

**Minutes of the Executive Meeting held**

**Friday 23rd November 2018 Copthorne Hotel, Wellington**

**Present:**

Julian Speight  
Nigel Henderson  
Jasen Ly  
Ian Burton  
Pete Stiven  
Peter Shapkov  
John Lengyel  
Graeme Roadley  
Simon Bann  
Grant Coulter  
Bronwen Evans  
Claire Nicoll

**Apologies:**

Dave Vernon  
Philippa Mercer  
Vanessa Blair  
Rowan French  
Gowan Creamer  
Suheelan Kulasegaran  
Dave Moss  
Ngaham Al-Mozany  
Andrew Moot

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**Action Point Summary:**

1. **Action:** Bronwen to draft a letter to other societies to see if they want to be involved. Bronwen to seek legal opinion
2. **Action:** Gowan Creamer to advise CaDeNZAA of NZAGS Executive thoughts
3. **Actions:** Peter Shapkov to look into options surrounding investments
4. **Actions:** Bronwen to source New Zealand appropriate surgery photos to replace some images on website
5. **Actions:** Claire to draft new Travel Policy. Julian to provide Claire with a list of meetings the President should routinely attend. Bronwen to provide information to the President regarding the funding for each meeting. Claire to provide the same for the NZBIGS chair
6. **Action:** Julian to draft letter to Minister for Health regarding workforce issues and training more GS being a missed opportunity
7. **Action:** Simon Bann to write to Southern DHB. Claire to check for any impact on scope numbers at Invercargill Hospital.
8. **Action:** Bronwen to email members with link to executive nomination form on website.
9. **Actions:** Bronwen to collate list of Executive committee involvement for Annual Report and the website

10. **Actions:** Bronwen to email members for volunteer and Grant to follow up a couple of suggested names for BCCA
  11. **Actions:** Ian Burton to follow up with NIB for revised date for upgrades to their portal
  12. **Actions:** Bronwen to ask Vanessa Blair to look at forms and advise on this matter
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1. Julian welcomed all those attending and noted the apologies. Gowan Creamer was unable to attend but asked if he could teleconference in for the discussion on ANZELA.
2. The Minutes of the last meeting held on 4<sup>th</sup> September were accepted as a true and accurate record

Proposed by Pete Stiven, Seconded by Peter Shapkov

3. Matters arising
  - 3.1 Southern Cross – The new contracts are cause for concern. Bronwen advised that it would probably be worth seeking legal opinion on whether the limit on volume for new Affiliated Providers constitutes restrictive practice. Bronwen has had early discussions with NZAPS (Plastics Surgeons) and hopes to speak to NZOA as well regarding a combined meeting with Southern Cross. It was suggested that the Association for Gastroenterologist should be invited too as their members will be similarly affected.

**Action:** Bronwen to draft a letter to other societies to see if they want to be involved.  
Bronwen to seek legal opinion

- 3.2 ANZELA – QI – Gowan Creamer phoned in to discuss the latest on ANZELA-QI and CaDeNZAA. It has been noted that CaDeNZAA does not provide all the data that ANZELA collects for Australia. The CaDeNZAA working group are especially concerned about 4 missing data points:-
  - NELA risk score and P-POSSUM score
  - CLinven-Dando Score
  - Planned or unplanned
  - Goals of care

Gowan was interested to get a New Zealand perspective. Gowan advised that NELA is not available to digitally record a discoverable score, although the score could be entered manually. Goals of Care is a routine plan universally adopted in Australia but not usually completed in New Zealand. The Clinven-Dando score cannot be incorporated into the current pilot either so would also require separate submissions.

The Executive discussed how the required data could be sourced but noted that separate submissions outside the current pilot were unlikely to happen as these would be too onerous. There was agreement that providing ANZELA-QI with full data from New Zealand was the goal and that CaDeNZAA should be working towards achieving this. It was hoped that piloting Hospitals would not individually be responsible for getting ethics committee approval to provide any of the extra data.

**Action:** Gowan Creamer to advise CaDeNZAA of NZAGS Executive thoughts

3.3 NZBIGS TOR – Claire advised that these have been approved by the RACS Education Board.

3.4 New Website – Bronwen advised that the new website had gone live on Wednesday with no serious issues. There had been a small issue with passwords necessitating a few members to receive two emails regarding password set. Members of the Executive were generally very impressed with the look, functionality and feel, although some expressed concern over some of the stock images. Bronwen advised that some New Zealand images were to be purchased to rectify this.

**Actions:** Bronwen to source New Zealand appropriate surgery photos to replace some images on website

#### 4. Reports

4.1 President Report - Julian advised most issues are dealt elsewhere in the agenda. Julian attended the combined GSA/PISA conference as GSA's guest in Fiji. He asked if NZAGS could consider doing a combined meeting in either 2020 (Rarotonga) or 2022 (Fiji). It was considered too close to aim for 2020. Julian advised that for this year's meeting many Australian surgeons provided 2 week cover for Pacifica surgeons to enable them to attend and that NZAGS members could do the same for 2020 and 2022. There was some concern that there could be bad press if trainees were to attend regarding use of public money. It was considered that the educational and collegiality benefits of a combined meeting would negate any such concerns.

Julian advised he will be taking a sabbatical from work from July to September 2019 inclusive. This is usually a quiet time for the President with no major meetings to attend.

4.2 Executive Director's report – Bronwen advised that she had been off sick for 2 weeks. The Practice Visit programme was still stalled as the Ministry of Health are not responding regarding the QAA requirements.

Bronwen advised that she had purchased a \$500 voucher for Helen as a thank you for all her hard work in Claire's absence.

4.3 Treasurer's report – Peter advised that the accounts look healthy. There was discussion as to whether some of the reserve should be in a managed fund – the Constitution allows for it provided a motion is supported at the AGM. Bronwen reminded the Executive that the

auditors previously advised that 3 years' worth of running costs should be readily available at all times. Any long term investment would need to consider any likely losses from a joint PISA/NZAGS meeting. It was noted that many managed funds cost so much in fees, any profitability can be negated.

**Actions:** Peter Shapkov to look into options surrounding investments

- 4.4 Training report – Simon advised that Selection went well with 12 appointments to date commencing in December. Simon reported that Helen had done really well in Claire's absence. The CV tool for Selection in 2019 would include rural points for candidates working in the smaller centres. Simon advised that an induction day for the new trainees was held the previous day. Work to put the new NZBIGS together was progressing and that the new Board will need to look at some of the initiatives already set by BIGS such as a return to a 5 year programme from 2021 and a competency based programme.

## 5 Business items

5.1 – NZBIGS already covered in Training report

5.2 Travel report –The Executive discussed increasing the Andrew Moot's suggested edits to the Travel Policy. Executive members travelling on NZAGS business will be entitled to have Business Class fares for any flight over 4 hours. The President will be able to take their partner on 1 trip per year at the Business class rate. It was agreed that a list of the meetings a President should be expected to attend should be collated.

Some of the reimbursement levels were revised also.

Some Executive members advised that they sometimes are confused as to which meetings are reimbursed by NZAGS and which ones are College funded. It was noted that any travel on behalf of a College Board, or at the request or invitation of the College, was funded by the College. This means travel must be booked through them. Travel on behalf of NZAGs is booked by the member and expenses claimed on the NZAGs Travel Claim Form or booked through Capital Travel and put on our account.

**Actions:** Claire to draft new Travel Policy. Julian to provide Claire with a list of meetings the President should routinely attend. Bronwen to provide information to the President regarding the funding for each meeting. Claire to provide the same for the NZBIGS chair

5.3 Gastroenterology workforce issues

The recent paper from the NZ Society of Gastroenterology on the Workforce shortages was discussed. It was noted that the solutions put forward were only related to increasing the number of Gastroenterologists, not General Surgeons. Members of the Executive suggested that many of the issues for access to colonoscopy in particular seem to be a lack of clinical facilities rather than a lack of suitable personnel. Accreditation of endoscopists at different levels was also limiting and had the potential to expose some patients to 2 or even 3 procedures. Colonoscopies completed as part of the

Bowel Screening Programme also needed to be much more rigorously documented with photos and tattooing of polyp sites which significantly increases the time each one takes.

It was agreed the NZAGS through the President would write to the Minister of Health.

Julian advised that the Dunedin based gastroenterologist now does all the scoping at Invercargill Hospital and this is likely to impact on training there. It was agreed that Simon would write a letter to Southern DHB regarding this issue.

There is a World Gastroenterology Conference planned in this area for 2023, with a bid to hold it at Auckland Sky City. It would need about 1750 attendees to break even. They are looking for NZAGS support. It was noted NZAGS should ask what support they were asking for. NZAGS is happy to promote and suggest our surgeons attend.

**Action:** Julian to draft letter to Minister for Health regarding Endoscopy workforce issues and training more GS

**Action:** Simon Bann to write to Southern DHB. Claire to check for any impact on scope numbers at Invercargill Hospital.

5.4 Executive Committee - Bronwen advised that Ian will be finishing in March as he has completed the total allowable 12 years. Dave Vernon has advised that he would like to stand down for a while. Bronwen will send an email to all members as nominations for replacements will be needed.

**Action:** Bronwen to email members with link to nomination form on website.

5.5 Recompense for Executive and Training Board members. Bronwen handed out the pins for the Executive members present and also the President's medal to Julian. There was discussion as to what other member's benefits could be provided such as free attendance at the conference. This was considered not really an incentive as most used their CME budget to attend anyway. Bronwen asked the Executive to list all the committees they were on to make available in the annual report and possibly under member's benefits so that all the hard work the Executive and NZAGS does on behalf of its members is visible.

**Actions:** Bronwen to collate list of Executive involvement for Annual Report and the website

5.6 NZAGS Conference 2022 in Fiji- This was discussed as part of 4.1. The NZAGS contract with Workz4u ends the 2021 year so we can contract 2022 in Fiji separately.

Bronwen has already spoken to Nigel Henderson about the 2020 conference in New Plymouth – Nigel to try and find a suitable convener and get early suggestions for overseas speakers so NZAGS can apply for the RACS grant for this.

## 6. General Business

6.1 Grant Coulter advised that BCCA (Bowel Cancer Audit) are looking for a member to join the Operations Committee – the role is only open to a non-CSSANZ member with an interest in Bowel Cancer so will not be easy to fill.

**Actions:** Bronwen to email members for volunteer and Grant to follow up a couple of suggested names

6.2 ACC – Julian and Grant recently met with ACC. The abdominal wall hernia guidelines seem to be OK. Now working on incisional hernias with some issues around a definition for “ordinary consequence” as a descriptor. Legal opinion has suggested that anything under a 50% incidence should be covered, but this would make up virtually all adverse events. This is still work in progress

6.3 – NIB – Ian noted that the upgrades to the NIB portal have not been done. Bronwen advised that NIB stated that there would be several phases to sorting out the portal up to March 2019. Ian stated he hadn't been contacted by NIB yet to test a new portal.

**Actions:** Ian Burton to follow up with NIB for revised date for upgrades

#### 6.4 Southern Cross forms

Bevan Jenkins has been looking at the Southern Cross patient forms to advise what is appropriate information to ask surgeons wanting to open a new private practice.. NZAGS needs a copy of the forms so that we can feed back on the questions being asked.

**Actions:** Bronwen to ask Vanessa Blair to look at forms and advise on this matter

#### 7. Next Meeting

The dates for 2019 meeting were discussed and the date for November brought forward one week. The next meeting will be a teleconference on February 19<sup>th</sup>.

**The meeting closed at 4.20pm**

<b>Meeting</b>	<b><i>Proposed Dates</i></b>	<b>Proposed Time</b>	<b>Where</b>
Phone	Tuesday, 19th February, 2019	7.30pm	Phone
Face to Face	Friday, 22nd March, 2019	9.00am	Christchurch TBC
Phone	Tuesday, 18 <sup>th</sup> June 2019	7.30pm	phone
Phone	Tuesday, 10 <sup>th</sup> September 2019	7.30pm	phone
Face to Face	Friday, 8 <sup>th</sup> November 2019	9.30am	Wellington TBC