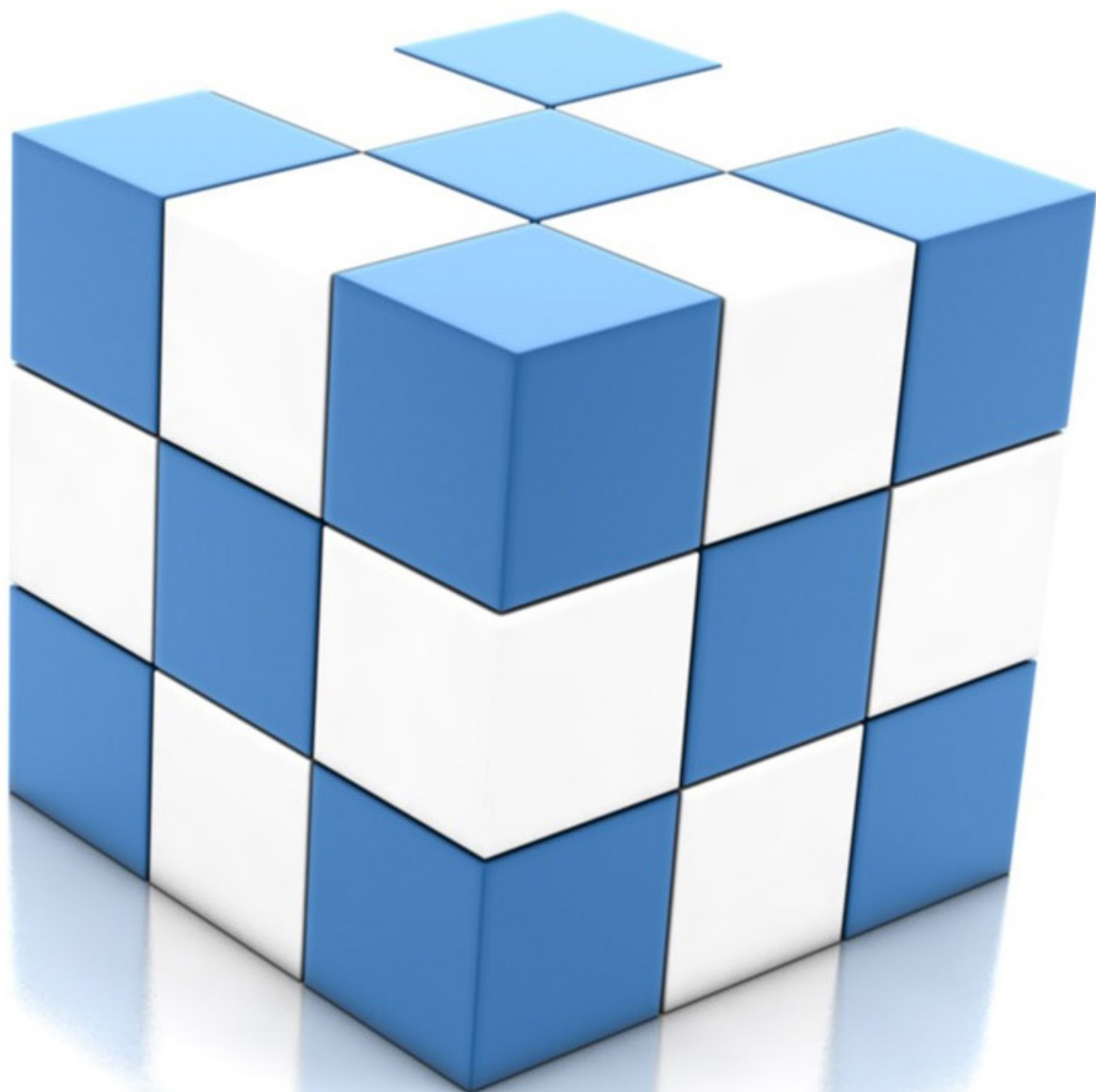


2020

# NZMA Elections

# INFORMATION HANDBOOK





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# The New Zealand Medical Association

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**T**he New Zealand Medical Association (NZMA) represents doctors right across the profession; from students to trainee doctors, specialists and GPs. Many of the big issues and challenges we encounter as doctors affect us all, no matter which branch of medicine we end up practising in—and that's where the NZMA plays a vital role. We are the only national body that represents the collective interests of *ALL doctors* (regardless of career stage or specialty), promoting collegiality and all that we share in common.

Advocating on your behalf is the main role of the NZMA; we are ideally placed to be a voice that is heard on health and policy issues, with a strategic programme of advocacy with politicians and officials at the highest levels - it is vital that as the sector changes, your profession and your patients are represented with a strong, clear voice.

## **Mission statement**

The NZMA aims to provide leadership of the medical profession, and promote:

- professional ethics, unity and values, and
- the health of all New Zealanders.

## **Key roles**

The key roles of the NZMA are:

- to provide advocacy on behalf of doctors and their patients
- to provide support and services to members and their practices
- to publish and maintain the Code of Ethics for the profession
- to publish the New Zealand Medical Journal.

The NZMA works closely with many other medical and health organisations, and provides forums which consider pan-professional issues and policies.

## **Structure and representatives**

The NZMA Board provides governance and policy for the NZMA. It comprises the Chair, Deputy Chair, up to five elected members, an elected medical student representative, as well as the chairs of the General Practitioner Council, Specialist Council and Doctors-in-Training Council.

The NZMA Council comprises the President, the Board, elected members of the GP Council, Specialist Council, and Doctors-in-Training Council, delegates from local divisions, the immediate past-Chairman, the Chair of the Ethics Committee, the NZMJ Editor, and medical student representation. The Council meets twice a year and its focus is to provide advice to the Board and approve the Code of Ethics.

The NZMA has several standing committees including:

- Specialist Council (SPC)
- General Practitioner Council (GPC)
- Doctors-in-Training Council (DiTC)
- Ethics Committee.



# NZMA Board

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The NZMA Board's role is to provide strategic direction to the CEO on how the NZMA can best fulfil its purpose. The Board is actively involved in developing the NZMA's policies. Generally, this is done in one of the following ways:

- the Board and the CEO raise issues for the NZMA to address as they arise
- Board members and Councils provide feedback to the NZMA in respect of submissions called for, or concerning, NZMA position statements
- Board members may be requested by the Chair to attend meetings to provide the NZMA perspective
- a Board member (usually the Chair) responds directly to media enquiries
- the Board may develop position statements to advocate to the wider health sector and inform its members.

## The Board

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There shall be a Board of the Association which shall meet not less than four times per annum. The Board shall undertake governance of the Association and establish such policies as are necessary for the effective and efficient operation of the Association, or to further the Association's objects.

The Board shall consist of the Chair, the Deputy Chair, up to five elected members from the membership of the NZMA, the Chairs of Standing Committees and a medical student representative elected by the student membership of the NZMA. Members of the Board must be financial members of the Association.

## The Chair

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The Chair shall be elected from the membership of the Association. To be eligible for election as Chair, the nominee must be a financial member with at least three years' post graduate medical practice. The elections will be by ballot of all financial members of the Association. The result shall be announced at the Annual General Meeting. The Chair shall hold office for two years or until he/she is re-elected or a successor is elected and takes office by a subsequent Annual General Meeting. He/she is an ex-officio member of all the Association's committees and shall be Chair at all meetings of the Board and the Council. He/she will represent the Association in all policy transactions.

## The Deputy Chair

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The Deputy Chair shall be elected from the membership of the Association. To be eligible for election as Deputy Chair, the nominee must be a financial member with at least three years' post graduate medical practice. The elections will be by ballot of all financial Members of the Association. The result shall be announced at the Annual General Meeting. The Deputy Chair shall hold office for two years or until he/she is re-elected or a successor is elected and takes office by a subsequent Annual General Meeting. He/she is a member of the Council and shall act as the Chair in the absence of the Chair and shall act for the Chair when required to do so.

The NZMA provides leadership of the medical profession, and promotes:

- professional ethics, unity and values, and
- the health of all New Zealanders.

The role of an NZMA Board member is to contribute to the Board's governance of the Association, and determine key policy and advocacy issues. The Board member needs to keep abreast of key health changes and the views of NZMA members.

In addition, all Board members have a 'fiduciary duty' to both the NZMA and its members; they act in a position of trust on behalf of others and in an appropriate manner.

The duty of the Board is to ensure that the NZMA:

- acts consistently with the NZMA's objectives
- acts in a financially responsible manner
- acts in a manner consistent with the NZMA's statement of purpose and strategic plan.

The role of governance includes:

- setting the strategic direction and priorities
- setting Board policies
- setting management performance expectations
- identifying and managing risks
- monitoring and evaluating the NZMA's achievements, to ensure accountability to members and stakeholders.

The Board comprises the Chair and Deputy Chair, up to five elected members, an elected medical student representative and the chairs of the General Practitioner Council, Specialist Council and Doctors-in-Training Council.

The Board debates issues of concern and develops policies that benefit our patients and professional environment.

The Board has input into and provides feedback on NZMA submissions and position statements, mainly through email group conversations.

There are four Board meetings per year, one following the AGM and NZMA Council Meeting. There are also seven one-hour Board videoconferences per year.

Board members are occasionally invited to participate in external committees representing the NZMA.

For more information about the NZMA Board, head to:

[www.nzma.org.nz/about-nzma/nzma-structure-and-representatives](http://www.nzma.org.nz/about-nzma/nzma-structure-and-representatives)



# General Practitioner Council (GPC)

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The General Practitioner Council is a Standing Committee of the NZMA Board and operates under the delegated authority of the Board. The Committee will operate under the Constitution/Rules of the NZMA, the GP Council Bylaw and any other rules established by the Board.

The roles of the Council include:

- advising the Board on matters related to general practice and primary care
- developing NZMA primary care/general practice policy options and responses to Government, etc.
- developing policy proposals for consideration by the Board
- establishing a Primary Care/GP Network of members to provide comment on policy proposals
- participating, in association with the Chairman and CEO of the NZMA, in advocacy and representation on primary care/general practitioner issues
- liaising with primary care doctor/general practitioner members and other GP bodies, e.g. the RNZCGP, the Rural GP Network, GPNZ.

## Structure

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The GP council will consist of six members who are NZMA members. In addition to the NZMA members there may be representatives of other organisations as agreed by the NZMA Board.

The Chair of the Council will be a full member of the NZMA Board. The Chair of the NZMA, and the Chief Executive Officer will be ex-officio members of the Council. Additional members may be co-opted with the approval of the NZMA Board.

## Elections

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### *Election of Council Members*

The Council will be elected from the General Practitioner membership of the Association every second year. The elections will be by postal or electronic ballot of all General Practitioner financial members of the Association. Elected members shall have a term of office of two years but will be eligible for re-election.

### *Election of Chair*

The Chair will be elected by the Council from within its membership. This election will take place six weeks prior to the AGM the year following the election of the Council. The elected Chair will have a term of two years. The Chair shall be eligible for re-election. The Council shall meet four times per year.

# General Practitioner Council

## What's involved?

The NZMA provides leadership of the medical profession, and promotes:

- professional ethics, unity and values, and
- the health of all New Zealanders.

The NZMA General Practitioner Council (GPC) has an advisory role to the NZMA Board and represents the interests of GPs across a broad range of issues.

GPC members debate issues of concern to general practice, to provide advice to the NZMA Board, to help develop policies that benefit our patients and professional environment.

The GPC has input into and provides feedback on NZMA submissions and position statements, mainly through email group conversations.

There are four GPC meetings per year:

- two in Wellington
- one at the GP CME in Rotorua
- one via videoconference.

GPC members are also invited to attend the AGM and NZMA Council meetings in Wellington.

A practice allowance of \$770 per day (incl GST, if applicable) is payable to GPC members whose absence from their practice causes them financial loss.

GPC members are occasionally invited to participate in external committees representing the NZMA.

For more information about the General Practitioner Council, head to:  
[www.nzma.org.nz/about-nzma/nzma-structure-and-representatives](http://www.nzma.org.nz/about-nzma/nzma-structure-and-representatives)



# Specialist Council (SPC)

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The Specialist Council is a standing committee of the NZMA Board and operates under the delegated authority of the Board. The Committee will operate under the Constitution/Rules of the NZMA, the SPC Bylaw and any other rules established by the Board.

The roles of the Council include:

- advising the NZMA Board on issues of relevance to specialists, particularly those of a pan specialist nature
- developing NZMA options on specialist issues and contributing to NZMA responses to government etc policy proposals
- developing policy proposals for consideration by the Board
- establishing a network of specialists to provide comment on policy proposals
- participating in association with the Chairman and CEO of the NZMA in advocacy and representation on specialist issues
- liaising with specialist members and other specialist bodies eg. the specialist societies, colleges etc.

## Structure

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The Council will consist of up to six NZMA members. In addition to NZMA elected members, there may be a representative of the Association of Salaried Medical Specialists and representatives of all other organisation as agreed by the NZMA Board.

The Chair of the Specialist Council will be a full member of the NZMA Board. The Chair of the NZMA and the Chief Executive Officer will be ex-officio members of the Specialist Council. Additional members may be co-opted with the approval of the NZMA Board.

## Elections

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### *Election of Council Members*

The elected members of the Council shall be elected from the specialist membership of the Association. The elections will be by postal or electronic ballot of all specialists who are financial members of the Association. Elected members shall have a term of office of two years but will be eligible for re-election.

### *Election of Chair*

The Chair will be elected by the Council from within its membership. This election will take place six weeks prior to the AGM of the year following the election of the Council. Non-elected members of the Council may vote for the Chair if they are financial members of the NZMA. Non-elected members are not eligible to stand for Chair. The Chair will have a term of two years. The Chair will be eligible for re-election.

# Specialist Council

## What's involved?

The NZMA provides leadership of the medical profession, and promotes:

- professional ethics, unity and values, and
- the health of all New Zealanders.

The NZMA Specialist Council (SPC) has an advisory role to the NZMA Board and represents the interests of specialist doctors across a broad range of issues.

As well as elected members, the SPC may include representatives of various external organisations, such as RANZCOG, RANZCO and RACS, which supports a united voice that enhances our representation for specialists.

SPC members debate issues of concern to specialists to provide advice to the NZMA Board, and help develop policies that benefit our patients and professional environment.

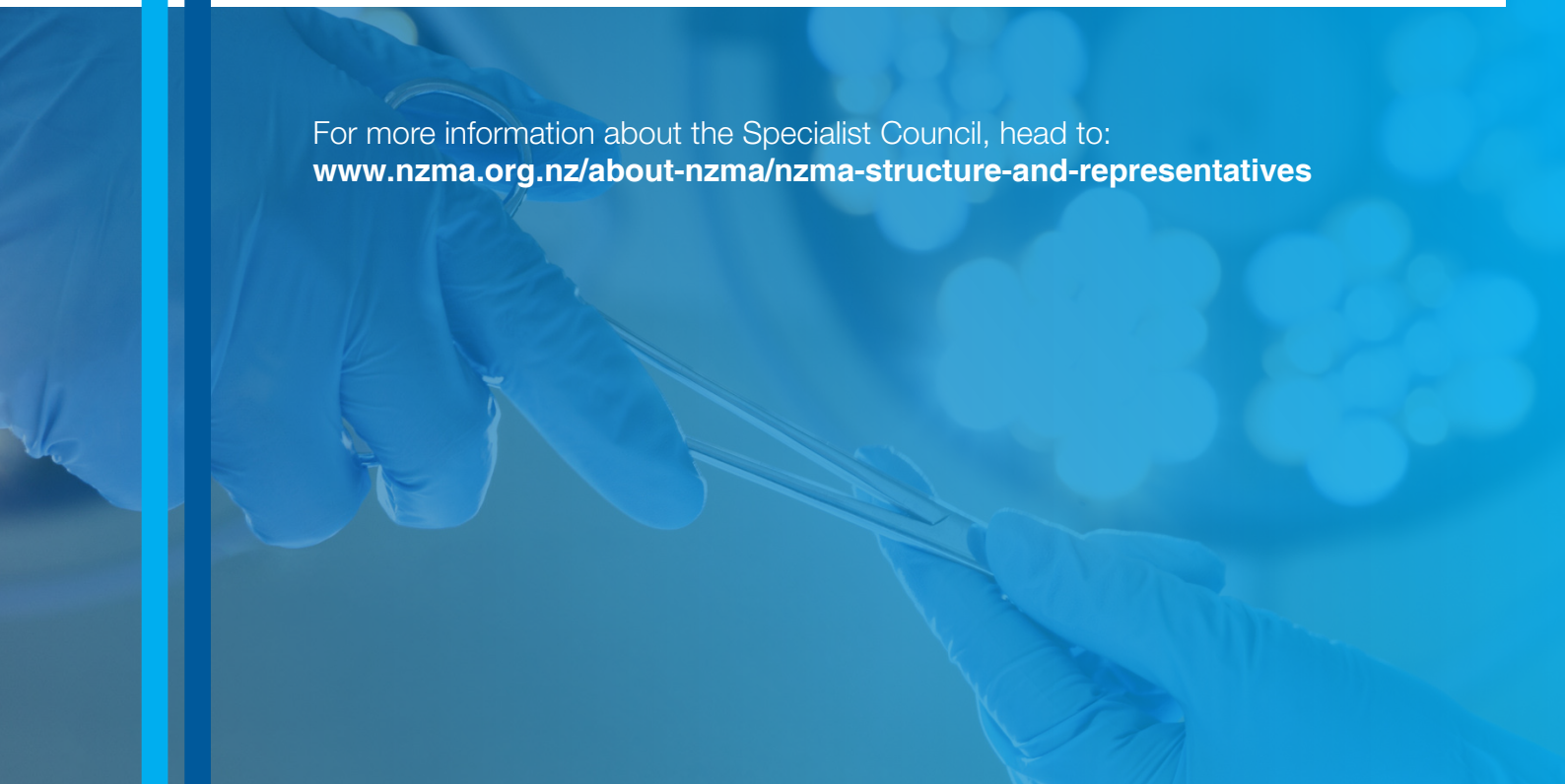
The SPC has input into and provides feedback on NZMA submissions and position statements, mainly through email group conversations.

There are three SPC meetings per year in Wellington. There is also the AGM and NZMA Council Meeting in Wellington which SPC members are invited to attend.

SPC members are occasionally invited to participate in external committees representing the NZMA.

For more information about the Specialist Council, head to:

[www.nzma.org.nz/about-nzma/nzma-structure-and-representatives](http://www.nzma.org.nz/about-nzma/nzma-structure-and-representatives)





# Doctors-in-Training Council (DiTC)

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The Doctors-in-Training Council (DiTC) is a standing committee of the NZMA Board and operates under the delegated authority of the Board. The Committee will operate under the Constitution/Rules of the NZMA, the Council Bylaw and any other rules established by the Board. It will not be authorised to establish a separate Constitution or Rules nor shall it have any assets of its own. For the purposes of the Council bylaw, the definition of doctors-in-training includes RMOs, GP Trainees.

The roles of the Council include:

- advising the NZMA Board on issues of relevance to doctors-in-training
- promoting RMO membership of the NZMA as a core element of their professional practice
- developing policy proposals for consideration by the Board
- establishing a network of doctors-in-training to provide comment on policy proposals
- participating in association with the Chair and CEO of the NZMA in advocacy and representation on doctors-in-training issues
- liaising with doctors-in-training members and other doctors-in-training bodies, both national and international
- providing a forum for constructive collaboration with non-RMO doctor groups including those within the NZMA.

*Note: The Doctors-in-Training Council is not involved in the industrial representation of Resident Medical Officers.*

## Structure

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The Council will consist of seven members. Five, including the DiTC Chair, will be NZMA members elected under the provisions of the Council Bylaw by RMO and GP Trainee members of the NZMA. One will be a first year house officer elected during his/her trainee intern year.

The Chair of the DiTC will be a full member of the NZMA Board. The NZMSA will be entitled to send a delegate who will be a full member of the DiTC. The Chair of the NZMA and the Chief Executive Officer will be ex-officio members of the DiTC. Additional members may be co-opted with the approval of the NZMA Board.

## Elections

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### *Election of Council Members*

Five elected members shall be elected from the doctors-in-training membership of the Association. Votes in the election may be cast by postal or electronic ballot and may be received only from doctors-in-training who are financial members of the Association. Elected members shall have a term of office of two years but will be eligible for re-election.

### *Election of Chair*

The Chair shall be elected from the members of the DiTC. On election from the DiTC, an automatic term of two years shall be conferred, and the new Chair shall not be required to seek re-election from the membership notwithstanding that their term on Council might otherwise have expired. The term shall run contemporaneously with any remaining time the new chair has as a member of the DiTC. The Chair shall be eligible for re-election.

The NZMSA standing representative will not be eligible to be elected as DiTC Chair.

# Doctors-in-Training Council

## What's involved?

The NZMA provides leadership of the medical profession, and promotes:

- professional ethics, unity and values, and
- the health of all New Zealanders.

The NZMA Doctors-in-Training Council (DiTC) has an advisory role to the NZMA Board and represents the interests of Resident Medical Officers, GP Trainees, trainee interns, and medical students across a broad range of issues. The president of the NZMSA is also a member of the DiTC.

DiTC members debate issues of concern to Doctors-in-Training, provide advice to the NZMA Board, and help develop policies that benefit our patients, education, and professional environment.

The DiTC has input into and provides feedback on NZMA submissions and position statements, mainly through email group conversations.

DiTC members also present at a number of events around the country, such as:

- med school orientations
- RMO Career Fair
- ACE Information evenings
- NZMSA Conference
- Beyond the Med School Gates Roadshow.

Attendance at these events is shared across the DiTC, and is subject to members' work schedules.

There are four DiTC meetings per year. DiTC members are also invited to attend the AGM and NZMA Council meeting in Wellington.

DiTC members are occasionally invited to participate in external committees representing the NZMA.

For more information about the Doctors-in-Training Council, head to:  
[www.nzma.org.nz/about-nzma/nzma-structure-and-representatives](http://www.nzma.org.nz/about-nzma/nzma-structure-and-representatives)



# Election Process

## NOMINATIONS

### **NZMA Board**

Two (2) Board member positions will be elected from the membership of the Association. To be eligible for election to the Board you must be a financial member who is a registered medical practitioner. The medical student representative on the Board is elected at the end of each year.

### **Doctors-in-Training Council**

Four (4) DiTC positions will be elected from the membership of the Association who are RMOs or GP Trainee members.

### **Specialist Council**

One (1) Specialist Council position will be elected from the specialist membership of the Association.

#### *Note:*

Nominations must be made by financial members of the Association and all nominations must have the endorsement of the nominee.

Nominees must return a completed candidate profile and nomination form to the Returning Officer by midnight, Friday 13 March 2020.

If more candidates are nominated than positions available, an election will be held.

## VOTING

**All financial members** are eligible to vote for *Board positions*.

**Only GP members** are eligible to vote for *GPC positions*.

**Only Specialist members** are eligible to vote for *SPC positions*.

**Only RMOs and GP Trainee members** are eligible to vote for *DiTC positions*.

Voting will be conducted electronically.

## RESULTS

Once all candidates have been informed of the results, the results will be published across NZMA publications and social media channels.

## 2020 KEY DATES

*Nominations open  
Friday 14 February  
2020*

*Nominations close at  
midnight, Friday 13  
March 2020*

*Voting opens  
Friday 20 March 2020*

*Voting closes at  
midnight, Friday 10 April  
2020*



# Candidate Profile

Biographical information, personal statements and photos are to go out with the electoral material.

Candidates must email to the Returning Officer:

1. Your name:
2. Your NZMA number:
3. Your NZMA Membership Category/Specialty (i.e GP, PGY1 etc):
4. Where do you live?
5. Why do you want to be on the Board/Council:
6. Previous governance experience? And if yes, please expand:
7. Do you have any affiliations that may be a conflict of interest? And if yes, what?:
8. A head-and-shoulders image (jpg. format)

Information supplied by candidates will be edited to comply with a standard format and sent out with the voting papers.

# Returning Officer

All nominees must return their candidate profile (see above), and their nomination paper (see page 14), to: Lesley Clarke, Chief Executive Officer, **New Zealand Medical Association:**

*by email:* nzma@nzma.org.nz  
*by fax:* (04) 471 0838  
*by post:* PO Box 156  
Wellington, 6140

