NZRDA EDUCATION TRUST

CLINICAL GOVERNANCE CONFERENCE

‘Creating future leaders in clinical excellence’

Expert insights on clinical governance from:
- Bupa (UK);
- Sydney Local Health District;
- Pinnacle Midlands Health Network;
- District Health Boards;
- Ministry of Health;
- Medical Council.

SAVE THE DATES
27th & 28th September 2016
Skycity Auckland Convention Centre
The NZRDA Education Trust provides financial support for the furtherance and protection of the education or training of RMO’s in all aspects of medical practice in NZ.

Objects of the Trust:
The objects of the Trust are:

•  The provision of financial assistance towards the establishment and conduct of training seminars and conferences.
•  The provision of financial assistance towards the production of newsletters, brochures, training manuals whether printed or visual, and other training materials and aids for RMOs.
•  The creation and funding of scholarships, bursaries, grants or prizes awarded to RMOs engaged or wishing to be engaged in the medical profession in NZ to assist the further education and training of those persons both within NZ and overseas.
•  The education of, and provision of information to, the medical profession and/or the general public in NZ regarding matters and issues of relevance to the education or training of RMOs in NZ.

Eligibility
To be eligible to make an application you need to be an RMO working in NZ and your passion must comply with the Trust’s objects. For more information go to the link in www.nzrda.org.nz

Closing Dates
The Trust aims to consider all applications in keeping with the stated objects of the Trust in April and October of each year but is happy to receive applications at any time. Each application will be considered on a case by case basis.
Organisations are responsible for continuously managing and improving the quality of their services by safeguarding high standards of care. Clinical governance plays a key role in achieving safe workplaces and is a fundamental skillset of all doctors. There is both a want and a need to ensure that RMOs, our future leaders in health, receive clinical governance training and both participate in and practice clinical governance. Opportunities to learn about and carry out clinical governance are absent in most training programmes and work experiences of RMOs – a gap which urgently needs to be filled. The conference seeks to address this gap.

There is an assumption that clinical governance is inherently acquired, however in practice this is not the case. When clinical governance is not taught well throughout RMO years, SMOs are less well prepared to do what is required in order to achieve optimum clinical governance.

This conference will create a forum for discussion about how clinical governance currently operates within the DHBs and wider community setting but more importantly, how we may best improve the status quo whereby RMOs and other active participants consistently incorporate facets of clinical governance into daily work.

The conference seeks to target a wide audience, not just RMOs but also SMOs, NGOs, GPs, Colleges, the Medical Council of New Zealand, DHBs and other interested parties.

The conference aims to get as many people as possible to be involved in and excited about clinical governance. The conference also aims to help ensure these individuals are in a position to effect positive change to both the quality and safety of their clinical workplace.

Experts in the area of clinical governance will share their experiences and ideas and may even provide a challenging perspective on how we may best integrate successful quality improvement practices into the lives of doctors.

Thank you in advance for your attendance at the conference and your interest in and dedication to creating future work environments in which excellence in clinical care will flourish. We look forward to an interesting and valuable two days!
# AGENDA

## TUESDAY 27 SEPTEMBER

**Chair / MC**  
**Mr Andrew Connolly**  
*Chairman, Medical Council of New Zealand*

Day 1 will focus on the role of clinical governance in current (and future) health settings. There will be an overview of clinical governance: what ‘successful’ clinical governance is, why it is valuable and how it currently operates within DHBs and the wider health community.

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<tr>
<td>8.30am</td>
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| 9.25am | Chai Chuah  
*Director General, Ministry of Health*  
*Opening Address*  
*Current and Future Role and Impact of Clinical Governance in the New Zealand Health System* |
| 10.15am| Dr Paul Zollinger-Read  
*Global Chief Medical Officer, Bupa (UK)*  
*International Perspective on Clinical Governance:* Dr Zollinger-Read is a leader in the area of health services and systems who has extensive international knowledge and experience in clinical governance and health models.  
*International Perspective*  
Clinical governance can be defined as, “a framework thorough which organisations are accountable for continuously improving the quality of services and safe-guarding high standards of care by creating an environment in which clinical care will flourish”.

In the UK there have been several tragic failures such as the paediatric heart surgery episode in Bristol in the 80’s and the Mid Staffs tragedy in 2005. The reports from these cases showed consistently that staff commitment wasn’t at the route it was generally a lack of leadership, ineffective communication, poor organisation and teamwork and lack of means for assessing the quality of care. The development of robust clinical governance systems does not need justification yet as these examples show, it is far from straightforward or easy.

These systems of governance and safety have evolved and developed and are now very sophisticated in many areas. However, they have largely been developed in the acute hospital and primary and community care sector in mature health economies.

As we look across the globe clinical governance is in different stages of development and also as we look across different clinical environments such as dental or care homes or the commissioning of services again we see significant variability.

Bupa is a global health and care company covering health insurance, hospital provision, dental, aged care and many other clinical services. Paul will talk about how Bupa have developed a system of governance and quality improvement across different clinical entities and geographical markets and the lessons Paul has learnt from that journey.

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<td>11.15am</td>
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| 11.45am  | **Dr Kim Hill**  
**Executive Clinical Advisor, Sydney Local Health District**  
**International Perspective**  
Dr Hill has a wealth of knowledge in establishing, directing and managing clinical governance functions to support patient safety and clinical excellence. She is knowledgeable in strategies for application of clinical redesign to improving clinical care and health services delivery, enhancing clinical and community engagement, and reducing unwarranted clinical variation. |
| 12.45pm  | **LUNCH**                                                                                                                                   |
| 1.30pm   | **Dr Steven Lillis**  
**Medical Adviser, Medical Council of New Zealand**  
**Brain functioning: The How and Why of RMOs and Clinical Governance**  
This talk will discuss the direct relevance of clinical governance to the working lives of resident doctors. Examples of poor clinical governance in New Zealand will be used to emphasise the importance of a culture that allows it to flourish. It will be proposed that organisational culture is the major barrier to effective clinical governance. Instituting cultural change is of primary concern to doctors interested in achieving both good patient outcomes and a satisfying working life. Opportunities to become involved in organisational structures will be discussed. |
| 2.30pm   | **Dr Jo Scott-Jones**  
**Medical Director, Pinnacle Midlands Health Network**  
**Clinical Governance in the Context of Primary Care**  
Clinical Governance in Primary Care starts with a personal commitment to continuous quality improvement, wise use of resources and great patient experiences. The systems that we set up to empower us to achieve these goals for our patients include the local, regional and national organisations that support primary care. Clinical governance is an important aspect of professional life and something we should all experience, our experience is necessary to ensure the focus remains on what makes the patient better and not on other aspects of the health system. Clinical governance systems need to support a positive happy work environment in which the joy of what we do can flourish, as happy doctors make happy patients and improves outcomes. |
| 3.30pm   | **AFTERNOON TEA**                                                                                                                         |
| 4.00pm   | **Dr George Laking**  
**Medical Oncologist, Auckland DHB**  
**Maori Health and Clinical Governance**  
The Social Security Act 1938 secured free treatment for all New Zealanders in public hospitals, as one of the measures whereby New Zealand became the first Western nation to adopt a system of state-funded social security. It was not until 1948 that the United Kingdom set up its own National Health Service, the NHS.  “Clinical Governance” emerged in the NHS in 1998 as an approach to quality improvement, three years after the Bristol Heart Scandal. In light of the extensive exchange of personnel and ideas between our two nations, Clinical Governance has become widely adopted in Aotearoa.  
In New Zealand since 1840, Te Tiriti o Waitangi obliges us to look at our public institutions through a bicultural lens. Te Tiriti adds a local dimension that was not always apparent to the architects of imported programmes. This talk will look at the interaction between Clinical Governance and our own schools of quality improvement as they relate to Māori Health. It will focus on Cultural Safety, first developed by Dr Irihapeti Ramsden in 1989. For Māori health to flourish in our institutions, we need to build in Māori values and practices from the ground up. |
| 5.00pm   | **Networking Time: Cocktail Party (Drinks + Nibbles) @ SKYCITY**                                                                           |
DAY 2

WEDNESDAY 28 SEPTEMBER

Chair / MC
Dr Curtis Walker
Council Member, Medical Council of New Zealand

Day 2 of the conference will build on the foundation laid on Day 1 and will address how to best turn clinical governance into a daily reality. You will hear first-hand from doctors about their clinical governance experiences and we will explore ideas, opportunities, enablers and barriers related to achieving optimum clinical governance.

8.30am

Dr Nigel Millar
Chief Medical Officer, Southern DHB

Dr Mike Roberts
Chief Medical Officer, Northland DHB

Vision & Commitment: a CMO Perspective on Clinical Governance

Clinical governance, is it an issue of clinical excellence and measurement, is it about people relationships and culture? History is never truth it is interpretation of events and opinions. One could construct a history of clinical governance which describes the Bristol children’s cardiac tragedy as one of failure to measure and document with the subsequent development of standardised processes. On the other hand one might frame it as a cultural failure because the problems were widely known but there was initially only one person willing to act. More likely it is both. We do need to move from a health system of high bureaucracy and low trust to the reverse. But in doing so the trust must be earned by good process and measurement. Neither can be neglected.

Total organisational commitment to a safe, effective, efficient health system that is a good experience for patients and health workers is the fundamental essential. Total commitment means from the Minister of Health right through to the patient bedside including all those in between. It is easy to see a fundamental contradiction between financial stewardship and these aims, but that is only so if we construct quality deficiency and resource deficiency. Whereas in many cases, the opposite applies – improving the quality of care releases resources. New Zealand has a small and adaptable health system and we have opportunity to create excellence through the best in culture, efficient systems and supportive monitoring.

Reflecting on experiences gained during his escape from a Mexican prison, Mike will discuss the statement, “Successful clinical governance depends more on attitudes and behaviours, than on formal processes and structures.”

9.45am

Dr Andrew Simpson
Acting Chief Medical Officer, Ministry of Health

Getting involved: one clinicians’ experience

10.15am MORNING TEA

Experiences with Clinical Governance from RMOs

Dr Hugh Lees, Chief Medical Advisor/Medical Director

Dr Allan Plant, RMO, Tauranga Hospital

Suzanne Round, Change Manager, Service Improvement Unit

Organisation: Bay of Plenty District Health Board, Tauranga and Whakatane, Bay of Plenty, New Zealand

Hospital-based Resident Medical Officers (RMOs) are well placed to identify system problems in the delivery of healthcare, yet they enter the workforce with minimal training in quality improvement (QI) methodology. Challenges to RMO involvement in QI early in their careers are due in part to daily demands of patient care, frequent rotations, shift patterns, and clinical training requirements.
QI is most effective when driven by staff at all levels of an organisation and RMOs are a key group of emerging clinical leaders. The development of a QI Residency for RMOs at Bay of Plenty District Health Board (BOPDHB) sought to identify if it was possible to increase RMO QI skills whilst creating capacity to lead improvement projects within existing resource.

This presentation will provide first-hand experience from the BOPDHB QI residents about the value of participating in QI early in their medical careers, reflecting on the programme approach, results and lessons learnt.

**Dr Jenny Dodds & Dr Nick Erskine** are House Officers working in Dunedin Public Hospital. They have been extensively involved in the establishment of several new governance projects and committees within Southern DHB through 2015 and 2016. Jenny Dodds will be speaking about the importance of RMO involvement in Quality Improvement, and the recent formation of a local Quality Improvement Academy based on her previous work through the NHS. The newly established Dunedin Quality Improvement Academy is driven by RMO leadership, but engages all sectors of healthcare workers. Nick Erskine will be speaking about the practical aspects of involving RMOs with local governance matters including the benefits of RMO involvement, and the barriers they have experienced when engaging RMOs with clinical governance.

**Dr Tom Reynolds**
Clinical Governance - getting involved in smaller DHBs RMOs can bring a lot to the clinical governance table; new ideas, enthusiasm and drive. The RMO workforce is also mobile between DHBs and can act as a conduit for sharing experiences. But getting involved in how a hospital runs can be challenging. It takes equal measures of passion, persistence and patience. All DHBs are not the same and different environments have different challenges.

**Dr Tim Allen**
From 2014-2015 we helped lead a House Officer effort to improve Waikato Hospitals Surgical House officer rostering and staffing levels. This involved developing a proposal to come up with solutions to the many issues and safety concerns that had been identified throughout the multiple surgical rosters. Went through a process of selling the benefits of our proposals with consultants and multiple levels of hospital management. The proposals were implemented in full for the start of the 2015/2016 House Officer year. The process showed us the barriers to implementing change, but also how we could successfully go about it from being in a position of not having the direct power to implement the change.

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<td>Open Panel Discussion</td>
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<td>12.30pm</td>
<td>LUNCH</td>
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<tr>
<td>1.30pm</td>
<td>Breakout Session 1: Scenarios</td>
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<td>Breakout Session 2: Exploring Ideas, Opportunities, Enablers and Barriers. Developing an Action Plan: So Where to from Here?</td>
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<td>3.30pm</td>
<td>Feedback</td>
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<td>4.00pm</td>
<td>End to the Conference</td>
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*Agenda: the NZRDA reserves the right to make any amendments deemed to be in the best interests of the conference. This agenda outline is accurate at the time of printing, please check online (www.nzrda.org.nz/conference) for any updates.*
Mr Andrew B Connolly  Chairman, Medical Council of New Zealand

Appointed to Council in November 2009, Mr Connolly was elected deputy chairperson of Council in February 2012 and chairperson in February 2014. Mr Connolly was re-elected to this position in February 2016.

Mr Connolly is a general and colorectal surgeon, employed full time at Counties Manukau District Health Board. He has a strong interest in governance and clinical leadership and has been the Head of Department of General and Vascular Surgery since 2003. He has served on the Ministerial advisory group that was responsible for the 'In Good Hands' document. In 2015 he served on the Ministry Capability and Capacity Review of the Health Sector

Mr Connolly has served on various national committees, including the New Zealand Guidelines Group for the screening of patients with an increased risk of colorectal cancer.

Outside Medicine he has a passion for military history, particularly World War 1.

Mr Chai Chuah  Director General Health, Ministry of Health

Chai Chuah has been the Director-General of Health since March 2015. Originally from Malaysia, Chai studied Commerce at The University of Canterbury before commencing a career with PricewaterhouseCoopers in New Zealand and internationally. He has been a prominent figure in the New Zealand health sector for 25 years and has been in national leadership roles with the Ministry of Health since 2010, when he became National Director of the National Health Board. He has a passion for building, together with partners, a health system that is powered by the needs of the people it serves and that is prepared for rapid changes in technology and demographics.

He is focused on changing the way the health system works with other public services, communities and other non-public service partners to improve health outcomes, increase access to quality care, improve financial and clinical sustainability, and develop a unified health system.

Dr Paul Zollinger-Read  Chief Medical Officer, Bupa

Dr. Paul Zollinger-Read in July 2012 became Chief Medical Officer of Bupa. Paul studied medicine at Cambridge and then Guy's hospital, qualifying in 1986. He then went on to train as a GP in Oxford before becoming a GP Principle in 1991, which continued until December 2011.

He commenced his NHS management career during development of Fund Holding and spent some time working with the early NHS Modernisation Agency in 2002. He set up and became CEO of one of the first Care Trusts in the country, merging health and adult social care into one organisation.

Paul then went on to be CEO of the neighbouring PCT, Chelmsford, and developed experience of financial and service turnaround. In the 2006 NHS reorganisation, he was appointed as CEO of North East Essex PCT and was subsequently asked to run Great Yarmouth and Waveney PCT. In January 2010 he became CEO of NHS Cambridgeshire and subsequently CEP of NHS Peterborough in July 2010. In July 2010 Paul was also asked to lead the development of GP consortia in the East of England, which expanded to cover the Midlands and East when SHAs clustered in Oct 2012.

In February 2011 Paul joined the King’s Fund as Medical Advisor and Primary Care Advisor. In July 2011 Paul joined the East and Midlands Strategic Health Authority leading on the development of Clinical commissioning groups, (the current model of GP commissioning in the NHS). In July 2012 Paul joined Bupa as their Global Chief Medical
Dr Steven Lillis graduated from Auckland University in 1985 and has been working in general practice in Hamilton for the last 25 years. He is a Fellow of the RNZCGP, Fellow of the Academy of Medical Educators, has a post graduate diploma in sports medicine, has a masters degree of general practice from Otago University, and a PhD from Auckland.

Dr Lillis was the team doctor for the New Zealand Rowing Team for 8 years. Over the last 15 years he has become involved in teaching and currently works as Director of Assessment for Auckland Medical School, is contracted to the Medical Council as Examinations Director and Medical Adviser and does part time clinical work. Having sustained too many injuries falling off a mountain bike, he now runs to keep fit and sane. His major area of interest is in bringing educational theory to medical teaching.

Dr Kim Hill Executive Clinical Advisor, Sydney Local Health District

Dr Kim Hill is Executive Clinical Advisor in Sydney Local Health District (SLHD). She is a member of the SLHD Executive, and holds District-wide responsibilities for medical/clinical leadership and executive sponsorship for implementation of Sydney LHD Criteria Led Discharge Strategy and related programs, as part of Whole of Health access and patient flow strategies.

Dr Hill has held senior executive positions in NSW and Victorian health services, in areas such as clinical governance, operations, clinical and community engagement, and medical workforce. Most recently, she was Executive Medical Director in Western Sydney Local Health District, where she had responsibility for professional leadership, working with clinicians and managers to strengthen clinical involvement in decision-making and strategic service delivery. Prior to that, Dr Hill was Director of Clinical Governance in Hunter New England Health.

Dr Hill has particular interests in clinical communication and innovation, and has presented work in these areas at national and international meetings. She is currently involved in strategies for application of clinical redesign to improving clinical care and health services delivery, enhancing clinical and community engagement, and reducing unwarranted clinical variation.

Dr Jo Scott-Jones Medical Director, Pinnacle Midlands Health Network

Jo is the Medical Director for Pinnacle Midlands Health Network and in this role supports the quality and education portfolio. Jo has been a rural GP based in Opotiki since 1992.

Jo has held several governance roles as the previous chair of the Eastern Bay of Plenty PHO and the New Zealand Rural General Practice Network, he is currently the Chair of the Rural Health Alliance Aotearoa New Zealand and the RNZCGP Rural Chapter. He has a Masters in Medical Sciences along with Diplomas in Clinical Education, Sports Medicine, Geriatrics, Obstetrics and he is a Fellow of the Division of Rural Hospital Medicine alongside his FRNZCGP and MRCGP (UK).
Dr George Laking  
Medical Oncologist, Auckland District Health Board

George previously represented Wellington at the NZRDA, but nowadays is a medical oncologist working in Auckland and Whangārei. Ki te taha a tōna Māmā, he tama a Te Whakatōhea a Hori. Between 2001 and 2007 George was in the UK, where he completed his PhD in health economics, MD in tumour perfusion, and worked in NHS clinics. Back in Aotearoa George chairs the Māori Health Committee of the Royal Australasian College of Physicians, and is a past Chair of Te Ohu Rata o Aotearoa (Te ORA), the Māori Medical Practitioners’ Association. Separately from this he treads a fine line between geeky computer stuff and rugged outdoor cycling pursuits.

Dr Curtis Walker  
Council Member, Medical Council of New Zealand

Dr Walker was elected to Council in 2015. Ko Whakatōhea rāua ko Ngāti Porou ngā īwi. Formerly a veterinarian, Dr Walker retrained in human medicine and qualified from Auckland in 2007. He started work as a House Officer at Waikato hospital and commenced internal medicine training there before moving to Palmerston North and Wellington to complete his Fellowship in nephrology (Fellow of the Royal Australasian College of Physicians) in 2015. During his time as a resident doctor, he was President of the New Zealand Resident Doctors Association (NZRDA) for 5 years, and also served on the board of the Māori Medical Practitioners Association (Te ORA). These roles reflect the strong commitment that Dr Walker has to improving health outcomes for Māori and to supporting doctors during the long and challenging years spent in specialist training. He commenced work as a renal and general physician in 2015 at MidCentral DHB and loves living in Palmerston North with his wife and two young children.

Dr Nigel Millar  
Chief Medical Officer, Southern District Health Board

Nigel started as CMO for the Southern District Health Board in March 2016. Prior to this he was CMO for the Canterbury District Health Board for 12 years. During that time he participated in a transformational change to an integrated and connected health system. A Geriatrician and Internal Medicine Physician by training – Newcastle UK – he came to New Zealand in 1992. Nigel has led from the front in championing the implementation of clinical information systems – most lately a common shared record across the health service. The need for which was highlighted after the 2011 Christchurch earthquake. As part of his work in aged care, Nigel has promoted the implementation of a standardised comprehensive assessment. Consequently the InterRAI assessment protocol is standard across the country in the community and currently being rolled out in residential care. Nigel is a member of the National Health IT Board, an advisor to the Health Quality and Safety Commission. He is also the InterRAI Fellow for New Zealand. He continues clinical practice in Geriatrics. He is a committed lifelong cyclist and an advocate for active transport.
Dr Allan Plant  
**House Officer, Bay of Plenty District Health Board**

Dr Allan Plant is a second year RMO working at Tauranga Hospital. He completed a BSc in Pharmacology at Auckland University prior to heading to Medical School. Born and bred in Auckland, Allan moved to the Bay of Plenty to commence his first year as a House Officer and will remain in the Bay in 2016 to take up a position as a Medical Registrar.

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Dr Hugh Lees  
**Chief Medical Advisor & Medical Director, Bay of Plenty District Health Board**

Dr Hugh Lees is the Chief Medical Advisor and Medical Director at BOPDHB. He hails originally from Papakura, Auckland and trained at the Auckland Medical School in its fourth intake, graduating in 1976. He moved to the Bay of Plenty having attained a Second Year House Officer post at Tauranga Hospital in 1978. His first run was undertaken in Paediatrics which forged his future direction. Hugh completed his training in Paediatrics in 1984 and took up the role of Paediatric Consultant in 1985 holding the role of Head of Paediatrics at Tauranga Hospital in 2005 and in 2006 BOPDHB Woman, Child & Family Service Medical Leader. In 2014, Hugh took up his current appointment as Chief Medical Advisor and Medical Director.

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Dr Andrew Simpson  
**Acting Chief Medical Officer, Ministry of Health**

Dr Andrew Simpson is the National Clinical Director for Cancer, providing strategic and clinical leadership to the cancer programme. He is the champion for the Faster cancer treatment health target. He is also a practising medical oncologist at Capital and Coast DHB. Prior to his National Clinical Director role, Andrew held a number of clinical leadership roles at local, regional and national levels. These included Executive Director (Clinical), Medicine Cancer & Community at Capital and Coast DHB, and the Clinical Director of the Central Cancer Network. Andrew is also a former chair of the New Zealand Association of Cancer Specialists, has a strong ongoing commitment to research and is a member of the Board of the Wellington Division of the Cancer Society.

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Dr Mike Roberts  
**Chief Medical Officer, Northland District Health Board**

Mike Roberts trained in the UK, but subsequently saw the light and moved to New Zealand, where he has practised as a specialist in Emergency Medicine and more recently has worked as the Chief Medical Officer of Northland District Health Board. He has a long standing interest in patient safety, and is so old that he qualified before the Bristol Royal Infirmary tragedy, from which the concept of clinical governance emerged. Having seen the effects of avoidable harm on patients and staff on many occasions, he is committed to identifying ways in which these events can be eliminated.
Suzanne Round  Change Manager, Service Improvement Unit, Bay of Plenty District Health Board

Suzanne Round joined the BOPDHB as a Change Manager in 2011 providing change management, quality improvement and project management expertise to improve outcomes for patients. Originally from the UK, she completed a Bachelor’s degree in Business Studies and Marketing. Prior to leaving the UK, Suzanne delivered social and behaviour change programmes with public, charity and private sectors on a variety of issues including teenage pregnancy, electrical safety, knife crime and climate change.

Dr Jenny Dodds  House Officer, Southern District Health Board

Dr Jenny Dodds is a 4th year RMO currently working in Dunedin. She trained in the UK and at her previous hospital coordinated a Quality Improvement Academy with the key aims of promoting engagement with improvement work from an early career stage and facilitating professional development - a process of implementing a similar programme in Dunedin is currently underway. Jenny also has several years’ experience coordinating research and development with a global health charity.

Dr Nick Erskine  House Officer, Southern District Health Board

Dr Nick Erskine is one of the House Officers down south in the mighty Dunedin and has stepped into the National Executive this year as a Provincial Representative. Nick is keen to see more RMO leadership throughout our healthcare sector.

Dr Tom Reynolds  House Officer, Lakes District Health Board

Dr Tom Reynolds is one of the provincial representatives on the NZRDA National Executive. He enjoys everything about living and working in provincial New Zealand – having spent time in Rotorua and Whangarei as an RMO. He is interested in the implementation of safe, fair rosters and the increasing role of quality improvement in the day to day job of an RMO. Away from the hospital Tom lives for the outdoors – be it riding, running or paddling!

Dr Tim Allen  Registrar, Waikato District Health Board

Paediatrics Registrar at Waikato Hospital. Graduated from Christchurch School of Medicine in 2012.
REGISTRATION

Registration Fee
The registration fee is $120.00 (including GST) per person.

Note: there are limited spaces available to attend the conference.

The cut-off date for registration is Wednesday 21st of September 2016.

How to Register
To secure registration for the conference please complete the following two steps:

STEP 1 Email your expression of interest to conference@nzrda.org.nz
(if you have not already done so); and

STEP 2 Pay the conference registration fee via internet banking:
- Name of Account: NZRDA
- Bank: ASB
- Account number: 12-3016-0492242-00
- Important: please use your name as a reference
  AND the word ‘conference’ as the particulars.

Note: we will send you a receipt of payment and confirmation of your reserved place to the email address you provided to us when you expressed your interest in STEP 1.

Cancellation Policy
If you are no longer able to attend the conference you have options available to you:

- Send a substitute in your place (please advise us of the change in details); or
- Confirm your cancellation in writing to conference@nzrda.org.nz at least 10 working days prior to the event – you will receive a refund where applicable less a cancellation fee of $10. If you cancel within 10 days leading up to the conference there will be no refund payable.

Special Requirements
Please email conference@nzrda.org.nz if you have any special requirements (such as dietary or physical) that we need to be made aware of.
VENUE

The conference is taking place at the SKYCITY Auckland Convention Centre (Rooms Auckland 1, Auckland 2 and Auckland Foyer), 88 Federal St, Auckland, 1010.

ACCOMMODATION

There are several accommodation options within walking distance of the conference venue (examples below). Reservations should be made directly with the hotels.

SKYCITY Hotel
72 Victoria St W, Auckland, 1010
(09) 363 6000

Crowne Plaza Auckland
128 Albert St, Auckland, 1010
(09) 302 1111

Rydges Auckland
59 Federal St, Auckland 1010
(09) 375 5900

Heritage Auckland
35 Hobson St, Auckland 6001
(09) 379 8553
CONTACT US FOR FURTHER INFORMATION

POSTAL ADDRESS
PO Box 11369, Ellerslie, Auckland, 1542

PHONE/FAX
Phone (09) 526 0280 or 0800 803 993
Fax (09) 579 6213

EMAIL
conference@nzrda.org.nz

WEBSITE
www.nzrda.org.nz/conference
NZRDA EDUCATION TRUST
CLINICAL GOVERNANCE CONFERENCE
'Creating future leaders in clinical excellence'

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SAVE DATES