

MINUTES OF NEW ZEALAND ASSOCIATION OF GENERAL SURGEONS

EXECUTIVE MEETING

Teleconference Meeting 20 February 2018 7.30pm

In Attendance: Andrew Moot (President), Bronwen Evans (Executive Director), Claire Nicoll, Nigel Henderson, Gowan Creamer, Rowan French, Grant Coulter, John Lengyel, Philippa Mercer (Past-President), Julian Speight (Vice-President), Peter Shapkov (Treasurer), Suheelan Kulasegaran (Trainee Rep), Simon Bann (Training Chair),

1. **Apologies:** David Vernon, Graeme Roadley, Peter Stiven, Ian Burton, Jasen Ly

Action Point Summary:

1. **Action:** Bronwen will be asking SX, JoJo for an agenda for the Saturday ASM breakfast meeting.
 2. **Action point:** Perhaps look at developing templates for patient based and colleague based surveys for CPD.
 3. **Action point:** Bronwen to ask Sandra to check why we are not using a Fastsaver versus saving account, as Fastsaver has a higher interest rate. Do we term deposit more money?
 4. **Action point:** Bronwen and Peter will discuss whether membership subscription should rise. We should probably keep them in line with CPI.
 5. **Action Point:** Andrew Moot as NZAGS president will contact Trevor, the GSA president and confirm what was behind the move to separate BiGS, and whether separating was a done deal or were they open to talks on an alternative structure.
 6. **Action Point:** Andrew Moot as president will contact Trevor, the GSA president and confirm what was behind the move to separate, and whether separating was a done deal or were they open to talks. Bronwen to ensure David Moss is invited to the F2F meeting in Whangarei.
 7. **Action Point:** Bronwen is to speak to Richard Flint to ascertain if he is willing to come onto the executive as the new private practice rep or look for other suitable surgeons for the position.
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2. **Minutes:** Minutes previous meeting 10th November 2017

The minutes were accepted and approved unchanged.

Approved: Andrew Moot Seconded: Peter Shapkov

3. **Matters arising**

3.1 Update on EEGNZ accreditation – Andrew Moot

Nothing much has happened since the last meeting. There is a meeting tomorrow night and Andrew will update in March.

3.2 CADENZA Update - Care Delivery in NZ for the Acute Abdomen - Gowan Creamer

As a sub group supplier to ANZELA. CADENZA hope to collect the data electronically from a few sites and present the data at the NZAGS ASM in March. They have a speaking slot to do this.

They've drafted a protocol document and Gowan will see if he can get it distributed. Due to start the data collection from five hospitals this year, and roll out across the rest of the hospitals over five years.

Funding is through a grant from the Auckland City Hospital. There is hope that the collection of data will costs nothing, the only funding that will be required is for the data correlation unit.

3.3 ACC Update – Grant Coulter and Julian Speight

No meetings have been held since we last talked, the next meeting is in April.

3.4 SX Update – Andrew Moot

There is a Southern Cross meeting with the Southern Cross executive subcommittee on Thursday morning of the ASM. We have invited Richard Martin to the meeting as a skin specialist. We are likely to be discussing skin lesions and perhaps the rollout of the priest AFP.

Action: Bronwen will be asking SX Jo Jo for an agenda.

3.5 Practice Visits Update – Bronwen Evans

Bronwen has submitted the application form to the Ministry of Health for the QAA. She is waiting to hear whether we have had acknowledgment of the submission. If not she'll be chasing it up next week.

She is not sure of the timeline, but has been told it could take quite some time and that she should continue to chase the application on a regular basis.

In the meantime Bronwen will develop a business case to apply to College for appropriate CPD points to be allocated to our practice program.

Simon Bann asked if it would be appropriate for NZAGS to facilitate or help general surgeons with peer-reviews etc.

Philippa Mercer suggested we could look at developing some templates and processes in order to help our surgeons' complete reviews and remind them of their obligation to CPD.

Action point: Perhaps look at developing templates for patient based in colleague-based surveys.

4. Reports

4.1 President's report – Andrew Moot

Andrew has less than a month to go before he becomes past president. He's going to be busy over the next couple of weeks.

Both himself and Peter Stiven who is standing in for Simon Bann will be attending the BiGS March meeting.

Also in March is the College of Anesthetists meeting in Wellington to discuss training for sedation. Between College of Anesthetists and the College of Surgeons there seems to be some differences in view of training required with the examination boards not happy.

And tomorrow night's there is a meeting of EEGNZ that Andrew will attend.

4.2 Executive Director's Report – Bronwen Evans

Working on the last minute things for the AGM in Bay of Islands in March, and the distribution of the annual report.

I've been progressing the practice visit programme application form and looking at a business case for applying for CPD points

The website homepage is still down on the agenda to do, however we're waiting for the Xero coding to be finished and made live before we touch anything else on the site. This work should be completed in March.

The president medal and pins are being made and should be ready soon.

And finally the last few weeks I have had over 14 submission for feedback from PHARMAC I'm not sure how I should be distributing this number of submissions so I've loaded them on the website and I'll just direct members to view them online.

4.3 Treasurer's Report – Peter Shapkov

NZAGS is in a healthy state. Revenues and expenses were up, with an increase in members paying their subs this year.

Our asset position is very healthy we give reserves of about \$1.3 million in the bank.

Action point: Bronwen to ask Sandra to check why we are not using a Fastsaver versus saving account, as Fastsaver has a higher interest rate. Do we term deposit more money?

Action point: Bronwen and Peter will discuss whether membership subscription should rise. We should probably keep them in line with CPI.

4.4 Training Chair Report – Simon Bann

Currently they have one or two trainees of concern - the College Censor in Chief has been involved in one trainee issue in particular.

Obviously, there is the letter from the BiGS Chair, Kellee Slater asking that the board be separated into two training boards.

Apparently four or five years ago when this topic was brought up, only the Queensland regional chair wanted to separate. And that person was Kellee Slater. Obviously GSA has put a lot of thought into this.

Rowan French spoke about the history. It was Liz Dennett who pushed for us to separate based on the lack of vote parity on the board, and some of the irrelevant changes GSA were making ie. SEAM. When Rowan and Michael Rodgers went to a meeting in Melbourne all of GSA were against a split. So it's quite surprising that GSA's view has changed. Rowan would like to know where this change has come from.

Simon said regardless of the decision whether to split or not the New Zealand training board needs to change.

Julian Speight said that he and Andrew met with the College President and new CEO on 2 February to talk about the collaboration agreement, which is up for renewal at the end of 2018. We did raise the issue that the past collaboration agreement had not been reviewed and that the current structure of regional Australian training boards reporting directly to the Board in General Surgery, perhaps was not the best structure. A lot of time was spent on Australian issues that did not relate to New Zealand. In addition, New Zealand is treated as a region when in fact we are a separate country with different hospital structures and financing methods of training. There should be a bi-national board. Because we are treated as a region we do not have parity and will always be out voted by Australia. We suggested that Australia should have their own training board that the regional training boards report into, as we have our training board, and that those two boards report to a higher level Board in General Surgery, which would be made up of equal voting rights between Australia and New Zealand.

Simon pointed out that the cost of having face-to-face meetings should not drive the decision of whether to split or not but what was actually best for the trainees.

Simon said he liked the NZOA model of having a smaller core group that oversaw the strategic positioning of NZAGS training. Realizing we still needed to support the training supervisors but it wasn't necessary to have all of them involved in every strategic meeting.

Simon was particularly worried that if we separate we may not have the skill set or historical knowledge to sit over top of all the processes.

Philippa Mercer pointed out that one of the core issues we had five years ago was there did not seem to be any separation between GSA and the Board in General Surgery. The Board in General Surgery is a College Board and as such should be seen to be separate to GSA. She noted that the letter talking about separation didn't come from GSA as it should have, but actually came on Board in General Surgery letterhead, and jointly signed by BIGS chair and GSA. Isn't that a conflict of interest – the chair should advocate for both NZ and Australia—It seems like nothing has changed.

Bronwen pointed out that she was also concerned about the BiGS / GSA separation. The Chair of the Board in General Surgery is there to represent both New Zealand and Australia, and she found it disturbing that the call for change does not seem to be from GSA but from the Board in General Surgery Chair who is supposed to be working on behalf of both countries. Seems to be a conflict of interest.

Rowan French suggested that we invite David Moss to the face-to-face meeting to discuss this issue further. Five years ago NZAGS was convinced not to split, but Rowan felt that there are merits in doing so, but the NZAGS training committee needs to take it on, and a different structure is most likely needed. Further, it sticks in his gut, if they are expecting us to go back to them begging to stay together.

Simon admitted that our trainees do well and had higher pass rates so delivery is not particularly an issue. However he wasn't convinced that splitting the board was in the best interest of our trainees. The New Zealand training chair would need more support and his role of overseeing

IMGs would need to be given to someone else. Do we have the knowledge and skill sets within the organization to run a separate board? Monica is a vital knowledge source.

Bronwen asked a question as to whether this letter from the Board in General Surgery was an invitation to discuss whether we should separate, or whether it was a directive saying we are separating. NZAGS needs to clarify this before we meet for the face-to-face meeting in March. Because the discussion in March will be completely different if we have no choice and GSA are determined to separate. If the requested BiGS/GSA (not sure who is requesting the meeting) meeting in April is to discuss how we separate, then staff who will be in charge of implementing such a change should perhaps be included.

Action Point: Andrew Moot as president will contact Trevor, the GSA president and confirm what was behind the move to separate, and whether separating was a done deal or were they open to talks. Bronwen to ensure David Moss is invited to the F2F meeting in Whangarei.

5. Business Items

5.1 Ratifying the 2017 financial statements

It was proposed the accounts be accepted

proposed Philippa Mercer

seconded Rowan French

5.2 AGM agenda items

It was agreed the AGM agenda items would be

- Ratifying the new president Julian Speight
- Ratifying new executive members – John Lengyel, Jasen Ly, Nagham AlMozany,
- membership subscriptions to increase by CPI
- reappointment of auditors Deloitte's private

5.3 Ratified new members – John Lengyel, Jasen Ly, Nagham AlMozany

This was past unanimously.

Action point: Bronwen is to speak to Richard Flint to ascertain if he is willing to come onto the executive as the new private practice rep or look for other suitable surgeons for the position

5.4 Conference update – all running well. Early Bird pricing closing on Thursday the 22nd February with one more email to be sent out to members notifying of the change in price

5.5 Approved proposed meeting dates shown below

Friday 16th of March meeting in Whangarei not Paihia and 19 February meeting is 2019 not 2018

November 23 face-to-face meeting in Wellington - those dates look fine

5.6 Policy documents – none distributed so look at in March

5.7 Hardship fund for developing nations to attend our conference.

The executive approved the offering of a free conference registration on application through our website from a general surgeon in a developing nation.

6. General Business

6.1 other business

Grant Coulter asked that BCCA who paid for an exhibition stand for the March ASM but have had to pull out due to pregnancy, that the stand fee of \$650 is held over to apply to the 2019 ASM in Christchurch.

It was unanimously agreed.

7. Meetings

The next meeting is in Whangarei – at the hospital

Meeting	<u>Confirmed Dates</u>	Proposed Time	Where
Face to Face	Friday 16 th March, 2018	9.00am	Whangarei Hospital
Tele Conference	Tuesday 12 th June, 2018	7.30pm	Phone
Tele Conference	Tuesday 3rd th September, 2018	7.30pm	Phone
Face to Face	Friday 23 rd November, 2018	9.00am	RACS Wgtn
Tele Conference	Tuesday 19 th February, 2019	7.30pm	Phone

8. 0 Meeting closed 9.00pm