

20th October 2020

[REDACTED]
[REDACTED]
Middlemore Hospital
Counties Manukau Health

Email: [REDACTED]

Dear [REDACTED],

Official Information Act Request for 'CMDHB Financial, Expenditure, Budget Unspent'

I write in response to your Official Information Act request, received by us 5 August 2020, requesting the following information:

1. How much money was left unspent by year from Senior Medical Officers CME allocation in the years 2016-2020? Please provide this total for all departments, and breakdown for general medicine, paediatrics, accident and emergency, women's health, anaesthesia, orthopaedics, general and vascular surgery, plastic and burns surgery, ophthalmic and ENT surgery, psychiatry
2. Of the total amount above which was left unspent, please provide details of what the DHB used this money for/what happened to the unspent money, for each of the years 2016-2020.
3. For each of the departments listed - (general medicine, paediatrics, accident and emergency, women's health, anaesthesia, orthopaedics, general and vascular surgery, plastic and burns surgery, ophthalmic and ENT surgery, psychiatry) please provide the minimum and maximum (ie range) of single reimbursement claims for both information technology (IT) related, and non IT related CME items for each of the years 2016-20. (The total cost of the individual claim may of course cover more than one item) - (e.g., general medicine, \$350-\$5000)
4. Please provide the total number of applications for IT and non IT related CME reimbursement claims for each of the departments listed above for the years 2016-2020
5. Please provide the total number of applications for IT and non IT related CME claims which were declined for reimbursement for the years 2016-2020, please breakdown by department as listed above. For these claims which were declined for the years 2016-20, please provide the following information-
 - a. The reason for declining the CME reimbursement
The cost of the claim
The department
The level of the person declining the claim (service manager, head of department, or other person)
6. For all applications for the years 2016-2020 please provide the number of CME reimbursement claims which have been referred to the CMO for decision. Please provide reasons for why the claim would have been referred, and if the number which were approved or declined. Breakdown by department please.

Counties Manukau Health Response

For context Counties Manukau Health (CM Health) employs over 7,500 staff and provide health and support services to people living in the Counties Manukau region (approx. 569,400 people). We see

over 118,000 people in our Emergency Department each year, and over 2,000 visitors come through Middlemore Hospital daily.

CM Health currently employs around 600 Senior Medical Officers (SMO). The majority of these SMOs are entitled to claim Continuing Medical Education (CME), as per the ASMS/DHB's Multi Employer Collective Agreement (MECA).

1. How much money was left unspent by year from Senior Medical Officers CME allocation in the years 2016-2020? Please provide this total for all departments, and breakdown for general medicine, paediatrics, accident and emergency, women's health, anaesthesia, orthopaedics, general and vascular surgery, plastic and burns surgery, ophthalmic and ENT surgery, psychiatry.

The below table (table 1) identifies the amount of Continuing Medical Education (CME) left unspent by year from Senior Medical Officers (SMO) between the years 2016 to 2020.

SMOs are allowed to accumulate CME over a 3-year period or 5 years with approval and the balance is carried into the next financial year. Each year the DHB reviews the CME entitlement balance against 3-year cap (or 5-year if SMOs have an approved plan). The CME balances are provided to service managers who notify the SMOs to use their CME entitlement or, by exception have an approved plan to carry their CME to the next financial year. Any CME that is greater than the 3-year cap (or 5 years if SMOs have an approved plan) is written off.

Please note that the total below has been taken at the end of each financial year. For General Medicine & Sub Specialities, Emergency Department, Central Clinical Services, Mental Health & Addictions and Surgical Services, the amount listed below is the amount that was written off.

As per your listed specialities, we do not keep the level of detail requested broken down individually for every service. For Psychiatry the information is included in the Mental Health and Addictions data. For Women's Health and Kidz First for FY2016-2019, we do not have a breakdown of this information, we are therefore unable to provide you with this information under section 18(e) of the Official Information Act – this does not exist.

Division/ Service	FY16/17	FY17/18	FY18/19	FY19/20
General Medicine & Sub Specs	\$242,769	\$302,120	\$744,187	\$263,264
Women's Health	s.18(e)	s.18(e)	s.18(e)	\$15,484
Kidz First	s.18(e)	s.18(e)	s.18(e)	\$28,992
Emergency Department	\$62,351	\$23,812	-	\$263,264
Central Clinical Services	\$148,986	\$56,427	\$32,032	\$139,834
ARHOP	\$53,664	\$50,376	-	\$59,306
Mental Health & Addictions	\$58,874	\$43,425	\$38,842	\$68,752
Surgical Services	\$255,060	\$275,759	\$253,641	\$130,919
Breakdown by Requested Services – Division/Service	FY16/17	FY17/18	FY18/19	FY19/20
Anaesthesia	\$42,081	\$52,536	\$84,765	\$40,339
Orthopaedics	\$43,841	\$36,345	\$33,731	\$31,426
General and Vascular Surgery	\$22,954	\$32,780	\$33,779	\$23,365
Plastic & Burn Surgery	\$9,680	\$49,341	\$9,680	\$5,000

Division/ Service	FY16/17	FY17/18	FY18/19	FY19/20
Ophthalmic & ENT Surgery	\$91,675	\$57,119	\$55,562	\$8,092
Psychiatry	s.18(e)	s.18(e)	s.18(e)	s.18(e)
General Medicine	\$91,899	\$118,379	\$278,668	\$83,374

Table 1: Data Sourced from Business Managers September/October 2020

2. Of the total amount above which was left unspent, please provide details of what the DHB used this money for/what happened to the unspent money, for each of the years 2016-2020. Each year, any unspent CME (>3 years or longer as agreed) is released to the DHBs overall financial result.
3. For each of the departments listed - (general medicine, paediatrics, accident and emergency, women's health, anaesthesia, orthopaedics, general and vascular surgery, plastic and burns surgery, ophthalmic and ENT surgery, psychiatry) please provide the minimum and maximum (i.e. range) of single reimbursement claims for both information technology (IT) related, and non IT related CME items for each of the years 2016-20. (The total cost of the individual claim may of course cover more than one item) - (e.g., general medicine, \$350-\$5000)

Prior to 18/19, each service managed their own CME records. From 18/19, the service has been centralised and there is now more consistency around this process, however we cannot drill down to the level of information required.

The CME application process previously was a manual paper-based system which each service administrated differently some who held this information and some who did not. Therefore, we are declining part of your request under section 18(f) of the Official Information Act as the information requested cannot be made available without substantial collation or research.

Doing this collation from a retrospective retrieval of the paper based forms, over a period of four financial periods, would significantly divert our finance analysts from current responsibilities to manage finance systems and reporting. We have considered the public interest impacts of completing this work, and do not believe that in the circumstances of this request that interest outweighs the impact of work to provide this information at this time.

We are providing the partial information that we have available in a collated form from the services, and hope this give you an indication of the general pattern of use for CME funds. The use of CME is guided by the ASMS/DHB's Multi Employer Collective Agreement (MECA) requirements and CM Health policy/ procedures.

As below, in table 2 we have been able to provide the minimum and maximum totals for General Medicine and Emergency Department for years 2016-2019.

Surgical Services have also been able to provide the minimum and maximum claims and have this broken down by information technology (IT) and non-information technology (Non-IT) related claims for years 2016-2019 only as below in table 3.

Service by Requested Services	FY16/17		FY17/18		FY18/19		FY19/20	
	Min	Max	Min	Max	Min	Max	Min	Max
General Medicine	\$13	\$13,662	\$99	\$15,833	\$61	\$16,810	s.18(f)	s.18(f)
Women's Health	s.18(f)	s.18(f)	s.18(f)	s.18(f)	s.18(f)	s.18(f)	s.18(f)	s.18(f)
Kidz First	s.18(f)	s.18(f)	s.18(f)	s.18(f)	s.18(f)	s.18(f)	s.18(f)	s.18(f)
Emergency Department	\$6	\$11,153	\$6	\$14,136	\$6	\$14,716	s.18(f)	s.18(f)
Psychiatry	s.18(f)	s.18(f)	s.18(f)	s.18(f)	s.18(f)	s.18(f)	s.18(f)	s.18(f)

Table 2: Data Sourced from Business Managers September/October 2020

Surgical Services Non IT Related Claims	FY16/17		FY17/18		FY18/19		FY19/20	
	Min	Max	Min	Max	Min	Max	Min	Max
Anaesthesia	\$95	\$29,981	\$78	\$13,158	\$19	\$27,523	s.18(f)	s.18(f)
Orthopaedics	\$81	\$16,415	\$59	\$17,849	\$125	\$11,336	s.18(f)	s.18(f)
General and Vascular Surgery	\$60	\$13,489	\$126	\$12,721	\$19	\$22,829	s.18(f)	s.18(f)
Plastic Surgery	\$215	\$17,484	\$20	\$18,136	\$286	\$16,704	s.18(f)	s.18(f)
Burns	\$429	\$5,815	\$400	\$8,015	\$60	\$3,210	s.18(f)	s.18(f)
Ophthalmic & ENT Surgery	\$100	\$10,994	\$235	\$11,104	\$100	\$14,289	s.18(f)	s.18(f)
Surgical Services IT Related Claims	FY16/17		FY17/18		FY18/19		FY19/20	
	Min	Max	Min	Max	Min	Max	Min	Max
Anaesthesia	\$1,357	\$7,487	\$3,013	\$9,701	\$43	\$11,039	s.18(f)	s.18(f)
Orthopaedics	\$446	\$8,246	\$3,133	\$5,161	\$2,086	\$5,730	s.18(f)	s.18(f)
General and Vascular Surgery	\$528	\$3,282	\$2,357	\$5,964	\$2,685	\$3,259	s.18(f)	s.18(f)
Plastic Surgery	\$215	\$1,416	\$150	\$2,239	\$2,684	\$7,378	s.18(f)	s.18(f)
Burns	-	-	\$2,312	\$2,828	\$3,282	\$3,282	s.18(f)	s.18(f)
Ophthalmic & ENT Surgery	-	-	\$2,036	\$3,742	\$4,760	\$4,760	s.18(f)	s.18(f)

Table 3: Data Sourced from Surgical Services Finance Team 28.09.2020

4. Please provide the total number of applications for IT and non IT related CME reimbursement claims for each of the departments listed above for the years 2016-2020

As above, prior to 18/19, each service managed their own CME records. From 18/19 the service has been centralised and there is now more consistency around this process however we cannot drill down to the level of information required.

The CME application process previously was a manual paper based system which each service administrated differently some who held this information and some who did not. Therefore, for the same reasons as outlined above, we are declining your request under section 18(f) of the Official Information Act as the information requested cannot be made available without substantial collation or research.

5. Please provide the total number of applications for IT and non IT related CME claims which were declined for reimbursement for the years 2016-2020, please breakdown by department as listed above. For these claims which were declined for the years 2016-20, please provide the following information-

- a. The reason for declining the CME reimbursement
- The cost of the claim
- The department

The level of the person declining the claim (service manager, head of department, or other person)

This information is unable to be provided as each service in CM Health does not keep a record of the details of a declined CME claim, we are therefore unable to provide you with this information under s.18(e) of the Official Information Act – this does not exist. This information is generally discussed with the applicant at the time.

6. For all applications for the years 2016-2020 please provide the number of CME reimbursement claims which have been referred to the CMO for decision. Please provide reasons for why the claim would have been referred, and if the number which were approved or declined. Breakdown by department please.

As per the CM Health CME Policy, the CMO may be required to give approval in some circumstances.

The only records we can provide of declined CME claims are from late 2019 onwards when the new Chief Medical Officer (CMO) was appointed. The CMO had a total of 5 CME non-IT equipment requests since late 2019, all of which were declined.

There have been a number of CME IT equipment purchasing queries during covid-19 and this is what lead to the change in policy to support SMOs to purchase equipment to support working remotely/flexibly.

I trust this information goes some way to addressing your interest in this matter, based on the data we have readily available. Should you have specific queries related to your employment entitlements, in the first instance please discuss these with your Service.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or Freephone 0800 802 602.

Please note that this response or an edited version of this may be published on the Counties Manukau Health website.

Yours sincerely



**Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health**