

MINUTES OF NEW ZEALAND ASSOCIATION OF GENERAL SURGEONS

EXECUTIVE MEETING

Face To Face Christchurch Hospital 22 March 2019

Present: Julian Speight (President), Peter Stiven, Dave Moss (Training Chair), Simon Bann (NZBiGS Chair), Alex Popadich, Ian Burton, Graeme Roadley (Vice-President), Nigel Henderson, Peter Shapkov (Treasurer), Jasen Ly, Andrew Moot, Gowan Creamer, Vanessa Blair, Grant Coulter, John Lengyel, Bronwen Evans, Claire Nicoll

1. **Apologies:** Usha Shan, Nagham Al-Mozany and Rowan French

Julian welcomed everyone to the meeting and noted the tragic terror event in Christchurch one week previous and extended his apologies to all those affected.

2. **Minutes of the previous meeting:**

Peter Shapkov moved that the minutes of the previous meeting held 23rd November 2018 were a true and accurate record. Seconded Nigel Henderson

3 Matters Arising:-

3.1 EGGNZ – Andrew Moot advised that there was not much to report – the report from a brain storming session requested by the Ministry of Health was made available. One suggestion was a national training centre for endoscopy.

There is some evidence that surgeons have been restricted from doing endoscopies based on paper work issues rather than clinical competence. There needs to be more focus on bringing everyone's skills levels up rather than restricting the pool of accredited endoscopists. It was recognized that whilst endoscopy/colonoscopy was the pinnacle of procedural skills for gastroenterologists, the same does not hold true for General Surgeons. It was suggested that where possible general Surgeons should be involved in the management/governance of the Endoscopy suite at a local level.

Andrew advised that the EGGNZ MOU is not yet signed due to legal opinion from RACS.

3.2 ACC Update – Grant arrived late, will be covered at next meeting.

3.3 National Board – Mary Harney has left RACS – John Biviano is acting CEO – the meeting with RACS will still take place on Sunday afternoon.

3.4 Emergency laparotomy – covered in 5.6

4 Reports

4.1 President

Julian advised that he has approached PISA to combine conferences in 2022 – no response as yet. There were some concerns regarding having a Trainee Day in Fiji due to the cost to DHBs and the perception of

the public. Bronwen offered to put a Profit and Loss document together and also a list of pros and cons for having a joint meeting.

4.2 Executive Director

Bronwen reported that the MOH has finally responded regarding the NZAGS request for QAA for a Practice Visit Program – the verdict should be known early April.

There has been a large increase in the number of non-compliant General Surgeons regarding CPD – a list was provided by RACS to Bronwen but many are not members and the list is too late. Bronwen will bring this up at the meeting with RACS on Sunday.

The audit has taken much longer and was more fraught this year as Deloitte forgot to provide us with the correct reporting template for the Charities Commission resulting in a lot of extra work for Sandra and Bronwen. Bronwen has discussed the issue with a Deloitte partner and the issue should be resolved for next year.

Bronwen is keen that we maximize membership of NZAGS and encourage all colleagues to join up. There was discussion regarding mandating of membership for supervisors, which already happens, but also extending this to all trainers. It was agreed that all trainers would be asked to become members. There are about 185 members from a potential pool of about 240.

Bronwen also noted that for RACS to consider sponsorship for conference speakers, they are now requesting how many FRACS attend the ASM. We will need to collect this information at conference registration in the future.

4.3 Treasurer's report

Peter advised that the finances were healthy. From the Annual report it should be noted that the RACS governance fee was credited twice in error, and that revenue was down in 2018 on 2017 as there was very little revenue for inspections. Also it should be noted that some costs which should have been attributed to training were not, so the NZAGS cost centre is actually in surplus not deficit.

Peter asked if the Executive wanted to investigate other investments whilst noting that the Term Deposits are generating between 3.4% and 3.5%. It was agreed that we would stay risk averse.

5. Business items

5.1 Welcome to new members of the Executive Usha Shan (unfortunately not able to be present) and Alex Popadich.

5.2 As has been agreed in the past the Executive noted that at the AGM on Saturday, members will be asked to vote on a membership fee increase by CPI 1.2% from \$530 per year to \$540 inclusive of GST

5.3 BCCA have asked for a representative from NZAGS, preferably a non CSSANZ member. John Lengyel offered to take up the role. Bronwen to let them know.

5.4 Focus on workforce

It was agreed that Julian would write to the Minister of Health regarding the workforce issues regarding endoscopy/bowel screening access to scoping by general surgeons and the cost of training others when general surgeons are under resourced.

5.5 Policies

The Executive unanimously voted to approve the following revised policies;

Delegations

Finance

Travel

5.6 The Executive approved the provision of \$4400 NZAGS funds towards the ANZELA pilot

Gowan gave some background on the ANZELA pilot and advised that the results have been so good in the UK, that an audit is now funded by the NHS. It is hoped that the Ministry of Health will fund a database subsequent to the pilot. Gowan clarified that CADENZA is a research group which acts as a conduit for data from the participants to the audit group. The database will be a very powerful tool for other aspects of acute care – not just emergency laparotomy. Nationwide ethics approval has been agreed and is signed off locally. It is hoped that the full audit will be rolled out within 5 years.

5.7 Southern Cross – Emma Trotman and Jojo Lee from Southern Cross were welcomed to the meeting to discuss some issues that have arisen regarding General Surgeons in private practice. These were:-

- The Executive were unhappy with the apparent barrier to entry into an established practice for new surgeons as there are now SX limits on the rate paid for consultations and caps on how many procedures could be done at what rate. Emma confirmed that if the practice itself was charging within market rates, then the new surgeon would be reimbursed at the same level. However for practices where the charges were above market rates, a new surgeon would be offered less than established members of the practice. Executive members were still very concerned that this constituted a restriction to practice, a barrier to entry and employed coercive negotiation and believed was overall harmful for the SX brand.
- Timeliness for negotiations on price
- Emma advised that there has been some action on overcharging – resulting in 15 contracts which will be reduced and 20 contracts to increase
- Clarification was sought on the use of assistants for complex procedures as SX are now asking more information about the qualifications of the assistant. This is apparently because SX policy is not to pay registrars as assistants. Consultant assistants can invoice for their services direct
- Study on quality of skin procedures – Emma says this is too hard as definitions are too subjective. SX are happy to work with NZAGS to further this work.
- There was a concern that General Surgeons as a group tend to charge fair prices for their services in comparison with some other specialties. There is a perception that General Surgeons feel penalized - so if the average reimbursement goes down, is this based on a General Surgeon average or a procedure average. Emma to check and get back to NZAGS.

- Surgeons have recently discovered that there is now a maximum cap of \$100 per session of cryotherapy. This cap was considered very unfair for several patients and again was not good for policy holders. There needs to be better understanding of the impact of caps.
- Emma announced that they have provided clarity for policy holders by providing definitions of screening and what they will and do not cover – leaflets are available from SX.
- Members of the Executive were disappointed with the reduced fee for multiple skin lesions under general anaesthetic. The fee for 2nd and subsequent procedures has been reduced from 75% to 40%. This was not discussed with the NZAGS before the change was made.
- Vanessa Blair commented that there have been a number of instances recently when claims staff have incorrectly denied cover for breast cancer patients which makes much more work for her as she then needs to advocate for the patient, who is also very distressed whilst waiting for resolution.
- Emma stated that moving to Affiliated Provider for Breast is on hold whilst SX sort out the coding system which is overly complex at present.
- Jojo has been analyzing the costs paid out by SX in 2018. There was a total of \$122million for General Surgery (that includes Hospital costs as well as all endoscopies regardless of specialty). \$13 million was paid out on breast claims, gastro/colorectal was \$66million, \$6million on skin and \$18million on hernia.
- Jojo also provided a snap shot of the individual surgeon data that SX looks out which maps the amount of hours surgeon works, number of consults, average cost per consult etc. In this way they can identify outliers and SX does visit them with good results.
- Emma agreed to feedback about the lack of cover for genetic testing

Vanessa thanked Emma and Jojo for all her efforts in feeding back NZAGS concerns to SX. She also reiterated that fairness is key and General Surgeons do not like to feel they are penalised for the overspending of others.

The Executive then discussed whether to seek legal opinion regarding the restriction to practice for new private practice surgeons. It was decided that the commerce Commission would not take up the case and that it would not be worthwhile.

5.8 Management Report was accepted as read

5.9 Introduction to Zoom – Bronwen gave a demonstration of the VOIP device Zoom and advised that NZAGS would be using for teleconferences in the future as it's a much better platform than Skype.

6.1 Salaries

CPI for Claire, Helen and Bronwen of 1.2%. The Executive discussed that whilst Claire was absent in 2018, Helen had a higher workload. It was agreed that Helen would be given a one off bonus of \$10,000 gross (pro rata is \$8000) on parity with Claire's salary.

The meeting closed at 1pm