other specialties have bi-national training boards currently.

This partnership between NZAGS and GSA to provide general surgical training via BiGS, whilst always collegiate, has not been entirely stable over the last 5-8 years. Separation of the Board into two came to a head five years ago when Adrian Anthony was the Chair, and Michael Rodgers was President of NZAGS. Some (including possibly the current Australian chair of BiGS) felt that the Board should separate, but many of the Australian committee members including Michael Cox (who I believe may have been President of GSA at the time) were opposed. Eventually a revised support structure was agreed to and put in place, which included the formation of the Project Management Committee. RACS was of the opinion that splitting the Board would not be in everyone's best interests, and even last year the President of RACS Phil Truskett expressed to me that he would be very disappointed if the Board did separate.

The agreement between BiGS and RACS for providing general surgical training in Australia and New Zealand is up for review within the next 12 months or so. It is time again to explore the structure of BiGS and Trevor Collinson (President of GSA) and Kellee Slater (chair BiGS) have suggested that "amicable Training Boards for both countries with the ability and autonomy to make decisions and implement initiatives for the Training Programs in our respective countries" as their preferred solution. This has "worked very well for both Plastic Surgery and Orthopaedic Surgery", and there is "no reason we cannot do the same". It is worthy of consideration.

However, the NZ Orthopaedic Association was noted in the AMC report to be still using the pre-2011 syllabus, whereas the Australian OA was actively revising theirs. The AMC note that the competency based training program, AOA 21, will begin for Australian orthopaedic trainees in 2018. The Board in General Surgery updated the curriculum in 2015/2016, and will move towards competency based training with Procedure Based Assessments (PBAs) being piloted and likely to be implemented soon. It does seem to me that a common curricula and assessment is essential and keeping the bi-national Board has enabled the General Surgical training to continue to develop at a reasonable pace and modernise. It may have been difficult for a NZ or Australian National Board to make the same progress independently.

Splitting the Board may have other benefits, such as a bigger voice for General Surgery and a constant NZ voice for General Surgery on the Board of Surgical Examinations and Training (BSET).

The executive will have to listen carefully to the NZ training committee for their preference as splitting the Board could increase the workload especially for the training committee.

Endoscopy Governance Group of New Zealand (EGGNZ)

EGGNZ standards for colonoscopy within the national bowel screening program have been adopted by the Ministry of Health for bowel cancer screening. The next area of interest for EGGNZ is certification and re-certification for endoscopy. Marianne Lill (who is one of the RACS appointed members of the NZ conjoint committee for recognition of training in endoscopy) and I are part of the next working group of EGGNZ which will be looking at the certification and re-certification in endoscopy. Marianne is also a member of the RACS colonoscopy committee, which is chaired by NZ College Councillor and Professional Standards chair Richard Perry. Australia has also been looking at certification and re-certification through their conjoint committee, and the RACS colonoscopy committee.

Australia and New Zealand Emergency Laparotomy Audit (ANZELA)

There has been several meetings in Australia since the RACS ASM in May about forming an Emergency Laparotomy Audit similar in some regards to the National Emergency Laparotomy Audit (NELA) in England and Wales. An important point of difference is that the ANZELA is looking to be more of a quality improvement project rather than simple audit. Interest in Australia was stimulated by an audit done in Western Australia by James Aitkin and Catherine Broughton (NZ Fellow in Perth in 2016). David Fletcher, who is the specialty elected councillor for General Surgery, is also involved. From a NZ perspective, there is already a lot of work with Emergency Laparotomy being established in Auckland City Hospital and also soon being rolled out in several other centres. Gowan Creamer is our representative on this issue and there now an agreed dataset and a small amount of funding given for a pilot study by the relevant Societies and Colleges (General Surgery and Anaesthesia on both sides of the Tasman). The challenge will be to attract funding for roll out of a Quality Improvement project in both countries, assuming the pilot is successful.

The Binational Colorectal Cancer Audit (BCCA)

The BCCA is an important tool to assess and benchmark the quality of colorectal cancer surgery, and if you operate on colorectal cancer as part of your practice, I encourage you to participate in this initiative.

To date, inputting data into a (yet another) database has been a significant barrier to surgeons participating in the BCCA. However, the BCCA now has an Importation Tool, allowing surgeons to import their colorectal cancer data from existing databases to BCCA, eliminating the need for duplication of data entry efforts.

To participate in BCCA or find out more, please send an email to bcca@cssanz.org with a list of the hospitals at which you currently operate. Kerri Buczynskyj (Project Officer) will be able to assist in creating you an account, and if necessary, organising the appropriate approvals for any sites which are not currently registered.

Yours sincerely,

Andrew Moot
President

Composition of the NZTC

The training committee comprises the Chair (myself), Deputy Chair (Dave Moss, Middlemore) and representatives from each of the 18 DHBs with accredited training positions. In addition, there is a training representative and the exceptional Wellington office staff.

Linda Porter our Training Manager resigned in August 2017 to pursue her dream of starting a food business in Island Bay, Wellington. Linda will be very much missed and we thank her for all her wonderful work over the six years that she was at NZAGS and wish her all the best with her new venture. Linda has been replaced by Helen Glasgow who previously worked at the New Zealand Orthopaedic Association as Training and Education Manager and we welcome Helen to the role. Claire Nicoll is the GM- Policy, Projects and Education which takes a more strategic view of training. We continue to see a lot of valuable data from SOLA (the NZAGS trainee management system and logbook) and this was exceptionally valuable for reviewing the training posts during the quinquennial inspections carried out in March 2017.

I am now in my second year in the role as Chair of the Training Committee. It is a busy role and there are always issues (large and small to be attended to) and I am grateful to previous and current Committee members for their assistance, support and dedication to their roles.

Training Post Status

In 2018 New Zealand has 65 SET 2+ training positions. The length of training is now 4 years and is still under review.

In March 2017 all 18 accredited training hospitals were inspected. This was a considerable logistical exercise and it all went very smoothly and I thank Claire for her excellent work in coordinating all these inspections. There were some issues raised at some hospitals and these will be followed up in 2018 either by a further physical or paper inspection. I am pleased to report that trainees get a very good training experience in our hospitals – something that we can be very proud of.

Trainee Performance

Our trainees continue to perform well in general. In 2017 there were a total of 69 trainees. In the 2018 year we have 10 trainees on interruption – 5 on research interruption and 5 on parental interruption. This is considerably higher than previous years and in addition there are 4 trainees on deferral. I know that this has caused inconvenience in some departments who have ended up with 1-2 less trainees than they were expecting and we thank them for managing this situation.

Examination performance continues to be good (however not quite as good as the previous year), with 14 attempts at the Fellowship Exam in 2017 over the two sittings with the pass rate being 64%.

May – 11 sat, 8 passed = 72% pass rate

September – 3 sat, 1 passed = 33% pass rate

14 attempts over the 2 sittings = 64% pass rate

2017 Selection

In 2017 there were a total of 28 applicants for the SET programme in General Surgery. Of these 21 candidates were offered an interview based on their referee reports. Fourteen candidates were offered a training position in the first instance with a wait list of four. In the end the four on the waiting list were offered a place on the training program as four of the trainees offered training positions either deferred or took up a training place in another specialty. I am very keen to have further discussions with members and trainees about how we can encourage doctors to become General Surgeons as we are seeing a drop off in numbers however this trend is not confined to General Surgery.

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.

In November a SET induction day was held in Wellington. This is the fifth 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. Various members of the committee contributed as well as past trainees. Emily Davenport gave a very timely session on Family Life and Surgery which was of great interest to the attendees who are often juggling a young family with the demands of Surgical Training. Many thanks to Emily Davenport, Dave Moss and John Windsor who assisted at the Induction Day.

Research Network

An exciting development in 2017 was the establishment of a Clinical Trials Network in New Zealand and Australia. The aim of this network is to encourage multi centre research projects across New Zealand and Australia. We hope that this will develop over the next few years resulting in some significant research projects.

SEAM

All trainees passed the requisite modules in 2017. There is a programme of work to review the content and educational objectives of each of the modules over the past and current year to ensure the modules remain current and guide trainees in their learning.

Additional Board and Training Committee Activities

The Board in General Surgery continues its work on the strategic objectives. There were no major changes in 2017, but work is progressing and there are likely to be some changes approved, if not implemented in 2018.

Similarly, to last year the training committee will interview all SET 2 trainees in March at the time of the face to face meeting. This allows the committee to interact and discuss any training issues with trainees.

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

Simon Bann BSc MD FRCS FRACS

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

Executive Director's Report 2017

2017 saw a change in staff at NZAGS. After six years with NZAGS and previously in the same role with the College, Linda Porter our Training Manager decided it was time for a fresh start after the loss of her husband late 2016. We were sad to see Linda go and we wish her well in her new endeavors.

The new Training Manager who started with us in September 2017 is Helen Glasgow, formerly the Training Manager with NZOA. She is well versed in the role, so minimal training required! It also means that we are quite comfortable in giving Claire Nicoll, GM of Projects, Planning and Education a 6 months sabbatical between May and October this year.

Branding

You will have noted the new branding and positioning that NZAGS introduced in 2017. It was decided to have a more NZ flavor to our logo and we are at this moment progressing a cultural positioning of our logo.



The new mission statement and tag line with an accompanying logo.

The New Zealand Association of General Surgeons is the voice of General Surgery in New Zealand: promoting excellence, collegiality, and the well-being of its surgeons and patients.

Promoting Surgical Excellence

In addition, we continue to develop and improve the website which is a constant changing beast. We are about to undergo a homepage development to better reflect our new brand and make navigating the website easier. You'll find all the information on our website under the members' area.

Financials

I'd like to thank Sandra Kennerley and Peter Shapkov (NZAGS Treasurer) for the excellent work on our accounts and overseeing our financial position.

Our Net Profit was \$90k a 181% increase on last year's net profit of \$32k. Revenue was up 14% this year at \$636k, while expenses also increased to \$546k a 4% increase.

The increased net profit was due to

- \$15k Balance of Board in General Surgery Governance Fund unspent
- \$10k increase in membership subscriptions collected
- \$10k increase in conference profit on 2016
- \$7k Increase in Training Fund due to trainee fee increase
- \$6k from increased number of trainees undertaking SEAM
- \$3k from JB Were Investment portfolio

One thing to note is there is a line item showing income from Hospital Inspections of \$52k. The corresponding expenses occurred in completing the hospital inspections, is sitting in the large increased Travel, Accommodation and Meals line. The cost of the hospital inspections was \$62k. Normal travel of NZAGS was therefore in fact \$20k. NZAGS incurred a loss of \$10k for this round of hospital inspections which was offset by the profit we made 5 years ago during the last hospital inspections and was costed accordingly.

I expect expenses to remain at this level moving forward and our annual profit to be much the same except for the BiGS Governance fee wash up, as BiGS has moved to 5 face to face meetings a year instead of 3 so the pool left over will be small.

Membership

Membership is growing. We have 239 members in total with 65 trainees. We have been hearing that some departments within the DHB's are saying if two surgeons are members then that is fine, they can update the rest. However, to be a strong viable voice in general surgery we need to show our strength in numbers. NZAGS needs to know we are the voice of general surgery and to do that we need all general surgeons to become members. Don't leave it to your colleagues. From reading the President's report I'm sure you can see how much work the organisation does on behalf of surgeons and general surgery in New Zealand.

We hope you will encourage your fellow consultants to become members. Under the terms of the Surgical Collective Agreement, members can claim for both specialty and sub-specialty membership subscriptions.

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/>

Practice Visits

NZAGS is currently working on developing a trial for a voluntary Practice Visits programme. The Medical Council has not made practice visits compulsory but has highlighted their views on how Regular Practice Review (RPR), is recommended as part of CPD and practice visits are currently applied by some Colleges/Associations such as NZOA.

Practice Visits provide collegial peer review of specialists within their work environment. This type of review consists of a preliminary surgical audit, patient satisfaction questionnaire, practice profile survey, observation of major and minor surgery, a peer visit with two outside general surgeons, interviews with colleagues, and clinical records review.

Practice Visits aim to identify the strengths and assess relative risks within a practice which if modified may lead to improved patient satisfaction and outcomes as well as a reduction in medico legal issues for the Fellow concerned. The project provides an excellent opportunity for Fellows to gain collegiate support and feedback from colleagues who understand the context and challenges of working in a practice.

NZAGS's focus on developing voluntary practice visits is to showcase best practice across our surgeons and help those who need the support.

We have applied to the Ministry for a Quality Assurance Activities protection, we will be putting a business case proposal to the RACS CPD committee to ensure a fair CPD points allocation that counts towards your CPD score each year and will share more about the practice visits as we trial them.

Your Organisation

Executive Committee members are often called upon for opinion and feedback, and more often asked to sit on various external committees, many finding 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.

I would like to thank Andrew Moot who will become our past president at the AGM. Andrew has worked hard and passionately for general surgery over the past two years and I know Julian Speight, stepping into the President role, will do the same.

I also would like to thank my staff, Linda, Helen, Sandra, 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 2018. On behalf of Claire, Sandra, Linda and I, thank you.

Bronwen Evans
Executive Director

Directory NZAGS Executive Committee, 2017

President	Andrew Moot
Vice-President	Julian Speight
Immediate Past President	Philippa Mercer
Treasurer	Peter Shapkov
Continuing Professional Development	Simon Bann / Ian Burton
Committee Members (during the year)	Grant Coulter
	Gowan Creamer
	Rowan French
	Graeme Roadley
	Peter Stiven
	David Vernon
	Nigel Henderson
Chair, Education and Training	Simon Bann
Meeting Co-ordinator (Pahia)	John Lengyel
Trainee Representative	Suheelan Kulasegara
Private Practice Representative	Ian Burton
Executive Director/Secretary	Bronwen Evans
Younger Fellow Representative	Amit Reddy

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Future NZAGS Meetings -2018

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

NZAGS Paid up Members as at 30 Nov 2017 (excluding Trainees)

David	Adams	John	Fleischl
Naghm	Almozany	Rowan	French
Damien	Ah Yen	John	Frye
Semisi	Aiono	Susan	Gerred
Imad	Aljanabi	Bill	Gilkison
Philip	Allen	Malcolm	Gordon
Andrew	Audeau	Chris	Gray
Simon	Bann	David	Griffith
Adam	Bartlett	Bernd	Grunewald
Grant	Beban	Hisham	Hammodat
Savitha	Bhagvan	Neil	Harding-Roberts
Magdalena	Biggar	Richard	Harman
Vanessa	Blair	Simon	Harper
Gerard	Bonnett	Nigel	Henderson
Michael	Booth	Andrew G	Hill
Alejandro	Boue	Todd	Hore
Andrew	Bowker	Li	Hsee
Ian	Burton	Steven	Hudson
Ian	Campbell	Michael	Hulme-Moir
Wai	Chang	Lincoln	Israel
Peter	Chin	John	Jarvis
Rick	Cirolli	Bertrand	Jauffret
Ian	Civil	Bevan	Jenkins
Matthew	Clark	Wayne	Jones
Andrew	Connolly	Eva	Juhasz
Saxon	Connor	John	Keating
Hugh	Cooke	Steven	Kelly
Gary	Cooper	Burton	King
Grant	Coulter	Avinesh	Kumar
Richard	Coutts	Stephen	Kyle
Isaac	Cranshaw	Richard	Kyngdon
Gowan	Creamer	Universe	Leung
Nichola	Davis	John	Lengyel
Alex	Dalzell	Marianne	Lill
Emily	Davenport	Jasen	Ly
Henry	Deacon	Paul	Manuel
Elizabeth	Dennett	Richard	Martin
Atul	Dhabuwala	Bernard	McEntree
David	Dickson	Philippa	Mercer
Birgit	Dijkstra	Graeme	Millar
John	Dunn	Anupam	Modi
Stephen	Dunn	Andrew	Moot
Timothy	Eglington	David	Moss
Falah	El-Haddawi	Alexander	Ng
Thomas	Elliott	George	Ngaei
Nicholas	Evennett	Richard	Perry

Sanjay	Pandanaboyana	Mark	Smith
Murray	Pfeifer	Trevor	Smith
Tony	Phang	Nicholas	Smith
Garth	Poole	Gerrie	Snyman
Aleksandra	Popadich	Julian	Speight
Shalvin	Prasad	Ian	Stewart
Michael	Puttick	Mark	Stewart
Siraj	Rajaratnam	Peter	Stiven
Amit	Reddy	Gary	Stone
Chandra	Reddy	Jane	Strang
Bruce	Rhind	Richard	Tapper
Konrad	Richter	Mark	Thompson-Fawcett
Graeme	Roadley	James	Tietjens
Ross	Roberts	Josephine	Todd
Robert	Robertson	Etienne	Truter
Michael	Rodgers	Stephanie	Ulmer
Jeremy	Rossaak	Rene	van den Bosch
Rukshan	Ravindra Ranjan	David	Vernon
Paul	Samson	Christopher	Wakeman
Mark	Sanders	Fraser	Welsh
Susan	Seifried	Susrutha	Wickremesekera
Michael	Sexton	Colin	Wilson
Peter	Shapkov	John	Windsor
Usha	Shan	Linus	Wu
James	Shaw		
Ali	Shekouh		
Alexander	Skavysh		

Retired Members

Pat	Alley	Charles	Mixer
Terry	Burcher	David	Morris
Thomas	Clements	Stephen	Packer
John	Eastwood	Anthony	Pierre
Paul	Fogarty	Belinda	Scott
Robert	Fris	Alan	Shirley
Phillip	Godfrey	Paul	Silvester
Don	Guadagni	Graeme	Skeggs
David	Innes	William	Sugrue
Robin	Irwin	James	Tyler
Douglas	Knight	Stephen	Vallance
Robert	Loan	Warren	Watson
John	MacDonald	Denis	Whittle
Kenneth	Menzies	Gavin	Wilton
John	Mercer	Alastair	Yule
Kim	Miles		

NZAGS Trainees as at 30 November 2017

Fadhel	Alherz	Simon	Richards
Mohammad	Amer	Jason	Robertson
William	Anderson	Michael	Russell
Ahmed	Barazanchi	Rohit	Sarvepalli
Jon	Barnard	Sean	Seo
Tracey	Barnes	Sophie	Sharpe
Angela	Bayly	Laila	Sheikh
Lisa	Brown	Rebecca	Shine
Janice	Chen	Parry	Singh
Michael	Chu	Maiko	Smith
Benjamin	Cribb	Roberto	Sthory
Andrea	Cross	James	Tan
Melissa	Edwards	Jeni	Thomas
Alistair	Escott	Megan	Thomas
Paul	Fagan	Rebecca	Thomas
Alice	Febery	Greg	Turner
Jesse	Fischer	Ryash	Vather
Nicholas	Fischer	Bridget	Watson
Elizabeth	Foo	Delendra	Wijayanayaka
Bernadette	Goodwin	James	Wilkins
Celia	Keane	Alec	Winder
Victor	Kong	Shahed	Yassaie
Suheelan	Kulasegaran		
Melanie	Lauti		
Yukai	Lim		
Ian	Lord		
Neil	Lowrie		
Daniel	Mafi		
Stephanie	Manning		
James	McKay		
Anna	Morrow		
Michael	O'Grady		
Somnath	Palit		
Riteshkumar	Patel		
William	Perry		
Luke	Phang		
Jevon	Puckett		
Braden	Pyle		
Nigel	Rajaretnam		
Kate	Rapson		
Michael	Reeves		
Sarah	Rennie		
Janet	Rhodes		