Meeting Briefing

Health New Zealand
Te Whatu Ora

Meeting with RANZCO and ONZ, 28 March 2025

Due to MO:	26 March 2025	**Reference**	**HNZ00082614**
To:	Hon Simeon Brown, Minister of Health		
From:	Dr Richard Sullivan, Chief Clinical Officer, Health NZ		
Copy to:	n/a		
Security level:	In Confidence	**Priority**	Routine
Consulted	Ministry of Health		

Contact for further discussion			
Name	**Position**	**Phone**	**1st contact**
Dr Sarah Welch	Ophthalmologist	S9(2)(a)	x
Dr Richard Sullivan	Chief Clinical Officer	S9(2)(a)	

Attachments	
Appendix 1:	Appendix 1: Biographies of attendees
Appendix 2:	Appendix 2: Talking points

About the meeting

Purpose	You are meeting with Ophthalmology New Zealand (ONZ) and the Royal Australian and New Zealand College of Ophthalmology (RANZCO) to discuss the relationship with Health NZ, and opportunities for ONZ and RANZCO to raise recommendations from five submissions submitted to the former Minister of Health.
Date	Friday, 28 March 2025
Time	4:10pm – 4:40pm
Venue	The meeting will be in person at the Auckland Policy Office and online via Microsoft Teams
Attendees	Attendees in person: • Dr Sonya Bennett, Deputy Chair, Ophthalmology New Zealand • Dr Liz Insull, Chair, RANZCO Attendees online: • Dr Dean Corbett, Chair, Ophthalmology New Zealand • Dr Alistair Papali'i-Curtin, Board Member, Ophthalmology New Zealand • Dr Michael Merriman, Board Member, Ophthalmology New Zealand • Moira McInerney, Executive Officer, Ophthalmology New Zealand • Mr Mark Carmichael, Chief Executive Officer, RANZCO Note, biographies are attached as Appendix 1.
Health NZ | Te Whatu Ora officials	Dr Richard Sullivan, Chief Clinical Officer Dr Sarah Welch, Ophthalmologist
Media	N/A
Talking points	Please refer to Appendix 2

Purpose

1. This meeting briefing provides you with information to support your meeting with the Board members of Ophthalmology NZ (ONZ) and the Royal Australian and New Zealand College of Ophthalmology (RANZCO).

Background and context

2. Within New Zealand's public health system, ophthalmologists provide essential services across multiple settings. They work in public hospitals and manage one of the largest outpatient services in the sector and perform comprehensive eye surgeries, including cataract surgery, the most frequently performed surgical operation.
3. Their surgical expertise covers a wide range, from treating eye movement disorders in infants to managing chronic conditions such as diabetic retinopathy. Additionally, ophthalmologists deliver acute and emergency care, handling urgent cases involving

trauma, infections, and retinal or optic nerve emergencies that are both medical and surgical. Their role is critical in ensuring timely and effective eye health care across the country.

4. Ophthalmologists within Health NZ provide comprehensive care for medical and surgical eye conditions across 10 subspecialties: paediatrics, cornea and anterior segment, cataract, glaucoma, retinal surgery, oculo-plastics and orbit, uveitis, medical retina, strabismus, and neuro-ophthalmology.

5. The scope of their care extends beyond the hospital setting, with ophthalmologists actively participating in community outreach and national screening initiatives, further supporting the public health infrastructure.

Ophthalmology NZ

6. ONZ is the national society for ophthalmologists, providing advocacy, representation, professional development and network opportunities for its members. Incorporated in 2012, it is governed by a board of ophthalmologists and operates under its own constitution. ONZ works independently but collaborates closely with the RANZCO.

7. ONZ's principal mechanisms to support ophthalmologists are:

    - Building relationships and lobbying at a national, regional and local level with government.
    - Working with health insurance providers and other third-party provider to raise the profile of ophthalmologists and their concerns.
    - Adding value through resources and education on uniquely New Zealand commercial matters.

8. The former Health Minister met with ONZ on 11 September 2024 to discuss the relationship between Health NZ and ONZ including whether there are any regular engagement / meetings.

Royal Australian and New Zealand College of Ophthalmology

9. RANZCO is the medical college responsible for the training and professional development of ophthalmologists in Australia and New Zealand. They set standards for eye care, advocate for eye health policies, and support ophthalmology research.

10. RANZCO's principal purposes are:

    - Collaborating on national and international eye health care delivery.
    - Working with government and policy development.
    - Providing top-quality education, training, and continuing professional development.

Recommendations from the five submissions

11. ONZ provided the former Minister of Health with five submissions related to ophthalmology. ONZ has provided your office a copy of the summary and agenda, which includes the following matters for discussion, extracted from the five submissions:

    i. **Balancing Private and Public Needs - A three-tiered solution for cataract needs** – recommended (first tier) combining private outsourcing with long-term contracts, (second tier) public insourcing with volume-based remuneration, and (third tier) dedicated cataract centres to improve capacity and efficiency.

ii. **Funding, Training and Retention of Registrars** – proposed fully funding registrar training positions, expanding opportunities through private sector partnerships with long-term contracts, and offering provisional contracts to encourage registrars to return after overseas fellowships.
iii. **eCPAC** - recommended mandating that all elective surgery referrals be processed through the eCPAC system and reconvening the eCPAC steering group.
iv. **Collaboration on Scope of Practice** - called for an agreed mechanism to ensure transparent consultation between the Ministry of Health, RANZCO, ODOB, and ONZ before any changes to scope of practice.
v. **Private Health Insurance (PHI) Considerations** - raised several regulatory considerations regarding private health insurance, noting its potential impact on the ophthalmology sector.

Matters for discussion

Balancing Private and Public Needs – A three-tiered solution for cataract needs

First tier

12. The first tier, private cataract outsourcing with long-term contracts, aligns with Health NZ's programme of work focussed on outsourcing additional procedures to improve elective treatment health target performance[1].

13. Between March 2025 and June 2026, Health NZ will deliver an additional 7,000 Ophthalmology procedures. The modelling assumes improvements to performance will be maximised by completing lower complexity procedures, like cataract surgeries, in the March to August 2025 period.

Second tier

14. Regarding the second tier, shifting to volume-based remuneration, Health NZ currently uses insourcing for volumes completed after-hours and at weekends, which are additional to the expected performance (volumes completed in-hours).

15. Health NZ is implementing a multi-year programme of work to shift hospital and specialist services away from the historical budgeting approach to a more integrated activity-based purchasing system.

16. Under this system, funding is determined by planned activity, within a national planning framework, and based on expected volume and mix of patients, using a consistent national price for the same service across the network.

Third tier

17. The third tier, purpose-built public cataract centres, will need to be considered as part of Health NZ's nationwide health system delivery planning currently underway. This work enables the development of services within a nationwide approach that delivers fair access for patients, no matter where they live.

18. It includes a focus on creating efficient elective surgical centres in large urban areas. Elective centres are already in place across Metro Auckland, and Christchurch has the

[1] Aide Memoire "Accelerating performance against the elective treatment Health Target via outsourcing to June 2026" HNZ000078198"

planned use of Burwood Hospital. There are opportunities to develop elective centres in Waikato and Wellington.

19. Partnerships with the private sector will be considered under Health NZ's new 'Building Hospitals Better' approach to health infrastructure projects. Under the new approach Health NZ will take a staged approach to building and redeveloping hospitals and will apply standardised designs that integrate digital, clinical, and health service planning.

20. By the end of March 2025, Health NZ will begin market engagement to establish a panel of National Major Project Delivery Partners to support the delivery of our infrastructure pipeline.

Funding, Training and Retention of Registrars

21. Health NZ is committed to addressing workforce needs and currently, all ophthalmology registrar training posts are fully funded. The New Zealand Health Workforce Plan (December 2024-27) includes specific actions Health NZ will take to address workforce needs.

22. The New Zealand Health Workforce Plan (December 2024-27) includes a specific action to 'reach agreement with our major private providers of public health services (eg private hospitals delivering public surgical lists) to allow training in private settings, with consistent terms' (action 4.5). In doing so, we need to ensure that our doctors' training requirements will be met, and that a sustainable funding model is established to facilitate such training.

23. For Health NZ workers going overseas for vocational training, Health NZ will make advanced employment offers where we know we will have national need by the time they return (action 4.7).

24. The Residential Doctors Support Services (RDSS) team are developing a framework with the aim of retaining New Zealand trained Resident Medical Officers (RMOs) in the health system by supporting their progression into Senior Medical Officer (SMO) roles.

25. This framework will focus on four key areas:

- **Structured Career Pathways**: Providing RMOs with accurate up-to-date SMO vacancies nationally and regionally, training requirements, professional development and personal skills required for an SMO.
- **Mentorship and Support**: Connecting RMOs with SMOs for career guidance and connectors in each location.
- **Early contracting**: Recruiting RMOs early for anticipated vacancies, facilitating crossover periods to allow mentorship of new SMOs and improving local service delivery by reducing barriers for approval and contracting.
- **Building a fair and competitive process**: Ensure all RMOs have access to employment opportunities and foster a culture of clinical excellence and staff wellbeing. RDSS, in partnership with union partners, CMC, and other RMO stakeholders, will oversee the implementation. This will report to the Office of the Chief Clinical Officer and will be overseen by a governance group.

eCPAC

26. The Clinical Priority Assessment Criteria (CPAC) system is a nationally recognised tool for prioritising elective surgery and first specialist assessments. It incorporates clinical data, patient-reported outcomes, and clinician judgment to determine priority. CPAC scores are a mandatory field in the National Minimum Data Set; however, adoption and integration

into digital workflows vary across regions.

27. Currently, most hospitals use paper-based versions of CPAC to inform the mandatory field, while others have developed standalone digital solutions that incorporate CPAC criteria into referral forms.

28. Regional adaptations of digital solutions have improved workflow efficiency but have not provided data back to the national prioritisation database, limiting opportunities for continuous system learning and refinement.

29. Efforts to fully integrate CPAC into electronic referral systems have been challenging due to workflow disruptions, clinical resistance, and lack of functionality for the programme. Previous efforts to enforce mandatory electronic use have faced pushback, leading to the removal of certain requirements.

30. Clinician engagement is essential to ensure a successful transition to a mandated eCPAC system without significant disruption to workflows. Any move to mandate eCPAC use would require clear engagement strategies with clinical stakeholders to address concerns around workflow impact and usability.

31. The eCPAC previously had strong leadership, but the departure of its product owner and lack of ongoing governance have contributed to stalled progress in national implementation. Reconvening the eCPAC steering group could help to drive standardisation and national implementation.

Collaboration on Scope of Practice (Information provided by the Ministry of Health)

32. The role of health workforce regulation is to assure safety. We want practitioners to be able to practise as broadly as is compatible with safety, without artificial limits.

33. The government wants to see greater cooperation between practitioners, and between regulators.

34. Scope of practice should not be limited to what ONZ or RANZCO see as areas of need – the only limit should be safety.

Private Health Insurance (PHI) Considerations (Information provided by the Ministry of Health)

35. Private insurance regulation is outside of Ministry of Health's responsibility.

36. Concerns about the conduct of an insurance company should be directed to the Financial Markets Authority.

37. Concerns about the misuse of market power should be directed to the Commerce Commission.

38. Contracts of Insurance Act 2024 (not yet in force) will strengthen disclosure requirements on both policy holders and insurers.

Appendix 1: Biographies of attendees

Attending in person

Dr Elizabeth Insull is a New Zealand and UK trained cataract and oculoplastic surgeon based at Eye Institute in Hawkes Bay and Wellington. Liz is the New Zealand Chair for RANZCO and is the former clinical director for eye health at Hawkes Bay Hospital.

Dr Sonya Bennett is the Deputy Chair of Ophthalmologist New Zealand.

Dr Bennett a founder and Director of City Eye Specialists. Sonya is also a Consultant Ophthalmologist at the Greenlane Clinical Centre Eye Clinic and a Senior Clinical Lecturer in ophthalmology at the University of Auckland.

Attending online via Microsoft Teams

Dr Dean Corbett is the Chair of Ophthalmologist New Zealand. Dean is a consultant and surgeon at Auckland Eye, his main interest is correcting focusing errors including myopia, hyperopia, astigmatism and presbyopia.

Dean is the only RANZCO recognised fellowship-trained refractive surgeon in New Zealand. He is a Senior Clinical Lecturer and tutor to New Zealand ophthalmic registrars. In 2009 he received an award for excellence in registrar training and is a sought after lecturer and educator by GP's, optometrists, ophthalmology trainees and ophthalmic companies.

Moira McInerney is the Executive Officer of Ophthalmologist New Zealand. Moira is an experienced executive manager within health, she has worked in Business Development, as a General Manager and as a CEO. Moira worked as the CEO of Auckland Eye and as such was involved with the commissioning of Oasis Surgical but has also worked as an executive in hospitals, pathology and diagnostic imaging.

Moira's qualifications include a Bachelor of Arts in Psychology, a MBA in Health, she is a graduate of the Australian Institute of Company Directors and an Associate Professor lecturing into the Master of Health Management at Monash University.

Dr Michael Merriman specialises in glaucoma, cataract and refractive surgery and general ophthalmology. He is also a refractive surgeon at the Laser Eye Centre and a consultant ophthalmologist at Waikato Hospital.

Michael graduated from Auckland Medical School in 1990 and completed his Ophthalmic Specialist training at Auckland and Waikato Hospitals in 2001.

Dr Alistair Papali'i-Curtin is an Ophthalmology New Zealand Board Member. New Zealand trained ophthalmologist with subspecialist fellowship training in the areas of cornea, oculoplastics and glaucoma. He pursued further postgraduate training in refractive cataract and laser surgery at the University of Sydney (GradDipRefCatSurg, High Distinction). Alistair is Samoan Pakeha with the Matai title of Tofilau from Iva, Samoa. He has over 12 years of governance experience with national and international professional organisations and institutions. Alistair is also a member of the NZ Institute of Directors (MInstD).

Mr Mark Carmichael is the Chief Executive Officer for RANZCO. He holds a Bachelor of Health Science – Physical Education from the University of Western Australia and a Masters in Business Management from the University of Technology, Sydney.

Appendix 2: Talking points

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