



**Philippa Mercer  
(Chair)**

## FROM THE CHAIR

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**2021 has almost finished. COVID-19 continues to occupy our life through restrictions and worry that it will expand into all our communities. Those double vaccinated or with a negative test will be free to travel out of Auckland from mid-December. This has created excitement for Aucklanders who have been confined for so long and for the rest of Aotearoa New Zealand keen to meet their families and friends again. This is obviously tempered by the concern that Covid-19 cases will increase and potentially overwhelming our health system.**

I have included some of my report to AoNZNC for the December committee meeting in this article to keep you informed of our activities.

#### Examinations

Thanks to Justine and the team in the National Office, the Melbourne Examinations Department, all examiners and our DHB's the GSSE and Fellowship Examinations, both written and clinicals, were completed. This was a very stressful time for both the candidates and organisers as COVID-19 kept progressing and, as a consequence, rules about attendance and travel kept changing. Sadly, a small number of candidates were unable to attend because of travel restrictions. We extend our warm congratulations to all the candidates who passed and our best wishes to the unsuccessful and those unable to sit on this occasion with future opportunities.

#### Respectful Behaviour

This was an important issue discussed at the October Council meeting. Verbal and written communication by fellows to staff in the AoNZNC office and RACS Australian offices needs to be polite and respectful. There have been incidents of

very poor and unprofessional behaviour towards the College staff. The staff are all working extremely hard under stressful circumstances and do not deserve the added stress of poor behaviour from Trainees or Fellows.

#### College and AoNZNC name change

This needs ongoing education and discussion. Many openly support it, but there are some who are upset and vocal about the potential for a name change with the suggestion of incorporating Aotearoa and New Zealand into the College name.

#### Documents/Statements from AoNZNC

Over recent months your National Committee has provided information or commented on the following:

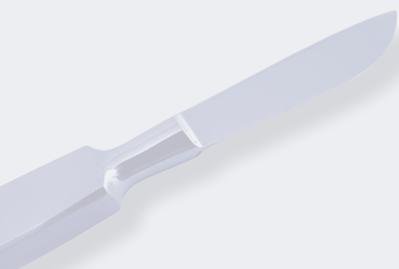
- The surgeon and the unvaccinated patient
- Timing of surgery and vaccination
- Respectful behaviour
- Supported letter "Doctors support vaccination"
- Elective surgery and Covid 19
- Gender identification in HDC reports
- ANZCA's revised PS09 on procedural sedation

#### Some of the Meetings attended

In recent months, I and other National Committee members have represented Aotearoa New Zealand and our College views at a number of meetings, some of which are listed below:

1. RACS October Council where I gave the annual Aotearoa New Zealand National Committee presentation and spoke on:
  - AoNZ vaccination rates and ethnic disparity
  - Business as usual + COVID-19

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## FROM THE CHAIR (continued)

- Extending the vaccination age group and booster vaccination
  - Impact of COVID-19 on examinations, skill courses and professional development
  - Health system capacity problems: staff and infrastructure
  - Health system reforms
  - Examples of AoNZNC involvement in health advocacy
2. David Galler, Transitional Unit, DPMC, to discuss the Health Charter; and timelines of the health reforms.
  3. Andrew Connolly, CMO, Ministry of Health, on equity – Māori, rural and Pacifica; registries; and assistance that AoNZNC / RACS can provide to government.
  4. Amy Wilson, departing Deputy Director General (Health Workforce) and Andrew Wilson Incoming Acting Deputy DG (Health Workforce). Prior to this November meeting I canvassed the National Committee, especially the Specialty Representatives, for their concerns about workforce and the health system. The response was impressive and detailed, with an overall tone of significant worry and concern. Key points raised were:
    - Not training enough surgeons to fill present positions in this country, with some centres losing a service through lack of staff.
    - Aging workforce – crisis in several specialties (eg. OHNS 45% > 60yrs in 2019)
    - Need for planning of surgical workforce and recruitment processes to match services eg. overlap of retiring surgeon and new young surgeon, planned appointments, certainty of employment prior to leaving for a fellowship, promoting non-metropolitan surgery in training and surgical posts.
- AoNZ reliance on Specialist IMGs and the need for them, where appropriate, to be RACS Hospital Supervisors when no FRACS is available. Training posts will disappear unless this happens.
  - Major lack of infrastructure: beds, theatre capacity, equipment, and staff etc and chronic lack of funding; lists being cancelled; staff shortages including surgeons, nurses, allied health, administration.
  - Plastics and Reconstructive Surgery's need to expand into more centres to provide greater equity of access to this specialty; with their hub and node design as a model for serious consideration. (Unfortunately, at the Workforce meeting we were told expansion such as that needed to go to different section of the health services!)

After this meeting the conclusion was there was agreement more AoNZ trainees are required and that they need incentive and forward planning to stay / return to AoNZ. Our data was presented but the only progress was agreement that there was a crisis - and the need to plan for another meeting! We acknowledged to the Ministry that some of the problems only RACS could solve.

In conclusion, the last three months have been busy for AoNZ National Committee and National Office. We recognise that it is important for us to be seen and actively supporting surgery and our patients.

Finally, Happy Christmas to all, and keep safe.

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## Meri Kirihimete and Best wishes for the Festive Season

The Aotearoa New Zealand RACS staff extend their best wishes for a safe and happy Festive Season.

The Aotearoa New Zealand Office will close at 5pm on Wednesday 23 December 2021, re-opening on Wednesday 5 January 2022.

*Andrea, Celia, Gloria, Ilse, Justine, Leanne, Raji, Ricki, Sarah, Sheryll and Spencer.*

# SAVE THE DATE

## SURGERY 2022 - Care in a Crisis

THURSDAY 1 & FRIDAY 2 SEPTEMBER 2022

Crowne Plaza, Queenstown



The next Aotearoa New Zealand Annual Surgeons Meeting, Surgery 2022: Care in a Crisis, will be set against the stunning backdrop of Aotearoa's adventure and skiing capital, Queenstown, on 1-2 September 2022. On offer is a diverse collection of speakers, opportunities for personal and professional development, and a chance to connect with colleagues – something many have missed over the past few years! For those who are unable to attend in person, we will be offering the opportunity to attend virtually via livestream.

The focus of Surgery 2022 will be the very unwell patient, with sessions exploring the subject from many perspectives. The programme promises to bring new considerations to the way we think about care in crisis and encourage reflective practice toward clinically challenging patients.

Surgery 2022 is set to be a wonderful event with relevant and engaging sessions. There will be something for everyone, no matter your specialty or level of experience / training. We will be utilising the knowledge and skills of our Fellows within the programme and, in addition, have a number of confirmed non-RACS speakers including:

### Dr Siouxsie Wiles

We are thrilled to have reknowned microbiologist and science communicator Dr Siouxsie Wiles joining us for a COVID update and an overview. She is the head of the Bioluminescent Superbugs Lab in Auckland, where she studies infectious disease. Hailing from the U.K., Siouxsie has dedicated herself to effectively communicating science to broad audiences. Her leadership throughout the Covid -19 pandemic as a high-profile commentator won her the prestigious title of 2021's 'New Zealander of the Year'.

### Dr Tammy Pegg

Tammy Pegg is a Nelson-based Cardiologist and a specialist in Heart Failure and Non-invasive clinical imaging, included cardiac MRI. Tammy has a PhD from the University of Oxford and is a Fellow of the Royal College of Physicians. Tammy is equipped to provide perspectives on advanced care planning and navigating serious conversations with critically unwell patients.

### Courtney Sullivan

Courtney Sullivan is a medical student at the University of Otago with undergraduate degrees in Anatomy and Māori Studies/Te Tumu. Courtney's thesis was inspired by her time studying in the cadaver lab, during which she noticed that her experience as a Māori student was different than her fellow students. She went on to research Māori attitudes on death and dying, and how loss was experienced through a Māori lens.

### Dr Matthew Dolling

Matthew Dolling is an Intensive Care Consultant in the UK. At the height of the Covid-19 pandemic in April 2020, Matthew wrote a piece titled '*Reflections of a Lincolnshire intensive care consultant*' which described the harrowing conditions in the UK. at the time. His perspectives on difficult choices around critical patient care will be valuable to a medical audience who were spared from the panic and pressure COVID brought throughout 2020 and on in to 2021.

**So, MARK THESE DATES, 1 & 2 SEPTEMBER 2022, IN YOUR DIARIES NOW**

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# Damian McMahon Trauma Research Travel Grant For Trainees



**D**amian McMahon (1958–2012) was an integral and influential member of the RACS.

The Damian McMahon Trauma Research Travel Grant is based on research into cause, prevention and/or management of trauma and is awarded to the best trauma research paper presented by a trainee at the RACS Annual

Scientific Congress (ASC). The 2022 ASC will be held in Brisbane 2-6 May. The Damian McMahon Trauma Research Travel Grant is a session in the ASC trauma program.

**Abstract submissions for the 2022 ASC open in late October 2021 and close 8:00 am Thursday 27 January 2022 – visit [asc.surgeons.org](http://asc.surgeons.org)**

The Damian McMahon grant has been set up to assist the recipient with travel expenses to attend and present their paper at the 2022 Advanced Trauma Life Support (ATLS®) Asia Pacific Region XVI paper competition. The winner of the Region XVI meeting is eligible, and supported, to compete at the American College of Surgeons Committees on Trauma scientific meeting held in the US in March 2023 with the winning research paper eligible for publication in the Journal of the American College of Surgeons.

**RACS Trauma Committee**  
[trauma@surgeons.org](mailto:trauma@surgeons.org)



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## Success in the Fellowship Examinations

**C**ongratulations to New Zealand based Trainees who were successful in the November exams in Auckland and Wellington.

Jeffrey Macemon – Cardiothoracic Surgery

Kamaraj Radhakrishnan – Cardiothoracic Surgery

Sandra Campbell - General Surgery

Braden Pyle - General Surgery

Yukai Lim - General Surgery

Kiren Dulku - Otolaryngology, Head and Neck Surgery

Oliver Rose - Otolaryngology, Head and Neck Surgery

Deborah Friberg - Urology

Alice Mistry - Urology

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## RACS Diaries

**T**he 2022 RACS hard copy diaries are available for members. If you need one sent to you, please email your member ID, name and address to [reception.desk@surgeons.org](mailto:reception.desk@surgeons.org)



## In 2022....

Subscription fees are payable by 1 January.

Registration for SET selection for 2023 training year opens on 6 January and close 3 February. Then specialty applications open 2 March. Full details can be found on the College website.

Cutting Edge contribution dates are 4 March, 3 June, 2 September and 1 December.

Aotearoa New Zealand National Committee meetings will be held on 4 March, 10 June, 2 September and 2 December.

Annual Scientific Congress is in Brisbane, 2 - 5 May.

Surgery 2022: Care in a Crisis is in Queenstown on 1 & 2 September.

## Court of Examiners

**M**any of the formalities connected to the Court of Examiners have had to be put to one side in our COVID environment, including the full Court 'thank you's' to those who have completed their time as an active member.

However, the Examiners in General Surgery and in Otolaryngology Head & Neck Surgery who were at the Wellington venue for the Fellowship Examination in November took the opportunity of being together to thank Scott Stevenson for his work as Deputy Chair (NZ) of the Court. Scott is retiring from that role and, on behalf of RACS, Cathy Ferguson presented him with the College's Certificate of Appreciation and a gold lapel pin. As you will see from the photo, the AoNZ Office's donated supply of RACS gowns were brought out of their COVID mothballs for the occasion.

With less visible formality – but in true COVID style – Philip Morreau was also recognised very recently for his contribution as Senior Examiner in Paediatric Surgery. His certificate and lapel pin were presented to him by Neil Price, a colleague at Starship Hospital and current Chair of the Board of Paediatric Surgery, in a departmental meeting in Auckland. Phil joined the Court in 2011, became Senior Examiner in 2018 and was scheduled to finish in that role in 2020. However, like Scott Stevenson, in light of the exigencies of COVID-19 he took on an extension in that role until after the recent Fellowship examinations in November.

Our thanks and recognition are also due to Cathy Ferguson and Bruce Hodgson, both of whom extended their work as Senior Examiners in Otolaryngology Head & Neck Surgery and Orthopaedic Surgery, respectively, through to the end of June 2021.



# COLIN McRAE MEDAL

**NOMINATIONS ARE CALLED FOR THE AWARD OF THIS MEDAL WHICH RECOGNISES AN OUTSTANDING CONTRIBUTION TO NEW ZEALAND SURGERY**



*Colin Ulric McRae (1942 – 2000) was an outstanding New Zealand Surgeon who made many contributions to surgery in this country, including serving as President of the Royal Australasian College of Surgeons from 1996 – 1998.*

The Colin McRae Medal commemorates the life and work of the late Colin McRae. This medal recognises and honours those who have made an outstanding contribution to the art and science of surgery and surgical leadership in New Zealand.

## **CRITERIA**

The Colin McRae Medal will be awarded to a person who is judged to have made an outstanding contribution to New Zealand surgery in one or more of the following areas:

- Clinical excellence over a period of time.
- A major contribution to surgical research and/or surgical education.
- Surgical leadership in New Zealand.

The award will normally be made to a Fellow of the Royal Australasian College of Surgeons resident in New Zealand, but under exceptional circumstances may be made to a non-fellow or a non-resident.

## **NOMINATIONS**

Nominees must be proposed and seconded by Fellows of the Royal Australasian College of Surgeons normally resident in New Zealand. A detailed justification for the nomination and, if possible, a curriculum vitae should accompany the letter of nomination.

If a nomination is approved, this award will be presented in the later part of 2022.

## **NOMINATIONS MUST BE ADDRESSED TO:**

Chair  
Aotearoa New Zealand National Committees  
Royal Australasian College of Surgeons  
PO Box 7451  
Wellington 6242  
c/- Justine.Peterson@surgeons.org

## **CLOSING DATE FOR NOMINATIONS:**

**6 April 2022**

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# From the Edge

## Respectful Behaviour to our staff

All Fellows recognise the importance of respectful behaviour to their colleagues and to those with whom they work. Almost all Fellows of our College have now participated in the RACS Foundation Skills for Surgical Educators course so are familiar with our College's approach to respectful behaviour. A recent survey of Fellows has identified that prevalence of the worst forms of DBSH has declined, although more subtle inappropriate behaviours persist.

It is concerning when we continue to hear reports of Fellows talking or writing to staff of the College in disrespectful ways. Often this happens when surgeons feel the College has not been able to meet their needs adequately, and sometimes occurs by surgeons in the course of their pro bono work where they have an issue with a College policy. Frustration with College process is not an excuse for abusive interaction with staff. Nor does pro bono work entitle us to behave in ways we would not otherwise accept.

Remember too that our staff are under huge pressure at the moment as we all navigate through the additional impediments to our work caused by the response to the Delta variant of Covid-19. Please do not add to that stress. They are employed to assist us, and cannot do so as easily if they are the recipients of abusive or aggressive interaction by us as Fellows. Keep communications respectful and moderate language in a way that will not cause offence or stress to our staff. We value and depend on their efforts, and our College functions best when our surgeons and staff have a close and effective working relationship based on respect and trust in each other.



**Sarah Rennie and Spencer Beasley, Surgical Advisors (Aotearoa New Zealand)**



**Sharon Jay  
RACSTA Representative on NZ National Board**

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## RACS TRAINEES ASSOCIATION UPDATE

**T**enā koutou, Congratulations to all the candidates who presented for the Fellowship examination, particularly given the especially stressful buildup. We are proud of you all. At the October RACSTA meeting there was discussion around the RACS planning for examinations next year which will be 'COVID safe' however there is still uncertainty, and we continue to engage on your behalf to communicate trainee views. Keep an eye on the 'Kiwi SET Trainees' Facebook page for communications or contact your specialty rep or myself if you want more information.

This is my last Cutting Edge report as Aotearoa New Zealand Regional Trainee Representative. I have been elected Chair of RACSTA and will move to that position on January 1st, 2022. I'm keen to increase RACTSA's presence and improve engagement with trainees and I have a few ideas I'd like to build on but I'd really like to hear your opinions - please give me a shout when you see me, a text, email, tweet... whatever! The majority of the representation RACSTA does on RACS committees is unseen but it's so important we have that representation and in my experience the trainee voice is valued and respected by RACS fellows. The RACSTA Executive will have a strong kiwi presence with Justin Parr moving to the Training Portfolio and Ashwini Pondicherry to the

Communications Portfolio. I'd like to thank the outgoing Chair Charles Jenkinson and Deputy Chair Ashwini for their mahi in this challenging year.

Obviously, I have enjoyed this role and hope that I've done you proud. Thank you for this opportunity. An email from RACSTA will call for nominations for this role in December and the trainee vote will be in early February 2022. Please contact me if you'd like a korero about what's involved. With the upcoming Pae Ora (Healthy Futures) Bill forming the framework for the structure of the new health system and the AoNZ National Committee involvement in this it's going to be an exciting year for our next representative.

The Xmas songs are playing in theatre so the holiday season must be approaching! May I wish everyone a safe and Meri Kirihimete and a Happy New Year. I hope everyone has some leave to recharge and enjoy some summer fun, and to those working the public holidays thanks from the rest of us! To our Auckland and Waikato colleagues, we hope you get the chance to socialize and move around with more normality. Stay safe everyone.

Ngā mihi nui,  
Sharon

sharonmjay@gmail.com  
Twitter: sharonmjay

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# Ethical referrals

**The Royal Australian & New Zealand College of Radiologists has raised concerns on this issue. They have asked that their following comment be circulated within the College. Following their piece, there is comment on this issue from our Surgical Advisors (Aotearoa New Zealand).**

## Radiology College

The pathways of patient care commonly require the work of both a surgeon and a radiologist. Occasionally the relationships between referrer and provider can become blurred.

The Royal Australian and New Zealand College of Radiologists (RANZCR) has spent much of 2021 developing a discussion paper on ethical referrals because there are potential risks to patients and funders when referrals are influenced by conflicts of interest. The purpose of RANZCR's discussion paper and ongoing advocacy is to address full transparency around referrals.

Ethical referral patterns are important for:

- maintaining patient trust in the profession
- the integrity of the medical profession
- funder assurance that resources are being used appropriately
- ensuring patients are not exposed to unnecessary imaging
- compliance with the expectations of the Medical Council and the Health and Disability Commissioner.

Decisions about patient care, including referrals for imaging, will be guided by evidence-based decisions about what is in the best interest of the patient.

The referrer and provider are responsible for the care of their patients and can be held accountable for their actions and decisions. Regulators (HDC, MCNZ) believe in the importance of avoiding conflicts of interest and transparency with patients where a conflict is unavoidable, even if it is only perceived.

The complete paper is available on RANZCR's website. While the official consultation period has passed, RANZCR welcomes feedback and ongoing discussion on this issue. Please email [nzbranch@ranzcr.org.nz](mailto:nzbranch@ranzcr.org.nz)

## RACS comment

We recommend RANZCR's paper on ethical referrals be considered. It is important that referrers – sometimes surgeons in private practice - make sure that patients are aware of any conflicts of interest when referring patients for radiological tests. Some surgeons have financial stakes in private radiology companies and while they may not think this increases their referral for radiology tests consciously; international research has shown that referrals for tests increase when the referrer has an interest in the company providing the tests. We have a duty to protect our patients

and to also inform them of alternative companies that can provide the test needed.

Often care can be enhanced when a patient is able to access care all in one location and there is trust and good communication between a surgeon and radiologist, however all decisions to refer for imaging must be in the patient's best interest.

While this issue has been raised by the College of Radiologists with the MCNZ, the Ministry of Health and our College, the principles would apply to any healthcare facility or service in which the surgeon has a financial stake. The MCNZ pointed out that they have published Standards in this area, against which any complaint would be judged.

RACS code of conduct for surgeons outlines the professional behaviour expected by RACS surgeons and includes the college pledge which starts: *"I pledge to always act in the best interests of my patients, respecting their autonomy and rights."* And includes the following *"I will abide by the Code of Conduct of this College and will never allow considerations of financial reward... compromise my judgement or the care I provide."*

Within the Code itself there are several statements that may be relevant to this issue. These include that

*A surgeon will:*

- ensure that their treatment recommendation does not promote or advance a business arrangement
- promote sustainability in healthcare through judicious use of health resources
- not use resources primarily for their own financial gain
- disclose to patients any interests in matters related to their care, including financial interests in facilities utilised or financial gain from the use of devices

If any Fellow wishes to discuss this with one of us please do make contact via email – [spencer.beasley@surgeons.org](mailto:spencer.beasley@surgeons.org) or [sarah.rennie@surgeons.org](mailto:sarah.rennie@surgeons.org)



**Spencer Beasley & Sarah Rennie  
Surgical Advisors  
(Aotearoa New Zealand)**

## Expression of interest for Aotearoa New Zealand Younger Fellows Representatives are now being accepted ...

### **Younger Fellows Representatives: responsibilities and duties**

Younger Fellows are Fellows of the Royal Australasian College of surgeons who have gained their fellowship in the last 10 years. Through the representatives of the state territories and Aotearoa New Zealand, the Younger Fellows Committee, via the chair, has a direct voice to the RACS council. Younger Fellows representatives have the opportunity to put forward the views and matters that are important to Younger Fellows across Australasia. The expected workload for a Younger Fellows Representative would be 30-40 hours per annum.

### **Younger Fellows committee meetings**

Each member of the Younger Fellows committee is required to attend 3-4 meetings per year, usually held on a Monday or Tuesday evening and 1-2 hours in duration. These can be attended via videoconference, aside from the face-to-face dinner and meeting which usually takes place at the end of October. Accommodation and flights will be provided to each committee member and representative for the in-person dinner. Representatives are required to provide a written report on state/region activities in advance of the meeting to be included in the meeting papers.

### **Events**

The Younger Fellows Representatives are expected to assist with overseeing events throughout the year. These may include online webinars, in person seminars and dinners or other events. Usually, a dinner for the Younger Fellows will be held once per year along with 3-4 other events. The YF representative will work with the state/region office to oversee and coordinate these events. In the years when the ASC is held in your region, the Younger Fellows representative is also responsible for finding conveners for the Younger Fellows Forum and for the ASC.

### **Aotearoa New Zealand and Australian State committees**

For Aotearoa New Zealand and Australian state committees, the Younger Fellows representative is co-opted and required to attend the state committee meetings, usually 4 per year.

### **Preparation for practice**

In New Zealand and all the Australian states, the Younger Fellows Representative is responsible for overseeing the organization of the preparation for practice course in liaison with the state/territory offices.

### **Other tasks**

Committee members may be called upon to assess applications for roles on committees or boards, or for grants and scholarships. Committee members may also be asked to read and provide feedback on key documents, policies, or communications involving Younger Fellows.



### **Interested?**

Contact Aotearoa New Zealand office,  
college.nz@surgeons.org or by phone (04) 385 8247

Sean Galvin  
Aotearoa New Zealand Younger Fellows Representative

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# OBITUARIES

## BELINDA SCOTT

8 November 1957 – 16 May 2021

### General Surgeon

**B**elinda Scott was born in new Plymouth in 1957. Her father was a senior member of the New Zealand Police having emigrated from a similar position in England. The family had many moves because of that occupation but eventually they settled mostly in Wellington and the Hutt valley. Her mother, who was a highly regarded public health nurse, had intended a career in medicine but was discouraged from doing so by her own father who thought that medicine was no place for a woman.

Belinda had her secondary education at Wellington Girls College and despite only modestly good bursary marks went to Otago university to sit the medical intermediate year. She worked tirelessly and secured a place in second year graduating in medicine in 1981.

She spent her house surgeon years at Wellington and Napier hospital and her surgical trainee years in Wellington. As her mother had experienced, there was an unspoken but general disapproval of women entering surgery in those years. Fortunately, she had two outstanding advocates. One was Richard Stewart Professor of Surgery. I remember him speaking to me in glowing terms about Belinda's technical expertise saying that she had the potential for an outstanding career in surgery. Her other supporter was general surgeon Ted Watson who recognised in her a steely commitment to succeed in her chosen field of surgery. Having failed her first attempt at the Fellowship exam he offered regular tutorial advice and mock exams to enable Belinda to easily pass the Fellowship exam at her second attempt in 1986. These men are both still remembered today as outstanding surgeons and educators. Recalling those times Belinda said, "Failure teaches you if you really want something." Belinda then stayed in Wellington as a general and breast surgeon until moving to Auckland in 1994.

Since medical school she had had an enduring friendship with classmate James Beetham. This matured eventually to a deeper and stronger relationship culminating in their marriage in 1988. Arrival of their children in the early years of their marriage complicated both their training pathways requiring them to juggle childcare to meet the demands of a on call work and study. To their mutual credit they eventually achieved their goals James becoming an outstanding and very busy General Practitioner.

The District Health Boards of the time to whom Belinda applied for general surgical positions did not seem kindly disposed to accommodating those, particularly women, seeking part time positions to enable them to manage their families. So, regrettably, her ability to express her undoubted talents as a teacher and practitioner were lost to the public sector. Undaunted she established her

own private practice exclusively in breast surgery.

In 1995, Belinda became the first woman to start her own breast clinic in New Zealand. She described the decision to go out on her own as a big risk: "My nurse and I sat on the floor – we didn't have desks – asking, 'Will anyone come?'" They came, and continued to come, and soon Breast Associates was the first clinic to pool all the necessary breast care services on one site – surgeon, GP, breast physician, radiology, and more. Her philosophy was that every woman has a right to good advice and excellent care, delivered in a caring manner. Over the years, she treated thousands of New Zealand women on that basis. Committed to scrutinising every aspect of her own work and her clinic's, she strived for continual improvement. She remained managing director of Breast Associates until her retirement due to ill health in 2015.

In 1994, deeply concerned at the escalating rates of breast cancer in New Zealand Belinda became deeply involved with The New Zealand Breast Cancer Foundation. As part of that Foundation, Belinda talked widely and publicly about breast cancer, educating women about mammograms for early detection and improved survival. For many years she remained a member of the Board of Trustees and for seven years the Chair of the Medical Advisory Committee and a long-time member of the Board of Trustees

In her own practice, she advocated for less radical breast cancer surgery and performed New Zealand's first sentinel lymph node biopsy, now a standard procedure for breast cancer patients.

Belinda served on the management committee of the Australasian Society of Breast Diseases, encouraging a multidisciplinary approach to breast cancer and breast disease that has now become standard. She was a foundation member of Breast Surgeons of Australia and New Zealand and, as a member of the Australia & New Zealand Breast Cancer Trials Group, participated in several ground-breaking clinical trials. Belinda was a strong advocate for what is now the Breast Cancer Foundation National Register, which over the years has expanded to track treatment and outcomes for every patient in New Zealand. To acknowledge her substantial contribution, Breast Cancer Foundation NZ has named one of its



fellowship grants in her honour: the BCFNZ Belinda Scott Clinical Fellowship intended to develop the career and research pathways of promising young doctors.

Away from surgery she enjoyed a wide range of activities. She was a great lover of the outdoors with skiing, biking, and tramping taking pride of place. At home in addition to giving love and support to her family she was an accomplished pianist and avid reader. She had a huge circle of friends and was much admired by them all for her loyalty and honesty. Her sense of humour was legendary and brightened many a long day in the operating theatre.

Ill health supervened in 2015 causing a premature retirement from clinical practice. The inexorable decline in

her function occasioned by dementia took a heavy toll on her friends and family but it is a testament to the respect and love she generated in those closest to her that they supported and cared for her to the very end.

She is survived by her husband James and their children Henry, Penny, and Sara. Hopefully it is some comfort to them that the surgical community will recall Belinda with huge respect and gratitude for the example she set and the high benchmarks she established for clinical practice.

**The assistance of Belinda's family and close friends and the Breast Cancer Foundation in preparing this tribute is gratefully acknowledged**  
P G Alley FRACS

## Louis Barnett Prize

**The 2021 Louis Barnett Prize research papers were presented via a Webinar held on 1 December. The plan had been for these be presented, in person, during our Surgery 2021 conference in Queenstown in September. When COVID lockdown required that be changed to a fully virtual Meeting and the programme content adjusted, these presentations were moved to this Webinar.**

Our congratulations to Dr Mark Zhu whose research presentation *'Novel growth factor combination for improving rotator cuff repair – a rat in vivo study'*, was determined as the winner. The prize is \$2,500 and Dr Zhu will also receive a formal certificate.

Thanks are accorded to all presenters. The four judges had this to say about the presentations:

"All were of an exceptionally high standard and a credit to the presenters. The speakers knew their topics well and presented them clearly, with good diction and

communicated their studies effectively. The presentations were supported by high quality slides that supported their discussion well. Questions were handled competently. It was a privilege to hear these outstanding talks outlining their impressive research undertakings."

The Louis Barnett Prize was established by the New Zealand Committee of RACS in 1962 and has been awarded over the years to many prestigious New Zealand surgeons. It commemorates Sir Louis Barnett CMG, who was instrumental in the formation of the Royal Australasian College of Surgeons (initially known as the *College of Surgeons in Australasia (which includes New Zealand)*) in the 1920s and the first New Zealander to become President of this College.

Our plan (and hope) for the 2022 Prize is that we will have in-person presentations during the *Surgery 2022: Care in a Crisis* conference in Queenstown at the beginning of September.

**Does the future of surgery have surgeons in it?**  
Encounters with the brains trust

Find the answer at the New Zealand Association of General Surgeons 2022 Annual Scientific Meeting.

SYNERGY IN SURGERY  
TE PAPA TONGAREWA, WELLINGTON  
SATURDAY 2<sup>ND</sup> - SUNDAY 3<sup>RD</sup> APRIL 2022

**NZAGS**  
New Zealand Association of General Surgeons

## Access to Counselling Services

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**We encourage letters to the Editor and any other contributions**

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