



Minutes of the Face to Face Meeting

March 16 2018

Waima Room, Tohara House, Whangarei Hospital, Whangarei

**1. Apologies:**

Grant Coulter, Graeme Roadley,

**2. Minutes** of the previous meeting held on the 20 February 2018

Moved by Andrew Moot, Seconded by Peter Shapkov

**3. Matters arising**

**3.1 Endoscopy update**

EGGNZ is to be renamed to the Endoscopy Steering Group and its function will be as a guidance group for New Zealand. The Terms of Reference and Memoranda of Understanding will need to be re-drafted.

The Executive approved \$5000 to support their website. The Gastroenterology Society is also providing financial support. NEQUIP will be reporting to them and the Ministry of Health is happy that EGGNZ has this role. The equivalent group in the UK is supportive of the new model.

IANZ has been given the contract to develop and deliver a certification programme for endoscopy units and this should commence shortly preventing any further delays in the roll out of the Bowel Screening Programme.

The Conjoint Committee of which Marianne Lil is the chair, is looking at accreditation of endoscopists. EGGNZ advise the criteria but has no teeth to enforce the standards. It will require a stronger legal structure and probably needs the involvement of both RACS and the College of Gastroenterologists to form a proper accreditation entity.

**Action: Andrew Moot to circulate minutes of last EGGNZ meeting**

Russell Walmsley has suggested that the Conjoint Committee is dissolved and reformed as a partnership between RACS and the College of Gastroenterology. In Australia each unit is accredited every three years – it may be possible for New Zealand endoscopists to be part of that scheme.

Training in sedation – Andrew Moot attended a meeting the previous week which covered what training was needed and how it should be delivered. The consensus was that an online training module was likely the best delivery mechanism. ANSCA is keen to have further meetings and involvement. It is acknowledged that it will be hard to have something which will address all training needs. It is also possible that the Basic Endoscopy Course could be made mandatory for trainees – it's a 1 day course and ideally would have General Surgeons as part of the faculty.

The Training Committee will need to decide about this. It was noted that the end point of training is that a trainee should be able to cope with cover over a weekend at a provincial centre. Thus new fellows should be confident to undertake endoscopy in an emergency situation. Trainees will need to ensure that all of the Endoscopy curriculum is completed before they complete their training.

### **3.2 ACC update**

The next hernia meeting is due shortly. The criteria for cover for inguinal hernia is now confirmed but ACC is still rejecting claims that meet the agreed criteria. It was noted that GPs should not make promises to patients regarding likely cover to avoid disappointment. There has been a large increase in the number of incisional hernias covered under treatment injury. This has implications for patients in the future with co-morbidities and other risk factors not being covered. There is a potential conflict of interest for the surgeon to confirm an incisional hernia is an unexpected consequence of any surgery. There will probably be a need for the concept of likelihood of complication for any procedure.

### **3.3 National Board**

It was reported that DHBs are employing ex-ACC employees to go through their treatment injury claims to make applications to ACC for cover.

Surgery tourism was also discussed – ACC will cover treatment injury once the claimant is back in New Zealand but not any travel costs to return. Also ACC won't cover those working overseas until the claimant returns.

### **3.4 Southern Cross**

The next meeting will be Saturday 17<sup>th</sup> March at 7.30am.

## **4. Reports**

### **4.1 President**

Andrew noted that he is co-authoring a paper with Katherine Broughton regarding the Emergency Laparotomy Audit. The Executive looked at Andrew's suggested wording regarding the impact of specialization on ability to perform emergency laparotomy. It was hoped that more discussion on this issue was possible during the

ASM. The College of Gastroenterologists would like a General Surgery volunteer to attend their meetings. They meet monthly and it was considered that maybe Marianne Lil should be our representative and also be co-opted to the Executive. It would be a significant commitment to attend all meetings, so just the face to face ones maybe more appropriate. It was thought more appropriate for Andrew Moot to be the representative for the next year.

**Action: Bronwen to contact College of Gastroenterologists with options**

Andrew reminded Executive about the burn out app Kyndness.

**Action: Bronwen to resend the details of the app to the Executive (15<sup>th</sup> December email)**

Andrew also noted that the Practice Visits are not a compulsory requirement according to MCNZ. The intention is to realise and share best practice rather than as a regulatory body.

#### **4.2 Executive Director**

Bronwen noted that the QAA application has now been received by the Ministry of Health after the first application was mislaid. Practice visits cannot commence until this has been granted. It is likely this may take some months but Bronwen will be checking the status regularly.

#### **4.3 Treasurer**

Peter Shapkov advised that the Association is in good financial health with \$1.42M in assets. Income is healthy in comparison to previous years.

#### **4.4 Training**

Simon advised that several large changes to the SET training programme have been approved at BIGS. This includes extending training to a 5 year programme from 2021, and also introducing a points system for research also from 2021.

#### **5.1 BIGS separation**

Andrew Moot has spoken with Trevor Collinson regarding the communication regarding separate boards. It is apparent that when this was first discussed five years ago, Phil Truskett urged the fellows to stay together. However, all the Australian BIGS members now favour separation. It was agreed that a meeting with representatives from Australia should be convened, however the date proposed does not work for Julian Speight and it was considered critical that he attend. It was agreed that ideally the meeting will be at the ASC in May in Sydney and that Dave Moss, Simon Bann, Julian Speight and Rowan French should be there.

#### **5.2 Policy ratification**

Andrew Moot provided Claire with some feedback on all the policies. There was some discussion on the delegation values. The Acute Service policy needs to have more New Zealand focus.

**Actions: Claire to update policies as per Andrew's edits and discussions and send the Acute Service policy to Philippa Mercer to advise on content. Claire to send all edited policies to Executive for final sign off.**

### **5.3 Membership fee ratification**

It was agreed that the Executive supports an increase by CPI of 1.6 % to be ratified at the AGM.

### **5.4 Andrew Moot – outgoing president**

Bronwen thanked Andrew for all his hard work as president over the past two years.

### **5.5 Website and staff update**

Bronwen advised that the current website is still not working as it should and that the platform does not seem to be suitable. Bronwen advised that she has experience with the implementation of another website based on Wordpress for a similar sized membership organization with very similar activities.

The Executive approved Bronwen to investigate an alternative platform for the website.

### **Action: Bronwen to investigate new platform for website**

Bronwen advised that Sandra had resigned and that she will need to find a replacement. She will take some time to work out what additional work Sandra's replacement could do. In the meantime Bronwen will be covering the financial aspects of the association. The Executive were concerned about Bronwen's workload as Claire is also away for 6 months from April to October. Bronwen confirmed she would be able to cope and that she has reduced her writing commitments to be available.

## **6. General Business**

### **6.1 NZAGS staff pay review**

Claire and Bronwen left the room for this discussion. The Executive agreed to a 3% pay rise.

### **6.2 International speakers for the ASC 2019**

Hugh Cooke and Atul Dhabuwala are convening this and would like to source an international speaker.

**Action: Bronwen to contact the British Colonoscopy Group for suggestions**

### **6.3 Acknowledgement for President and Training Chair**

Due to the heavy workload of the two above roles in particular, the Executive discussed the possibility of some benefit to these role holders. It was agreed that Koru membership paid for by NZAGS would be a suitable honorarium.

Meeting concluded 12.50pm