ANNUAL
REPORT

New Zealand Association of General Surgeons

NZAGS17

25 – 26 March 2017

Palmerston North Convention Centre

www.nzags.co.nz

New Zealand Association of General Surgeons

Contents

Notice of Annual General Meeting

Annual General Meeting of the New Zealand Association of General Surgeons is to be held on **Saturday 25th March 2016 at 1.00pm** at the Palmerston North Convention Centre, Palmerston North.

Agenda

1. Apologies – Gowan Creamer, Julian Speight
2. Minutes of previous AGM held in North Shore 12th March 2016
3. Matters Arising from the Minutes
4. Association Reports
    a. President, A. Moot
    b. Executive Director, B. Evans
    c. Education, S. Bann
5. Annual Membership Subscription ratification
6. ACC Update – Grant Coulter
7. Southern Cross Breast AFP Update – Ian Burton/ Philippa Mercer
8. Health Workforce NZ Predictions – Claire Nicoll
9. Ratification of new Executive Member Nigel Henderson and a thank you to Hugh Cooke who is stepping down
10. Branding presentation – Bronwen Evans
11. Re-appointment of auditors – Deloittes
12. General Business
13. Next Meeting, Whangarei 2018 (convener, Dr Usha Shan)
14. Closure

New Zealand Association of General Surgeons

Annual General Meeting

Spencer on Byron Hotel, Takapuna
Saturday 12th March, 1.00pm

In attendance: (see sign in sheets, a quorum was met)

Executive: Philippa Mercer, Andrew Moot, Julian Speight, David Vernon, Ian Burton, Graeme Roadley, Peter Shapkov, Roberto Sthory

1. **Apologies:** Bronwen Evans, Hugh Cooke, Bill Gilkison

2. **Minutes of last meeting:-**

A motion was made to approve the minutes from the previous AGM
Moved: Simon Bann
Seconded: Julian Speight

3. **Matters arising:** Nil

4. **Reports:-**

a. **President's report – P Mercer**

Philippa advised members on the changes to the Executive; that Hugh Cooke has stepped down treasurer and Peter Shapkov is taking over this role; Jane Strang has resigned, Amit Reddy has taken on a new role as Younger Fellow Representative and Petr Stiven has also joined the Executive.

Philippa advised the membership that NZAGS has moved into new offices on Level 3, 8 Kent Terrace, Wellington.

Philippa noted that the NZAGS Executive had a Strategic Planning Day held in December 2015 and that the outcome of the chance to meet more than once face to face per year was very positive and would continue.

Philippa stated that because of the Increase in financial responsibilities for NZAGS, such as taking care of the income gathering for the conferences, the Executive had approved the employment of a fourth member at the NZAGS office part-time.

Philippa noted that the Executive were planning on instigating scholarships for Pacific surgeons to attend conference and also for education grants for trainees.

Philippa mentioned that some surgeons aren't aware they are not members and encouraged members to spread the word to join NZAGS.

b. Executive Directors report - In the absence of Bronwen Evans, members were directed to the Executive Director's report in the Annual Report available online.

c. Treasurer's report – in the absence of H Cooke, Philippa advised that the NZAGS reserve of funds is positive, that the key sources of income is from conferences and trainee fees and membership fees and that NZAGS has maintained a reserve as advised by our auditors. It was noted that there are likely to be substantial future expenses incurred with SOLA improvements and updates required as a result of Board in General Surgery Training changes.

d. **Training chair report** – in the absence of Rowan French, the members were directed to the Training Chair's report in the Annual report.

5. Annual membership subscription increase:-

Philippa **proposed** that the membership fee increased by 1% (CPI) as follows:-

Full (existing, $433.70 plus gst) becomes $448.13 plus gst ($515.35)

Associate (existing $216.85 plus gst) becomes $224.07 plus gst ($257.67)

Moved: David Vernon
Seconded: Andrew Connolly
Carried, no abstentions or votes against

6. Reappointment of auditors:

Philippa **proposed** that NZAGS re-appoint Deloittes in Wellington as the NZAGS auditors.

Moved: Ian Burton
Seconded: Graeme Roadley
Carried, no abstentions or votes against

7. General Business

Bowel screening/Endoscopy governance – Andrew Moot advised that New Zealand is using the global rating scheme for determining those who need colonoscopies which is working well. NQUIP funding for endoscopy governance has now gone. MOH want a sector-led governance structure to move to quality assurance for endoscopy screening. The last meeting of the governance group took place June 2015 chaired by Russel Walmsley and attended by Andrew Moot, Rowan French, Richard Perry, and Grant Coulter. The issue is there is no legal mandate for a governance body. RACS is not keen that FRACS are involved in unit accreditation.

ACC –Julian Speight advised the members that he had recently met with ACC regarding covering hernias - for these to be covered under ACC legislation there must be a lump or pain present and be as a result of an accident (so umbilical hernias would not be covered). It is hoped that hernias can be accepted by GP diagnosis without referral to a surgeon.

General Surgeons cover for Urology and other Specialty areas – Philippa advised members that NZAGS is establishing guidelines to support General Surgeons in those communities with cover for other specialties.

Prioritisation tool – Philippa advised members that the prioritisation tool is being piloted in several centres.

Next AGM – Palmerston North: March 2017

Closure: 1.30pm

Performance Report

New Zealand Association of General Surgeons
For the year ended 30 November 2016

Contents

Entity Information

New Zealand Association of General Surgeons
For the year ended 30 November 2016

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 2016

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 2016.

APPROVED

Andrew Moot

Chair

Date 13 February 2017

Peter Shapkov

Treasurer

Date 13 February 2017

Statement of Service Performance

New Zealand Association of General Surgeons
For the year ended 30 November 2016

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.

	2016	2015
Our Achievements in the Year		
Number of General Surgeons Qualified in the year	16	15
Number of new Doctors selected for Training	19	11
Number of Trainee Days Held	2	2
Number of trainee days attended	123	76

Additional Output Measures

The Association worked closely in 2016 with insurance companies to ensure that the delivery of private health care in New Zealand remains affordable for both surgeons and patients. We looked at private practice processes, including developing local anesthetic room standards and credentialing.

The Association has also worked closely with PHARMAC reviewing their procurement process and purchasing contracts for various products used in hospitals to ensure those being considered would meet the needs of 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.
- Prioritisation Project - contributing to the development and testing of a surgical prioritisation tool for all of the District Health Boards to use. How do you prioritise different surgeries? The pilot is completed and the ministry wish to roll the tool out to the District Health Boards in 2017.

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 2016
- 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 been working with ACC on defining hernia coverage under ACC legislation.

Additional Information

This years outcomes rose 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 2016

	NOTES	2016	2015
Revenue			
Donations, fundraising and other similar revenue	1	10,268	-
Fees, subscriptions and other revenue from members	1	477,476	469,692
Revenue from providing our services	1	36,563	35,280
Interest, dividends and other investment revenue	1	33,290	35,709
Total Revenue		**557,597**	**540,681**
Expenses			
Volunteer and employee related costs	2	210,747	167,452
Costs related to providing our services	2	267,365	206,244
Other expenses	2	47,312	59,490
Total Expenses		**525,424**	**433,187**
Surplus for the Year		**32,173**	**107,494**

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 2016

	NOTES	2016	2015
Assets			
Current Assets			
Bank accounts and cash	3	341,528	928,163
Debtors and Prepayments	3	54,176	64,892
Other Current Assets	3	820,821	172,297
Total Current Assets		**1,216,525**	**1,165,353**
Non-Current Assets			
Investments - J B Were	3	32,191	33,204
Property, Plant and Equipment	5	8,818	10,537
Intangible Assets	6	47,420	57,966
Total Non-Current Assets		**88,430**	**101,708**
Total Assets		**1,304,955**	**1,267,060**
Liabilities			
Current Liabilities			
Creditors and accrued expenses	4	41,199	32,444
Employee costs payable	4	5,947	8,980
Unused donations and grants with conditions		-	-
Total Current Liabilities		**47,146**	**41,424**
Total Liabilities		**47,146**	**41,424**
Total Assets less Total Liabilities (Net Assets)		**1,257,809**	**1,225,636**
Equity			
Accumulated Funds		1,257,809	1,225,636
Total Equity		**1,257,809**	**1,225,636**

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 2016

	2016	2015
Cashflow statement		
Cashflows from Operating Activities		
Donations, fundraising and other similar revenue	10,268	-
Fees, subscriptions and other receipts from members	477,479	473,773
Interest, dividends and other investment receipts	37,265	29,868
Receipts from providing goods and services	37,412	38,795
Payments to suppliers and employees	(473,232)	(445,614)
Cashflows from operating activities	(653)	(3,902)
Total Cashflows from Operating Activities	**88,539**	**92,920**
Cash flow from Investing and Financing Activities		
Receipts from sale of investments	173,309	-
Cashflow from other Investing and Financing Activities	(1,719)	(2,169)
Payments to acquire property plant and equipment	(3,420)	(7,501)
Payments to purchase investments	(820,819)	503,957
Payments to purchase intangibles	(22,525)	(20,575)
Total Cash flow from Investing and Financing Activities	**(675,174)**	**473,712**
Net Increase / Decrease in cash	(586,635)	566,632
Cash balances		
Cash and cash equivalents at beginning of year	928,163	361,531
Cash and cash equivalents at end of year	341,528	928,163
Net change in cash for the year	(586,635)	566,632

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 2016

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. 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 Comparative Amounts

The 2015 comparative figures have been reclassified to comply with the PBE SFR-A (NFP) Public Benefit Entity Simple Format Reporting - Accrual (Not for Profit) requirements.

Notes to the Performance Report

New Zealand Association of General Surgeons
For the year ended 30 November 2016

	2016	2015
1. Analysis of Revenue		
Donations, fundraising and other similar revenue		
BiGS wash up grant	10,268	-
Total Donations, fundraising and other similar revenue	**10,268**	**-**
Fees, subscriptions and other revenue from members		
Membership Subscription Income	56,243	58,347
Trainee Membership Fees	15,012	18,879
Annual Conference Proceeds	132,545	94,901
Trainee Funds	240,835	261,895
Training Day Income	7,187	2,388
Trainee Selection Application	16,304	24,782
SEAM Income	9,350	8,500
Total Fees, subscriptions and other revenue from members	**477,476**	**469,692**
Revenue from providing goods or services		
BiGS Specialty Governance Fee	34,779	35,280
Other Income	1,784	-
Total Revenue from providing goods or services	**36,563**	**35,280**
Interest, dividends and other investment revenue		
Interest Education Fund	20,046	23,438
Interest General	12,538	10,525
JBWere Investment Portfolio - Income	707	1,746
Total Interest, dividends and other investment revenue	**33,290**	**35,709**

	2016	2015
2. Analysis of Expenses		
Volunteer and employee related costs		
Salaries	44,074	43,115
Staff Recruitment	10,125	-
Staff Training	-	690
Training Salaries	156,548	123,648
Total Volunteer and employee related costs	**210,747**	**167,452**
Costs related to providing our services		
ACC Levy	369	604
Travel, Accommodation and Meals	25,535	21,561
Accountancy Fees	1,663	3,796
Bank Charges	(614)	665
BiGS costs	30,283	32,291
Conference Costs	98,516	61,637
Consultancy	8,745	6,395

Credit Card Merchant Fees	3,999	3,263
Inland Revenue Penalties	-	271
Insurance	519	471
Interest Paid	5	19
IT Expenses	2,881	6,752
NZAGS Meetings	2,324	-
Office Expenses	20,083	10,594
Rent	26,736	13,949
SEAM Exp	56	306
Selection Expenses	12,455	15,211
Trainee Membership Fees - Expense	15,012	18,879
Training Day	16,993	5,984
Website Hosting and Maintenance	1,806	3,596
Total Costs related to providing our services	**267,365**	**206,244**

Other expenses

(Gain) / Loss on Exchange	1,719	(424)
Amortisation	33,071	49,549
Audit Fees	6,636	6,220
Bad Debts	747	-
Depreciation	5,139	2,685
Legal Fees	-	1,461
Total Other expenses	**47,312**	**59,490**

3. Analysis of Assets

	2016	2015
Bank accounts and cash		
ASB Account 00	15,652	34,898
ASB Education 01	26,898	32,313
ASB Fast Saver Account 50	298,978	860,953
Total Bank accounts and cash	**341,528**	**928,163**
Debtors and prepayments		
Accounts Receivable	12,063	12,133
GST Receivable	5,191	5,974
Prepayments	34,197	40,085
Interest Accrued	2,725	6,701
Total Debtors and prepayments	**54,176**	**64,892**
Other current assets		
Investments		
ASB Term Deposit 76	-	172,297
ASB Term Deposit 80	307,569	-
ASB Term Deposit 79	513,252	-
Total Investments	**820,821**	**172,297**
Total Other current assets	**820,821**	**172,297**

Long Term Investments		
JB Were Investment Portfolio	32,191	33,204
Total Long Term Investments	**32,191**	**33,204**

	2016	2015

4. Analysis of Liabilities

Creditors and accrued expenses		
Accounts Payable	19,212	11,842
Income Received in Advance	21,737	20,447
Credit Cards	249	155
Total Creditors and accrued expenses	**41,199**	**32,444**

Employee costs payable		
Holiday Pay Accrual	5,947	8,980
Total Employee costs payable	**5,947**	**8,980**

	2016	2015

5. Property, Plant and Equipment

Office Equipment		
Office Equipment - Cost	34,917	31,497
Office Equipment - Accumulated Depreciation	(26,099)	(20,960)
Total Office Equipment	**8,818**	**10,537**
Total Property, Plant and Equipment	**8,818**	**10,537**

Significant Donated Assets Recorded

The Association have received no donated assets.

	2016	2015

6. Intangible Assets

Software		
Software at Cost	193,439	193,439
Software Accumulated Depn	(167,000)	(140,673)
Total Software	**26,439**	**52,766**

Website		
Website at Cost	56,634	34,109
Website Accumulated Amortisation	(35,654)	(28,909)
Total Website	**20,981**	**5,200**
Total Intangible Assets	**47,420**	**57,966**

	2016	2015

7. Accumulated Funds

Accumulated Funds		
Opening Balance	**1,225,636**	**1,118,142**

Accumulated surpluses	32,173	107,494
Total Accumulated Funds	**1,257,809**	**1,225,636**
Total Accumulated Funds	**1,257,809**	**1,225,636**

8. Commitments

	2016	2015
Commitments to lease or rent assets		
Due within one year	1,791	-
Total Commitments to lease or rent assets	**1,791**	**-**
Commitment to purchase property, plant and equipment	-	-
Commitments to provide loans or grants	-	-

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 2016.

9. Contingent Liabilities and Guarantees

There are no contingent liabilities or guarantees as at 30 November 2016 (Last year - nil).

10. Related Parties

	2016	2015
Receivables		
Royal Australasian College of Surgeons		
BiGS costs reimbursement	11,405	-
Total Royal Australasian College of Surgeons	**11,405**	**-**
Payables		
Royal Australasian College of Surgeons	1,852	-
Sales		
Royal Australasian College of Surgeons	240,835	261,895
Total Sales	**240,835**	**261,895**
Purchases		
Royal Australasian College of Surgeons	(26,736)	(13,949)
Total Purchases	**(26,736)**	**(13,949)**

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

No assets are held on behalf of others.

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. Ability to Continue Operating

The entity will continue to operate for the foreseeable future.

14. Audit

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

Deloitte.

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

Report on the Performance Report

We have audited the accompanying performance report of the New Zealand Association of General Surgeons on pages 6 to 17, which comprise the statement of financial position as at 30 November 2016, 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.

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 Performance Report

The Executive Committee is responsible on behalf of the entity for:

a) 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;
b) The preparation and fair presentation of the performance report, which comprises the entity information, the statement of service performance, 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 Public Benefit Entity Simple Format Reporting – Accrual (Not-for-Profit) issued in New Zealand by the New Zealand Accounting Standards Board; and
c) For such internal control as the Executive Committee determine is necessary to enable the preparation of the performance report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities

Our responsibility is to express an opinion on the performance report based on our audit. 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 and International Standards on Auditing (New Zealand), and the audit of the entity information and statement of service performance in accordance with International Standard on Assurance Engagements (New Zealand) 3000 (Revised). Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the performance report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the performance report, including performing procedures to obtain evidence about evaluating whether the reported outcomes and outputs and quantification of the outputs to the extent practicable, are relevant, reliable, comparable, and understandable. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the performance report, 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 performance report 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 performance report.

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

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

Deloitte.

Opinion

In our opinion:

a) The reported outcomes and outputs, and quantification of the outputs to the extent practicable, in the statement of service performance are suitable;
b) The performance report on pages 6 to 17 presents fairly, in all material respects, the financial position of New Zealand Association of General Surgeons as at 30 November 2016, and 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).

Deloitte Limited

Chartered Accountants
13 February 2017
Wellington, New Zealand

Appendix 1: Statement of Financial Performance - Education Fund

New Zealand Association of General Surgeons
For the year ended 30 November 2016

	NOTES	2016	2015
Revenue			
Donations, fundraising and other similar revenue			
BiGS wash up grant		10,268	-
Total Donations, fundraising and other similar revenue		**10,268**	**-**
Fees, subscriptions and other revenue from members			
Fees received		266,490	295,177
Other Revenue from Members		7,187	2,388
Total Fees, subscriptions and other revenue from members		**273,676**	**297,565**
Revenue from providing our services			
BiGS Specialty Governance Fee		34,779	35,280
Total Revenue from providing our services		**34,779**	**35,280**
Interest, dividends and other investment revenue			
Interest		20,046	30,139
Total Interest, dividends and other investment revenue		**20,046**	**30,139**
Total Revenue		**338,769**	**362,984**
Expenses			
Volunteer and employee related costs			
Wages and salaries		150,176	123,648
Staff Training		-	190
Total Volunteer and employee related costs		**150,176**	**123,837**
Costs related to providing our service			
ACC Levy		54	404
Accountancy Fees		1,791	1,652
Bank Charges		306	97
Conference Costs		43	80
consulting and Computer Wk		7,398	6,327
Inland Revenue Penalties		-	271
Interest Paid		4	19
IT Expenses		2,424	6,570
Travel and accommodation		10,681	14,622
International travel and accommodation		30,283	32,291
Office Expenses		8,320	6,625
SEAM Exp		56	306
Selection Expenses		12,455	15,211
Trainee Membership Fees - Expense		15,012	18,879
Training Day Expenses		16,993	5,984
Website Hosting and Maintenance		1,172	2,955

	NOTES	2016	2015
Insurance		(580)	-
Rental and lease payments		13,037	8,841
Electricity		38	-
Total Costs related to providing our service		**119,488**	**121,134**
Other expenses			
Amortisation of intangibles		33,071	49,549
Audit fees		3,318	3,110
Bad debts		747	-
Depreciation		5,139	2,685
Total Other expenses		**42,275**	**55,343**
Total Expenses		**311,939**	**300,315**
Surplus/(Deficit) for the Year		**26,831**	**62,669**

Appendix 2: Statement of Financial Performance - NZAGS

New Zealand Association of General Surgeons
For the year ended 30 November 2016

	NOTES	2016	2015
Revenue			
Fees, subscriptions and other revenue from members			
Subscription from Members		71,255	77,226
Annual Conference Proceeds		132,545	94,901
Total Fees, subscriptions and other revenue from members		**203,800**	**172,127**
Revenue from providing our services			
Other revenue			
Other revenue		1,784	-
Total Other revenue		**1,784**	**-**
Total Revenue from providing our services		**1,784**	**-**
Interest, dividends and other investment revenue			
Interest		13,244	5,570
Total Interest, dividends and other investment revenue		**13,244**	**5,570**
Total Revenue		**218,828**	**177,697**
Expenses			
Volunteer and employee related costs			
Staff Recruitment		10,125	-
Staff Training		-	500
Wages and salaries		50,446	43,115
Total Volunteer and employee related costs		**60,571**	**43,615**
Costs related to providing our services			
ACC Levy		315	199
Accountancy Fees		(129)	2,144
Bank Charges		(920)	567
Conference Costs		98,473	61,557
Consultancy Fees		275	-
Credit Card Merchant Fees		3,999	3,263
Interest Paid		-	-
IT Expenses		457	182
NZAGS Meetings		2,324	-
Travel and accommodation		14,854	6,940
Office Expenses		11,687	3,969
Website Hosting and Maintenance		634	642
Insurance		1,099	471
Rental and lease payments		13,699	5,108
Repairs and maintenance		1,072	68

	NOTES	2016	2015
Electricity		38	-
Total Costs related to providing our services		**147,877**	**85,109**
Other expenses			
Audit fees		3,318	3,110
Professional and consulting fees		-	1,461
Unrealised foreign currency gains and losses		1,719	(424)
Total Other expenses		**5,037**	**4,147**
Total Expenses		**213,485**	**132,871**
Surplus/(Deficit) for the Year		**5,342**	**44,825**

NZAGS Presidents Report 2016

The Executive has been:

- Andrew Moot, President
- Julian Speight, Vice President
- Peter Shapkov, Treasurer
- Hugh Cook
- Gowan Creamer
- Graeme Roadley
- Ian Burton
- Rowan French, Previous Chair of NZ Training Committee
- Philippa Mercer, Immediate Past-President
- Simon Bann, Chair of NZ Training Committee
- Robert Sthory, Trainee Representative
- David Vernon
- Grant Coulter
- Amit Reddy, Younger Fellows Representative

® Michael Rodgers, Past-President (resigned during 2016).

Nigel Henderson from Taranaki has been nominated by his department and will therefore be welcomed onto the Executive at the upcoming AGM in March 2017 (Palmerston North). We thank Nigel for his willingness to contribute to the work of the society. Welcome Nigel!

Several of our executive represent NZAGS/ General Surgery on various RACS committees, and other Ministry of Health committees. This work load continues to increase.

Staff at NZAGS office

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

Sandra Kennerley has been added to our staff in 2016. She is our Accounting and Administration Officer working part-time at the offices in Kent Terrace on Mondays and Wednesdays. The office is sub-leased from RACS and has apparently survived the recent seismic activity in Wellington very well. Visitors are very welcome. Thank you to Bronwen, Claire, Sandra and Linda for all their hard work and support. The office is functioning well and NZAGS is financially secure.

Training in General Surgery

NZAGS with the NZ Training Committee is responsible for General Surgery training, trainee selection, and trainee days. Surgical Education Assessment Modules (SEAM) and have been introduced, as a replacement for the Specialty Specific Surgical Sciences exam for SET 2/3. Previously, some SET trainees had failed the specialty specific part of the exam and had to be dismissed from the training program. A dismissal from the training program is obviously a disaster for the trainee and potentially a waste of the significant resource of training time. All New Zealand trainees passed the SEAM modules last year, although not always at the first attempt. Hopefully the SEAM modules are helping us to provide better training and ensure the trainees progress through the training program. The Board in General Surgery of RACS are looking to develop further SEAM modules and carefully monitor their introduction with a review by external educators underway to ensure SEAM modules are delivering what our trainees need. New Zealand continues to have an excellent pass rate for the RACS Fellowship examinations. I will represent NZAGS at the Fellowship convocation ceremony at the RACS ASM in Adelaide in May.

Thanks to Rowan French who finished his 3 year term as chair of the training committee mid-way through 2016. Thanks also to Simon Bann who has taken over that role and to the rest of the training committee for their hard work. Thanks also to the many General Surgeons involved in training our trainees. Please ensure if you have a SET trainee on your team and you have yet to do the Foundation Skills for Surgical Educators (FSSE) course, you start planning when you can get this done before the end of this year. This is mandatory for Fellows who have a SET trainee and the Board of Surgical Examination and Training has indicated that Fellows who do not complete this course (or an equivalent course in education) may lose the privilege of having a SET trainee on their team.

General Surgeons Australia (GSA)

NZAGS and GSA work closely with the Board in General Surgery (BiGS). GSA will take back the secretariat role of BiGS this year. A closer relationship between GSA and NZAGS continues to develop with representation at each of our respective meetings by the NZAGS and GSA presidents. I been invited to attend the GSA annual scientific meeting (ASM) which runs in Canberra this year from 29thof September to the 1st of October. This year the GSA ASM will bring together a program focused on complex areas of abdominal wall including laparostomy, difficult stoma management, enterocutaneous fistulae, abdominal nerve blockade, and chronic abdominal wall pain management. This program will be of interest to many of you. I have been to three of these meetings in past years and the content and quality is very good. I have represented NZAGS at the GSA 2016 ASM in Melbourne and will be in Canberra. Next year the NZAGS ASM will be in the Bay of Islands, and the GSA ASM will be in Fiji!

College Issues

As NZAGS President I am invited to represent General Surgery on the National Board of RACS. There are several other General Surgeons on the National Board, which is great for our specialty. This includes Philippa Mercer who continues on the NZAGS executive as Past President. 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. I am happy to be contacted if you have any issues that you think ought to be raised at the New Zealand National Board of RACS.

The "Operating with Respect" campaign, the RACS response to the Expert Advisory Group (EAG) on Discrimination, Bullying, and Sexual Harassment has been an extremely important during 2016. You will have seen a lot of promotional material in correspondence from the college and posters around your hospital. The College has been engaging with hospitals and health departments to produce memoranda of understanding (MoUs) on how to deal with complaints. There has been more progress in Australia than New Zealand but they are still are looking at signing MoUs with DHBs. Any Fellow can champion the "operating with Respect" campaign in each hospital and the College will support it. They can provide PowerPoint slides and any other resource a Fellow may need if for example they would like to speak at a grand round or other appropriate hospital meetings.

The College has revamped how it deals with serious complaints. There is now a single port of entry for complaints including a RACS 'hotline'. There is a database, a manual for College staff to deal with complaints and these changes should help to rebuild trust amongst fellow and trainees. The College will take complaints seriously. The Complaints Policy has been updated and there is a User Guide for College staff. There have been more than 100 complaints registered, many of them in the specialty of general surgery. While the EAG report suggested that many more complaints could have been made, over 100 complaints suggests people are beginning to realise that the College will take complaints seriously. Consent must be obtained from the complainant for RACS to fully investigate, and so many complaints are just registered.

RACS or NZAGS cannot get involved in complaints related to findings or decisions made about Fellows, Trainees or IMGs by regulators or in other legal proceedings. Neither can RACS or NZAGS assist or legally represent Fellows, Trainees nor IMGs involved in action by regulators or in other legal proceedings. The College has partnered with Converge International to provide confidential support to surgeons. This can be for any personal or work related matter. Converge counsellors are experienced in working with individuals in the medical profession.

I have attended the NZ Medical Council (NZMC) combined meeting with the medical colleges late last year, and another meeting at the NZMC about re-certification. The NZMC is keen to

move College Continuing Professional Development (CPD) programmes towards more reflective practice activities. They signalled that this year they will ask all medical colleges to have a regular practice visit option as part of their CPD programs. It will be up to the colleges as to whether they make it mandatory for all Fellows. The NZ Orthopaedic Association (NZOA) administers the CPD program for their members and has had a regular Practice Review Programme for about five years.

Regular practice reviews involves visiting and observing for full day, with patient questionnaires, and colleague feedback, including nurses and staff. It involves two surgeons visiting the practice, reviewing things such as their facilities, communication style and surgeon technical skill etc. It also involves review of the last three months' theatre operating lists. There is a small regular practice review committee. A certificate is given indicating you have been visited or have been a visitor, but the NZOA keeps any results in house, the results are confidential. It is compulsory for NZOA members to be visited and to be visitors. However, visits to any surgeon only occur every seven years or so and two surgeons tend to visit two other surgeons, so for NZOA members it is not a CPD activity they perform on a frequent basis. Feedback is that it is a worthwhile CPD activity and can even help strengthen regional ties.

The NZMC has also introduced regular practice review for general registrants. It happens more frequently (three yearly) and they have sub-contracted this activity to an independent provider. The have a limited number of visitors (some of you are probably involved or have been asked to be involved). They do provide some training for the visitors. Other colleges (O&G, GP) also have practice visit options for their CPD. If you have strong feelings about how RACS should develop regular practice visits then let me know and I can feed this back. Should NZAGS seek to administer the CPD program for general surgeons in NZ? This would be a very big commitment for the Association and would involve a significant increase in our costs.

From time to time the College is asked by the office of the Health and Disability Commissioner (HDC) to review their list of expert reviewers. I believe the same list of experts is used by coroners. This review did occur again in 2016, and some recently retired surgeons have been removed from the list. The list was reviewed by the NZAGS Executive, and new contacts were suggested for those who may be suitable to help the HDC or the coroner from time to time. After discussion with those individuals, we have added some new names to the list. Many thanks to those who have contributed to the specialty by doing this work, and those who have agreed to do so in the future. It is not easy work to do.

Model of Care for Vascular Surgery in NZ

The College has asked for a General Surgery perspective in response to the Consultation on the Model of Care for Vascular Services in New Zealand. Vascular surgery is an area of great

concern for many General Surgeons. We note that the advisory group has identified evidence of inequity for some DHBs, specifically in regard to elective vascular surgery. We are concerned that adoption of the proposed Model of Care will make it more difficult to develop services in regional centres, ultimately resulting in even greater inequity. NZAGS has formulated a response, after seeking a response from Clinical Directors around the country. Contact Bronwen if you would like to see a copy of the Model of Care or the NZAGS response to it.

Last year NZAGS produced a Policy for General Surgeons covering other specialties (this is visible on our website and available from Bronwen if you want a copy). The following paragraph is of relevance to the issue of vascular services in NZ-

"The specialty of General Surgery is not the default service to care for patients who have conditions normally cared for by another surgical specialty. Where that surgical specialty is absent from an institution, general surgery can provide some local care when the general surgeons and the regional surgical specialty service agree this is appropriate. A formal written agreement is desirable, and may include treatment protocols for common conditions seen and treated by that absent surgical specialty".

Southern Cross

Philippa Mercer, Ian Burton and I met with Southern Cross in August 2016 to discuss the roll-out of their Affiliated Provider Scheme. They seem very determined to include specialist consultations and breast surgery by the end of June 2017. We have tried to represent general surgery to Southern Cross as best we can, but it is my impression that they wish to negotiate with smaller groups. We did propose that we form a combined group including plastic surgeons to determine appropriate breast surgery codes. They seemed receptive to this at the time, but did not seem to want to form this group subsequently. I also asked whether patients who tested positive for faecal occult blood in the bowel screening program would qualify for coverage by Southern Cross for a colonoscopy.

I met with Southern Cross on the 12th of December (Aimee Bourke, Provider Networks Contracts Manager) specifically to discuss their criteria for acceptance for a colonoscopy. Southern Cross updated their criteria in March 2015. When the colonoscopy criteria were updated by Southern Cross, they did not include any surveillance criteria! This was probably just an error, caused by them using a New Zealand guideline group (NZGG) document to draft their own guidelines (there is a separate NZGG document for surveillance that they did not use). Certainly, that is what Aimee Bourke stated in my meeting with her. It would appear that they failed to contact either the NZ Gastroenterology Society or NZAGS to review the document at the time, and their own medical advisors clearly had no endoscopic expertise. Although there is no criteria for surveillance colonoscopy, Southern Cross has continued to approve members

requests and I am not aware of any patients being declined a colonoscopy for cancer follow-up etc. However, as the current criteria will be on a member's policy and in any affiliated provider contracts signed after March 2015, there is potential for Southern Cross to decline to cover surveillance colonoscopy in the future. I had what I believe was a constructive discussion with Aimee Bourke, who was keen to have the colonoscopy criteria updated by the end of January. I have seen their latest draft, and immediately returned it to them for further corrections and when I think it is reasonable it will be circulated to the NZAGS Executive to ensure that the criteria are clear and workable. Of course, it is ultimately up to Southern Cross (and their members) to determine what coverage they will provide. They will cover asymptomatic patients who test positive with faecal occult blood testing.

ACC

Julian Speight and Grant Coulter have been regularly meeting with ACC about how they decide which hernias will be covered as an 'accident'. There is also representation from plastic surgery and paediatric surgery. They are still working on the final document. They have looked at inguinal, umbilical and port site hernias. The next meeting in February will be on incisional hernias. Cover for inguinal hernias won't change much, umbilical hernias are unlikely to be accepted as accidents, and all port site hernias should be covered. Decisions on whether incisional hernias are covered will be affected by co-morbidities, e.g. obesity, smoking, diabetes for an incisional hernia from laparotomy wound would reduce the likelihood of cover.

Incisional/port site hernias will be assessed through the 'treatment injury' route rather than the 'accident/injury' route, but the net result is the likely to be the same. There is no final decision yet and we will keep you informed when an agreed approach with ACC has been arrived at. Contact Julian or Grant if you have concerns.

Health Workforce NZ and the Ministry of Health

Simon Bann, Claire Nicoll and myself met in November with Prof Susan Parry (representing the Ministry of Health), and Paul Watson and Emmanuel Jo from Health Workforce NZ. In that meeting, Emmanuel Jo presented the latest workforce predictions for general surgery in NZ. These have been generated using software developed by Health Workforce NZ which we were told is internationally recognised. Emmanuel believes that the general surgical workforce will increase by only about 10% in the next ten years, whereas the population aged over 65 will increase by about 50%. In order to keep the ratio of General Surgeons to population aged over 65 years at the same level, we would need to substantially increase the number of general surgical trainees.

Health Workforce NZ also mentioned to us at the meeting that they are looking to change how they fund training. I suggested to them that any incentive for DHBs to increase endoscopy

training to General Surgery trainees would be most welcome. We certainly need to be training more surgeons, rather than less. New Zealand needs surgeons who are capable and willing to perform endoscopy. This is of paramount importance in our regional cities, where surgeons do the majority of endoscopy work, if not all of it.

General Surgeons who perform endoscopy will make a big contribution to the roll-out of bowel cancer screening, including the increased surveillance demands. The initial roll-out of bowel cancer screening will be for persons aged 60-74. We hope it will not be long before screening will also be rolled out to persons aged 50-59, although Prof Susan Parry seemed to indicate that may take 15 years before we have the endoscopy workforce to do this. Her calculations are based on very little increased endoscopy output from General Surgery. If General Surgeons could perform more colonoscopy then this could happen sooner, which would be a great outcome for the NZ public (especially those like me who are currently aged 45 and would not need to wait 15 years before being offered their first screening test for bowel cancer!). It is crucial that we continue to train in endoscopy, and I would ask that our members continue to do all they can to ensure their trainees have opportunity to develop their endoscopic skills.

We will continue to engage with the Ministry of Health and Health workforce NZ in 2017. We need to engage with them as they consider how they fund training to ensure our specialty grows fast enough to be able to manage general surgical needs into the future, including endoscopy.

Endoscopy Governance

The Endoscopy Governance Group of New Zealand (EGGNZ) has started to gather some more momentum with some Ministry of Health funding. Various sub-groups have been formed. I am involved in the individual endoscopist clinical standards group. Other surgical representatives include Marianne Lill, General Surgeon from Whanganui, who is also on the RACS colonoscopy committee chaired by Richard Perry. Marianne is also a surgical representative on the Conjoint Committee for recognition of endoscopic training in NZ, and on the NZ Training Committee for General Surgery. Mike Hulme-Moir, Director of the bowel screening pilot is also on this group. Mark Stringer is representing paediatric surgery, and Simon Bann is formally representing ANZGOSA (gastro-oesophageal surgeons), although he is of course on the NZAGS Executive and chairs the NZ Training Committee. The first meeting of this sub-group was held in early February 2017, and was focused on drafting some standards for individuals involved in screening colonoscopy, as this is the current priority and in fact the main driver for EGGNZ. There was little to keep the paediatric and upper GI surgeons interested at this point. As yet I have yet to see any draft memorandum of understanding (MoU) for all the groups involved with EGGNZ. This I think will be critical to the credibility of EGGNZ, and of interest to NZAGS and to RACS.

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 is our Training Manager and looks after all day to day operational matters concerning trainees. Sadly as I am sure most of you are aware Linda's husband died very suddenly this year but Linda managed to return to work to continue to be her empathetic resource for both myself and the trainees. During Linda's absence Claire Nicoll covered both roles and despite Linda's absence and Claire taking on both roles there were no hiccups. Linda's value to the training committee and the trainees are well known and at this difficult time the trainees raised several thousand dollars in donations from members and trainees as a fund for Linda and her family. 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. The structure of the logbook is shortly to change and Claire will ensure that any changes made in consultation with General Surgeons Australia will be seamless.

Following the June selection process I took over as the Chair of the New Zealand Training Committee. I have much to thank Rowan for inheriting a well-oiled committee. I am beginning to appreciate Rowan's efforts all the more now that I am in post. We must again thank Rowan for his efforts; he has stayed on board as past Chair; this greatly aids the transition process.

Training Post Status

In 2017 New Zealand has 65 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. The length of training is now 4 years. This length of training is under review.

The transition away from a SET 1 year is now complete, and eligibility for selection to SET training requires trainees to have passed the Generic Surgical Sciences Exam (GSSE). This decreased 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.

Most importantly in March 2017 there are the quinquennial Hospital Inspections with all 18 hospitals being inspected. This should be seen as an opportunity both to ensure excellence in training, training facilities and opportunities for training. Already Andrew Moot has written to the CEO's of Hospitals especially around the opportunities for endoscopy training and access to endoscopy.

Trainee Performance

Our trainees continue to perform well in general. In 2017 there are a total of 67 trainees. There are a total of 6 trainees on interruption for a variety of reasons. There is also 1 trainee on deferral in order to undertake a PhD.

Examination performance continues to be good, with19 attempts at Fellowship Exam in 2016 (over the two sittings) with the pass rate being 89.5%.

May – 15 sat, 13 passed = 87% pass rate
September – 4 sat, 4 passed = 100% pass rate
19 attempts over the 2 sittings = 89.5% pass rate

2016 Selections

In 2016 there were a total of 25 applicants for the SET programme in General Surgery. Of these 23 candidates were offered an interview based on their referee reports. A total of 18 candidates were offered training positions following the interview process. Despite the lower number of candidates; which we believe reflects the new requirement for the passing of GSSE; standards remain high. Claire evaluates and analyses the scores each year and we continue to see a rise in the standard required for entry to training.

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 induction day was held at the in Wellington. This is the fourth 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. At the end of a busy morning we held an informal session to consider career options; especially in rural positions and in breast surgery. I was encouraged by the number of new SET trainees whose career aim this is. Many thanks to Dave Moss, Marianne Lill and Nick Smith.

SEAM

All SEAM modules are now deployed on-line, and trainees 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. All trainees passed the requisite modules. Trainees need to be encouraged to sit these assessments on a regular basis.

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 working parties were:

1. Logbook
2. Assessment of training
3. Components of training
4. Supervision

Much of the work from these groups will begin to take effect from 2017 onwards.

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 and Claire for their unwavering support this year. Many thanks again for Rowan for his hard work and ongoing support.

Simon Bann BSc MD FRCS FRACS

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

Executive Director's Report 2016

The year ending 30 November 2016 saw a change in President to Mr Andrew Moot. In addition, NZAGS had a change in Training Chair to Mr Simon Bann. It's shown that our policy of promoting from within the Executive works. Andrew was vice-president for two years, and before that he'd been a member on the executive. Simon was also a member of the Executive before becoming Training Chair. Having the time on the Executive insures a smooth transition and a level of knowledge regarding the issues facing NZAGS in both training and other areas.

The main focus of the NZAGS office team this past year (after our move into the new RACS building on Kent Terrace in Wellington) has been on ensuring communication of the new RACS Code of Conduct.

The Code defines professional behaviour for surgeons and reflects the values - of service, integrity, respect, compassion and collaboration - and the College Pledge that all new Fellows make.

It requires surgeons to demonstrate objectivity and compassion, place patients' interests first and always respect a patient's dignity and autonomy.

The RACS Code aligns with the expectations of medical regulators in Australia and New Zealand and complements the more specific codes for each surgical specialty developed by each Specialty Society.

NZAGS has taken a wider view of the code, to ensure it applies not only to surgeons but to staff within the College and Specialities.

NZAGS has also been evaluating and developing a new brand positioning statement and logo. We have developed a new mission statement and tag line with an accompanying logo. We will be announcing the branding and logo at the conference in Palmerston North on 25th March and via email in late March.

In addition, we continue to develop and improve the website which is a constant changing beast. Especially as the head office staff keep up with the changes in training and the work being done on Endoscopy and bowel cancer screening, ACC, Southern Cross and Health Workforce Planning which will be discussed at the AGM.

Financials

NZAGS is a registered charity and this year the Charities Commission introduced new reporting requirements for charities. A new Financial Statements template was required and it means the layout of our accounts will look different from previous years.

Revenue was up $18k this year at $558k, largely due to a very successful Auckland conference.

- Conferences held in large cities such as Auckland always attract substantial exhibitors and sponsorship and of course more attendees. The income made from main city conferences offsets the smaller profits made on the smaller regional conferences.
- Consultant membership has remained steady, but trainee member numbers are of course down due to moving the SET years from 5 years to 4 years

Expenses were also up $92k this year to $525k largely due to the employment of a new staff member, Sandra Kennerley to oversee the accounts two days a week. Sandra is a qualified accountant and this has left me free to pursue other work for the organisation. In addition, our rent has doubled due to the move with the College. Also included were NZAGS moving costs. In terms of staffing, we now have

- 1 full time staff member, Linda Porter Training Manger
- 3 days per week Claire Nicholl GM Education, Projects and Policy
- 2 days per week Sandra Kennerley Office Accounts Manager
- 2.5 days per week Bronwen Evans Executive Director

I expect expenses to remain at this level moving forward and our annual profit to be much lower.

As the organisation grows and is involved in more and more projects and committees our travel budget has risen too. Currently we have over 20 surgeons on various committees within the health environment and Andrew Moot and Simon Bann's reports cover most of this information.

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.

Membership

Membership is growing. We have 194 members and 71 trainees. The sub-specialty surgeons still tend to only join their sub-specialty associations and one of my actions this year, now that I have more time, is to build stronger relationships with our sub-specialty groups.

I would like to remind surgeons that NZAGS is the Specialty organisation that advocates for ALL members (as our work on bowel cancer screening attests to) and it's important that all surgeons are involved to ensure we can advocate across sub-specialties. You should be encouraging 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/

I also would like to thank my staff, Linda, 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 2017. On behalf of Claire, Sandra, Linda and I, thank you.

Bronwen Evans
Executive Director

Directory NZAGS Executive Committee, 2016

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
	Hugh Cooke
	Graeme Roadley
	Peter Stiven
	David Vernon
Chair, Education and Training	Simon Bann
Meeting Co-ordinator (Palmerston North)	Pravin Kumar/Mike Young
Trainee Representative	Roberto Sthory
Private Practice Representative	Ian Burton
Executive Director/Secretary	Bronwen Evans
Younger Fellow Representative	Amit Reddy

Office

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Future NZAGS Meetings -2017

Whangarei	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 2016 (excluding Trainees)

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

Tony	Phang
Garth	Poole
Aleksandra	Popadich
Shalvin	Prasad
Mohammad	Rafique
Siraj	Rajaratnam
Amit	Reddy
Chandra	Reddy
Bruce	Rhind
Konrad	Richter
Graeme	Roadley
Ross	Roberts
Robert	Robertson
Michael	Rodgers
Jeremy	Rossaak
Magda	Sakowska
Paul	Samson
Mark	Sanders
Susan	Seifried
Michael	Sexton
Peter	Shapkov
James	Shaw
Ali	Shekouh
Alexander	Skavysh
Mark	Smith
Trevor	Smith
Gerrie	Snyman
Julian	Speight
Ian	Stewart
Peter	Stiven
Gary	Stone
Jane	Strang
Richard	Tapper
Mark	Thompson-Fawcett
Ian	Thomson
Josephine	Todd
Etienne	Truter
Stephanie	Ulmer
Rene	van den Bosch
David	Vernon
Christopher	Wakeman
Hayley	Waller
Graeme	Washer
Fraser	Welsh
Susrutha	Wickremesekera
Colin	Wilson
John	Windsor
Linus	Wu
David	Morris
Stephen	Packer

Retired Members

Pat	Alley
Terry	Burcher
Thomas	Clements
John	Eastwood
Paul	Fogarty
Robert	Fris
Phillip	Godfrey
Don	Guadagni
David	Innes
Robin	Irwin
Douglas	Knight
Robert	Loan
John	MacDonald
Kenneth	Menzies
John	Mercer
Kim	Miles
Charles	Mixter
Anthony	Pierre
Belinda	Scott
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 2016

Fadhel	Alherz
Mohammad	Amer
William	Anderson
Ahmed	Barazanchi
Jon	Barnard
Angela	Bayly
Lisa	Brown
Wai Keat	Chang
Janice	Chen
Michael	Chu
Benjamin	Cribb
Andrea	Cross
Nicola	Davis
Illy	Delasau
Melissa	Edwards
Alistair	Escott
Alice	Febery
Jesse	Fischer
Nicholas	Fischer
Bernadette	Goodwin
Andrew	Ing
Celia	Keane
Mark	Kelly
Yee Chen	Lau
Melanie	Lauti
Sean	Liddle
Ian	Lord
Neil	Lowrie
Benedict	Mackay
Daniel	Mafi
Stephanie	Manning
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
Jason	Robertson
Rohit	Sarvepalli
Sean	Seo
Avinash	Sharma
Rebecca	Shine
Parry	Singh
Maiko	Smith
Nicholas	Smith
Sanket	Srinivasa
Mark	Stewart
Roberto	Sthory
Jeni	Thomas
Megan	Thomas
Rebecca	Thomas
Greg	Turner
Ryash	Vather
Delendra	Wijayanayaka
Alec	Winder
Deborah	Wright