

MINUTES OF NEW ZEALAND ASSOCIATION OF GENERAL SURGEONS

EXECUTIVE MEETING

Teleconference Meeting 12 June 2018 7.30pm

In Attendance: Julian Speight (President), Vanessa Blair, Jason Ly. Peter Stiven, John Lengyel, Peter Shapkov, Grant Coulter, Simon Bann, Andrew Moot, Ian Burton, Nigel Henderson, Philip Mercer Rowan French, Gowan Creamer, Bronwen Evans

1. **Apologies:** David Vernon, Graeme Roadley, Nagham AlMolzany, Claire Nicoll, Suheelan

Action Point Summary:

1. **Action Point: Item 3.3 CADENZA** Gowan to contact all hospitals and let them know the system is ready to use if they can't find someone in each hospital and we may try and help them.
 2. **Action Point: Item 3.4** Julian to draft an email to be sent to the membership around schedule 10 and workforce planning.
 3. **Action point: Item 3.6** Bronwen to organize the Southern Cross and meeting in Auckland NIB to be held the same day as possible.
 4. **Action Point: Item 5.2** Whom should write the report on the workforce fund changes impact on NZAGS?
 5. **Action point: Item 5.4** Bronwen to investigate what the College is doing around, and with, wellness apps such as KYND
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2. **Minutes:** Minutes of the previous meeting were accepted unchanged.

Approved: Peter Stiven

Seconded: Ian Burton

3. Matters arising

3.1 Update on Ppractice Visits

The QAA application is still being processed. The woman looking after our QA a application is on leave until 31 May. Bronwen will follow up with her late June. Nigel and Gowan confirmed most of the forms and letters to be used are completed. There is a lead time before any practice for that of 3 to 4 months so probably we will not be doing any until 2019.

3.2 EGGNZ Update

Andrew Moot is involved in a small subcommittee focusing on credentialing with Marianne Lill and Russel Walmsley.

Russell has produced credentialing guidelines however they not really achievable right now. But these guidelines is something that could be applied to the future but we need to change the document to show that some points are not achievable.

The guidelines asked specifically for the DHB. They have to review them and then adopted them.

The conjoint committee is completing a separate work with the RACS colonoscopy committee reviewing this piece of work.

One of the problems the EGGNZ has as its legal setup. There may need to be two bodies, which would likely mean you would have to pay to be credentialed.

Julian noted that at the moment in Australia you can be grandfathered. Is this the case in New Zealand?

Andrew suggested you might like to try.

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

Gowan attended a meeting in Sydney where they have finalized the inclusion criteria. The database will be held at the college, and the college developed a website. The database is now up and running and you can enter data into it.

They will start to roll out the system to local hospitals. Apparently it needs ethics approval locally before data can be imported. He needs to be someone in each hospital in charge of importing the data a surgeon or an anesthetist. He suggests that it could be made part of the audit meeting at each hospital.

Ben Griffiths who is the joint co-chair on CADANZA will be contacting all the general surgical departments to ensure that we share our learnings.

Action point: *Gowan to contact all hospitals and let them know the system is ready to use if they can't find someone in each hospital and we may try and help them.*

3.4 NZNB Update

Workforce issues we discussed at the latest meeting. Des Gorman meet with ?

Des has been looking at the number of trainees who remain in New Zealand, versus those who leave. IMGs who gained qualifications abroad then do their surgical training in New Zealand tend to leave. Whereas those who gained qualifications in New Zealand and then undertook surgical training here, seemed to stay.

There has also been feedback about the change in protocol for delivering exam results electronically. Sending the results electronically led to few trainees joining the examiners for drinks and we need to encourage the trainees to do so.

Peter Shapkov responded that the problem was, when the results were sent electronically it did not leave them enough time between getting the results and having to arrive at the location for the drinks. Under the old system you had to be present in order to get your results. It would seem sensible that more notice is given between receiving the results electronically, and then driving or traveling to the drinks.

The other item that was discussed was scheduled 10 which is the effect of the RDA contract.

The schedule means that trainees/registrars cannot work more than 10 days in a row or 24 hours in a row.

Some of that of the registrars and trainees believe this limitation causes a safety issue. They have set up an alternative union, STONZ (surgical trainees of NZ) to talk to the DHB's lead by orthopedics. It may ask for a different roster system.

Magdalena Biggar has written a document on schedule 10.

Simon Bann's thoughts are: NZAGS training program is moving back to five years in 2021. The rough the change seems to be affecting larger hospitals more. Wellington Hospital has feedback that they cannot comply with the new roster until at least January due to the sick training posts. It looks as though RDA is taking us to court.

Julian mentioned that smaller hospitals were just as affected because the larger hospitals are needing more staff and are therefore taking the trainees and registrars that may have gone to smaller hospitals before.

It's very plain that we must have the manpower to cover this new roster. Do any of the executive have it have examples of rosters that would comply with schedule 10? And they would need six more registrars to be compliant. The implications of this is that we did need more registrars!!!

Simon mentioned that the training committee are going to allocate more points to those applying for the training program from rural centers.

Nigel indicated that Terry naked DHB is doing joint shifts with other specialties such as orthopedic.

Simon noted that trainees are not allowed to cross cover, but non-trainees can.

Therefore, does NZAGS write a letter to all DHB's with our concerns regarding safety around what is practical intent of the new schedule team roster?

Vanessa Blair very quickly pointed out that expressing our views could be picked up by the media and patient safety issues would be raised. DHB's have ignored the problems with staffing levels. It has been showing that the more breaking of continuity in patient care increases the risks. It will bump issues to SMO levels.

Nigel suggested that all NZAGS can do is ask for surgeons. Consultants will be impacted as we are being asked to make up the hours.

SMO's will have to self-manage as they are expected to cover the hours no longer being worked by the registrars.

It was felt to be more appropriate that a union should lead this situation and that we don't personally comment. However we do need an opinion on what the new schedule means for training patient care and the hours staff at work - registrars, trainees and consultants. Perhaps one option is for us to approach workforce New Zealand in Ministry of health only talking about workforce numbers in general.

Unfortunately the conference program for 2019 is already full. Perhaps we could have a breakfast and the discussion could be around workforce planning. Perhaps we need to email our membership for comment around the schedule 10.

Action point: *Julian to draft an email to be sent to the membership around schedule 10 in workforce planning.*

The other topic at the NZNB meeting was that Andrew Hill wanted everyone to know that there is a group called ASERNIP within the college that had the resources to help us crunch any data that may need to be analyzed. They can also help with new technology in any project she may have. There is an application process to follow.

The College also approach the society to ask us about the BSET model and how NZAGS wanted to work. Are we happy with the way the specialty elected counselor is elected. Or would we want a society nominated rep. For instance if we are separating BiGS do we want 2 reps or 1 on BSET?

It was agreed that NZAGS would require a rep from New Zealand on BSET, and therefore GSA would want one too. So there would be two general surgical reps with a seat on BSET. But yes to specialty nominated.

3.5 ACC Update

There is a draft paper on incisional hernias outlining what will be covered, it has gone to the NZNB board and has been passed by the board.

A treatment injury guide is in draft format regarding what you can claim how you claim it etc. 50% claims are trivial with the cost of processing higher than the money surgeons would get back, 30% of claims are declined.

3.6 Southern Cross updates

In Paihia we asked for the plan about skin lesions rollout. The Southern Cross CEO told us there was a huge increase in costs mainly from the dermatologist not from the surgeons and we've heard nothing more.

NIB first choice system is not proving to be as easy as they belied.

We would like to do a meeting with both Southern Cross and NIB on the same day and client those participating would be Vanessa Ian Braun and Richard Martin.

Southern Cross at this stage have told us nothing about the coming priest AFP.

Richard Perry mentioned he had a problem in his practice with fees for SX for younger surgeons joining his practice. SX will not allow the new surgeons to charge the current practice i.e. The fee that Richard charges. SX are only giving a contract price for new surgeon at the average fee for that region. The new surgeons cannot set their own fee. This can affect the overheads of the practice. Also one of Richard's questions is, how do we know what they average is? We have to rely on SX.

Richard Perry raises a good point. Apparently orthopedics took a case against Southern Cross and they won. It was the case taken in Auckland. NZAGS should seek clarification regarding this case and its outcome.

Action point: *Bronwen to organize the Southern Cross and meeting in Auckland NIB to be held the same day as possible.*

3.7 Website updates – Bronwen Evans

The new website designs are being developed into storyboards at the moment. I should keep you up-to-date with program and share the new look and feel.

The new website will have an automated subscription service. The invoices will be sent to you via the website on the anniversary of your last payment. There may also be the facility to say 'yes' just automatically charge my credit card.

4. Reports

4.1 President's report – Julian Speight

Julian sought feedback on the memorandum of understanding between GSA and NZAGS.

Nigel indicated he was happy with the split as he believes it will have little impact on trainees managed in New Zealand.

Point 5. It was suggested that the funding split should match what we are already receiving which is a 67/33 split of the governance fund. This was agreed.

Point 6. It was noted that we should have a bi-national meeting where we discuss curriculum content and curriculum delivery to separate things.

Point 7. Should be changed to read shared with the board on reasonable costs.

Action point: *send a revised copy to both Simon and Julian to approve and then share with the executive for feedback.*

4.2 Executive Director's Report – Bronwen Evans

Been on leave for two weeks due to family bereavement. Website info above in Update.

4.3 Treasurer's Report – Peter Shapkov

The accounts are in a good position. We have opened up a new type of savings account which will give us a higher rate of interest on funds we are holding for working capital.

4.4 Training Chair Report – Simon Bann

Selection interviews begin next week. General Surgery has 38 applications, 32 will be interviewed. We holding interviews at Wakefield Hospital this year because the airport is unavailable. We have 13 posts fill.

It should be noted that there was a 78% pass rate for New Zealand for the final exam. I think it was 64% in Australia. New Zealand normally has a higher pass rate in Australia every year.

5. Business Items

5.1 Gastro Society F2F participants

Nigel Henderson has agreed to be the person available two for the face-to-face meetings.

5.2 Health Workforce Fund – perhaps NZAGs should write up a brief on the impact of this.

Action Point: *Who should write the report on the workforce fund changes impact on NZAGS?*

5.3 Pacific Island Conference

What year do we want to try and work and hold in ASM in the Pacific. After discussion it was suggested we look at the year 2022.

It was suggested that from one talk to the Pacific Island Association and work in conjunction with them for a combined meeting.

Philippa noted that we need to have a cheaper venue than the current GSA 2018 conference because the Pacific island surgeons cannot afford the room rates. We also need a hotel that is closer to a hospital so that we may do a joint training day.

5.4 KYND Wellness

Do we want to use this?

Action point: *Bronwen to investigate what the College is doing around, and with, wellness apps such as KYND*

KYND has been developed by Tom Mulholland who is a GP in Taranaki.

From will send out the code so that all of you could try it.

6. General Business

6.1 other business – Christchurch ASM 2019

Philippa and Linda both visited the town hall venue last week. They are on track to be completed by the time we wish to hold a conference.

The program is being planned and going extremely well, as is sponsorship.

6.2 Meeting Dates

It was noted that 4 September is the next teleconference meeting. 23rd of November is the next face-to-face meeting in Wellington. With the airports rooms being closed for renovation, the face-to-face meeting will be held at our offices level 3 – 8 Kent Terrace in the RACS boardroom.

7. Meetings

7.1 Next Conference Christchurch 2019, with 2020 to be held in New Plymouth

Meeting	<u>Proposed Dates</u>	Proposed Time	Where
Phone	Tuesday, 4th September, 2018	7.30pm	Phone
Face to Face	Friday, 23rd November, 2018	9.00am	RACS Boardroom Wgtn
Phone	Tuesday, 19th February, 2019	7.30pm	Phone

Face to Face	Friday, 22nd March, 2019	9.00am	Christchurch Novotel
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8. Meeting Closed at 9.52pm

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