

SCT Newsletter



October-November 2013

Welcome to Novembers Newsletter.

This month the new council has been confirmed, and we would like to welcome the many new members to the council who we look forward to representing us for the coming year.

On behalf of all the SCT members we would like to say thank you for the all the hard work and service provided by last years council, we hope that the new council can offer the same high standard already achieved.

The SCT annual general meeting (AGM) 2012 took place late October, with video conference feed linked to Southland, Christchurch, Middlemore and Auckland city hospitals. This covered a variety of issues and objectives from the previous year, and looked at matters that would influence our future development.

We would like to congratulate all of this years CPM and CCP students on their exam results, well done to everyone who passed.

On behalf of the professional development group Sharron Mathewson provides an update from the previous 2 meetings. The subject of a 'mini CSANZ' early June 2012 is also brought into focus, with presentations welcomed from you on the topic of innovations.

The SCT is looking for ideas to utilise funds that are available to us, we will be looking at ways for members to develop their skills and further the profession. You may wish for funds to assist with attending conferences, raising awareness of what your position entails or even requesting a research grant to assist you with a project you wish to take part in.

If you can think of ways for development that you would like to see supported by the SCT please contact a member of the council. We will post all ideas, including the 'massive party in Queenstown' already proposed. Ideas are welcome at any time, however we will be discussing the funding for the coming year at the next council meeting mid December.

We would also like to give you the opportunity to post interesting case's or give an insight into an experience that occurred within your department.

No current physiologist vacancies are listed. The coming years calendar will be provided in the next newsletter.

This issue of the Newsletter includes –

- 1) New SCT Council Members**
- 2) Professional development group and CSANZ 2013**
- 3) SCT Council Members and Contacts**

1) New SCT Council Members

We would like to welcome the new council for 2012-2013. The council now consists of Karen Harvey – Christchurch, Lincoln Simms – Waikato, Miriama Gideon – Middlemore, James Cadogan – Auckland, Renelle French – Auckland, Catriona Pearson – Auckland, Emma Rawson – Auckland, Kara Edwards – Auckland and Fiona Riddell – Auckland.

You will notice that most of the members are Auckland based, an advantage we hope to realise for having an Auckland based committee will see that the administrative roles are more effectively distributed and administered centrally.

We do however understand that a more centralised committee will have its drawbacks and we welcome correspondence that highlight any of your concerns. Please contact the council regarding any matter that affects your on going professional needs.

2) Report – Professional development group

Report from Professional Development Group

ToF

The Professional Development Group is made up of:

The SCT Chairperson

All Team Leaders of Tertiary Hospitals that are member of SCT

Team Leaders from one North Island and one South Island Secondary Hospital

Kerry Conway has been on the board as the Chair of the SCT committee, and she is replaced by Fiona Riddell.

Report from Otago Courses

Once per year we invite Peter Larsen to attend our meeting, and update us on MTEX and the progression of any future courses. This year, Peter attended our April meeting.

His report back on MTEX which has been running for 6 years now included the key he sees to successful students versus those that are struggling, is the support that is received by the student from their hospital. The support that these students require is some study time in work hours, and interaction with the student so that the theory is related to the practical.

When employing a student who has already completed the first year of MTEX, it is advisable to check the grade achieved, as a minimum of a B grade average is required to progress onto the second year of MTEX.

One of the difficulties with MTEX is the distance learning, and it may be necessary to increase the contact component of the course. This may be increased to 2 per year.

The University of Otago is looking towards offering 2 new programmes in the future:

1. A stand alone echo course which will be a 2 year course which could replace QUT or DMU for our Trainee Echo Physiologists
2. Masters Programme (Devices)

Unfortunately, these did not make it past all the numerous committees and stages required yet, so will not be available for 2013. Hopefully this will happen in time for 2014

Staffing Models

We are currently looking at developing Models of Care relating to pt numbers and areas we are required to cover, and taking into account annual & sick leave requirements – in the hope

that we are able to have a more transparent method of calculating staff FTEs required in our services. This is an ongoing process at present.

Return to Work Requirements

We have not previously had a “return to work” policy.

We are recommending that if a Technician or a Physiologist is not working clinically for ≥ 5 yrs, they will be required to sit the appropriate exam (CCP or CPM or equivalent)

Minimum Hours to Work to Maintain APC

Again this has not previously had a policy.

We are recommending to maintain an APC, a technician is required to work 0.1FTE, and a Physiologist is required to work 0.2FTE.

Career Development

As a committee, we are currently working on definitions of roles within our departments. We would like these to be transparent, and consistent. This should be helpful both in Career Pathway Planning, and hopefully in future Contract Negotiations.

CSANZ 2013

CSANZ 2013 NZ meeting is combined this year with Australia, and will be on the Gold Coast. We are still having a “mini CSANZ” in Wellington on the 7th and 8th June. We are hoping to have an SCT half day, and the topic this year will be innovation. Please think about any innovations that you can present on this topic. Don't limit your thinking to technology and new procedures – could also present on any new initiatives in your department – this could include different ways of organising your dept, or change to your processes – or anything different really.....

Also remember we need lots of entries for the Affiliates Prize again please

Thankyou

3) The SCT council members and contacts

- Chairperson - Fiona Riddell (Cardiac physiologist – Auckland DHB).
And cardiac CPRB.
- Education Coordinators – Miriam Gideona (Cardiac technician Middlemore DHB)/
Kara Edwards (Cardiac physiologist – Auckland DHB).
- Treasurer - Renelle French (Cardiac physiologist – Auckland DHB)
- Secretary – Catriona Pearson (Cardiac physiologist – Auckland DHB)
- Meeting organiser – Emma Rawson (Cardiac physiologist – Auckland DHB)
- Newsletter editor - James Cadogan (Cardiac physiologist – Auckland DHB)
- South Island members – Karen Harvey (Cardiac physiologist - Christchurch DHB)
- Member – Lincoln Simms (Cardiac physiologist – Waikato DHB).

Society of Cardiopulmonary Technology NZ Ltd
c/o Cardiac Physiology
Level 3 Auckland City Hospital
Private Bag 92024
Auckland
New Zealand

General Enquiries: info@sct.org.nz
Education Enquiries: edsec@sct.org.nz
Newsletter Inclusion: jcadogan@adhb.govt.nz
Treasurer Enquiries: treasurer@sct.org.nz

If you wish to speak to an SCT Council member phone: +64 9 6309924

Contributions to the newsletter

All contributions are welcome.

This may be in the form of a case study from any discipline within the fields of cardio-respiratory. A detailed description and interpretation of your findings should be included.

Contact - Jcadogan@adhb.govt.nz

A case study written for the Newsletter earns 10 points towards your continued professional Development. Remember, case studies are to be made confidential.

Thank You

James Cadogan