



History of the New Zealand Geriatrics Society

Dick Sainsbury

On 9th April 1975 Dr Barry Taylor wrote to inform the Executive Secretary of the New Zealand Medical Association (NZMA) that on 9th March that year a meeting of Physicians interested in the specialty of Geriatric Medicine had been held at Ewart Hospital in Wellington. Those attending were Dr O Chapman (Dunedin), Dr J Coates (Auckland), Dr C Fernando (Marton), Dr K Palmer (Wellington), Dr G Riley (Christchurch), Dr G Salmond (Wellington), Dr C Stubbs (Nelson), Dr B Taylor (Wellington), Dr A Wilkinson (Wellington) and Dr B Woodhouse (Napier). Twelve other doctors sent apologies but expressed support for the proposal that a society for doctors interested in the specialty of geriatric Medicine be formed.

At the meeting Dr Oliver Chapman proposed 'that a Geriatrics Society, to be known as 'The New Zealand Geriatrics Society' should be formed for medical practitioners who are interested in the field of Geriatric Medicine. The motion was seconded by Dr Graham Riley and carried unanimously. A steering group of Barry Taylor and Karen Palmer was formed to prepare Articles of Association and to obtain information on the activities of other organisations working in this area in New Zealand and overseas. The support of the NZMA was sought together with their help in the preparation of a Constitution. The first steps in the formation of the NZGS had been taken.

The NZMA offered the NZGS affiliation but were unable to assist with the preparation of a constitution, suggesting instead that other medical societies, such as the New Zealand Dermatological Society or the New Zealand Orthopaedic Association be approached for copies of their constitutions to act as a template. Barry Taylor also wrote to the Department of Health which notified Chief Executives and Secretaries of Hospital Boards of the formation of the NZGS in Hospital Circular letter 1975/139 written by R Dickie, Director, Division of Hospitals. He recommended that 'where appropriate hospital boards grant leave and expenses to members of their staff concerned with Geriatric services to allow them to attend meetings of the NZGS'. The extent to which that recommendation was followed was somewhat variable between different boards and their successors!

The inaugural meeting of the NZGS was held on 16th February 1976 in conjunction with the Royal Australasian College of Physicians meeting at the University of Auckland. 29 members attended. Karen Palmer and Barry Taylor were still members of the Society at the time of amalgamation with the Australian Society of Geriatric Medicine 30 years later. After initial remarks by Barry Taylor, the constitution was discussed, amended and adopted unanimously. The foundation committee comprised:

President : Dr Graham Riley

Secretary : Dr Karen Palmer

Treasurer : Dr Barry Taylor

Committee : Dr Jim Coates and Dr Christopher Stubbs.

The annual subscription was set at \$5.00

The first Newsletter of the NZGS was produced in July 1976. Items included a notice of the NZGS meeting in Christchurch the following year, news that the Minister of Health had approved the preparation of tender documents for the proposed Geriatric Assessment Unit at Wakari Hospital, Dunedin and acknowledgement of the dinners sponsored by Sandoz Pharma which provided a forum for the opinions of general practitioners and hospital doctors with a particular interest in the elderly.

A second Newsletter appeared in October that year and is notable for two forthright articles by Graham Riley. The first was entitled 'Geriatrics: a growing force in medicine', which outlined the need for Geriatric Medicine to strengthen links with the community and to work more closely with General Practitioners in both teaching and service roles. The second, 'Research in Geriatrics', described a number of projects that were being carried out under the auspices of the University of Canterbury, Aged People's Welfare Council (now Age Concern) and the Health Planning and Research Unit sponsored by the North Canterbury Hospital Board and other agencies. For the first time the discipline was being taken seriously. There was even more exciting news, however. Wairau Hospital Board had opened a Geriatric Assessment and Rehabilitation Unit with 9 in-patients. They had also discharged several people to the community. The 'enthusiastic team' was led by Dr Severatine, guided by Dr Evans, with Charge Nurse Miller heading the ward. It was also reported that Wellington Hospital Board were to expand its Geriatrics Services at Paraparaumu Hospital with an extension of 2-3000 sq.ft. It was reported that, 'this will provide accommodation for day patients, an essential element of this rural unit'. The Board was also looking at drawings for a 75 bed Rehabilitation and Assessment Unit at Hutt Hospital at a cost of 'perhaps \$1 million. The same Newsletter also discussed the urgent need for Psychogeriatric Units and the dangers inherent in the use of names and labels when referring to older people. Has there ever been an NZGS newsletter that combined so much promise of new developments with such a clear articulation of the principles and needs of the specialty?

In 1977 the first National Conference of Geriatric Medicine and Gerontology was held at the Christchurch Town Hall. Graham Riley chaired the organising committee. Invited speakers were Prof James Williamson (Edinburgh), Dr (later Prof) Malcolm Hodgkinson (Hammersmith). Graham Riley presided over the AGM which was attended by 50 people. Barry Taylor, Treasurer reported a bank balance of \$262.03. The lack of advanced trainees was commented upon. There was only one in Australasia! It was also suggested that a Diploma in Geriatric Medicine for General Practitioners be established.

At the AGM in Dunedin on 13th September 1978 there was discussion on 'the autocratic nature of directives from the Health Department. A motion was carried that 'the NZGS support the National Old People's Welfare Council in their application for Telethon 1979.

In 1979 the Committee of the NZGS moved to Auckland. Dr David Campbell was the President, Dr Jonathan Baskett, Secretary, Dr Jim Coates, Treasurer, with Drs Ron Haydon and Arthur Hogg the other Committee members. At the AGM on 15th August 1979 Dr Hogg spoke of his concern regarding adequate assessment of patients in private hospitals. The meeting approved that the sum of \$15.26 be forwarded to the RACP for catering costs. The price for a sumptuous repast has definitely increased! At this time planning had started on the second National conference which was held in Wellington in November 1980.

The Wellington Conference was held between 17th and 21st November 1980. The keynote speakers were two of the giants of Geriatric Medicine in the United Kingdom; Prof John Brocklehurst from Manchester,

author of the major textbook on Geriatric Medicine, which has now run to six editions, and Prof Tom Arie from Nottingham, who developed the first department that combined Medical and Psychiatric services for old people. By this stage there were 3 advanced trainees in Geriatric Medicine. Dr Graham Davison suggested that the Society increase its subscription in order to fund a scholarship or prize in order to attract academic interest of students and Junior doctors in Geriatric Medicine. The annual fee was raised to \$10.00 to fund the essay prize.

From its inception the Society made representations to government departments, particularly the Ministry of Health. These became firmly established during Jonathan Baskett's period of office as Secretary. By this time Dr Margaret Guthrie was working in the Division of Hospitals at the Ministry. Margaret later became the first, and as it transpired, the only, life member of the NZGS. Dr Ron Barker, one of the founding fathers of Geriatric Medicine in New Zealand was Director General of health from 1978 to 1983.

A Scientific meeting and AGM were held in Auckland on 20th November 1981. The need for individual assessment of those requiring a subsidy to go into Religious and Welfare homes was discussed. It was decided not to pursue an application to affiliate with the International Association of Gerontology because of the planned formation of the NZAG. This was the last occasion that Dr James Newman, another of the 'founding fathers' of Geriatric Medicine in New Zealand and author of the seminal 1962 BMJ paper 'Old Folks in Wet Beds', attended a meeting of the Society.

In 1982 a scientific meeting was held in Dunedin to coincide with the visit of Professor Malcolm Hodgkinson, Hammersmith, to the local unit. A paper by Graham Davison on the high rate and dangers of hypnotic use amongst older people engendered great interest with a front page article in the Otago Daily Times. A quarter of a century later this is still a major problem. The AGM was held in Hamilton in August and there was discussion about the unease felt by many GPs and Private Hospital proprietors about the increasing powers and responsibilities of Geriatricians. This resulted from the requirement that older people moving into long stay hospital care had to be assessed by a Geriatrician before they could access a subsidy under the Geriatric Hospital Special Assistance Scheme (GHSAS). The NZGS was quite firm that this was not a 'gate-keeping' role but was necessary to ensure that older people with remedial problems did not go into permanent care unnecessarily. The benefits of this policy were seen in the later 1980's and early 1990's as waiting lists for long stay care were reduced and eliminated. Appropriate assessment was a major factor in this being achieved.

A scientific session and AGM were held in Dunedin in November 1983 in conjunction with the annual meeting of the New Zealand branch of the Australasian College of Physicians. There was discussion (not for the last time!) about motivating students to submit essays for the NZGS prize. News was received about the formation of the Hong Kong Geriatric Society.

The Sheraton Hotel in Auckland was the venue for the Fourth National Conference. Guest speakers included Professor Mark Castleden of Leicester whose areas of interest were Incontinence and Pharmacology. We were also overjoyed that Dr Bobby Irvine was another keynote speaker. Bobby was later President of the BGS and started the world's first Orthopaedic Geriatric Unit. He holds a special place in New Zealand Geriatric Medicine as he supplied advanced training to Jonathan Baskett, John Campbell, Dick Sainsbury and Tudor Caradoc-Davies as well as providing guidance to Graham Riley and Ron Barker when they visited his unit in Hastings in the early days of Geriatric Medicine in New Zealand. At the AGM DR Phil Henschke (Adelaide) noted that the content of Geriatric Medicine in the part1 FRACP written examination was limited and that we should take steps to address this. Not long after Phil was co-opted onto the written examinations committee of the College and there has been a Geriatrician on this committee ever since.



Professor John Campbell, with old style technology

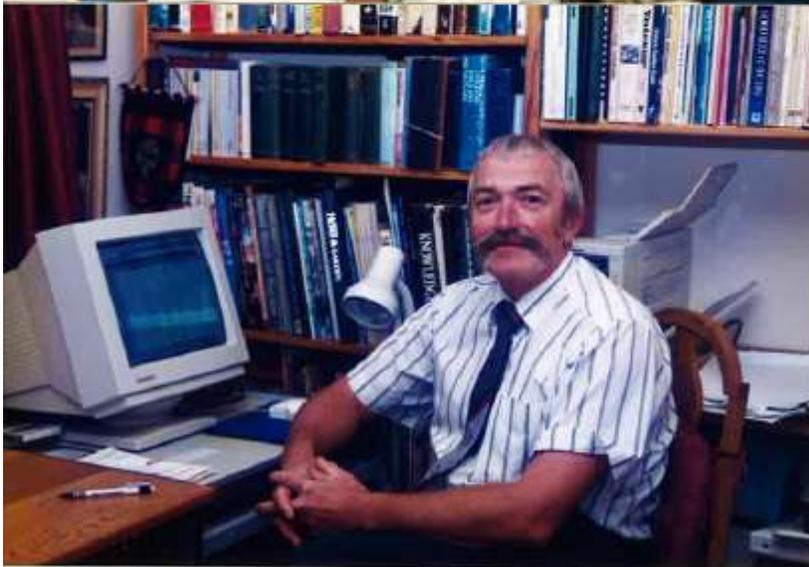


Photo Above: Dr Paul Goldstraw, organiser of the first NZGS retreat.

Paul Goldstraw organised a meeting in Tauranga in 1985 with the theme of issues in Rehabilitation. A number of papers addressed issues of the young disabled. Keynote Speakers were Professor Michael Hall Southampton and Dr Jim Leeming, Manchester. It was at this meeting that Barry Taylor recorded that the Australian Geriatrics Society were wanting to create a link with the NZGS and that we should make contact. Paul Goldstraw was also responsible for the organisation of the first Geriatricians Retreat held at Te Puke in 1989. The photographs from this retreat have been retained and show some of the now more senior members of the society in a more youthful phase! In the early days these were held every two or three year but their success and the growth in the membership led to their being held annually. These continue after our amalgamation with the Australians and in later years the President of the Australian society has attended as our guest.

In 1986 the Executive of the Society transferred back to Christchurch with the founding President Dr Graham Riley appointed for a second term and Dr Dick Sainsbury as Secretary. The committee were Tim Ewer, Treasurer Julie Kidd and Tudor Caradoc-Davies. The last two meetings of the 1980s were a scientific meeting in Palmerston North with Professor Francis Caird, Glasgow as the distinguished visitor and 'Celebrating Age' in Christchurch, held in conjunction with both the Australasian College of Physicians and the NZ Gerontology Association with Professor Tom Arie, Nottingham and Dr John Macallum, a gerontologist from Sydney who was involved in the Dubbo study, as keynote speakers. In 1989 the executive transferred to the Central North Island based at Palmerston North with Fred Hirst as President, Richard Seeman Secretary, Bernard Casey as Treasurer and a committee of Joe Singh, Barbara Simons and John Gommans.

The issues that the Society faced in the 1980s are well summarised in Fred Hirst's Presidents report presented to the 1989 AGM. He discussed five particular issues; the essential role of A&R services (later AT&R) and potential threats to these, the large scale privatisation of long stay beds, the revision of the Rest Home subsidy scheme, the recently published Gibbs report into the New Zealand Health Service and the forthcoming replacement of Hospital Boards with Area Health Boards.

In the 1980s there was considerable variation in the provision of A&R beds throughout the country and the support for Geriatric Medicine by Hospital Boards. Some boards appeared to regard them as a luxury they couldn't afford. There were also debates about the role of A&R beds, the relationship between Geriatric and General Medicine and concern that A&R units were seen by managers as primarily providing a 'takeaway' role. Relationships between the two disciplines have improved out of sight since then so that most New Zealand centres provide well coordinated and harmonious services.

This was the decade when most hospital boards closed their long stay hospital beds and contracted the majority of this care to the private sector. At this time the NZGS was concerned that this might result in a proliferation of long stay beds and that there was a risk that people might be admitted to these beds without prior geriatrician assessment resulting in unmet medical needs and rehabilitation opportunities. The representations by the NZGS were a major factor in ensuring that this didn't happen. Another issue was the revision of the Rest Home subsidy scheme which introduced graded levels of funding according to a resident's assessed care needs. John Campbell, Fred Hirst and Dick Sainsbury had significant input into this scheme on behalf of the society and the changes form the basis of the present day funding structure.

The Gibbs report (1988) was considered radical at the time with its recommendations for a funder/provider split in health funding, competition between providers and the suggestion that providers should register a financial profit. It was viewed as the harbinger of the privatisation of health services in New Zealand. Although its recommendations were not implemented to any great degree at the time, they did form the basis of many of the health changes of the 1990s.

The 1990s were turbulent times in the Health Service in New Zealand. Fred Hirst's Presidential Report of 1991 foreshadowed the difficulties which many units were to face including the fact that 'it has become clear that the Auckland DHB management do not see present services as of equal status to general medicine as they do not offer patients equivalent access. 1993 saw the implementation of the funder/provider split with the replacement of Area health Boards by Crown Health Enterprises (CHEs) and the establishment of Four Regional Health Authorities (RHAs) charged with purchasing health services for a region from a range of potential providers. These changes created a number of challenges to the

Society. First, the four Regional Health Authorities adopted differing purchasing policies for the health care of older people. This provided a direct threat to several Assessment Treatment and Rehabilitation (AT&R) units particularly those in the Central North Island. In 1995 a suggestion was made that AT&R beds for older people could be purchased from private sector providers. This arose from a lack of understanding of the need for the rehabilitation of older people to be closely aligned to acute diagnostic and treatment services. A problem that the NZGS had throughout its existence was trying to convince administrations of the difference between the rehabilitation needs of older people with multiple pathology and those of younger people who often have a single disability, albeit severe, that is likely to be stable for a long time.

The 1992 AGM was held at Massey University where the society was meeting jointly with the New Zealand branch of the Royal Australian College of Physicians. Concern was expressed about the amount of money the Society had accumulated and the worry that this would attract tax. The possibility of a travelling fellowship was raised but not progressed. A retreat was held in Waiwera in 1992 with Helen Creasey, University of Sydney as the invited speaker. She spoke on diagnostic and management issues in dementia.

The 1993 AGM of the society was held in the MacLaurin Room, Victoria University on 27th August. As expected there was a lot of general discussion about the Support Needs Assessment Protocol Form (SNAP Form). The SNAP form had been introduced to try and ensure uniformity in the care needs levels of people entering Rest Home or long stay Hospital Care. A perceived secondary benefit was that people would be able purchase an equivalent package of home care to going into an institution. Letters of frustration about the use of the form were received from several members throughout the country. The SNAP form did not result in any material change to home care options. The NZGS therefore:

1. Offered to assist the Department of Health to make the SNAP form more practical and effective.
2. Notes that additional resources are needed if SNAPs are to be continued in any form.
3. Supports any AT&R unit that have to discontinue SNAPs after 1/10/93 because priority has to be given to standard assessment and rehabilitation of older people.

In 1994 Professor Cameron Swift, Kings College Hospital London, was the Trustbank Canterbury Visiting Professor to the Christchurch Clinical School. During his three week tenure a retreat was held in Akaroa, the themes being based around his research background in Clinical Pharmacology. At the AGM that year Paul Goldstraw proposed that the name of the society be changed to the 'New Zealand Medical Society for the Health of Older People'. The motion was lost heavily but a second motion that 'Members of the Society are unhappy with the current name and wish to seek an alternative name' was passed and it was agreed that the name change issue should be kept on the boil and discussed at future meetings.



Delegates at the NZGS Retreat,
Akaroa 1994

Jonathan Baskett was President of the NZGS from 1992 until 1995. In 1995 the executive base had returned to Auckland with Professor David Richmond as President, David Spriggs as Secretary and Hilary Birch as Treasurer.

The 1996 AGM was held at Otago University and the President's report reflected the anxieties of the time.

1. Concern was expressed over the fact that it had taken over a year to fill the Auckland University Chair of Geriatric Medicine.
2. The Society catalysed a meeting of seven or eight national organisations including Nurses, NZ Gerontology Association, Hospices, Down's Syndrome Society and the Intellectually Handicapped Society to produce a statement in response to a private MP's bill to initiate a referendum on Euthanasia. The statement was produced but not released with the intention that it be resurrected should the bill be introduced.
3. Bench-marking. The Society had been involved in a national bench-marking exercise aimed at presenting a national picture of activities in AT&R units. Material had been collated by Roger Harris for comment and he led discussion at the Napier retreat in November that year.
4. Service contracts. There was concern that some CHEs such as Tauranga and Rotorua could lose their AT&R contracts. The Midland RHA had developed a pilot project looking at managed access to long-term care for all ages with the AT&R budget moved into this area as well. There was concern that some areas were moving from a hospital base to a sole community base. In Tauranga it was possible that a private hospital would take over the rehabilitation of older people, a situation precipitated by RHAs offering increasingly lower daily bed rates. It was agreed that Paul Goldstraw, Mark Weatherall and Steve Chalcraft would collect further data and the matter would be discussed in detail at the Napier retreat.

Dr Paul Goldstraw was thanked for his 13 year service as chair of the Geriatric Medicine Specialist Advisory Committee of the RACP. This time had seen an encouraging increase in the number of advanced trainees in the field.

A letter was tabled from Dr Brian Oldham a Medical Officer at a Hospital and Rest Home in Auckland pointing out that RHAs were requiring hospital patients to be seen monthly, and rest home residents three monthly, but traditional MOSS salaries were abandoned and medical officers were being paid by GP General Medical Service (GMS) benefits. This was proving difficult when visits for intercurrent problems were also taken into account. The Society felt that the times for visits were appropriate and a separate issue to the funding of medical officers which must also allow for other issues such as on-call time.

In 1997 the AGM of the society was held at Elm Court, Invercargill in conjunction with a retreat at Stewart Island and was attended by 31 members. Graham Davison's Presidents report drew attention to the vital concern the NZGS had about the dismantling of specialist medical services for the elderly in the Midlands Health Region and the danger of it becoming a model for other RHAs. At the time there had been no response from the Midlands RHA or the CHEs in its region. Graham was awaiting a response from the Minister of Health, Bill English. Fortunately, in late 1997 the four RHAs merged into a single Health Funding Authority which covered the entire country and the major sting of the New Zealand health reforms had been substantially reduced. Special mention should be made of the Retreat. The Foveaux Strait is a notoriously rough passage and the ferry ride legendary. Most delegates were considerably worse for wear on arrival. The only alternative transport is a small plane which is also subject to turbulence. It is the only time our accommodation has been in a backpacker lodge with education sessions held in the fire station alongside the fire engine!

In 1998 the retreat was held at Portage Resort Marlborough Sounds. Chaired by Paul Friedman (now Regal) on behalf of Paul Goldstraw, the chief matters discussed were the status of Medical Officers of Special Scale and the NZGS essay prize. The prize was won by a second year medical student, Belinda Pang, who wrote on 'Nasogastric and Gastrostomy feeding in Rest Homes and Private Hospitals in the Auckland Region'. The annual subscription was raised to \$60 dollars for members and \$30 for trainees in anticipation of the advocacy work that the society was anticipating to advocate for older person's services which were under threat. Interestingly this increase appears not to have been implemented as Gerry Zucollo's 2001 Treasurer's report recorded that as the NZGS then had 97 members he was able to continue to recommend an annual subscription of \$25 and he had managed to leave the term deposit account untouched. The Executive transferred to a Wellington base with Karen Palmer as President, Barry Taylor Secretary, Gerry Zucollo Treasurer and Mark Weatherall Committee member. Other Committee members were to be co-opted as necessary.

The 1999 AGM was held at the Duke of Marlborough Hotel in Russell, Bay of Islands in conjunction with the annual retreat. The very attractive brochures for new members were noted with approval. Once again there was lengthy discussion about Needs Assessment. The possibility of an NZGS website was discussed.

Bob Penhall, President of the Australian Society for Geriatric Medicine attended the 2000 Retreat at the Solway Hotel Masterton at which the AGM for the year was also held. He reported that the name of the Australian Journal of Ageing had been changed to the Australasian Journal on Ageing and was rated as the third most popular journal on ageing in the world. It was also reported that the benchmarking exercise was not viable because the data had been collected in diverse ways and could not be collated. Some members expressed frustration that information had been collected for apparently no purpose and hoped that funding authorities would not misuse the unreliable information.

There was some positive news at the 2001 AGM held at Waipuna Motor Lodge, Auckland. Broughton Thomas, Wendy Busby and Ron Haydon had all been involved in GP education activities in their local areas (Hamilton, Dunedin and Auckland) in programmes via the local Independent Practice Associations

(IPAs). The ElderCare Canterbury group had been involved with the main IPA in Christchurch and this had potential to raise political awareness of issues particularly to do with planning and funding care for older adults. It was also reported that the Ministry of Health had asked for key informants for work around Needs Assessment. There had been no geriatricians on the Older People Strategy Group until Carl Hanger and Pam Melding were co-opted. It appeared that after the long hiatus of the Health Reforms doctors were beginning to be listened to again. The proposed website was deemed to be too costly and it was agreed not to proceed with it.

The Wellington group were very active in their four year term. In addition to Karen Palmer's leadership we were well represented by Janet Turnbull at the NZ Specialty Board of the RACP and the Needs Assessment Processes meetings. The latter meetings did not focus on the elderly, but rather on the younger disabled and Maori. The NZGS needed a voice to ensure that mal-distribution of monies did not deprive the elderly of adequate services.

The retreat at Lake Tekapo in 2002 saw the advent of what was the penultimate NZGS administration. Dick Sainsbury became President again, John Kirwan Treasurer with Geoff Green continuing as Secretary. As discussed later this was the AGM at which amalgamation with the Australian Geriatrics Society was first discussed in earnest. James Tulloch President of the AGSM spoke to this pointing out the advantages to the NZGS which were seen as; access for the NZGS to the administrative support of the ASGM, which could also collect NZ fees; access to the newsletter, perhaps with a New Zealand section; joint emails to members; access to the ASGM website and; more co-ordinated access of advanced trainees to meetings and training opportunities in Australia. Dr Tulloch reported that the Federal Council of the ASGM met 4 times a year, twice by teleconference and twice face-to-face with the AGM coinciding with the Annual Scientific meeting. If there was a joint body New Zealand could be regarded as a 'state'. Issues of membership fees and legal status would need to be sorted out. It was agreed that the new executive would continue to work with the ASGM to clarify the issues that were concerning some NZGS members and to work towards amalgamation if that was felt to be to the NZGS, advantage. The incoming President noted that, in comparison with the last time he held the post, we now had a good number of advanced trainees and the Society's finances were secure. A tribute and a minutes silence were observed for Frank Tyree who had died during the year and who had made such a substantial contribution to the Southland service. There was also discussion about the pressing need to attract geriatricians to provincial centres.

There was a literary flavour to the 2003 Retreat at the Devon Hotel New Plymouth, Robert Prowse, from the ASGM executive highlighted books, films, poems and plays about ageing and presented a suggested reading list for advanced trainees that he had compiled. Dick Sainsbury spoke about ageing in the works of the English Romantic poets. At the AGM it was resolved to create a category of life membership for people who had contributed significantly to geriatric medicine in New Zealand. In view of the possibility of a new private MP's Bill on Euthanasia it was suggested that the Society update its position statement on Euthanasia and Professor David Richmond presented to the meeting on this and filed a position statement. It was agreed to keep this topic under active consideration over forthcoming years and for members of the executive to be prepared to comment if approached by outside agencies such as the news media. It was further resolved that the executive develop a draft position statement on euthanasia together with an information package for members of the society. Carl Hanger gave a detailed summary of the Ministry of Health Review on Specialist Services for Older People. Initially the Society had been poorly informed about this process but now had Margaret Guthrie and Liz Spellacy on the review group in addition to Carl Hanger and Pam Melding who had been appointed earlier. Prof Leon Flicker, President of the ASGM who was our guest at the AGM was invited to address the meeting. He discussed issues to do with amalgamation and after discussion it was moved the 'The membership of the NZGS support in

principle a formal relationship with ASGM and directs the executive of the NZGS develop a statement to present to the membership in 2004 to outline the practical steps needed to join with the ASGM'. This historic motion was proposed by John Scott, seconded by Fred Hirst and passed without dissent.

Further progress towards amalgamation was made at the 2004 AGM which was held in conjunction with the Retreat at Waiheke Island. Geoff Green introduced the motion that would be required to proceed to amalgamation. The following changes to the New Zealand Geriatric Society were needed:

- The new name of the Society would be the Australian and New Zealand Society for Geriatric Medicine
- That New Zealand would function as a State branch with their own executive and committee
- New Zealanders to have full voting rights
- Federal Council would be increased by two members
- New Zealand to have at least one elected member of the Federal Council as per other State divisions
- New Zealand members of Council to be elected for 2 year terms in the same way as Australian members
- New Zealanders would be encouraged to join subcommittees and chair if appropriate
- New Zealanders to pay half membership fees in whatever category and the full cost of the Journal
- Financial effects of amalgamation to be reviewed by full Council two years after it takes place
- All monies raised by New Zealand retreats or other activities to be retained by NZ Committee
- All monies raised by Annual Scientific Meetings to be retained by the central body
- Grants to the New Zealand Division to made on request for specific purposes as per Australian State divisions
- New Zealand members must be primarily resident in New Zealand

The motion was proposed by Geoff Green, seconded by John Scott and passed unanimously.

Other issues discussed at the AGM included the disquiet of a few members about pharmaceutical funding of the Retreat and the Society's submission to the New Zealand Land Transport authority's (NZLTSA) review of licensing requirements for older drivers. There was unanimous approval for Graham Davison to continue to be the liaison person between the society and the NZLTSA.

Peter Hunter President of the ASGM was our guest at the AGM and Retreat at Napier in November 2005. John Scott reported on the legal negotiations needed to amend the New Zealand constitution. He and Geoff Green had put in a huge amount of work to facilitate this. John Gommans was elected as the last President of the NZGS.

The idea that the NZGS might amalgamate with the Australian Society for Geriatric Medicine (ASGM) had been discussed informally at Annual General Meetings over a number of years. The impetus came in the late 1990s as more members of the NZGS attended the Annual Scientific meetings of the ASGM. The increasing quality of the ASGM meetings made New Zealand Geriatricians realise that we now longer needed to travel to the northern hemisphere to access a high quality scientific meeting. The amalgamation was discussed at length at the NZGS AGM at Lake Tekapo in 2002 where Dr James Tulloch, President of the ASGM, outlined the perceived benefits of amalgamation. If a vote had been taken at that meeting the idea of amalgamation would have been rejected. Instead it was resolved that

the incoming Executive would work with the ASGM to produce a discussion document outlining the benefits and disadvantages of amalgamation for the benefit of the members of both societies. The executives of the two societies continued to work on the issues and meetings between Australian and New Zealand Geriatricians held in conjunction with the ASGM scientific meetings in Melbourne 2003, Fremantle 2004 and Brisbane 2005 helped to resolve any doubts on behalf of the New Zealand membership. John Scott, in particular, spent long hours working with the lawyers to ensure that the constitution of the NZGS was amended legally. The merger of the two societies to become The Australian and New Zealand Society for Geriatric Medicine occurred in September 2006 in Christchurch at the first scientific meeting of the old ASGM in New Zealand. This was ratified by a final handshake between James Tulloch and Dick Sainsbury, the Presidents of the respective societies when amalgamation was first launched, at a Dinner held at the Wigram Airforce Museum in held in conjunction with the Scientific meeting. The new Society was wished well for the future and appropriately rude remarks were made about Australian Rugby and New Zealand Cricket.

Presidents of the NZGS

Secretaries of the NZGS

Dr C Graham Riley	1976-1979	Dr Karen Palmer	1976-1979
Dr David Campbell	1979-1982	Dr Jonathan Baskett	1979-1982
Dr Oliver Chapman	1982-1986	Dr Tudor Caradoc-Davies	1982-1986
Dr C Graham Riley	1986-1988	Dr Richard Sainsbury	1986-1989
Dr Fred Hirst	1989-1991	Dr Richard Seeman	1989-1991
Dr Jonathan Baskett	1991-1995	Dr Joe Singh	1991-1994
Dr Graham Davison	1995	Dr David Spriggs	1994-1997
Prof David Richmond	1996-1997	Dr Deepal Lecamwasam	1997-1998
Dr Paul Goldstraw	1997-1998	Dr Barry Taylor	1998-2002
Dr Karen Palmer	1998-2002	Dr John Scott	2002- 2006
Prof Richard Sainsbury	2002-2005		
Dr John Gommans	2005-2006		



Top left: Dr Fred Hirst

Top right: Dr Roger Harris (sitting), Dr Wendy Isbell (standing)

Bottom left: Dr Jonathan Baskett

Bottom right: Dr Graham Davison & Dr Hilary Birch



Dr Tudor Caradoc-Davies