

*To serve the community by fostering safety and quality patient care in anaesthesia, intensive care and pain medicine.*



**ANZCA**  
**New Zealand National Committee**  
**Terms of Reference**

Version No: 1

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**PURPOSE**

The New Zealand National Committee (NZNC) is an elected body that acts as a conduit between Fellows and trainees in New Zealand and the ANZCA Council (the governance body of the College) to which it reports. The NZNC assists in implementing College policy in New Zealand, advises the council on issues of interest to the College and its Fellows and trainees in New Zealand, develops and maintains relationships with key New Zealand stakeholders, and has a role in training, continuing medical education and other professional activities at a national level.

The NZNC undertakes a leadership role on issues that relate specifically to New Zealand and reports to the council on ANZCA affairs in New Zealand. While council is the governance body for the entire College in both countries, the sovereign status of New Zealand is acknowledged and the importance of providing locally grounded advice to government in each of the College's countries is recognised.

**TERMS OF REFERENCE**

The NZNC roles are to:

*Internally*

1. Provide information and advice to council on: developments within New Zealand that concern the interests of the College, its Fellows and trainees (for example, the training program, workforce issues, political developments), draft policy (for example, professional documents, regulations) and other issues that are referred to it by the council.
2. Provide advice to the Education and Training Committee (ETC) (via the national education officer) on: appointments and reappointments to supervisory roles and issues relating to curriculum implementation.
3. Provide information and advice to the Training Accreditation Committee (TAC) on: national representation on training site accreditation inspection teams and national issues that may impact upon training and accreditation.
4. Provide advice to the Fellowship Affairs Committee (FAC) on: the conduct of the College's annual scientific meeting (ASM) (including nomination of the ASM convenor, scientific convenor and national organising committee members), as relevant; nomination of representatives to attend the New Fellows Conference; and other matters referred to it by the FAC.
5. Provide advice to the International Medical Graduate Specialist (IMGS) Committee on: nomination of New Zealand assessors for workplace-based assessment (WBA) and New Zealand-specific issues (Regulation 23).

6. Organise national continuing medical education activities for Fellows (at least one per year) and training courses for trainees.
7. Refer matters to the New Zealand Trainee Committee for consideration (Regulation 16).

#### *Externally*

8. Provide advice to jurisdictions on: nominations to credentialing committees (professional document PS2) and nominations to appointments committees for senior staff in anaesthesia (professional document PS44).
9. Approve ANZCA representative(s) on hospital trainee selection committees ([www.anzca.edu.au/trainees/registration/guidelines-for-the-selection-of-trainees](http://www.anzca.edu.au/trainees/registration/guidelines-for-the-selection-of-trainees)).
10. Nominate Fellows as ANZCA representatives on external national bodies.
11. Nominate Fellows for provision of medico-legal advice (for example, Coroner's Court, private counsel).
12. Foster relationships with key stakeholders and provide advice to the New Zealand Government and non-government agencies.
13. Develop submissions in responses to consultation documents from New Zealand bodies with the support of the council and the ANZCA Policy Unit.
14. Promote the roles of the College, specialist anaesthetists and specialist pain medicine physicians in New Zealand to agencies and individuals.
15. Ensure the College fulfils its responsibilities as a branch advisory body of the Medical Council of New Zealand (MCNZ) including participation in vocational registration assessments and nomination of members for competence reviews.
16. Represent the College on the Council of Medical Colleges in New Zealand (CMC).
17. Respond to New Zealand media and other communication requests.

These activities include advising the New Zealand Government and non-government agencies on standards of practice, training, workforce, IMGS matters, education and the promotion of anaesthesia and pain medicine, as well as providing activities similar to those of the Australian regional committees. All activities are undertaken in accordance with ANZCA policy and in compliance with New Zealand statutory and regulatory requirements.

#### **MATTERS THAT ARE NOT THE ROLES OF THE NZNC**

The roles of the NZNC do NOT include:

1. Appointment of members (this is by election, see Regulation 3).
2. Matters relating to industrial issues such as remuneration of Fellows and trainees.
3. Trainee selection and employment (which is the role of the employers).
4. Changes to ANZCA policy.

#### **DELEGATIONS**

The following are delegated roles from the ANZCA Council:

1. Budgeted activities.
2. Election of NZNC office bearers.

3. Organisation and delivery of continuing medical education meetings and educational programs for trainees.
4. Nominations to training accreditation inspection teams, including national committee teams.
5. Approval of formal projects (via the formal project officer).
6. Appointment of representatives to external bodies (for example, credentialing committees, appointments committees for senior staff in anaesthesia, the committees of other organisations, jurisdictional bodies) including representation of the College on the CMC.
7. Responses to consultation documents from external bodies and requests from the media in New Zealand.
8. Discussions regarding alternative anaesthesia providers, quality and safety issues and workforce issues specific to New Zealand.
9. Activities undertaken on behalf of the MCNZ such as providing advice for the international medical graduate assessment process through the ANZCA New Zealand Panel for Vocational Registration and other aspects of ANZCA NZNC's role as a branch advisory body of MCNZ according to the MCNZ/ANZCA NZNC Memorandum of Understanding.
10. Support for national appointments and honours (usually undertaken by the NZNC chair).

#### **MATTERS THAT REQUIRE COUNCIL APPROVAL**

The following require the approval of the ANZCA Council:

1. Unbudgeted expenses (these need the approval of the chief executive officer within delegation or else the council).
2. Changes to ANZCA policy.
3. Reports and statements of significance (for example, workforce reports, statements regarding alternative providers).
4. New strategic and advocacy approaches.
5. Competence issues where significant risks may result.
6. Responses to standards of practice or hospital resourcing that could detrimentally affect the college and its training program.
7. Engagement in activities with external organisations that have major (unbudgeted) financial or other risk implications.
8. Activities that are of high risk to the College, especially those that are outside core business or where there are wider ramifications for the College and its reputation.

#### **IMPORTANT GROUPS FOR COORDINATION/COMMUNICATION**

The important groups/roles for coordination/communication for the NZNC are:

##### *Internally*

1. Council (governance) including councillors resident in New Zealand who are ex officio members of the NZNC.
2. New Zealand national office staff.
3. The NZNC Education Subcommittee (comprising the national education officer who is the chair, the NZNC chair and the supervisors of training in New Zealand).
4. The New Zealand Trainee Committee.

5. The Education and Training Committee (through the national education officer).
6. Supervisors of training, module supervisors and rotational supervisors in New Zealand.
7. Organisers of examination and other courses for trainees.
8. The Training Accreditation Committee (for advice and information gathering).
9. The International Medical Graduate Specialist Committee.
10. Assessors for workplace-based assessment in New Zealand.
11. The Quality and Safety Committee (through the quality and safety officer).
12. The New Zealand Anaesthesia Annual Scientific Meeting (NZ A ASM) organising committee through the joint NZNC/New Zealand Society of Anaesthetists New Zealand Anaesthesia Education Committee (NZAEC).
13. Fellows and trainees in New Zealand.
14. The Faculty of Pain Medicine representative.
15. Australian and New Zealand Tripartite Anaesthetic Data Committee (ANZTADC).
16. The ANZCA Communications Unit (for advice in relation to media requests for statements, particularly about controversial issues).
17. The chair of the New Zealand Panel for Vocational Registration and panel members.

*Externally*

18. Clinical directors of anaesthesia of ANZCA-accredited training facilities in New Zealand.
19. The Ministry of Health, director-general of health and other ministry units such as the National Health Board and Committee, Health Workforce New Zealand and the Disaster Response Unit.
20. The Minister of Health.
21. District health boards.
22. The Council of Medical Colleges in New Zealand.
23. The Medical Council of New Zealand.
24. Other government agencies such as the Office of the Health & Disability Commissioner, Pharmac, Medsafe, Health Quality and Safety Commission (and the national mortality review committees), Accident Compensation Commission.
25. The New Zealand Society of Anaesthetists (NZSA).
26. The College of Intensive Care Medicine (CICM) New Zealand National Committee.
27. The New Zealand Board of the Royal Australasian College of Surgeons (RACS).
28. The New Zealand Anaesthetic Technicians Society and the Medical Sciences Council.
29. Medical and clinical schools.
30. Simulation centres.
31. The Division of Rural Hospital Medicine/Royal New Zealand College of General Practitioners.
32. The Nursing Council and New Zealand Nurses Organisation.
33. The College of Midwives.
34. The Resuscitation Council of New Zealand.
35. The New Zealand Medical Association (NZMA) and its Doctors-in-Training Council.
36. The Association of Salaried Medical Specialists.

37. New Zealand executive members of special interest groups.

#### **MEMBERSHIP**

The membership of the NZNC is defined in Regulation 3. The body of elected members should demonstrate:

1. Willingness to contribute to College-related matters at a national level.
2. Knowledge of New Zealand education and training issues.
3. The need for broad representation on the NZNC (for example, different hospitals; rural and regional as well as metropolitan practice locations; new as well as more experienced Fellows).
4. Understanding of and willingness to abide by ANZCA policies (including but not limited to regulations, professional documents, privacy, conflict of interest, travel policies).

#### **MEETINGS**

The NZNC will meet at least three times per year face-to-face with members attending by teleconference or other distance means as required and budgeted. Additional meetings may be held by teleconference as the need arises. An annual general meeting will be held each year with a report forwarded to the council.

A quorum for a meeting of the NZNC will be a majority of voting members. If at any time the number of members is less than a quorum, the NZNC may meet only for discussion purposes.

Questions arising at a meeting of the NZNC (either in person, by teleconference or webinar) are decided by a majority of votes of voting members present and voting, with abstentions not being counted in the total number of votes. The chair has a casting vote in addition to a deliberative vote where there is an equality of votes.

For an electronic vote, questions are decided in the affirmative if at least 75 per cent of all voting members (other than any member on leave of absence or any member abstaining in writing) vote in favour.

The discussions of the NZNC are confidential to its members. Conflicts of interest will be managed in accordance with the ANZCA conflict of interest policy.

The members of the NZNC will undertake their work in accordance with relevant ANZCA policies, including the policy on bullying, discrimination and harassment for Fellows and trainees acting on behalf of the College or undertaking College functions.

#### **REPORTING**

Meetings will be minuted with the minutes being forwarded to the ANZCA Council. Decisions made electronically will be recorded in the minutes of the next NZNC meeting.

The NZNC receives reports from:

1. *Internally*: the council (by teleconference with the president and written reports); national committee office bearers; the New Zealand Trainee Committee; New Zealand national office staff; the NZAEC and the New Zealand annual scientific meeting organising committee; the Faculty of Pain Medicine; recipients of the BWT Ritchie Scholarship; ANZTADC.
2. *Externally*: at its discretion; regular reports should be requested from NZNC-nominated representatives to external bodies (for example, the New Zealand Resuscitation Council, the New Zealand Anaesthetic Technicians Society) and events (for example, the NZMA Doctors-in-Training Council forum); the NZSA; the CICM; the CMC; the MCNZ; government agencies (for example, Health Workforce New Zealand); the Health and Disability Commissioner; and the chair of the New Zealand Panel for Vocational Registration.

The NZNC chair attends each council meeting as a coopted observer.

#### **ADMINISTRATIVE SUPPORT**

Administrative support for the NZNC will be from the New Zealand national office.

#### **CHANGE CONTROL REGISTER**

Version	Author	Reviewed by	Approved by	Changes
1	New Zealand National Committee, Moodie, Roberts	Regional committee and national committee chairs, Leslie, CEO	Council	Creation

Date of next review	2014
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