

Council of Medical Colleges in New Zealand

Te Kaunihera o Ngā Kāreti Rata o Aotearoa

Confirmed Minutes | 1 December 2022

Held at 9:30am (NZST) via Zoom Videoconferencing and in person at Front and Centre, Wellington

Business Session

1. Procedural business

1.1 Welcome, attendance and apologies

The meeting commenced at 9:30am (NZST) Dr Samantha Murton welcomed everyone in Te Reo:

Figurative translation

Kia ora tātou

Greetings everyone

E ngā maungā kōrero

To the speaking mountains

E ngā wai tapu o te motu

To those assembled from various parts of the country

E ngā hau e whā

To the waterways and four winds of this land

Tēnā koutou, Tēnā koutou, Tēnā koutou katoa

Greetings, salutation, acknowledgements to you all.

The Chair thanked members for attending this meeting which is being hosted both face to face and on Zoom videoconferencing.

The following attended the CMC Board meeting:

Board Trustee	Member college	College staff
Dr Samantha Murton	Council of Medical Colleges in New Zealand (CMC)	Esther Munro (Executive Director) Rameela Patel (Secretariat)
Dr Kate Allen	Australasian College of Emergency Medicine (ACEM)	Jo Murray (online) Olly Jones (online)
	Australasian College for Sport and Exercise Physicians (ASCEP)	Kate Simkovic Mark Fulcher
Dr Graham Roper (online)	Australian and New Zealand College of Anaesthetists (ANZCA)	Nigel Fidgeon (online) Stephanie Clare
	College of Intensive Care Medicine of Australia and New Zealand (CICM)	Daniel Angelico (online)
Dr Jenny Keightley	The New Zealand College of Musculoskeletal Medicine (NZCMM)	Brenda Evitt
Dr Jim Miller	New Zealand College of Public Health Medicine (NZCPHM)	Pam Watson (online)
Dr Andrew Simpson	Royal Australasian College of Medical Administrators	Helen Parsons (online)

	Royal Australasian College of Physicians (RACP)	
Assoc Prof Andrew MacCormick	Royal Australasian College of Surgeons (RACS)	Justine Peterson Sally Langley
Dr Peter Hadden	Royal Australian and New Zealand College of Ophthalmologists (RANZCO)	
Dr Susan Fleming	Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)	Catherine Cooper
Assoc Prof Susanna Every-Palmer	Royal Australian and New Zealand College of Psychiatrists (RANZCP)	Jane Renwick
	Royal Australian and New Zealand College of Radiologists (RANZCR)	Shaun Costello Vinay Lakra (online)
Assoc Prof Chris Hemmings	Royal College of Pathologists of Australasia (RCPA)	
	Royal New Zealand College of General Practitioners (RNZCGP)	Lynne Hayman
Dr Jo Lambert	New Zealand College of Sexual and Reproductive Health (NZCSRH)	Pam Watson
Dr Kelvin Ward (online)	Royal New Zealand College of Urgent Care (RNZCUC)	Adrian Metcalfe (online)
Guests		
Professor Warwick Bagg	University of Auckland Medical School	
Rob Campbell	Chair, Te Whatu Ora, Health New Zealand	
Dr Tammy Pegg	Health Quality and Safety Commission	
David Tipene Leach	Te ORA	
Dr Derek Sherwood	Royal Australian And New Zealand College of Ophthalmologists (RANZCO)	
Dr Robyn Carey	CMO, Ministry of Health	
Joan Simeon and Dr Curtis Walker	Medical Council of NZ	

Apologies

No apologies were received from guests. Apologies were received from the following college fellows and staff:

Dr Vase Jovanoska	CEO, RANZCOG
Dr Jim Miller	NZCPHM
Dr Helena Haggie	RNZCGP

Dr Nat Anglem	ACSEP
Dr Iwona Stolarek	RACMA
Megan Purves	RANZCR
Dr Cris Massis	RACMA
Simon Hodge	RACP
Dr Stephen Inns	RACP
Emily Wooden	ACEM
Dr Andrew Stapleton	CICM
Dr Mark Carmichael	RANZCO
Dr Gerhard Schher	RANZCO
Dr Gabriel Lau	RANZCR
Sue Jansen	RCPA
Debra Graves	RCPA

1.2 Minutes of the last Board meeting – 18 August 2022

Motion: That the CMC Board confirm the minutes from the CMC board meeting on 18 August 2022.

Board decision: Approved with the rephrasing of one paragraph in item 6.1 and the correction of 1 spelling error. There was no dissent.

Action: The CMC secretariat to make the above amendments to the CMC Board minutes 18 August.

1.3 Matters arising – Review of actions

Matters arising from the board meeting on 18 August 2022 were noted. All have been either actioned and are to be closed off and cleared for 2023.

2. Management reporting

2.1 Chairs and Executive Committee Report

The Board noted and accepted the Chair's report, for August to December 2022. The Chair spoke briefly to her report and gave an update on the Executive Committee meeting on 30 November.

2.2 CMC financial reports for April 2022 to 31 October 2022

Dr Samantha Murton spoke to the financial reports and explained the variances.

Motion: That the CMC Board notes and approves the CMC financial reports for April 2022- 31 October 2022

Board decision: Approved. There was no dissent.

2.3 CMC Risk register

The Executive committee recommended the following notes should be added to the register under the following headings -

- Executive committee succession problems – The Governance review should address this issue and a plan is needed to mitigate this.
- Reputational problems – The Communication and Media Plan needs to be developed early 2023.

The risk register was noted, and the amendments accepted.

2.4 Proposed CMC Board meeting dates for 2023 and the Proposed Board Plan

The Board discussed the 2023 proposed Board dates of 16 March, 1 June, 17 August and 30 November. It was decided not to bring the November meeting further forward due to exam and conference date clashes.

Motion: That the CMC Board notes and approves the Board meeting dates for 2023.

Board decision: The Board accepted the 2023 dates.

2.5 Strategic Plan, budget and subscriptions

The Chair spoke to the following amendments of the Strategic Plan. It was discussed that the following line under Strategic Objectives needs to be rephrased.

- *“Regularly meet with such stakeholders and provide feedback to help them do a good job”*
- Under Actions – The Governance review needs to be completed by June 2023 not August 2023 in order for it to be approved at the CMC AGM.

Motion: That the CMC Board notes and approves the CMC 2023-2026 Strategic Plan with the above amendments.

Board decision: Approved the CMC 2023-2026 Strategic Plan. There was no dissent.

In relation to the 2023/3034 budget, the Chair advised the Board of the following –

- The subscription income is based on 2022 fellow numbers, so the budgeted income may change.
- The Audit fees may cost more than budgeted.
- The Cultural and Safety launch although budgeted in 2023, will actually occur in February which is still in the 2022 financial year.

There were no questions from the Board.

Motion: That the CMC Board notes and approves the CMC 2023/2024 Budget.

Board decision: Approved the 2023/2024 budget. There was no dissent.

3 Medical education, training and workforce

3.1 Workforce

The Board broke into small groups and discussed current workforce issues. Below are the questions that were addressed.

- What are the challenges to overcome if we are to increase the supply of New Zealand trained Doctors? Are there specific challenges facing tangata whenua that need to be rectified?
- For the current medical workforce, what does a focus on primary and community health mean, and what challenges will we need to overcome to orient the health system towards primary and community health?
- For the current medical workforce, what changes do we need to see to ensure our jobs enable our wellbeing, health and safety?

- What challenges do the nursing and allied health workforce face that we can help to alleviate?

The following feedback was received –

- There is a push towards vocational medical colleges, with the responsibility of monitoring non-medical scopes. The concern is this is not in the remit of the colleges to do this and clarification from Te Whatu Ora is needed in order to do this.
- There is a concern over equity of access and outcomes.
- There should be a broad model of working within specialist and non-specialist functions.
- There is a lack of workforce planning/training/funding.
- There needs to be increased growth of medical placements for students. Both the medical schools can increase their intake, but the government has not actioned this. Both schools put forward a program to fund a rural... but this also hasn't been taken up by the government.

4 Stakeholder Engagement

4.1 Professor Diana Sarfati – Director General of Health New Zealand

Professor Diana Sarfati updated the colleges on the reform process as of 1 July 2022. There are 3 core entities:

- Manatu Hauora (Ministry of Health) – provides strategic, policy and regulatory leadership across the health system. Sets strategic direction for developing policies to support the health system, for monitoring the health system and providing the regulatory framework
- Te Whatu Ora (Health New Zealand) - an amalgamation of the DHBs. Their role is to have a national view of health service delivery and to develop localities with a strong element of partnership with Māori and community engagement.
- Te Aka Whai Ora (Maori Health Authority) – to address the inequities of Māori and non-Māori new Zealanders and to make sure we uphold Te Tiriti o Waitangi.

All 3 entities will work closely together to ensure cohesion. There will be economic constraints on the health system due to the global crisis. There is a global workforce crisis. To address this in NZ there is a requirement for Manatu Hauora to have 6 population strategies.

1. An overarching New Zealand Health strategy, that will encompass the environment setting documents, not the action plans. Te Whatu Ora will create the action plans from these documents.
2. Hauora Māori strategy
3. the Pacific Health Strategy:
4. the Health of Disabled People Strategy:
5. the Women's Health Strategy
6. the Rural Health Strategy

The strategies will look at the 10-15+ year horizons. The role of prevention will be covered in these

strategies. There is limited time to consult and engage but the Ministry will ensure they consult and engage with the colleges as much as possible.

The workforce crisis will be addressed, how do we grow NZ doctors not just import them. How do we attract, support, retain and distribute the workforce.

The short-term plan will cover shifting immigration settings, pay parity, increasing pipelines into nursing medicine (this is being led by the health workforce taskforce).

The Ministry is looking at how multi-disciplinary work can be reinforced under the new structure. Setting the new system to enable multi-disciplinary training entities to operate.

4.2 Joan Simeon and Curtis Walker– Medical Council

There is a regulatory reform in process alongside the Health reform. This needs to be in place by May 2023 before the election cycle.

The regulations need to embed Te Tiriti o Waitangi, be flexible and future focused, enabling and encouraging new models of care, protecting safety, and enabling the workforce to provide the best care, models designed for people that use them not models restricted by a hereditary system, enabling innovation in regard to changed law.

The reform objectives are to remove regulatory barriers that create silos and restrict flexibility and innovation. The reform will look ensure practitioners are equipped with competencies and skills to provide appropriate health care, enable workforce to participate effectively in changing operating environments, eg digital systems, telehealth. A.I, Kaupapa Māori models of care; encouraging collaboration with health agencies, professional groups and preferred supplier, maximizing the ability of health practitioners to provide a wide range of services.

This is all leading to making sure we get the regulations right in regard to the training settings in order to deliver the workforce needed in the years ahead. This includes all medical areas including nursing, allied health and scientific. Maintaining broad scopes of practice for training and study. The medical council is allowed some extension on scopes of practice. Colleges need to think about area where this could occur.

The Therapeutic product bill is up for the Select committee to review before the end of the year - the Bill includes medical prescribing. The Medical Council will consult the colleges on their opinions on this when submissions are requested.

4.3 Dr Derek Sherwood (RANZCO)

See presentation slides.

The question was asked, “whose role is it to make sure ongoing training occurs beyond CPD assessment. And who credentials self-employed medical practitioners?” Response: “Colleges play a big role. Health professional working under supervision in low levels of work don’t need credentialling but those working out of scope of at high levels do.

4.4 Brenda Wraight – Ministry of Health

There are two International Health teams –

- International, which provides advice to the Director General from WHO and has governance across the region,

- Polynesian health team that covers 6 Polynesian countries.

The purpose is to strengthen the links between NZ and these countries - to do this we have 4 work streams –

- Covid Pandemic support
- Mental health
- Access to essential medicines
- Cancer control

Across all these workstreams there is a core team. The teams have identified the following issues –

- There is limited access to education and training
- There is limited CPD
- They have small health systems.
- Different colleges have an MOU but there is no central repository to share and collaborate and look at synergies.
- A solutions is to put trainees in short term placements in these countries. But would need to look at the regulatory requirements.

The question was asked how could, the colleges support. Many colleges already have a global support program. – RACMA, RACS, RANZCOG, PSRH, ACEM, ANZCA

Action: Colleges to email contact details to CMC ED to forward onto Brenda. Sally Davidson and Brenda Wraight to liaise and work with the CMC Executive.

5 Policy and Advocacy

5.1 Governance

The Governance working group updated the Board on the new proposed structure. The new structure will reduce risk and liability currently held by all the Board members.

The working group proposes the unanimous consensus agreement to support and action or a CMC statement, is changed to 90%.

The Board will be responsible for the risks; health and safety, regulatory and legal responsibilities, not responsible for making health decisions. This will be the responsibility of the wider group of college representatives.

The Board should be skills based and there should be one NZ Manager or CEO to provide operational skill and capability and for continuity as CMC Chairs are usually only 1–2-year positions.

The Board should have 6-7 members and be representational of small, medium and large colleges, and have at least two Māori representatives.

Action: The Governance working group to draft changes to the Deed of Trust and sent to the Colleges for feedback.

Colleges to provide feedback on Governance paper by email to the CMC Executive Director before it is brought to the CMC Meeting in March 2023. This will be completed by the 16 March 2023

meeting, ready for approval at the June AGM.

6 Stakeholder Engagement continued

6.1 Riana Manuel and Dr Rawiri Jansen – Te Aka Whai Ora

Te Aka Whai Ora is a crown entity helping to establish Māori Iwi Boards and localities. The focus is

- To increase access to health services and a create a comprehensive range of services.
- Raise up a Māori workforce. Currently the workforce reflects only 7.5% of nurses are Māori, 4% of doctors and 5.6.% of allied health.
- On the role of digital technology and data will play especially to rural areas. Better access in all areas, to all people, to a wide, full range of services. We need to understand inequities still exist and this needs to be addressed.
- The need for Iwi/Maori partnership boards will be within geographical areas that Māori understand, natural iwi groupings. This will endure so the solutions will be locally focused and will enable capability and resources to grow in those areas.

Te Pae Tata priorities are:

- Pae Ora; better health and wellbeing in our communities.
- Kahu Tainga; a focus on maternity and early year services, (the first 2000 days).
- Mate Puka Puka; those with cancer and cancer services.
- Ma iwi tanga toe ma; chronic conditions.
- Orang hi horo; those living with mental health distress, illnesses and addictions.

The long-term health plans focus includes the review of Hikoī Rangua and the NZ Health Strategy and whaka kae mara, the current working plan. All coming up for review.

Working on a sustainable medical workforce.

Colleges need to help with placements and need to look at what we can do to support Māori students, this covers placements, experiences. There is a high attrition rate in the third year due to financial hardships and have had bad placement experiences. The support systems need to be in place along the way right from year one. Are there routes other than mid-year exams? Can we look at different settings? The system needs to be developed to retain the students, so they don't drop out due to reasons other than academics. There needs to be collaboration between all the colleges and the medical workforce.

The benefit of raising up a Māori workforce are the social benefits they pass onto the community. They become role models, provide inspiration to others in their whānau and communities. We need to create a resilient workforce that will be retained for a long time.

The Workforce taskforce asked for recommendations on training doctors. The number of medical students is a cabinet decision rather than colleges determining the number. This needs to change to increase student numbers in general.

The CMC can support change and be a unified voice for an increase in Māori medical students and for changes to entry into medical school. The CMC are happy to endorse the increase the number of medical students and work with Te Aka Whai Ora ongoing on these issues.

6.2 Kirsten Good - Manatu Hauora

Kirsten updated the Board with the statistics gathered one year after the End-of-Life Choice act was passed. The data provided some interesting insights but cannot be shared at this stage.

One interesting conflict was between the End-of-Life Choice act and the Health and Safety in Employment act. The patients' rights vs the doctors' rights, doctors having a patient relationship of respect even if they don't agree.

Other challenges that doctors' faced were; professional isolation, uncertainty, requiring clarification by case law. As this is a new service there is little past information to refer to. The I.T system that is used for data collection is still very new.

Some of the positive outcomes were, there is a dedicated and compassionate workforce, there were better outcomes across palliative care, Māori were able to dictate what was culturally appropriate. New Zealand is seen as leading the way.

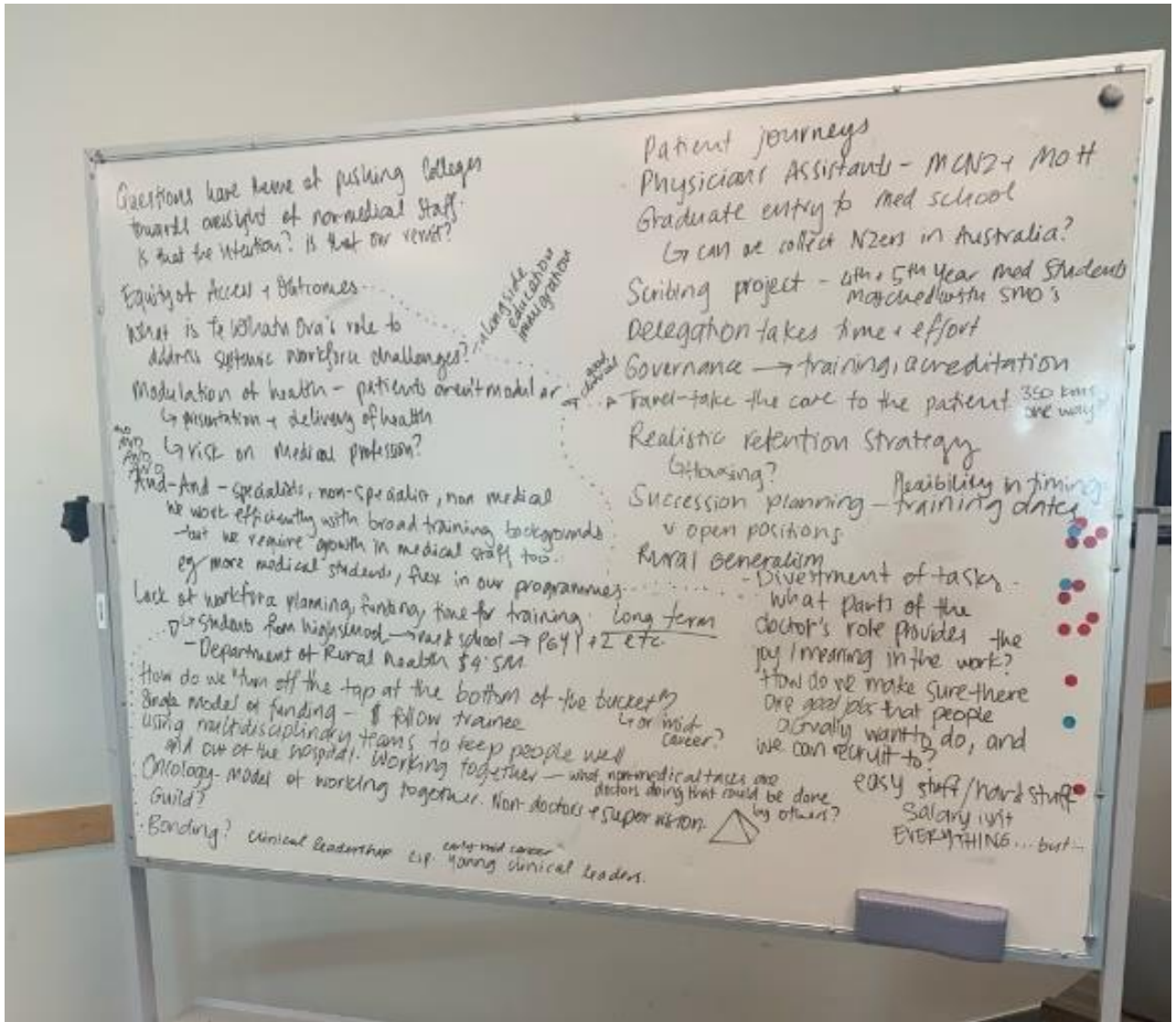
Currently doctors cannot raise the option of assisted dying with their patient, the patient must raise it with the doctor. This won't change until the Act is reviewed in two years.

6.3 Fepulea'i Margie Apa and Pete Watson - Te Whatu Ora – Te Pae Tata

Margie asked the Colleges to consider the following questions for feedback.

1. How do the Colleges view the opportunities to support rural generalism as a model/approach that can support workforce sustainability in smaller/rural centres?
2. How do the Colleges view the opportunities to support other non-medical specialist workforces to pick up activities that are currently undertaken by specialist medical practitioners
3. Colleges make decisions on practice and scopes that impact on services. What would Colleges find helpful from Te Whatu Ora that can inform their judgements on safety and enable more flexible views on roles particularly where we support a shift in tasks or care between professions.

The feedback from the Colleges was collated as below



Action: The CMC Executive Director will write up the above feedback and email it to the Colleges and to Fepulea'i Margie Apa.

7 Te Tiriti o Waitangi and Health equity

7.1 Cultural safety training module - Next steps

Professor David Tipene-Leach and Shirley Simmonds gave a presentation on the Cultural Safety Training Plan.

Action: The CMC Secretariat to send out the presentation to all the Colleges.

It was noted that in Australia, AIDA run cultural awareness and safety training programs, but this is expensive for the colleges. In New Zealand the individual colleges run their own cultural awareness and safety training programs, making it more affordable.

Many of the colleges already setting up cultural and safety working workshops. Royal Australian and New Zealand College of Obstetricians and Gynecologists (RANZCOG) are looking at this framework as a bi-national college and looking to embed it in their Code of Conduct and education for both Fellows and staff.

In 2023 the CMC will employ Shirley Simmonds to support the Colleges run programs for their college.

This will start at the Cultural Safety Training Plan Launch on 8 February 2023, where a symposium will run to identify needs, and a plan will be developed with college collaboration.

Meeting Close

Dr Samantha Murton confirmed the next Board meeting is on 16 March 2023.

There being no further items listed for discussion, Dr Samantha Murton performed a closing Karakia and concluded the meeting at 4:30pm (NZST).

Approval of Minutes

Signed:

Dr Samantha Murton, Chair

16 March 2023

Date