# NZSA ECM Minutes

**Venue:** BNZ Partners, Newmarket, Auckland to be followed by the Planning Day

**Date:** Friday 3 March 2017 commenced at 9.00am

**Attendees:**
- Dr David Kibblewhite (President) (Chair, DK)
- Dr Kathryn Hagen (Incoming President, Vice President, KMH)
- Dr Mark Featherston (MF)
- Dr Kaye Ottaway (KO)
- Dr Sheila Hart (SH)
- Dr Kerry Holmes (KHo)
- Dr Malcolm Stuart
- Dr Yvonne Wagner (YW)
- Dr Ian Williams (IW)
- Dr Gareth Harris (GH)
- Dr Nicholas Lightfoot (NL)
- Dr Morgan Edwards (ME)
- Ms Renu Borst (NZSA CEO ex officio, RB)

**Guests:**
- Col David M Scott (ASA President), Mrs Daphne Atkinson (NZSA Communications Manager)

**Apologies:**
- Dr Nicholas Lightfoot

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<th>Agenda Item</th>
<th>Discussion</th>
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<tr>
<td><strong>1. Welcome</strong></td>
<td>DK welcomed the new executive members to their first executive meeting.</td>
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<td><strong>1.1 Confirmation of Minutes/Matters arising/action points</strong></td>
<td>The minutes were accepted.</td>
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<td><strong>1.2 Ratification List</strong></td>
<td>All members were ratified by the executives. It was advised that Dennis Boon von Ochssee had resigned due to terminal illness. It was agreed that we should write him a letter and offer free membership.</td>
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<td>Section</td>
<td>Report Content</td>
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<td><strong>1.3 Treasurer's Report</strong></td>
<td>The NZSA is in a sound financial position. NZSA Membership is up by 9% and we have increased our spending on activities to further boost membership. The Statement of Service Performance requires us to demonstrate how we benefit the public, so our focus is reporting on activities we do which enhance patient safety e.g. education activities for members such as forums, high rate of readership of our E-Zine. Crowe Horwarth will begin the audit end of March and our filing date is in June. There was discussion about reviewing our auditors at the end of year and seeking a recommendation from BKL (Action point). Any change of auditor will need to be endorsed at the AGM.</td>
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<td><strong>1.4 CEO – Operational scorecard including risk register and associated documents</strong></td>
<td>RB reported that recruitment underway for the membership manager role, to replace Di Quirk. The committee formally thanked Di and expressed appreciation for her work. The new website is up and running, with a few issues to be resolved with the backend structure. Website has received positive feedback. Report accepted.</td>
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<td><strong>1.5 ANZCA-NZNC Chair’s Report</strong></td>
<td>The ANZCA-NZNC Chair’s report was accepted.</td>
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<td><strong>1.6 ASA President’s Report</strong></td>
<td>Col. Scott spoke to his report. The Medicare Benefits Schedule is being reviewed and most specialty groups are happy with the preliminary review, except anaesthetists. Rather than modernise the MBS it has been cut. This has not yet been publicly released so ASA has not been able to comment – it will be a major focus for ASA’s advocacy. Regarding revalidation, it is now likely that the Australian Government will accept the ANZCA CME programme and that it will be a benchmark for other medical colleges. The Regional Anaesthesia SIG meeting in Noosa (24-26 May) had been very successful and Col. Scott commended Neil MacLennan and his team in Auckland for organising the event. The meeting was exceptionally well publicised via social media with 1.7 million hits on Twitter. He recommended the NZSA embrace social media as a promotion tool. The anaesthesia workforce in Australia is nearing oversupply and</td>
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attempts to correct rural maldistribution by flooding the workforce with young doctors hasn’t worked. There are 9000 junior medical officers looking to commence vocational training. There is a serious risk of a lost generation of doctors who will not be able to complete vocational training. This will impact NZ trainees seeking to complete vocational training in Australia.

In Australia, the states determine the number of training places, and ICU and emergency have trained too many. There is a proposal for rural based training programmes which could include rotation for specialised training to a city centre. Many centres are seeking locums and it is difficult to get doctors to leave capital cities and move to rural placements.

There was discussion that there may be a role for NZSA to help put together attractive job packages in rural centres, and to look at the reasons why people aren’t taking up these roles. The workforce report NZSA did with ANZCA some years ago, proposed a number of solutions to address maldistribution. NZSA advocacy on this issue could also refer to the failure of the Australian model. There are jobs in the city – some piece it together with public and private work and those who cannot work in Auckland see Australia as the next alternative. We lack data on the work junior trainees are doing and why they are not moving to the peripheral centres. Moving around a lot can have major bearing on quality delivery – while they fulfil CPD requirements they are not gaining adequate clinical exposure to have the experience needed to uphold patient safety.

ASA has data and know newly qualified consultants are struggling and have significant extra capacity. They are worried about lack of clinical experience and deskilling. ASA will send us some data that they have gathered through their surveys. (Action point) They have used this data for meetings with Health Minister.

There is much contradictory information and it was suggested we send an email to trainees to collect data so we have this information to provide to the Health Minister at our next meeting. One major challenge is employment opportunities for partners in the small centres. Invercargill is a good example of a centre doing well to attract staff. It was agreed that GW coordinate discussion on this topic. (Action point)

One of ASA’s members had had a serious accident which had left him a quadriplegic and the ASA had provided free membership to him for as long as he wanted it. It was agreed that the NZSA could do this for ill anaesthetists in exceptional/unique circumstances.

1.7 NZSA President’s Report

| DK said hospital visits are worthwhile, and our member survey showed |
members were very supportive of these, but they were difficult to coordinate in relation to finding dates/times that are convenient to both the department and DK. There was discussion about whether these hospital visits could also be undertaken by other members of the executive. It was agreed that DK take along other executives such as KMH and SH to his next visits so they could learn the ropes.

The report was accepted.

1.8 Overseas Aid Committee Report and Budget

At our last ECM OAC Chair Alan Goodey had asked for more support from the executive committee and office for the Committee. The OAC also needs to take on some projects. DK had met with Alan to discuss. RB said she had spoken with Alan about giving free membership to Pacific Anaesthetists. The next step was to obtain their names so we can add them to our database and encourage them to become NZSA members. Pacific Anaesthetists need support, training and mentorship and could feed back into OAC projects. The process could begin by going to Fiji, as the country could then champion NZSA and bring in members from other Pacific countries.

ASA: Submission sent to foreign affairs and trade, with ANZCA, highlighting the anaesthesia role within that. ASA will send us the report and we can pass onto Alan (Action point). ASA aid has broad overreach and it would be a good idea to coordinate with them.

1.9 Trainee Report

The NZSA has agreed to post job vacancies for provisional fellows. Jonathan Pankhurst is the NZNC representative. He, ME and JB are looking to develop a trainee database. Jonathan does not have a comprehensive list and needs to go through national office to send information to trainees. A database needs to be set up – they have names but need contact details. There is an event in April which is an opportunity to raise visibility and sign up trainees to NZSA. The report was accepted.

2.0 Private Practice Committee Report

MF reported on ACC meeting, which is relooking at its elective surgery set up. Their IT platform also needs to be reconfigured. Huge turnover at ACC with little continuity. Nick Kendall who works for ACC on trauma injury will be invited to present at the NZSA Forum. Regarding the clinical services contract, it is hoped a telephone assessment will be part of this. The NZSA private practice survey on fixed fees is a work in progress, as is the guide to private practice. The NZSA had been approached by the South African Anaesthesia Society and the ASA on negotiating fees – KO had provided information. The report was accepted.
### 2.1 NZSA Forum

KO provided an update, including the list of speakers we have invited. The forum’s main theme this year is competency and recertification. There will also be updates in areas such as obstetrics, paediatrics, ACC and assistants to the anaesthetist. Venue will be the university lecture theatre at Otago University, Wellington (9-4) and we are aiming for about 75 attendees. We have offered speakers free travel and registration.

There was discussion about recertification and identifying those most at risk of poor performance. There is cognitive decline after 50 but this is compensated for by experience, but at some stage this no longer bridges the gap. Majority of errors are attributed to older anaesthetists working in isolation. It is common for some to retire from public practice and enter private but there is no collegial support available to them. Collegial support network is needed and maybe NZSA can provide this and play a role for the ‘at risk’ practitioner. We need to raise awareness that you need to change your practice as you get older due to cognitive decline. KO suggested NZSA could provide a peer review network. She will speak first with Orthopaedic Association to learn what they do in this area and what works well.

The use of simulation for assessing competence was discussed. There is insufficient evidence to date to support it, but it is an area that continues to be researched.

### 2.1 Education Report

KHO spoke to his report. NZAEC had a meeting and discussed how ASM 2019 would be run, with Queenstown the proposed venue. JAFA would be equal member to NZSA and ANZCA in running this – it has been decided to accept this.

KO has requested a slot (condensed forum) in main meeting of this year’s AQUA. AQUA will need to run a full day programme to fulfil CME requirements.

John Ritchie prize: A slot secured at the ASM 2017. Need to find time for poster presentation. At prior ASMs this had been held in the evenings. The panel to decide on the poster prize needs to be finalised. To date it will be KHO and DK, and two professors attending ASM from Australia had been suggested. Their contact details can be requested from ASM’s Scientific Convenor Kelly Byrne *(Action point)*

The report was accepted.

CSC 2020: MOU to be signed off – the document is with ASA. A letter has been drafted inviting Atul Gawande to be a keynote speaker, signed by NZSA and ASA Presidents.

### 2.2 Technician’s Report

AUT going ahead with offering a degree for ATs, and this is likely to happen in 2019 or 2020. There was still a lot of work for AUT to do but it
was an opportunity to have a multifunctional workforce so should be strongly supported. AUT has asked all stakeholders for input into the curriculum. KO said we need to involve the private hospitals who bring in the ODPs. NZSA can have influence and respond to MSC’s consultation document on scope of practice review, which will be out in May.

The RNAA course is not going ahead this year. Southern Cross and Canterbury IT set up anaesthesia 1 and 2 for nurses. We have worked with them on this alternative scheme but it will not be a runner. The report was accepted.

2.3 Action points from teleconference

The following action points from the NZSA teleconference held on 14 February were agreed:

- For NZSA to list provisional fellow jobs on the NZSA website. The request was made by Jonathan Pankhurst, the trainee representative for NZNC.
- To change the name of the Anaesthetic Technician portfolio to Assistant to the Anaesthetist, to incorporate the RNAA role.
- To provide the $1000 sponsorship requested by PACU nursing for their PACU annual conference (22 April 2017 in Wellington).
- To sign off the MOU with PANNZ.
- To accept the MOA with ASA for CSC 2020 and send to ASA for the board to approve it.
- To obtain quote for digitising the Golden Book publication.
- To put together a draft agenda of possible topics/speakers for NZSA Forum (29 July).

The meeting closed at 11.00am

Actions Register

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<tr>
<th>Item number</th>
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<tr>
<td>1.2 Write to Dennis Boon von Ochssee to offer free membership</td>
<td>DK/DA</td>
<td>Overtaken by events</td>
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<td>1.3 Review and seek recommendation from BKL on audit cost and service for NZSA.</td>
<td>RB</td>
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<td>1.6 ASA to send us data on workforce and consultants</td>
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<td>1.6 Coordinate discussion on workforce in rural areas and maldistribution.</td>
<td>GH</td>
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<td>1.8 ASA to send its overseas aid submission which had gone to the Foreign Affairs department. This will be sent onto Alan Goodey.</td>
<td>DS</td>
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<td></td>
<td>2.1 Contact Kelly Byrne to find out contact details for professors attending ASM to invite them to be part of poster session.</td>
<td>KHO</td>
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The Meeting closed at 11.00am

These minutes are a true and accurate record of the meeting held on 3 March 2017.

Signed by: [Signature]

Dr David Kibblewhite, President

Date: 10/6/17.