



Minutes

Date: Friday, 23 March 2018

Time: 12 pm

Venue: Teleconferencing

Present: Greg Anderson, Richard Carrol, Stephen Bunn, Joe Yip, Kathy Mountjoy, Michael Pankhurst, Ryan Paul (joined at 12.30pm)

Apologies: Susannah O'Sullivan, Stella Milsom, Chris McMahon

Approve Minutes of previous meeting: Approved

Matters arising from Minutes dated 02 Feb 2018: No

Incoming Correspondence:

8 March 2018 – Gill Sutherland, Director- Academy Operations of RSNZ
Calling for nomination, RSNZ Council election – nominations must be submitted by **5pm 29 March 2018** (see appended) – Discussed

15 March 2018 – Dr Andrew Cleland, Chief Executive of RSNZ
Consultation on the Society's Code of Professional Standards and Ethics. Encourage members to review the proposed code for consultation and provide comments by **14 Mat 2018** (see appended). **Revised code is available here:** <https://royalsociety.org.nz/who-we-are/our-rules-and-codes/consultation-on-new-code-of-professional-standards-and-ethics/>

Outgoing Correspondence:

05 Feb 2018 – Greg Anderson to all NZSE members
Updated members with various matter in the society (see appended)

22 March 2018 – Greg Anderson to all NZSE members
Forwarding an email from Paul Glendenning regarding a call for nominations and expressions of Interest for RACP Councils and Committees (College Council representative for Endocrinology)

Interested member/s can contact Paul Glendenning directly.

Items:

1. **MedSci 2018 update:**
 - symposium - **Uterine Function and Dysfunction** (accepted and confirmed)
 - Pradep Tanwar ([University of Newcastle](http://www.newcastle.edu.au)) - endometrial cancer / fibroids

- Jane Girling (University of Otago) – endometriosis
 - Laura Parry (University of Melbourne) – relaxin / preeclampsia
 - Frank Bloomfield (University of Auckland) - preterm birth or fetal growth
- (N.b. Jane Girling is yet to join NZSE, this will be a great opportunity to have her as part of NZSE)

- Airfare up to NZ\$800.00, free accommodation and registration fees will be offered to Australian speakers
- Local speakers will be offered free registration fees

2. 2018 Nancy Sirret Award:

Nominee: Prof Jillian Cornish nominated by Prof Ian Reid

Prof Cornish was nominated in 2016 but she wasn't an NZSE member back then. She, as a member of NZSE, was then re-nominated in 2017, however the award was awarded to Dr Chris McMahon for his extensive contribution to the NZSE. This year, all the exec are in favour to support Prof Cornish nomination and she will be presented with the award either at MedSci congress or Clinical Meeting.

(Action required: Inform Prof Cornish about the award and find out her preference for which meeting the award to be presented)

3. Update on NZSE new website:

- Still in progress due to mild miscommunication between us and Prefer
- To-date, all members' details are pre-loaded into the new website
- All newly accepted applicant/s will be informed about this new website and will be prompted to pay their membership fees once the new website is launched.

4. NZSE Clinical Meeting 2018 update:

- It is Christchurch base team to host this year Clinical Meeting
- Few issues contributing to difficulty to host a formal meeting including moving building and no plenary speakers
- Hence modified format of meeting is proposed in which a less formal type of meeting targeting mainly local attendees is proposed
- Advantages of such informal meeting will be that it is more interactive type of meeting and it does not require sponsor
- Disadvantage will be the informality could be seen as a downgrade from the regular Clinical meeting. However, the exec believe that this is a reasonable compromise and will not detract from the regular formal meeting
- Majority of the exec are in favour of this proposed informal meeting
 - Proposed date: sometime in November 2018
 - Venue: Christchurch
 - Organiser: Dr Steven Soule from Dept of Endocrinology, Christchurch Hospital

(Action required: Greg to email Steven regarding the meeting proposal)

(Action required: Greg to ask Prof Cornish about the possibility to present her Nancy Sirett Lecture at Clinical meeting)

- As a side note, Kathy suggested to have a protocol to be documented for organising meeting in future. For example:
 - Contacting sponsprship
 - Organising accommodation
 - Timeline and due date for invitation to be sent out
5. Pharmac requesting support from NZSE on Denosumab to be available and funded for treatment of osteoporosis in NZ – submission by 29 March (see appended)
 - NZSE doesn't normally participate in supporting this kind of request. However, we made an exception for this particular matter providing we are given ample information and are kept in the loop
 - Ideally we should form a sub-committee to handle this type of matter. However, for this particular matter, it will not have adequate time to do so
 - We will request Susannah to circulate the information to the exec and clinical specialist members who are able to comment on the matter in order to make endorsement
 - We are confident that Osteoporosis New Zealand will make a sensible decision
(Action required: Susannah to circulate the information to exec)
 6. Decision on the Term deposit management - Michael will look further into the options of term deposit

Treasurer's Report:

Account balances:

Paypal account: \$327.81
 Business account: \$20,100.48
 Term Deposit 1: \$40,000.00
 Term deposit 2: \$12,730.77
 Term Deposit 3: \$22,091.17

Transactions since last meeting:

No transactions

New Member applications: 4 (all accepted)

1. **Dr Melissa Yssel**, Clinician. Main activities: Clinical practice, clinical lab/ assay development, teaching. Wellington Regional Hospital
2. **Dr Anne-Marie Cumins**, Clinician. Main activities: Clinical practice. Christchurch Hospital
3. **Dr Brian Thomas Corley**, Research student/ Part-time salaried. Main activities: Research and Clinical practice. Wellington Regional Hospital

4. **Dr Rowena Irene Howard**, Clinician. Main activities: Clinical practice. Hutt Hospital, Wellington.

N.B. All the above newly accepted members will be notified of their success of application and that they will be prompted to pay their membership fees once the new NZSE website is launched.

(**Action required:** Joe to send email to notify these members)

Full members: Current: 38 paid, 56 “expired”

Student members: Current: 2 paid, 23 “expired”

Life Members: 11

Other Business:

Nomination for new NZSE exec

While the election will occur at the Medsci meeting in August, perhaps the hand over of role will take effective at new year. This is beneficial for financial report where reporting year is on the 31st of Dec each year. Need to put the roll over date into the society’s constitution.

(**Action required:** Greg to send email to NZSE members for nomination)

(**Action required:** Greg will check if the roll over date is stated in our current constitution)

Meeting closed: 1.00 pm

Next Meeting: 27 April 2018

Appendix

RSNZ Election:

Gill Sutherland <Gill.Sutherland@royalsociety.org.nz>

Council elections

Each year we hold elections for positions on the Royal Society of New Zealand Council, the governing body of Royal Society Te Apārangi.

We are now calling for nominations for three positions on the Council. The positions are as follows:

- Vice-President (Biological and Life Sciences) for a three-year term
- One elected Councillor for a three-year term
- One elected Councillor for a two-year term

The Society is committed to following best practice in being inclusive of diversity in all its activities. The Society's Act makes mention that when filling vacancies on Council regard should be given to equal opportunity for women, Māori, ethnic or minority groups, and people with disabilities. As part of its diversity strategy the Council is also keen to receive nominations from all sections of the research community – universities, CRIs, independent research organisations, and the public and private sectors.

Council encourages those wishing to make nominations for the three positions on offer this year to consider this diversity strategy.

Nominations must be submitted by 5pm on Thursday, 29 March 2018, on the prescribed nomination form at <https://royalsociety.org.nz/who-we-are/our-people/our-council/council-elections/>

Gill Sutherland

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ROYALSOCIETY.ORG.NZ

Nominations and expressions of Interest for RACP Councils and Committees

From: "Glendenning, Paul" <Paul.Glendenning@health.wa.gov.au>

Date: Tuesday, 20 March 2018 at 5:21 PM

To: 'Markus Seibel' <markus.seibel@sydney.edu.au>, Jeremy Krebs <jeremy.krebs@ccdhb.org.nz>, "warrick.inder@health.qld.gov.au" <warrick.inder@health.qld.gov.au>, "sof@unimelb.edu.au" <sof@unimelb.edu.au>, "apeg@willorganise.com.au" <apeg@willorganise.com.au>, "helena.teede@monash.edu" <helena.teede@monash.edu>, "emma.duncan@qut.edu.au" <emma.duncan@qut.edu.au>, "sunita.d86@gmail.com" <sunita.d86@gmail.com>, Greg Anderson <greg.anderson@otago.ac.nz>

Subject: Nominations and Expressions of Interest for RACP Councils and Committees closes 28 March 2018_ I will not be renominating for the College Council representative for Endocrinology

Dear Colleagues,

I'm not sure if you have seen this call for nominations for the RACP Council? It has been an honour and a privilege to be the Endocrinology and Chemical Pathology representative for each of your organisations on the College Council since 2015. However, I have been the representative for one additional year more than initially planned and it is only appropriate that I allow others the opportunity to serve the council as your representative. Consequently, I will not be reapplying for my position on the Council.

Thank you all for giving me with the opportunity to represent your respective organisations on the RACP College Council

Paul Glendenning

Submission of support for Denosumab:

Dear Greg

Pharmac is requesting submissions on denosumab, a potent medicine for treatment of osteoporosis. Through being a member of the Osteoporosis NZ board, I became aware of this last Friday, and ONZ will be making a submission in support of denosumab being available and funded in NZ. I've subsequently been asked to bring this to the NZ Endocrine Society's attention in case we also want to make a submission. Unfortunately, the time frame is very tight - Wednesday 4th April. ONZ is aiming to have a submission ready by 29th March, and my opinion would be that (if committee members were in agreement) we could endorse the ONZ submission rather than making a separate submission. Would it be reasonable to ask the committee to approve this in principle on Friday, with a final decision made once members have the opportunity to see the submission by email next week?

Apologies for the late notice, and that neither I nor Stella will be at the meeting to speak to this.

Regards, Susannah

Email correspondences between exec on managing NZSE Term deposit

Dear Mike and others,

I just want follow up on the discussion we had by teleconference last Friday about compounding or not compounding the NZSE term deposit that currently pays interest into the NZSE working or business account. I think it is great Mike that you are thinking about sustainability for NZSE but I would caution against using profits from Clinical Endocrinology meetings to balance the budget. The reasons that I am hesitant about this are:

1. NZSE is a registered charity and our purpose is to educate but not to make a profit. The Clinical Endocrinology meetings are not run to make a profit, although when they do make a profit the

Society benefits. Nevertheless the intention for these Clinical meetings is not to make a loss. If the sponsors saw that we were running these meetings to make a profit then I am certain that they will not be happy to be sponsors.

2. The NZSE budget would not balance if we did not have incoming funds in addition to our membership fees. At present these additional funds come from the interest that the society earns on one of its term deposits. If we compound this interest then we need to get additional funds from elsewhere and we would have to state that this is coming from profits made from the Clinical Endocrinology meeting. I do not think we want to state this for reasons outlined in 1 above.

I think that the society could achieve what you are trying to do if excess funds (maybe \$10,000 or more) were transferred from the 'business' account into one of the term deposits that is set up to earn compound interest. I understand your reason not to want to do this is because you want to have ready access to this money to pay for early expenses for the clinical meeting. I think that this is the issue that should be looked at.

The Clinical Endocrinology meetings need to be budgeted so that they are not making a loss. NZSE term deposits are required to underwrite these meetings since if there was a loss then the term deposits would have to be used to cover the loss. Of course the NZSE executive does not want this to happen as it depends on the interest from term deposits to run the NZSE and give out awards. I think that it is important for the organisers of the Clinical Endocrinology meetings to draw up a budget for the meeting based on the sponsorship money and submit this to the NZSE executive for approval as early as possible. For the meeting to go ahead the NZSE executive would like to see that the meeting is not likely to run at a loss. Once the budget is approved then the NZSE treasurer should immediately invoice each of the sponsors for the amount that they have agreed to sponsor. I expect that some, if not most, of these sponsors will pay soon after they receive the invoice. The NZSE treasurer would then have these funds to pay any early expenses for the Clinical meeting such as deposits for conference organisers and speaker airfares.

I am not sure what template the clinical endocrinologists have been using for budgets but when I was president Carl Eagleton had an excel spreadsheet which was useful. I believe Richard used this spreadsheet for the conference he organised in Wellington a few years ago. I do not know what was used for the last meeting. If whoever agrees to organise the meeting this year does not have a previous excel budget spreadsheet template then either myself or Richard could find one previously used.

Sorry, not enough time to explain all this during our teleconference.

Thanks.
Cheers,
Kathy

Dear all
Kathy raises some good points.

My experience with the last clinical meeting was not a lack of budget software (but I'm sure Ryan could elaborate on this) but rather a relatively short lead time, with new NZSE members coming on board late 2015 and the meeting planned for 2016. The proposal that a budget be pre-approved by the NZSE exec would have been untenable in this instance, as sponsorship was not finalised until well after international speakers needed to be confirmed.

I have one query about the budget for the Clinical Endocrinology meeting:

As it is not acceptable for the meeting to run at a loss, then shouldn't any profit from previous meetings be kept to put towards further clinical meetings and be incorporated into the budget? Naturally the goal is that the meetings are budget neutral, but if a profit is made at one meeting it seems reasonable that this should offset a loss at a subsequent meeting if necessary, rather than balance the general NZSE budget. As Kathy says, the purpose of these meetings is education rather than profit, and pressure to balance the budget each meeting might significantly limit the options for international speakers if sponsorship is not forthcoming that year.

Regards, Susannah

Hi Susannah,

Yes you are right any profits should be held in case of a loss made at another clinical meeting. This is what the term deposit is for – it underwrites the clinical meetings and therefore the term deposit money should not be spent. However, the term deposits earn interest and the interest should be available for the Society's running expenses. So bottom line is that the profits from Clinical meetings are held in term deposits to underwrite the next clinical meeting. If a clinical meeting makes a loss then the term deposit pays.

Cheers, Kathy

Hi to all,

Susannah's comments about the last clinical meeting are all correct. Budgeting software was indeed not an issue. The two major issues were that it took a long time for sponsors to pay despite agreement months prior to the meeting and persistent reminders, and that the majority of attendee registrations (which form a major component of income for the clinical meeting given that sponsorship can be difficult) were very late. The first issue would be circumnavigated by allowing time for the conference committee to be well organised (unlikely to be the case on this occasion), but the second issue is traditionally the case, which makes budgeting more difficult, particularly when it is a stand-alone meeting and all the costs (e.g. conference facilities etc.) falls on you, particularly when deposits/payment for international speakers have to be made long in advance. We actually did surprisingly well making a \$4000 profit on the last Clinical Meeting (it was a lot of work to do so and I thought we were going to run at a small loss) and I believe this should not be expected for further meetings. The only Clinical Meeting we ever made substantial profits on was the combined meeting with the Endocrine Surgeons (because they attract so much sponsorship) and this is one of the attractions of doing it again. I also agree that at least a substantial portion of any profit made from a Clinical Meeting should be kept as a buffer for future Clinical Meetings. However, the question of sustainability is a good one.

Thanks, Ryan

Professional Code of conduct

Dear Members

Please find attached the consultation documents on the Society's Code of Professional Standards and Ethics. Under the Royal Society of New Zealand Act all Members must comply with the Code. The Code applies to all individual Members, and to organisational members - Branches and Constituent Organisations. In the Act there is no compliance requirement applicable to individual members of a Constituent Organisation or a Branch. However, we would hope that such entities would expect their individual members to act consistently with the Code.

The Code also serves more widely as a point of reference for good research practice. Several working groups have put considerable effort into its review. You will note significant change from the present Code including a base of values and principles developed from a Treaty partnership approach, elimination of the section on genetic information, and new sections on the public interest and data management.

We encourage all Members to review the proposed Code and provide comments by 14 May to assist the further development process. If needed, the web link is royalsociety.org.nz/code-consultation. To provide feedback please use the interactive form. We recommend that everyone downloads the form to their own computer before they start filling it in. Please email completed form to consult@royalsociety.org.nz.

Thank you for assisting to further develop this important document.

Dr Andrew Cleland FRSNZ
Chief Executive

Maxine Anderson (on the behalf of Dr Andrew Cleland FRSNZ)
Membership
Part-time Tuesday, Wednesday and Thursday

Royal Society Te Apārangi
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PO Box 598, Wellington 6140, New Zealand
ROYALSOCIETY.ORG.NZ

Email from Greg, Updates for NZSE

Dear NZSE members,

I hope you managed to get some rest and relaxation over the summer before beginning to tackle 2018's challenges. Here are some updates that are relevant to our Society:

- The biennial NZSE clinical meeting will happen later this year, at a soon-to-be announced date. If you are interested in being involved in the organisation of this, let me know and I'll point you to the right people.
- The 2018 MedSci congress is scheduled for 27-29 August in Queenstown, as part of Queenstown Research Week. Along with our usual student prize and a new postdoc/emerging researcher prize, NZSE will propose and host a symposium. We need your suggestions for a topic...by the end of this week! Recent symposia we have hosted have included: endocrine cancers (2015), oocyte development and ovulation (2016), GH signaling in health and disease (2017). Funding is typically available for two NZ and two Australian speakers.
- We'd also like your nominations for the 2018 Nancy Sirett lecturer, for an NZSE member with extensive research output and impact in any field of endocrinology. The awardee must attend either MedSci or the clinical meeting to present the award lecture. Recent recipients have included Prof Vicky Cameron (2016) and Dr Chris McMahon (2017).
- A combined NZSE/Endocrine Society of Australia meeting has been mooted for 2020 (the venue would be at one of New Zealand's larger centres). If you have any thoughts on this idea, let me know.
- The Royal Society is launching discussion papers on the potential uses of gene editing. From their newsletter:
In the past 10 years, researchers have developed tools that enable the manipulation of genes with greater precision and ease than has been possible in the past. The power of these gene-editing technologies is now revolutionising the biological sciences and they are being used around the world to accelerate research, as well as offer new potential treatments for a range of genetic diseases, new solutions to environmental issues and new agricultural products. To explore these issues, the Royal Society Te Apārangi has convened a multidisciplinary panel of New Zealand's leading experts to consider the implications of new gene-editing technologies for New Zealand, and is today encouraging New Zealanders to consider and share their views on some potential uses of gene editing in New Zealand. To assist the public discussion, the Society has today published two papers that invite feedback on scenarios for the use of gene editing for both pest management and healthcare. The first discussion paper, *The use of gene editing in healthcare*, explores scenarios where gene-editing tools can now potentially be used to replace faulty or disease causing genes. The second discussion paper, *The use of gene editing in pest control*, explores scenarios using gene editing to create gene drives to control non-native invasive organisms in New Zealand. The discussion papers both have companion technical summaries with full details, and follow on from resources produced last

year to explain the underpinning gene-editing technology. All these resources are available at www.royalsociety.org.nz/gene-editing. If you have any feedback or comment in relation to these issues, please send them to Dr Marc Rands in our expert advice team (marc.rands@royalsociety.org.nz). A further paper with scenarios for the use of gene editing in agriculture will be published in 2018, along with a paper examining current legislation and regulation.

- The International Regulatory Peptide Society is holding their bi-annual conference, RegPep, in Acapulco, Mexico Sept 22-25. Invitations are now extended for symposium/speaker proposals. Email to regpep2018@unam.mx and cc to limei@unam.mx and eidenl@nih.gov.
- The International Congress of Endocrinology (ICE) Program Organising Committee invite members of their various Member Societies (including NZSE) to showcase their latest research as part of the landmark first gathering of the global endocrinology community in Africa. On 1-4 December next year, [#ICE2018](#) will make history as the largest general endocrine conference ever to take place on the African continent. Abstract submission is now open at the official congress website: www.ice2018.org. All individual members of ISE National Societies are eligible to register at the ISE Member rate and benefit from \$150 discount off the registration fee.
- New Zealand Society of Endocrinology and 13 other international endocrinology societies endorse *Endocrinology, Diabetes & Metabolism Case Reports*, an open-access resource that publishes and links together case reports. It has over 200 interdisciplinary case reports now published online which are complemented by a free journal-based learning programme. Here are some recently published cases:
 - [Persistent hyperthyroidism and de novo Graves' ophthalmopathy after total thyroidectomy](#) by Wei Lin Tay *et al.* doi: 10.1530/EDM-17-0109.
 - [A surprising treatment response in a patient with rare isolated growth hormone deficiency, type IB](#) by Jordan Yardain Amar *et al.* doi:10.1530/EDM-17-0107.
 - [Hypogonadotropic hypogonadism in human immunodeficiency virus-infected men: uncommonly low testosterone levels](#) by Ana Coelho Gomes *et al.* doi: 10.1530/EDM-17-0104.
 - [A novel stop mutation \(p.Gln22*\) of DAX1 \(NR0B1\) results in late-onset X-linked adrenal hypoplasia congenita](#) by Judith Gerards *et al.* doi: 10.1530/EDM-17-0054.New Zealand Society of Endocrinology members are entitled to a 25% discount on the open-access publishing charge.
<https://www.edmcasereports.com/>

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