Minutes of NZAGS Executive Meeting held 26 November 2021, Zoom 9.00am

Rowan French (President), Aleksandra Popadich (Treasurer), Bronwen Evans (Executive Director/Secretary), Vanessa Blair (Vice-President), Sarah Abbott, David Moss (Training Chair), Mark Stewart, Peter Shapkov, Bevan Jenkins, Andrew Moot, Julien Speight (Past-President), Marianne Lill, Claire Nicoll, Ray Collins

1. Apologies: Simon Bann, Sue Ong, Jasen Ly, Gowan Creamer, Falah El-Haddawi

2. Minutes of the previous meeting:

14th September 2021 Minutes were proposed to be accepted by Peter Shapkov and seconded by Bevan Jenkins

3 Matters Arising: -

3.1 Practice Visits – Bronwen

Waiting to talk with Rebecca Clancy (RACS PSC) 29th Nov and the PSC meeting 30th November. Agreed that not likely to implement new programmes in 2022 anyway but want 2-3 years. Need the College to understand NZAGS will still advocate for yearly audit but the other self-reflection on self and practice will be the 2-3 years.

3.2 Breast Construction Guidelines – NZAGS has supplied plus Vanessa Blair rang Michelle to reiterate the lack of resourcing not addressed and also how it wasn't a robust for the MoH to cheery pick members on the working group.

3.3 Southern Cross Sub-Committee – compiling the committee is underway. Vanessa, Rowan, Israel, and Bronwen sent Vanessa a list of names for the last member – an Upper GI from the South Island.

3.4 COVID Guidelines – discuss below in 5.5

3.5 Valet Parking – dealt with in the policy document to be ratified under 5.9.2 below

4 Reports

4. 1 President

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

4.2 Executive Director – Bronwen Evans

1. Employed Rachel (Ray) Collins after advertising and interviewing.
2. Fixed up the backend membership situation and invoiced all members overdue

3. Developed a COVID Policy for staff
4. November year end accounts overview getting ready for Tania Roberts our accountant and the Auditor Dent and Heath
5. Looking at new Membership Software called www.Gecco.co.nz - it integrates with Xero, runs events, CPD, board meetings and more…

4.3 Treasurer's report – Alex Popadich

Accounts look fine.

4.4 Training Report –David Moss/Simon Bann

All those on the waiting list got onto the training programme, one of them declined so addressing gaps we may have.

New SET 5 term begins and using competency-based training with great systems support which should not be too much work for supervisors or trainees.

5. Business items

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

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

Bronwen notes that the membership fee income is understated by the income in advance that needs to be journaled to that line by Tania. Also, the transfer out of trainee education fee income to trainee membership fees.

5.2 Emergency Surgery KPI's

Nominations to the College Emergency Surgery KPI's Working Group (STANZ) has been requested by the College.

Some names were mentioned but feel that we should go to the membership and ask for expressions of Interest to be on this working group. Reporting to the Executive and possibly being co-opted onto the Executive while on the working party.

Action: Bron to email members

5.3 Rural Working Party GAP Analysis – Mark Stewart

The College has instigated a working party to look at improving access and outcomes for rural patients. Very Australian focused.

NZ GS's do pretty well with representation in rural areas but some hospitals do still struggle. And a large % of the Māori population is small urban or rural and then better representation. We also need to

ensure more rural hospitals have training posts and that more set 4/5 trainees are in rural too. And maybe look at safeguarding rural registrars in rural getting access to the training programme.

Each specialty in each country is completing the GAP analysis by June 2022. Mark and Gowan have attempted to answer but not all questions have been answered.

ACTION: Mark to contact Simon Harper to help him complete the GAP analysis.

Julian has been on the rural executive foe around 10 years and he stressed retention is a big issue. Along with struggling to recruit. Need to ensure we continue to train generalists. Suggests a PF in Rural after 1 year of specializing in a main center. He's also worried about the centralization of health care and what that will do to rural or provincial hospitals.

Sarah Abbott suggested surveying trainees to see who is considering provincial hospitals once they have completed their fellowship. Short-term future or longer-term future. Anonymous.

Action: Helen to look at developing a survey questionnaire with Sarah Abbott

Action: Bronwen to make Rural a standing item for each meeting

5.4 Elective Surgery Capability in Public Hospitals – Rowan French

Hospitals are developing elective surgery backlog resilience plans around care. Waikato is already behind. How do we catch up when it's likely to be impacted by covid and already short of staff and other resources? What's happening on other hospitals.

Bevan – Hastings Hospital. At the moment, prior to COVID, there is no internal capacity. Hastings has been outsourcing about 20% for quite some time already.

Andrew – North Shore also short of nursing staff (as they were before the pandemic). At the moment coping by working longer hours and weekends, and will depend on numbers under the traffic light system and ongoing staffing issues. The new centralization may stop the WDHB's ability to outsource.

Julian – Southland DHB Covid free since late 2020 so no backlog due to COVID bur still behind due to nurse and other staff shortages which is likely to get worse under the traffic light system. Trying to outsource and also being asked to work longer hours and COVID hasn't even hit yet.

Sarah – Christchurch hospital. Even cancer ops are being contracted out and elective lists cancelled due to staff and bed shortages. And this is before COVID. Without more resources CDHB won't be able to catch up. Currently, there is no private hospital outsourcing as the private hospitals refused due to price/cost issues but believe this may start up in the new financial year and the pressure hits.

Marianne – Wanganui is rolling as usual but has no plan in place for COVID increase. The post code lottery is in play as Wanganui is doing hernia's etc. whereas Ch-ch is not. Reverse postcode lottery.

Mark – Nelson hasn't been outsourcing but numbers beginning to rise so with COIVD may have to.

Rowan – AoNZNB chair Philippa Mercer met with Workforce to discuss issues. Our feedback differs in that we have enough GS but the issue is we only recruit to fill acutes rosters but then they can't get their own lists due to other resourcing issues so they are being underutilized.

Bevan – population over 10 years has grown over a million people but no matching investment in hospital infrastructure or resourcing. This is then coupled with an aging population.

Decision: NZAGS needs to advocate for investment and resourcing in public hospitals. Need to be cautious about advocating outsourcing as they see it as a way to earn money.

Who do we advocate to given it's all changing with the centralization?

How: Canvass our members on their issues and how they wish NZAGS to advocate – what, how, and to who.

- Key hard facts from members – examples and implications
- Get public relations advice
- Perhaps legal advice
- Release position statements to the media

Action: Bronwen to draft up an email to go to members about advocacy – executive to review

5.5 COVID Guidelines

There are several published guidelines available – Medical Council, MoH, NZOA, NZAPS

Should NZAGS develop our own guidelines?

Several GS practices have taken a stance that they will only see vaccinated patients and some are therefore referring the patient to themselves sin public.

Pre-testing before seeing is redundant as the test is out of date the minute it's been taken.

Rowan pointed out that the MoH position is that there is no difference between private and public but many businesses have to take into account other things like Health and Safety in The Work Place ACT to protect staff.

Decision: No point getting a legal opinion as all the different ACTS contradict each other and even lawyers don't agree. Until a test court case is heard it's an unknown. NZAGS should provide information on the available guidelines but that it is up to the individual or business if in private.

Action: List on our website and note to members about the various documents. Bronwen to draft up an email to members for Executive feedback.

5.6 Young Surgeons Forum – set up one for NZAGS and maybe take wider to all NZ young fellows. Vanessa Blair

NZAGS needs to do more to our young fellows especially with travel being harder to get to the Australian ASC.

Aim is to link new members, look at addressing issues younger fellows face, and networking with other fellows. Perhaps look at things like impact of starting in public, or starting in private and surgeon wellbeing.

Funding could come from their CME but would need to get the programme shown as a CPD activity by the College.

Likely to be hosted alongside the RACS NZ ASC. Could do a one-off session to see and then maybe held every second year.

Actions: Bronwen to develop a ToR for the Young Fellows Forum Sub-Committee and Vanessa a draft programme for executive feedback

5.7 Endoscopy issue in SDHB – Julian Speight

The endoscopy area is overseen by gastro and as such it is stifling any GS to do any endoscopy work without prior approval. A GS cannot put a patient on either the acutes or elective endoscopy list. Julian has had one letter that verges on bullying.

Dave Moss: Dunedin/Invercargill were inspected in 2019. This came up as an issue and they were told to improve access for trainees or risk losing the training post. Due to be inspected in 2022 and later in the year Invercargill may be inspected. It may be that we have to take away the training post to force the issue.

Unfortunately, the endoscopist overseeing the process did not do his training in NZ and is also not a member of NZSG. Management is also backing him. Taking away the GS training post falls into his lap as he then controls everything.

Action: Rowan will get information from Julian to draft a letter from NZAGS and NZTC, and if possible, get NZSG to co-sign, detailing the position affecting GS training, patch protection, bullying, and is out of step with other hospitals in NZ.

5.8 Conference Speaker Vetting

NZAGS will had an appropriate line to speakers' contracts that they must sign, declaring they believe in equality and diversity.

5.9 Committee Vacancies

Gowan Creamer has tended his resignation. We need 3 more members on the Executive in 2022 AGM. Those on the executive please let Bronwen know now if not re-standing. And also talk to your colleagues about interest.

Bronwen will be doing a newsletter asking for nominations and what is required early December. The nomination form is currently on the website under members area.

https://www.nzags.co.nz/members/executive-nomination-form/

5.9.2 NZAGS Policy ratification

Four policies were ratified by the board – Travel, Survey Requests, Members and Office Covid

6. General

6.1 - Face to face meeting at ASM. It was agreed that the Executive would meet for 2 half days at the ASM each year to ensure 1 full day of face-to-face meetings.

Thursday 31st March 2022 - 12.30pm to 4.30pm

Friday 1st April 8.30am 2022 - to 12.30pm

Thank you, everyone. **Date of next meeting 1st March 2022** via Zoom to ratify the Financial Accounts

Meeting	***Proposed Dates***	**Proposed Time**	**Where**
Zoom	Tuesday, 1st March 2022	7.30pm	Zoom
Face To Face	*Thursday 31 March 2022*	*12.20pm – 4.30pm*	*Wellington Airport*
Face To Face	*Friday, 1st April 2022*	*8.300am -12.30pm*	*Wellington RACS Boardroom*
Zoom	Tuesday, 28th June 2022	7.30pm	Zoom
Zoom	Tuesday, 20th September 2022	7.30pm	Zoom
Face To Face	Friday 24th November 2022	9.30am-4pm	?

Meeting closed 12.15pm