Minutes of NZAGS Executive Meeting held 15 September 2021, Zoom 7.30pm

Rowan French (President), Aleksandra Popadich (Treasurer), Bronwen Evans (executive Director/Secretary), Vanessa Blair (Vice-President), Simon Bann, David Moss, Mark Stewart, Peter Shapkov, Bevan Jenkins, Sue Ong, Gowan Creamer, Marianne Lill, Gary Stone

1. Apologies: Sarah Abbott, Jasen Ly, Claire Nicoll, Falah El-Haddawi, Julian Speight (Past-President),

2. Minutes of the previous meeting:

15th June 2021 Minutes were proposed to be accepted by Simon Bann and seconded by Bevan Jenkins

3 Matters Arising: -

3.1 ANZELA & CADENZA – Gowen Creamer

Key points

1. Asking central Govt to fund full participation in ANZELA QI for all NZ hospitals. This would allow full participation in the bi-national audit.
2. CADENZAA is moving risk assessment tool to "NZ risk calculator", if there are no objections.
    a. Has NZ ethnicity as a significant variable
    b. Meets KPI requirement
    c. More easily calculated

Marked delays in getting proof of concept up and running.

Currently unknown if any NZ hospitals are doing ANZELA QI directly (expect none).

3.2 Practice Visits Update – Bronwen corresponded and spoke to the MCNZ about the 1-year allocation. There reply was that they saw no problem with multiple years allocated to the programme if the College agreed it warranted that length. Bronwen has drafted a letter to send to the College to see how to appeal the 1-year CPD points allocated. At this stage she still has not had a response however, has been told Prof Kerin Fielding has received my request for an appeal. Rebecca Clancy from CPD spoke at the NZNB and told Rowan that she did not see a problem with more than 1 year. We cannot roll out the PV programme without an indication of CPD points.

3.3 Face to Face Meeting in 26th November 2021 – waiting to see if Nov is F2F or Zoom.

4 Reports

4. 1 President

Not much to report except what's coming up on the agenda below.

4.2 Executive Director – Bronwen Evans

Major manual fix of membership subscriptions in the web back end. Need to check the site every time there is a major plug-in update. Getting the accounts in order for 30 November 2021 year end.

4.3 Treasurer's report – Alex Popadich

Accounts look fine. Maybe add in the YTD P&L instead of just a couple of months in the management report too as that's more relevant. Bron to action.

4.4 Training Report –David Moss/Simon Bann

Selection was held June 30th. Interviewed 38 – offered 16 - 6 on the waiting list and 4 of those have been called up. November is the cut off for the waiting list.

There is a selection working party looking at the tools NZAGS uses. This year only 9 from Auckland got on the training programme and NZAGS is discussing of the way selection is stipulated i.e., rural points may be skewing the results. A statistician is reviewing 5 years of selection data to provide some feedback. Are we asking the right questions? Do some surgeons believe a candidate should be on the programme and yet they aren't as good as they believe? Are scores being used correctly? What makes a good trainee? Maybe refine the process to be more audience based.

The Tuesday prior meeting to look at the assessments for the new competency programme. Approval for more money for the software but may be back again as found some other forms need to be addressed. All needs to be done by February 2022 when new training programme rolled out.

Sue Ong- I did a straw poll survey asking for feedback on the idea to survey the trainees about barriers to entry. Majority seem to think it's a good idea but using a 3rd unbiased party. So, talking with RACS to see how this would be done, one name is Sarah Rennie?

Vanessa Blair: Is the Auckland # a problem? Is where you are based affecting ability to get on the training programme? So, what is the objective of selection?

David Moss – objective is to get the best people onto the programme. So, the current scoring may mean that we are skewing the ability to get the best people, but do we know who the best people are and is trying to get who we think are good onto the programme skewing the result? That's what we are trying to ascertain.

Simon Bann – Want to ensure that the assessment forms project continues with Claire's departure. What a fantastic resource she is and she will be hard to replace. May need to ask for more money. IT fund can be used?

5. Business items

5.1 Management Report 31 May 2021 was sighted and read and approved.

The management report was accepted – proposed by Rowan French and seconded by Peter Shapkov

5.2 Breast Reconstruction Guidelines

Rowan mentioned that they seem very neutral which is probably deliberate. They don't address the main issue of resourcing.

Marianne Lill wrote up some points to send in. We will use these points but also add in our concern that it doesn't go far enough and address the resource problems.

1) Exclusion criteria are not noted. There is a general section on "patient factors" that includes smoking and BMI with a footnote about BMI but does not say explicitly that smoking is a contra-indication (where I am, BMI >32 and smoker are absolute contraindications and the referral will not be accepted). Does this mean that all units are able to continue to determine their own local BMI limits and other exclusion criteria? It might be nice if we all used the same criteria nationally . . .

2) The pathway appears to assume MDM discussion prior to surgery for all patients. That is not the practice at our MDM where a pre-op discussion would occur if there is a clear pre-op decision that needs to be made e.g., neoadjuvant chemo. Does this mean that all patients who need or choose a mastectomy must be discussed at MDM prior to surgery to confirm the plan? Do other places do this? I am concerned about MDM time and resource, but also happy to refer all patients if that is what is to be done nationally.

3) If a patient chooses a mastectomy after being clearly offered a WLE (as some of them do - particularly to avoid radiation) are they still able to choose a delayed reconstruction in spite of the increased cost, burden and risk involved with that strategy compared to having the WLE plus radiation? It is not logical to offer this group delayed reconstruction if the mastectomy was clearly optional rather than medically necessary.

4) Sorry to raise this, but there is no mention I could see of General Surgeons as being part of the treatment team. Could the wording be changed to General or Breast Surgeon? Or are all General Surgeons Breast Surgeons at some level . . . On a similar note, I did not recognise any contributing names from any centres smaller than Tauranga (thanks Peter). I can't see anything there in the equity discussion about the burden of distance. I might have missed it but I also don't think I saw much (?anything) about supporting women who choose not to have any further surgery (either reconstruction or contralateral mastectomy) as having made a valid choice for their own circumstance.

5) Re contralateral mastectomy - I think they should be clear about the difference between a "prophylactic" mastectomy which is to reduce unacceptably high cancer risk e.g., BRCA1 and contralateral mastectomy for patient preference (comfort/symmetry/reduce anxiety). A preference mastectomy does not reduce cancer risk compared to appropriate surveillance as I understand. The risk with using the term prophylactic mastectomy interchangeably is that it implies to the patient that having the opposite side off will reduce their cancer risk - some of them think it is needed for their survival. Functionally, if the mastectomy is medically indicated to reduce cancer risk e.g., BRCA1 they will be eligible for publicly funded reconstruction, whereas if it is preference (e.g., to go flat) they will no longer be eligible for reconstruction (in my region at least). The medical indications should be noted separately from the patent-centred indications.

5.3 Discussion FRACS Exam Cancellation

There has been murmurs of discontent among trainees about the handling of this. The exam is now back on. The Examinations area of the College is struggling with resources but they must look a process of how to run exams in this COVID environment. Eye surgeons have gone digital with exams held via Zoom.

5.4 Southern Cross Update – Meeting with Rowan, Vanessa and Lincoln

Vanessa would still like one more person on the Private Practice sub-committee – Bron to follow up.

It was obvious SX are moving to a variation of managed care. Seems to be trying to hide the true nature.

Was raised at NZNB no extreme examples in GS but and Plastics are concerned and agree.

68% of all claims now done by AP. Quite a lot of GS still a fee for service i.e., colorectal etc. But they will be moving that to AP too. What they intend is that you'll be paid XYZ $ for a bundle of services i.e., consultation, procedure after care etc. They think this will focus on quality of care, but will it?

Their advice is still being sort from individual surgeons instead of through the societies.

Rowan – yes big private practices say they can offer a service for this cost but they have a vested interest and there is no evidence it's best patient care.

Need cross specialty conversations about this as services can go across specialties i.e., Breast Cancer.

Vanessa – hernia update. Suggested there needs to be more education from SX to GP's as to appropriate pathways. SX has set up a committee to work with ACC to streamline the funding process.

Pricing – suggested SX get on to the outliers. Not such an issue for GS.

5.5 COVID Guidelines

Note a major issue. MoH issued comprehensive guidelines which while not perfect and okay. Better than last year.

Marianne – we need to co-badge the guidelines put out by NZSG so we are seen to be working with them.

5.6 Use of the word "Surgeon"

More of an issue in Australia where the competition is stronger. No issue for us.

5.7 IT Levy Policy

The fund should be used for trainee developments and IT work and software only.

If any purchase would benefit NZAGS as well, co-funding.

Any grey areas to be discussed by the NZAGS Executive.

All financial spend authorities as per the financial policy.

5.8 Valet Parking

Noted that valet parking should not be used at the airport unless there is a good reason. Most valet parking has to be booked in advance so should never be because someone is running late. Often hotels only allow valet parking. Leave policy as is, see if this happens again. To be rediscussed in six months.

5.9 Use of NZAGS bade on DOPyS and ERCP DOPS forms – Marianne Lill

These are not essential forms, not expecting trainees to do them but they can.

NZAGS should stand with them.

It was agreed.

6. General

6.1 Vaccine Petition – this was circulated to all members and encouraged by NZAGS.

6.2 Claire Nicoll

Bron - Very sad to be losing Claire. She's my support and has huge knowledge. It's a lot to learn bringing anyone in from outside of this environment, but I don't think I'll get lucky enough to pinch someone else from another society. I have known this was coming so planned ahead and had already had feelers out. Of the 3 I talked to; Rachel is interested. Have to have someone who will fit the team as well as a good GM skill set.

Rowan - Happy to be directed by Bronwen on Claire's replacement. Vanessa and Rowan can sit in on the interviews to help.

Gary – who will do Claire's talk at the conference. Bron to talk with Claire and get back to him.

Simon and David – presentation to her at the F2F if it goes ahead. Bron taking all staff and partners for a leaving dinner in December.

6.3 Rural

Mark Stewart and Gowen and Julian had a Rural Working Party meeting last Saturday. A lot going on and Rowan suggested a good chunk of time at the F2F be spent in this area.

Thank you, everyone. Date of next meeting 26th November 2021 in Wellington F2F if it's possible to be held and may have to Zoom in the Aucklanders.

Meeting	***Proposed Dates***	**Proposed Time**	**Where**
Face to Face	26th November 2021	9.30am to 4.00pm	Face 2 Face – Wellington Airport TBC
Zoom	Tuesday, 22nd February 2022	7.30pm	Zoom
Face To Face	Friday, 1st April 2022	9.00am	Wellington RACS Boardroom

Meeting closed 9.15pm