

## **NZAGS Executive Committee Zoom Meeting 8 September 2020 7.30pm**

**In Attendance:** Julian Speight (Past-President), Rowan French (Vice-President), Alek Popadich (Treasurer) Andrew Moot, Peter Shapkov, Bronwen Evans (Executive Director/Secretary), Nigel Henderson, Gowan Creamer, Jasen Ly, Simon Bann (Chair NZBiGS), Mark Stewart, Bevan Jenkins, Sarah Abbott

**Apologies:** Vanessa Blair, David Moss, John Lengyel, Usha Shan

### **2. Minutes of the previous meeting on AGM 2 July 2020**

Does anyone wish to make any changes or corrections? No.  
can anyone confirm the minutes are correct?

Proposed to accept the minutes: Simon Bann  
seconded by: Mark Stewart

### **Matters arising from the minutes**

#### **3.1 Welcome to Sarah Abbott and Bevan Jenkins**

The new Executive members were welcomed.

#### **3.2 ASM 2021 New Plymouth Update - Nigel**

\$30k fund from Govt for the costs incurred from canceled 2020 conference.  
Training Day is sorted, and all speakers have been confirmed. Looking at sessions on Trauma in the community, operating room etc.

Reflected on diversity and half the speakers are women and we have cultural diversity too.  
No overseas speakers. All NZ speakers with one speaker from plastic surgery.

All is ready to go. Brain stormed ethnicity and gender bias to ensure a balanced programme.  
Half the speakers are female.

#### **3.3 Do we have a F2F meeting in November or simply a Zoom Meeting**

It was agreed that with nothing major on the agenda and the ongoing concerns with air-travel (even domestic) that probably wise to have a Zoom meeting.

#### **3.4 Registrar Employment – Rowan French**

Letters were sent to all hospitals that have SET 5 trainees. We have had no comment back but at least we have raised the issue.

## **4. Reports**

4.1 President Report – Rowan has been acting President for about 10 days when Graeme stepped down.

4.2 Executive Director - Bronwen Evans

Working on Practice Visits CME points approval submission. During this process it became apparent that RACS are about to announce a new CPD programme but that NZAGS as a specialist society has had no consultation, yet on the RACS website it says the programme is developed in consultation with the specialties. When I raised some questions with John Biviano, he called a meeting on 17<sup>th</sup> September for all Society CEO's.

During my discussions with Kate in CME, it was obvious that it's being led by Andrew Hill and I was told he places no value on PV. I informed Kate that Andrew Hill does not represent NZAGS. Our request is that anyone who participates as a Visitee should receive 2-3 years CPD approval as NZOA and RANZCOG PV receive (3 years). Kate's response was that their system only records an annual point. I said that wasn't a sufficient reason to refuse 2-3 years. I suspect they will approve but only give us 1 year, which for all the work is ridiculous.

After speaking again with NZOA, their CEO Andrea is adamant they have such high membership because of CPD programme they run inhouse. Something NZAGS should consider if we find the College CPD programme is not working for our members.

At the moment we will wait for their official response to our SME application and then relook at the situation.

Rowan – important that we keep an eye on the CME process as NZAGS doesn't want just one or two people swaying what CPD is appropriate or beneficial to our members. PV more beneficial than a conference for example.

Simon – was this discussed at PDSB meeting Andrew.  
Andrew - no nothing was discussed.

I've also been looking at our investment situation, paper to discuss below.

I've also been talking with a contractor regarding cultural and diversity positioning statements and I'm looking at developing one of our own.

Still ongoing - Working with Meta Digital on a website backend fix. Instead of sending a reminder email to renew subs I've asked it to be changed to an actual invoice. Now I'm double loading in Xero.

4.3 Treasurer – Aleksandra Popadich

Alek is finally all set up and operating. Bron text when things are needed to be done.

Cash summary not earning as much as we do but expenses are looking about the same.

#### 4.4 Training – Simon Bann

Selection went well. Interviewed 38 and have offered places to 16. Letters have gone out today. We have about 8 reserves. Written exam was today Clinicals are 9<sup>th</sup> – 11<sup>th</sup>. Quality of candidates good. Physical distancing was in place.

Bron- Thank Claire and Helen for all their work and having to have a backup plan for Auckland applicants.

Simon- yes, well done for the Training Day change from Hutt Hospital to Te Papa.

Rowan – any change to selection tools?

Claire – no expect this year the change to give 1 extra CV point for Te Reo fluency and Maori community involvement. Only 1 applicant received a point for this but may increase as time goes on. Changes need to the selection process for 2021 be approved by 30 November so not much time given selection was so late this year. So not making any changes.

Gowan- what proof is required for the Te Reo point etc.

Claire – none.

Change date for registrars is now February due to COVID.

### 5. Business Items

#### 5.1 New President and Vice President

Graeme Roadley tendered his resignation about 10 days ago. The Executive voted that Rowan French move from Vice-President to President, and the President has asked executive committee members to step up and nominate a new Vice-President.

**Action:** Formal letter and a gift to Graeme accepting his resignation

Nominations are due to be requested for Executive spaces and we have two – Graeme and Nigel Henderson are stepping down. If no one is nominated, then we can shoulder tap.

Simon noted we need more South Island representation.

Mark suggests another Timaru surgeon – Magda. Bron – suggested Mark nominate her.

#### 5.2 ACC Pelvic Mesh – Andrew Moot

I was asked to become involved in the Pelvic Mesh group set up by RACS instigated by the urologists. The definitions of treatment injury regarding pelvic mesh needed clarifying. There were also the voices from the Mesh Down Under Group that was lobbying Government. Also, The University of Victoria asked those with mesh issues to come forward and had reconciliation meetings.

In the pelvic mesh with his colorectal surgical hat on but not a lot of ACC claims in his area more gynie mesh. Taken seriously and defined what an evidence-based approach regarding recognizing treatment injuries should be. Andrew's read the final draft and believes it's reasonable. He's shared it widely for feedback and it is in the Agenda pack. Andrew ensured a line was added to the document that clearly stated this document did not provide a process for seeking injury treatment for mesh related hernias.

ACC have pushed back asking for hernia's to be included and the MDU group have asked what about hernia mess patients? The ACC report on mesh related injuries still have injury claims for hernia but is there a problem with getting claims recognized, probably not.

Rowan – Issue arose due to MDU asking about hernias. ACC have accepted hernias should get a similar document for hernia mesh. Mike Sexton chatted with me about where hernias sat in all this. Recommendation from MDU is that there should be a document for hernias too. NZAGS is very clear that any similar document for hernia mesh should be different to pelvic mesh document. ACC (or Mike does) seem to understand this.

**Action:** Executive offer to provide feedback on any abdominal hernia mesh document. Rowan to advice Mike Sexton.

**Action:** ACC would also like hernia specialist names for review cases. Executive members to nominate someone for Bronwen to contact.

### **5.3 Management Report August 2020 – been read and received.**

Executive members noted the report has been tabled, read, discussed, and approved.

### **5.4 Investment Strategy**

Bronwen advised that an Investment sub-committee should be developed to define the direction for NZAGS investments.

**Action:** Bronwen to form and set Terms of Reference for an Investment Sub-Committee (ISC) . Initial members to be Aleksandra Popadich (Chair as Treasurer), Gowan Creamer, Mark Stewart and Bronwen Evans. The ISC will then prepare a SIPO – Statement of Investment Policy and Objectives for NZAGS Executive to approve. This would look at things like risk levels, types of securities, ethical statements etc. This will define what investing is to be undertaken

### **5.5 Selection and Exams**

Simon discussed in his report under 4.4

### **5.6 Conference Convenor 2022**

Te Papa is booked for 2022. Gary Stone is hedging about committing to 2022, I think because he's concerned about overseas speakers (he wants them) not being able to come

and the Colorectal Auckland conference in Feb 2022. We need to get the programme underway so...

**Action:** Bronwen to ask him to commit. If he says no, Simon Bann will ask at his department meeting for another convenor for 2022.

## 6 General

6.1 Simon Bann – Barriers To Surgery (females in particular) Surgery seen to have the most barriers. NZ did a paper and found that operational rates were significantly lower for NZ female surgeons. NZBiGS talked and suggestions are

1. All departments should distribute, read, and discuss both the two papers that were distributed on Monday. (**Action** point – Bron and Claire to distribute to members urging them to read and discuss)
2. Set up focus groups meeting with our trainees in March at the ASM lead by an appropriate mediator – looking at barriers to entry around race and gender. Need money for this.

**Action:** Claire to look at purpose of focus group and who we could use as moderator and then the cost. Submit a request for the money to conduct the focus group.

Bron – we have money available look at costings and outcomes to be achieved. Identify the right person to mediate. Ask some of the universities who they are using.

? What is the purpose of the focus group – is it to ask our trainees? Should we be asking medical graduates rather than trainees, as they are already on the programme i.e. they have pushed through barriers or don't perceive any.

Rowan – yes we could invite medical graduates but Simon suggested keep it simple to begin with.

Rowan asked about trainees and female numbers. Claire stated that it has been improving since 2013. Claire can get operation numbers per trainee down to department level if required.

6.2 Rowan – College emailed asking about COVID hardship for Fees in 2021. Don't feel there is any real impact as trainees' costs are paid by DHB. Those in fulltime private practice may be impacted. Really feel they must survey members as all will be different. We don't see a need for a reduction of fees for COVID hardship.

**Action:** No advice that anyone is being effect by COVID hardship.

Both the College and NZAGS travel expenses are down so saved some money.

Alek – predominantly private practice surgeon and in NZ not really being impacted. Australia will likely have a problem in private.

The next meeting date February 23rd 2021.

<b>Meeting</b>	<b><i>Proposed Dates</i></b>	<b>Proposed Time</b>	<b>Where</b>
Zoom	Tuesday February 23 <sup>rd</sup> 2021	7.30pm	Zoom
Zoom	Friday 26 <sup>th</sup> March 2021	9.30pm	F2F New Plymouth
Zoom	Tuesday 6 <sup>th</sup> July 2021	7.30pm	Zoom
Face to Face	Friday 28 <sup>th</sup> September 2021	7.30pm	Zoom

Meeting closed at 8.50pm

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