

## Minutes of Executive Meeting held 10 Sept 2019, Zoom 7.30pm to 9.00pm

Present: Nigel Henderson, Pete Stiven, Graeme Roadley (Vice-President), Peter Shapkov (Treasurer), Jasen Ly, Gowan Creamer, Vanessa Blair, Rowan French, John Lengyel, Ashwini Pondicherry, Bronwen Evans, Claire Nicoll

**Apologies:** Julian Speight (President), Grant Coulter, Simon Bann (Chair NZBiGS), Andrew Moot, Usha Shan, Nagham AlMozany, Aleksandra Popadich

### 2. Minutes of the previous meeting:

Peter Stiven moved that the minutes of the previous meeting held 24 June 2019 were a true and accurate record. Seconded Jasen Ly

### 3 Matters Arising:-

3.1 **Southern Cross Update** – Vanessa chatting with Lincoln – trying to make a time to meet with SX. Key issue is their behaviour. 3 members complained about setting fees – not just for skin pushing towards the lowest price. Basically no movement in prices for CPI, only movement is down.

Price: Do we do a legal opinion on various issues. They have made no secret that they wish to bring prices down and are they using their market dominance to do so?

Do we then take the opinion to the commerce commission?

Collectively we are hamstrung due to colluding to fix prices. Plastic were threatened with a lawsuit when found to be talking to each other. Individually you have no power.

Bron: Two issues contract clauses can be commented on as a collective i.e. From NZAGS

Anything to do with prices can't be done by NZAGS. It has to be done by a surgeon or practice level.

Vanessa: but some have signed contracts and found pricing to low and are struggling but SX is not letting them increase their fees when others are charging higher?

I can pick up the phone and mystery shop pricing. But I have no power to negotiate. NZAGS is charging less than other specialties.

Bron: but you cannot share that data with other members. CC won't care about what you are being charged that is a contractual issue. What they will care about is if there is any collusion on price, if their market dominance is causing hardship and issues with contracts.

Vanessa: Who gave you that opinion?

Bron: a Commerce Commission specialist lawyer. CC will look at their market dominance to see if there are

1. Restraint of Trade
2. Barriers to entry

In other words are their surgeons not able to set up in private practice because the prices paid are too low. Is their dominance causing hardship? Do surgeons have a choice not to sign with SX?

Vanessa: For example the new clause says I must give SX the lowest price so for genuine hardship cases I can't give them a cheap price because it means I have to lower all my prices to SX. Basically the SX price now becomes my lowest price....

So we have to hunker down and ask some questions of the commerce commission via a legal opinion first. If the membership are happy with SX then we don't do anything further. But we will also feedback to SX about the patients left half way through a cancer diagnosed but run out of cover and then have to try and privately fund – is it morally ethical?

Vanessa: We will meet with SX then go out with some key questions to membership to ask what they wish to do? Do they want another legal opinion?

Rowan: Largely relates to skin or other? Is this APP? If so the bigger procedures are contracted via hospitals rather than individuals. Are they going to shift towards more individual contracts – no?

Vanessa: It's only the squeaky wheels who ring me – mainly skin, but will be rolling out breast soon. Survey the membership? Is it affecting everyone?

Bronwen: Vanessa to draft me up the questions to send via survey monkey. Bron to send Vanessa the legal opinion.

Vanessa: NiB is fine no problem.

Jasen started 18 months ago and has been annoyed at SX situation with contracts. Have to take SX word for market value price. Is it the average? And average of what? I got given a price about when they learned I was a colorectal surgeon they gave me a lower price. Colorectal surgeon's price is lower, so when he told them that he got a different average. Just have to agree to price.

**ACTION:** Vanessa Blair to contact Stephen Child and request a position statement that can be sent to members. Vanessa and Lincoln Israel to meet with Southern Cross. Vanessa to draft up a letter to members of current situation to gauge if NZAGs should seek another legal opinion.

### **3.2 EGGNZ – Survey Results Review – (See Appendix 1 attached)**

Andrew not on the call. Table to discuss later when Andrew on call.

Graeme Roadley – shared with Marianne Lill.

Bron: Does know she is getting get it. I'll send a copy to her.

**3.3 Fiji Update** - Bronwen PISA doing a conference in 2022 and I asked to do a joint one with NZAGA but no one has responded. I spoke with GSA and their experience. They are doing a 2024 GSA joint conference. GSA lost \$250k on the conference we are too small. GSA have invited us to do a join with them in 2024 which is the less risk averse action.

Jasen – should just do it with GSA in 2024. Makes more sense.

**Those on the call indicated that it would be preferable to do a joint conference with GSA**

#### **4 Reports**

##### **4.1 President**

Julian still away. Graeme had nothing to add.

##### **4.2 Executive Director**

Accounting has been restructured as per the proposal. Upgraded to fibre optics no phone or email for 5 days. We can send email but not received sorted tomorrow. Private Practice work see below.

##### **4.3 Treasurer's report**

Peter advised that the finances were healthy. The Management Accounts were presented and approved.

##### **4.4 Training Report – David Moss/Simon Bann were not present so Claire Nicoll spoke**

F2F NZBiGS last week. Made good progress. Selection went well and have exhausted the waiting list. 13 new trainees. Has a very successful training day on 28 August in Hamilton.

Management report – taken as tabled.... A little bit of a nonsense as we don't have regular weekly income. Month to month looks negative which is normal. Deposit rates are terrible.

Nigel update on ASM: Things going well. 1 overseas speaker from UK. Asked for speakers from Bangkok. Devon is all organised and training day well sorted. Dinner is sorted. Pauforei arranged. Greg is very good. Murray Cox is in New Plymouth and...?

#### **5. Business items**

##### **5.1 Management Report was read and approved.**

##### **5.2 ASM New Plymouth 28 and 29 March 2019 – Nigel Henderson**

Things going well. 1 overseas speaker from UK. Asked for speakers from Bangkok. Devon Hotel is all organised and training day well sorted. Dinner is sorted. Greg is very good. Murray Cox is in New Plymouth and...?

##### **5.3 Southern Cross – discussed above.**

##### **5.4 QAA- Practice Visits Programme Trial Sign Off (See Appendix 3 attached ToR, Process) – Rowan French**

QAA has been approved from MoH mid-August. Committee Andrew, Rowan, Nigel, Gowan met to go over documents and a power point slides of process. Now we have QAA looking to push on PV trial – 2 visits. Starting in Feb- March April. Reviewing the outcomes and discussing with the executive once agreed.

Already done by NZOA, RANZCOG. Looking at more similar to COG – review voluntary and will count for 1 year of CPD. Will apply to college for 2 -3 years count.

Trial visitors will be members of the committee. Asking for member practices who may wish to be reviewed. First two funded by the association.

We have documents prepared based on RANZCOG. Will be done over a day. Talking to theatre, consultations, interviewing patients and nurses and other staff. And a patient questionnaire.

The Visitors will complete a template for feedback and provide a summary to the visitee. Hoping that those who have been visitees will be invited to be visitors. This may increase those wishing to be visitees.

**Action:** Bron to submit programme to CPD committee to see if we can raise the years it counts in reflective practice.

It's well received by NZOA and RANZCOG – they value it with positive feedback.

Vanessa: great initiative

Graeme Roadley: Great initiative. Looked through the documents members will want the maximum CPD points. Get the triennial sign off.

Rowan: Components show that it includes 3-4 of the review practices so should allow 2-3 years.

Bron: Maybe we can use the templates for other reflective practice sessions as well to help members when saving for an audit.

**Action:** Signing off the \$6,000 cost of trials. Vanessa put forward to accept this cost. Second: Jasen

Unanimously voted to spend the amount needed.

We need a four month lead time. So we need to select the visitees within the next 6 weeks. Vanessa and Jasen offered....

5.5 Policy ratification –Claire Nicolls (See Appendix 4 attached)

1. Acute – Simon Bann Update
2. Private Ethics – Peter Stiven Update

Claire – Simon reviewed the acutes policy and edited the policy. Remove reference to Australia. Can we pass this? Bring back to F2F without the edits.

Private Practice – Perter Stiven reviewed. Anything contentious in here? Gowan thinks it is all right to keep. Bring back at F2F.

5.6 Māori Health and Cultural Competence/Safety Curriculum Developments – (see appendix 5 attached)

Claire: Simon Bann letter – wanted the cultural update seen by the executive. Cultural Competency has had feedback form a lot of our members already.

## 6. General

### 6.1 Prioritisation Policy in DHB's – Bronwen Evans

There is a weighting in the quality of life about responsibilities to others. So could use that to increase the weighting but doesn't know much it's on. Also, a question about outcomes should show that the effect on being able to provide income for family. Clinical override solution to – this is the breadwinner means family can't pay.

Graeme says to talk with Andrew McCormick

6.2 Rowan: Procedure based assessments for trainees. Rowan and Marianna Lil pushing for combined PVA across GS and other specialties, so that for the conjoint committee there is one standard. Marianne sent through a letter regarding the process as NZAGS sees it. One type of PDA for scopes that goes across everyone doing them.

Claire: it was discussed at NZBiGS. Those assessments sit with the NZBiGS board and should be led by it. Design sits with NZBiGS and voted to collaborate with Gastro.

Graeme: Claire had Marianne in Timaru yesterday in credentialing. Liz Dennett document is not the one conjoint has. Theirs is much more evidence based. Seems pointless that we all reinvent the wheel. Claire has got that but she has it sent to Liz to review. Incorporating everyone is hard given the PDA's that we have already have been approved by the board and want to keep these. Russell is strongly in favour of British model and none of gastro will make a call over Russell. So they have tried to adopt some of Russell's thinking so everyone can agree.

Rowan: We just have to agree the tools are Okayed even if different. That is if Gastro approves our and we approve there, then it makes it easy for conjoint.

### 6.3 Dates for F2F meeting in November

Meeting for Face to Face: Can we rotate the day of the meetings? For future F2F – set at March.

Meeting closed 9pm

Meetings

### 7.1 Next Conference New Plymouth Devon Hotel 28 and 29 March 2019

<b>Meeting</b>	<b><u>Proposed Dates</u></b>	<b>Proposed Time</b>	<b>Where</b>
Face to Face	Friday, 8 <sup>th</sup> November 2019	9.30am	Wellington RACS
Face to Face	Friday, 27 <sup>th</sup> March 2020	9.00am	New Plymouth

Zoom	Tuesday, 17 <sup>th</sup> June 2020	7.30pm	Zoom
Zoom	Tuesday, 9 <sup>th</sup> September 2020	7.30pm	Zoom
Zoom	TBA November 2020	9.30am	Face to Face

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