MINUTES OF NEW ZEALAND ASSOCIATION OF GENERAL SURGEONS

EXECUTIVE MEETING

Teleconference Meeting 4 September 2018 7.30pm

In Attendance: Julian Speight (President), Bronwen Evans (Executive Director), Nigel Henderson, Grant Coulter, John Lengyel, Philippa Mercer, Andrew Moot (Past-President), Peter Shapkov (Treasurer), Graeme Roadley, Peter Stiven, Nagham AlMozany, Simon Bann (Training Chair), Jasen Ly, Ian Burton, Vanessa Blair,

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1. **Apologies**: Claire Nicoll, David Vernon, Philippa Mercer, Suheelan Kulasegaran (Trainee Rep),

Action Point Summary:

1. **Action: EGGNZ** NZAGS is to write in and confirm who our Rep on the committee will be BUT who is it?
2. **ACTION:** Bronwen to advise GSA of receiving NZAGS member rate for ASM when ready to open conference registration.
3. **Action: BCCA** is it Bronwen to ask members or are we shoulder tapping for the BCCA Committee?

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2. **Minutes:** Minutes pervious meeting 12th June 2018

   A couple of spelling mistakes to correct.

   The minutes were accepted.

   Approved: Vanessa Blair Seconded: Julian Speight

3. **Matters arising**

3.1 Practice Visits – Bronwen

Bronwen has called and emailed and Gemma Crooke has not responded. I will continue to chase.

3.2 Update on EEGNZ accreditation – Andrew Moot

Had a meeting last Wednesday discussing the University of Utah safe sedation online training tool. Several Gastro/GS trainees have trailed the 8 modules—Safe Sedation Course Online. Andrew has completed it.

Feedback: easily assessable to complete online. Cost effective at $250 US versus face to face

Cons: not designed for NZ re: population etc. Capnography is referenced but not practiced here. It takes a few hours to do it and need high speed internet. Nothing about rescue medications. No real discussion on cardio complications. Available immediately.

The EEGNZ will have a sedation workshop later in the month and need to see what they are thinking. The ANZCA are developing a training programme but if we don't agree in the way they are going or it takes too long we could use the Utah programme for our trainees.

Recommending using the Utah course and referenced in our credentialing guidelines. We need to see if EGGNZ approve the course and then it will be up to NZAGS Board to recommend.

Still need the credentialing ACLS course as it's a practical application of airway skills. Advanced course.

Nigel: I'm just about to do it – it is still there and it's called the CORE course (advanced) in sedation

The online course is more about evaluating a patient for sedation. It's pretty good and we do need a course to improve training in sedation.

Just need EEGNZ to support or endorse it. Then up to NZAGS BiGS NZ to agree.

The other thing discussed at the meeting was the guidelines for credentialing and re-credentialing of endoscopy. Gowan and Taranaki DHB, Hawkes Bay DHB, etc. have provided feedback for the working group.

Guidelines were presented by the working group and changes made from feedback. Quite a few changes. Document is going to be used as a transparent method of credentialing endoscopists. This document will need to be applied by any hiring authority. Requirement of the new accreditation unit and is a legal requirement for a hiring authority. NZAGS can only give guidance for each individual up to the credentialing committee but up to it's up to local a credentialing committee for them to apply the rules and decide.

Con-joint permission remains essential to be credentialed. NZ Con-joint committee is undergoing changes and they will have to have a process to allow grandfathering in. Loads of feedback on the need for 150 gastro every 3 years to be re-credentialed. Has been dropped to 100 and is controversial and it is up to the local committee to interpret the rules.

90% initial credentialing EEGNZ has accepted this but 95% for re-credentialing which is consistent with the bowel screening document. Available to all NZ practitioners from early next year.

It's up to local committees to decide if Trainee Scopes should be included in KPI's. Whatever the rule it should be applied consistently within the DHB.

Funding – there is a submission to MoH for funding. The ToR and MoU have been rewritten but the Colleges have yet to comment. MoU NZAGS rep is in the document

because of NZAGS role in training. As Andrew is not on the training committee maybe he should be replaced by another NZAGS rep.

ACTION: NZAGS is to write in and confirm who our Rep on the committee will be

Perhaps it should be Marianne Lil as she is also the NZ Surgical RACS rep and is on the NZAGS TC and on the Colonoscopy committee

Julian – better to have someone else as well?

ENDOZA is represented by Simon Bann but he's been too busy.

Independence assurance review of National Bowl Screen programme which Andrew circulated or sent to Bronwen. What has been raised is there are IT issues, mistakes with addresses etc. Main issue is that not enough people are trained to do colonoscopy and it urgently needs to be addressed.

Susan Parry has an idea around how more people could be trained and MoH has set up a regional Endoscopy leads register which is not pat of EEGNZ.

Simon: Wellington has just been put back 6 months due to MoH saying they have software issues but Lower Hutt is okay.

One big problem is that symptomatic requests have risen due to public awareness – it's a vicious circle. Not enough people available to do the screening but increased awareness.

Nagham: What is plan B if patients can't get a scope – is it a scan? However scan requests are now outstripping resource too.

What can NZAGS as an organization do?

Julian: It's a big issue across the country. Perhaps NZAGS could create a position statement of the workforce issues in the surgical workforce and present to MoH?

Nagham: Need to ensure this is not positioned as just an Endoscopy issue—it's a general surgical issue too. NZAGS needs to raise that this is an issue for general surgery. Plus anyone should be able to be trained. Nurses could do scopes but Endoscopists push back.

Vanessa: Same issue happened with breast screening. Patch protection needs to stop if we are to cope with numbers.

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

Gowan was not on the call so on agenda for the Nov meeting.

3.4 Update NZNB –Julian Speight

The NZNB has approved the ACC Guidelines and ratified the MoU for the BiGS split.

The issues of deferrals in training was raised by Pediatric. They have so many deferrals they cannot take any new trainees for 2 years. Particular problem for smaller specialties.

Simon stated it is sometimes an issue fro NZAGS too.

Regarding ACC – incisional hernia. Too hard to develop a scoring tool but Graeme Roadley mentioned that it should not be a 'blame' process.

The ACC Act is a legal act with implications and obviously different interruptions.

3.5 Website Update

Majority liked the new look and feel, said it was a major improvement.

Functionality is coming along and should be available in a couple of weeks to test.

4. Reports

4.1 President's report – Julian Speight

BiGS separation – MoU signed by both parties. Separating come December 2018, start of new training year. NZAGS needs to define ToR for our new BiGSNZ and how we will operationally work with NZAGS Training Committee.

Simon: Memory and Resilience in the board is the issue.

The NZBiGS will be

Training Committee Chair
Training committee Vice Chair
North island General Surgeon
South island General Surgeon
Rural General Surgeon
Provincial General Surgeon
City General Surgeon

As the board is still a College Board under BSET we would rely on the College Counsel for legal issues.

Simon is working on ToR now.

GSA and NZAGS ASM pricing for each other members. GSA offered GSA member rates to their ASM this year. Therefore we should reciprocate.
ACTION: Bronwen to advise GSA when ready to open conference registration.
President of GSA always gets a free conference as does ASBGI.

4.2 Executive Director's Report – Bronwen Evans

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

The Website feedback for the new look and feel has been positive. Now working on the membership subscription functionality and events. The subscription software will send automated emails to members on a rolling 12 month basis. The reporting area is what I need to work on now so we get good event reporting and other reporting around membership etc.

The president medal and pins are being made and should be ready soon. President at the Nov face to face meeting.

4.3 Treasurer's Report – Peter Shapkov

The accounts YTD looking good with healthy profit and assets although will only be expenses for the rest of the year, no other income due in. If we hold a conference in the Pacific in 2022 it will make a loss but we have made profits from conferences over the past few years to cover this.

4.4 Training Chair Report – Simon Bann

Discussing the BiGS separation formally late September early October.

Selection this year delivered 32 candidates and NZAGs accepted 13 with 4 in reserve.

1 trainee failed the exam. They left on probation so can't reapply. There were process issue so lawyers were involved. We need to ensure everyone is following the correct processes.

Attending a cultural awareness meeting. What are other societies doing about formal Maori greetings?

Vanessa: Whatever NZAGs does it can't be seen as a token gesture.

Nigel: Will forward a name to Bronwen of someone who could help NZAGs set up a cultural programme.

Julian: We must ensure NZAGs is multi-cultural not bi-cultural

The ASC 2019 is in Bangkok and NZAGS General Surgeons are the hosts. We need to support this.

5. Business Items

5.1 Southern Cross and NiB Meeting

NIB has set up a new Providers Team. They advised that the authorization portal will be made compulsory by early next year. Therefore they urge our members to use the portal as soon as possible so if there are any issue they can fix before it's compulsory.

Nib are also building an 'operation' costings model.

We gave our feedback on the whitecoats.co.nz website and the misrepresentation on it regarding breast surgeons and regions etc.

Southern Cross – actually happy with how General Surgeons are interacting with them. They do not see GS as a problem area. Skin Contracts have seen a huge increase in claims but not from GS. So relatively happy with GS and skin contracts.

However, the worrying announcement is that SX are asking GS starting up in private practice, either on their own or within an already established practice to complete a new

business startup form. New surgeons at an established practice will start on the average price for each operation. SX admit they are looking to lower pricing over time.

5.2 BCCA

There are two committees

1 meets 2 or 3 times a year

1 meets every month

Who can we put forward for this committee?

Action: BCCA: is it Bronwen to ask members or are we shoulder tapping for the BCCA Committee?

5.3 Conference update – all running well.

As to diversity – no main female speakers but plenty on the programme. The conference committee are very aware of diversity.

5.4 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

5.5 Workforce planning – discussed above.

Susan Parry and MoH interested in Endoscopy training.

6. General Business

7. Meetings

The next meeting is in Wellington at the NZAGS offices L2-4 Kent Tce, RACS Boardroom

Meeting	***Confirmed Dates***	**Proposed Time**	**Where**
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 TBC

Phone	Tuesday, 18th June 2019	7.30pm	phone

8. 0 Meeting closed 9.30pm