

# Minutes Clinical Assembly Meeting

Date:	10 August 2023
Time:	9.45am – 12.00pm
Location:	via Zoom
Chair:	Christopher Jackson - Medical Oncologist, Southern DHB; Mercy Hospital; University of Otago
	Chris Hemmings - Clinical Director Anatomical Surgical Pathology, Canterbury Health Laboratories (CHL) Claire Hardie – Radiation Oncologist; Chair Radiation Oncology Working Group (ROWG) (part of meeting) Heidi Watson - Clinical Lead, Adolescent and Young Adult Cancer Network Humphrey Pullon – Chair, Haematology Working Group James Entwisle – Radiologist (part of meeting) Justin Gulliver – Registered Social Worker; President, Oncology Social Work Australia & New Zealand (OSWANZ) Laura Clunie – Oncology Pharmacist Sara Joice – Health Psychologist Shelley Shea – NZNO Cancer Nurses College chair Catherine D'Souza - Palliative Medicine Physician
Te Aho o Te Kahu attendees:	Rami Rahal – Chief Executive Elizabeth Dennett – Clinical Director Elena Saunders – Principal Advisor, Clinical Advisory Team Gabrielle Nicholson – Manager, Quality Improvement Bridget Kerkin – Manager, Clinical Advisory Team Luisa Acheson – Administrator Kath Goodyear – Project Manager (part of meeting)
Guests	Tom O'Brien – Te Whatu Ora
Attendees:	Melinda Greshoff ONZL – Minute-Taker
Apologies:	Dawn Wilson – Chief Advisor, Te Aho o Te Kahu Alex Henderson - National Clinical Leader, Cancer Genetics Brendan Luey Medical Oncologist; Chair Medical Oncology Working Group (MOWG) Ian Bissett – Colorectal & General Surgeon; University of Auckland Stephen Laughton – Paediatric Oncologist; Clinical Lead, National Child Cancer Network Rawiri Keenan - General Practitioner; The Royal New Zealand College of General Practitioners Sue Waters - Chair National Directors of Allied Health John Snook – Te Whatu Ora Suzanne Beuker – Urologist Ineke Meredith - Breast Surgeon

# Item 1:

The meeting convened at 9.45am to meet a quorum.

#### Acknowledgements

The meeting opened with a karakia.

#### Apologies:

Apologies were noted from Alex Henderson, Brendan Luey, Ian Bissett, Rawiri Keenan and Stephen Laughton.

## Introductions:

The Chair welcomed the new Chief Executive of Te Aho o Te Kahu, Rami Rahal.

#### **Reviews:**

#### Minutes from the previous meeting

The draft minutes from 22 June 2023 were accepted as a true record subject to noted adjustments. Psychosocial perspective was represented in the updates under item 1, and additional detail under item 4.

#### **Interests Register**

There were no new conflicts of interest noted for the meeting.

#### Updates from recent HWG, MOWG, ROWG and Other Interest Groups

Reports were noted from ROWG, MOWG, HWG and Pathology.

Verbal updates were provided from psychosocial, pharmacy, nursing and palliative care perspectives. It was noted that Pharmac has not yet announced a decision regarding its review of child cancer medicines.

#### Item 2: CE Forum: Chief Executive's Introduction and Vision/Strategic Focus for Te Aho o Te Kahu

Rami Rahal was introduced to the group as the new Chief Executive for Te Aho o Te Kahu. Each member present at the meeting introduced themselves and described their perspectives on the current role and functioning of the Clinical Assembly, and their view on opportunities for Te Aho o Te Kahu to continue enhancing its leadership role for cancer control. Members identified various areas where Te Aho o Te Kahu may be able to provide specific advice to Te Whatu Ora. Members also expressed enthusiasm to contribute to the development of agency priorities and communicated their perspective that the Clinical Assembly's role includes stewardship and advocacy for strategic improvement and more effective integration of cancer services. The Assembly can help develop priorities and identify new opportunities; their input into the design and translation of work onto the ground is possible because of the extent of the cancer sector representation. The Assembly's greatest strength is sharing good ideas and lessons learned as well as critiquing work programmes in the agency.

The Chief Executive concluded the discussion by commenting that Te Aho o Te Kahu has a lot of data and the Clinical Assembly has knowledge and together they should be advising Te Whatu Ora.

The Chief Executive gave a presentation on his observations to date. His presentation covered the acknowledged strengths of Te Aho o Te Kahu and he identified opportunities for the Clinical Assembly to consider.

#### Item 3: Workforce Initiatives

Tom O'Brien (Te Whatu Ora workforce team) gave a verbal update on the challenges and opportunities for cancer workforces.

Te Whatu Ora has created a national workforce plan, which identifies current and future shortfalls and, provides a one-year plan to address these. They are taking short and long-term perspectives.

The Chair commented that there has been an historic lack of long-term workforce planning and it is pleasing that the Minister of Health has acknowledged the gaps. The Assembly acknowledged the positive actions Te Whatu Ora is taking, and expressed gratitude for the work that has been done recently to increase the health workforce.

Assembly members also provided Tom with recommendations to take back to Te Whatu Ora; the Chair summarised the key feedback as a focus on training, appropriate funding for health professional positions, retention of trainees including pathways for returning trainees, international recruitment, removing barriers to registration. Tom O'Brien asked for members to contact him about how to improve specific workforce challenges.

# Item 4:

## **Topics for next meeting:**

Clinical Assembly input into the Te Aho o Te Kahu workplan.

Meeting closed at 11.57am with a karakia.