

Cutting Edge

March 2023

FROM THE CHAIR

Resilience of staff and systems are interlinked

Aotearoa New Zealand is reeling from a number of extreme weather events that have seen loss of life and destruction of property and livelihoods. These scenes have been very distressing.

Hopefully none of you have been directly affected but we all know of friends, family and colleagues who have been. We want to express our heartfelt sympathies to all those who are suffering. Our thoughts are with the families who have lost loved ones and those whose homes and communities have been devastated. We hope we have seen the last of the wild weather and have no new scenes of turmoil and disruption this summer.

What has been heartening is the many of our healthcare colleagues who have gone to extraordinary lengths to meet their communities' needs.

“Resilient people in a system that does not support them is setting them up to fail.”

It made me think about resilience as I have heard that word used to describe communities around the country. While I have listened to stories from the Hawke's Bay and Te Tairāwhiti I have heard of great strength but I also acknowledge the great stress many are under, and the ongoing need to look after oneself and each other.

Much has been spoken about resilience in healthcare recently. On the notice board outside our theatres there are posters documenting personal resilience and wellbeing correlating with six facets:

- 1 Body – be active
- 2 Mind – keep learning, new experiences, see opportunities
- 3 Spirit – generosity of time, words, presence
- 4 Planet - care
- 5 Place – awareness of the simple things that give you joy
- 6 People – care

Furthermore, at a recent conference, we had the privilege of hearing from Dr Dan Pronk, an Australian SAS medic who has written on resilience.¹ He speaks of a “resilience shield” and identifies similar aspects, namely social, mind, professional and body. This has been verified by an independent evaluation.

However, resilience not only applies to the individuals and communities in which we live and serve, but also to the systems with which we engage (healthcare, food, environment, economy). I strongly believe we cannot keep asking individuals to be more resilient, and then more resilient again, as seems to be asked of healthcare workers so often. We also need to build resilient systems to support them.

Resilient people in a system that does not support them is setting them up to fail, no matter how resilient they are. The focus on efficiency in the health system can sometimes work against the resilience of staff. We need to hold the two, people and systems, in symbiotic tension.

Curiously, a recent review of the volume of acute work at an Aotearoa New Zealand health institution contradicted the anecdotal perception that ‘we are busier than ever’. Is it that the cases are

more complex or is it just that teams' level of resilience has been diminished or undermined?

Healthcare has been described as a complex system. The definition of a complex system comes from Dave Snowden and his work on the Cynefin framework for decision making. Cynefin is Welsh for place and is similar in meaning to tūrangawaewae. We need to understand our place and ensure that it works for patients and for the healthcare workers who serve them. This includes the need for adequate flexibility and adaptability within the system. We must ensure that we do not replicate the same policies and procedures just for the sake of presumed ‘efficiency’.

The seemingly unrelenting call to do more with less may not produce the desired outcomes for patients or staff. To rebuild staff morale in a stressed and compromised system is difficult. Sometimes a different way of doing things may be needed to get the same outcome depending on the place. This is where we, as surgeons, may be able to provide leadership in a way that will influence the future of healthcare in Aotearoa for the better.

1. The Resilience Shield by Pronk, Pronk and Curtis. Macmillian 2021 Notebaert et al, BMC Psychology (2022) 10:181



Pictured: Associate Professor Andrew MacCormick, Chair, Aotearoa New Zealand National Committee

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Have a cuppa with Health Minister Dr Ayesha Verrall

Aotearoa New Zealand
International Women's Day
breakfast Zoom

Wednesday 8 March 2023
7-8am



Meeting link: <https://bit.ly/IWD23Aotearoa>

Passcode: 854021

Parity for Māori surgeons by 2040? “You can hold me to it.”

Professor Jonathan Koea has ambitious plans for Māori health and the Royal Australasian College of Surgeons (RACS). Rather than stepping into the newly created role as Māori Trainee Liaison Lead for RACS, he’s taking it at a sprint.

Professor Koea only took on the role, which is funded by the Foundation for Surgery, in November last year but already he has a clear idea of what needs to be achieved. That includes increasing the proportion of Māori surgeons so they match the proportion of Māori in the general Aotearoa New Zealand (AoNZ) population. The aim is to train 150 Māori surgeons by 2040 in time for the bicentenary of Te Tiriti o Waitangi, Treat of Waitangi.

“This is an ambitious goal for the College but we are committed to it,” he says.

At present there are around 15 Māori surgeons practicing in Aotearoa New Zealand. That’s about 2 per cent of all surgeons in AoNZ. Māori, on the other hand, make up 17.2 per cent of the population, according to Stats NZ figures from June 2022. For Māori surgeons to achieve parity, there would need to be close to 140 practising in AoNZ.

That might seem like too much of a gulf to bridge in under 20 years, especially when it takes around 15 years to train a surgeon from the first year of medical school to surgical accreditation.

Yet progress is already well underway. There are currently 30 Māori surgical Trainees across five of RACS’ nine specialties; that is a higher number than ever seen in RACS’ history. And the Māori Health Advisory Group has initiatives in place, and more it’s exploring, to keep the momentum up and encourage more of the best and brightest Māori doctors into surgical careers.

Professor Koea (Ngāti Mutunga, Ngāti Tama) is Professor of Surgery at the University of Auckland and head of the Upper Gastrointestinal Unit at North Shore Hospital. When Jonathan first finished his surgical training, he was the

only Māori general surgeon in the country.

A significant part of his professional contribution to surgery has been working to improve the health of Indigenous communities in both AoNZ and Australia. That includes through the College’s Māori Health Advisory Group, an offshoot of RACS’ binational Indigenous Health Committee. He has been a member of the group since its inception half a decade ago.

If health outcomes for Māori patients are what is important, why is Professor Koea, and the Māori Health Advisory Group, so focused on increasing the number of Māori surgeons?

Because Māori doctors better understand the health needs of Māori patients, he says.

“Māori doctors bring a lot. They are culturally really grounded and skilled in reaching and understanding Māori communities. They often come from different backgrounds from the average surgeon. Sometimes they have encountered greater challenges along the way. That can mean they’re better at solving problems. They are driven and focused.”

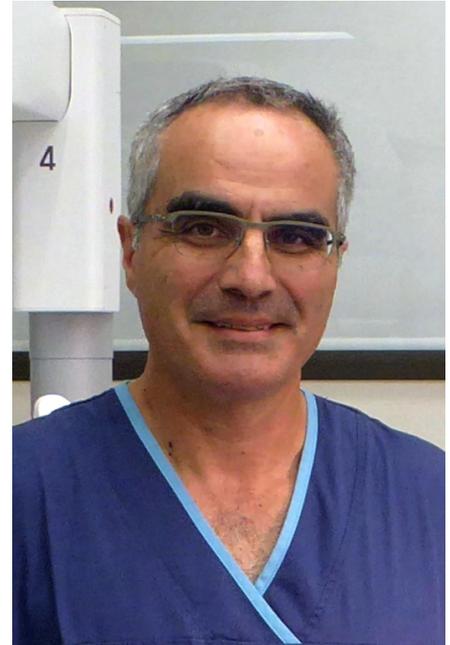
Professor Koea equated the understanding amongst RACS of the need for more Māori doctors to the now well accepted view of the benefits of having more women in surgery.

“Our College has moved [its thinking] and really understand the strengths that come with diversity.”

Women Trainees now account for about a third of all surgical Trainees; double the proportion of women who are active Fellows.

So that’s the why but what about the how?

One initiative that has been in the works for some time is a collaboration aimed at encouraging Māori secondary school students into surgical careers. Working with Pūhoro, which launched in 2016



to increase engagement of Māori in STEMM-related career pathways (science, technology, engineering, mathematics and mātauranga Māori), surgeons present at careers expos and offer interactive activities to give Māori college students a feel for surgery.

The Māori Health Advisory Group is also working with medical schools and hopes to strengthen its relationship with Te Aka Whai Ora, the Māori Health Authority, to look at more long-term planning for the Māori healthcare workforce.

As far as being the Māori Trainee Liaison Lead, Professor Koea plans to reach out to each and every Māori Trainee to see where they need support. Those who are interested will be paired with a mentor.

He is also speaking to Te Rau Puawai, which aims to build the Māori mental health workforce in collaboration with Massey University, to see how its success can be replicated for surgery.

Whether you’re a Māori surgeon, Trainee or someone thinking about a surgical profession, Professor Koea has a message for you.

“We are here to help. Kōrero mai.”

RURAL/REGIONAL HEALTH

Project progresses to examine barriers and incentives for surgeons working in the regions

By Dr Nicola Hill, RACS Councillor and AoNZNC Representative to the Rural Health Equity Steering Group

A study will be starting soon to ask the 20 per cent of Aotearoa New Zealand (AoNZ) surgeons who work in regional settings about the pros and cons of being based outside the metropolitan areas.

This is one of the actions of the Aotearoa New Zealand Rural and Regional Health Equity Strategy. Rural health equity initiatives are now embedded as a flagship item to be incorporated into activities by all RACS portfolios. For Aotearoa New Zealand, the focus is more on regional, rather than rural, areas.

Funding for the project, entitled *Perceptions of barriers and incentives to uptake of consultant positions in regional areas in Aotearoa New Zealand*, was secured in 2022. A qualitative study, where participants will take part in a semi-structured interview, it is being run by the Research, Audit and Academic Surgery Section of RACS in collaboration with an AoNZ-based researcher.

Discussion and exploration of the themes that emerge will be valuable in setting future direction.

Currently the project protocol and interview questions are being developed and ethical approval processes are underway.



The research team will be asking regional surgeons, including Specialist International Medical Graduates (SIMGs), to take part in the study. They are interested to hear from everyone, including those who aren't RACS Fellows. Around 30 per cent of vocationally registered surgeons in the regions are non-FRACS SIMGs, compared to 15 per cent in the urban centres. Their input will add a dimension to the research that will be of real value.

If you would like to share your experiences of working in a regional location, both positive and negative, please watch this

space for recruitment in the next few months.

In the next edition of *Cutting Edge*, I will review the current AoNZ National Committee approach to the Rural Health Equity Strategic Action Plan in the context of budget constraints for RACS.

For more information, see the RACS Rural Health Equity Strategic Action Plan (<https://bit.ly/3gTegfG>).

Royal Australian College of Surgeons
It's our job, our passion, our pride

Notice anything different?

Cutting Edge has a fresh new look with an Aotearoa-flavour.
We hope you like it.

World-first cultural safety plan launches

A plan to provide cultural safety training will be embedded in doctors' medical education in what is being described as a "world first".

The *Cultural Safety Training Plan*, launched on 8 February 2023, was developed by the Council of Medical Colleges and Te Ohu Rata o Aotearoa, Māori Medical Practitioners Association.

It provides a practical framework for the 17 Aotearoa New Zealand (AoNZ) medical colleges, including RACS, to develop cultural safety education for Trainees and Continuing Professional Development (CPD) programmes for Fellows.

Cultural competence education and training has been on the curriculum of AoNZ medical schools and colleges for some years now with the aim of providing high-quality care and improved outcomes for patients.

More recently, the Medical Council of New Zealand introduced cultural safety as a standard for doctors to adhere to.

While cultural competence focuses on increasing knowledge and skills around interactions with patients of different cultures, especially Māori, cultural safety aims to tackle biases, even unconscious ones, that may impact on best outcomes for the patient. Cultural safety requires doctors to continually examine their



interactions with patients with the aim of providing equitable service to all cultures.

Besides providing a framework for culturally safe medical practice, the *Cultural Safety Training Plan* provides definitions of the proficiencies culturally safe doctors need to develop; teaching and assessment criteria; and self-assessment tools.

It is designed to be used across all medical disciplines and reflects the unique context of AoNZ, with a particular emphasis on Māori health equity and achieving optimal health for Māori patients and whānau.

It is intended as guidance only and medical colleges have the flexibility to implement the plan in a way that best aligns with their current training

programmes and in the context of their particular vocation.

RACS already provides cultural safety education to our Trainees and Fellows. Cultural competency and cultural safety is one of the 10 competencies central to surgical training skills and the CPD framework. The *Cultural Safety Training Plan* however will be a useful resource for our members for cultural safety activities and assessment.

Add Post Op to your playlist

RACS' *Post Op Podcast* is a medical podcast featuring Fellow and Trainee human interest stories as well as extended interviews on articles in the current issue of *Surgical News* magazine, plus practical advice surgeons can implement in their practices.

A new podcast episode drops fortnightly on a Wednesday. Keep an ear out for upcoming Aotearoa New Zealand (AoNZ) guests including orthopaedic surgeon and former professional triathlete Dr Mat

Brick, former chair of the AoNZ Trauma Subcommittee Dr Li Hsee, and Professor Jonathan Koea, general surgeon and RACS' Māori Trainee Liaison Lead. RACS' Aotearoa New Zealand Surgical Advisor Dr Sarah Rennie also features, talking about WorldPride with Pride in Medicine President Dr Matt Marino. You can access the RACS Post Op Podcast from your favourite podcast streaming app. Find out more: <https://bit.ly/postoppodcast>





20 ANZMOSS
23 AANZGOSA
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Australian & Aotearoa New Zealand
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SAVE THE DATE

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Join us for a combined conference and experience all the Ōtautahi Christchurch region has to offer!

Registrations open
March 2023



**Te Pae Convention
Centre,
Ōtautahi
Christchurch,
Aotearoa
New Zealand**

Key dates 2023

22-24 March:

USANZ New Zealand Section conference (New Plymouth)

29-30 April:

NZAGS ASM (Nelson)

1-5 May:

RACS ASC (Adelaide)

17-18 August:

NZAPS ASM (Queenstown)

23-25 August:

ANZMOSS and AANZGOSA combined conference
(Christchurch)

31 August - 1 September:

Surgery 2023: Surgical care in health system change
(RACS AoNZ ASM) (Wellington)

5-7 November:

NZOA ASM (Nelson)

Political ignorance endangers patients

By Surgical Advisors Dr Sarah Rennie and Professor Spencer Beasley

The ACT Government's draft legislation the Variations in Sex Characteristics (Restricted Medical Treatment) Bill 2022 originally included within its scope surgical conditions such as orchidopexy for undescended testes and correction of hypospadias. It planned to make their surgical correction a criminal offence.

It seems this was in response to a prevailing political agenda built on a level of ignorance which defies belief. The lack of understanding of the difference between disorders of sexual differentiation and conditions such as cryptorchidism may seem basic to us, but was beyond the capacity of the lawmakers, and their failure to seek expert opinion during the development of the legislation was appalling.

It meant if surgeons in ACT operated on a child to correct an undescended testis, with its consequent benefits of improving fertility and reducing the risk of malignancy, they

One would hope such ludicrous and ill-informed legislation never becomes an ambition of any government in Aotearoa.

could be convicted of a criminal offence. So could the parents. The child's best interests clearly were not considered. This is legislation that had the potential to do huge harm to patients.

Fortunately, the ACT State Committee and RACS' Health Policy and Advocacy Committee advocated intensely with the ACT Government and has now succeeded in getting some of these conditions 'off the list', but the ACT Government will still require them to be reported (you may ask why).

One would hope such ludicrous and ill-informed legislation never becomes an ambition of any government in Aotearoa. It also highlights how important RACS'

advocacy is in protecting the best interests of the public, and in reducing risks to surgeons who act in their patients' best interests.

See RACS' Health Policy and Advocacy Committee's letter to the ACT Government: <http://bit.ly/3maUFd7>

ADVOCACY

Alcohol and tobacco laws top AoNZNC agenda

An important role of the Aotearoa New Zealand National Committee (AoNZNC) is to advocate on behalf of our local members. Here are some of the issues keeping the Committee busy at the moment.

Sale and Supply of Alcohol (Community Participation) Amendment Bill (<https://bit.ly/3K3Dj10>)

The bill aims to address some of the commercial determinants of ill health by improving communities' ability to influence alcohol regulation in their areas. It makes targeted changes to the licensing process and how local alcohol policies (LAPs) are adopted and applied.

RACS supports the spirit of the bill although notes over 60 per cent of the Aotearoa New Zealand (AoNZ) population lives in council areas that don't have an LAP.

RACS hopes the proposed legislation will be the first step towards improving alcohol laws in AoNZ and further work will be done to look at licensing structures and processes, marketing and sponsorship, pricing, and changes to ensure the law is responsive to new products and retail models.

Consultation on recognition of UK PLAB licentiate examination (<http://bit.ly/3x-oxNsS>)

The Medical Council of New Zealand (MCNZ) consulted on two proposals to recognise new eligibility criteria for overseas-trained doctors applying for provisional general scope of practice registration in Aotearoa New Zealand.

RACS agreed the proposals add flexibility to applicants and reduce the impediments to registration without increasing the risk to the AoNZ public. RACS sees this as the first important step in reducing the barriers to Specialist International Medical Graduates (SIMGs) entering AoNZ

and supporting our healthcare workforce.

Precision health: Exploring opportunities and challenges to predict, prevent, diagnose and treat disease more precisely in Aotearoa New Zealand (<http://bit.ly/3SbP5TP>)

Manatū Hauora, the Ministry of Health, asked for feedback on its proposed Long-term insights briefing topic. These briefings are designed to get us thinking about the future and the suggestion was to look at precision health.

Precision health is a growing field that aims to use emerging technology and all available information (such as an individual's genome, current biophysical measures, and environment) to predict, prevent, diagnose, and treat disease more precisely.

The AoNZNC agreed precision health is a worthwhile topic but warns it needs to be explored in a culturally safe manner. It recommended focusing on population health rather than individual genomics so social determinants, which are key drivers of health inequities, can be taken into account.

The AoNZNC's submission also raised concerns about the finite financial resources for healthcare and warned precision health should not be considered at the expense of other essential health interventions.

Proposals for the smoked tobacco regulatory regime (<https://bit.ly/3kiP7MF>)

Manatū Hauora is seeking proposals to implement the changes prescribed by the Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Act 2022. The Act introduces a regulatory regime to oversee and monitor the import, manufacture, sale and supply of smoked tobacco products in Aotearoa New Zealand. It also tightens vaping product safety requirements and packaging, and



puts some restrictions on the location of Specialist Vape Retailers (SVRs).

This consultation is currently with the AoNZ for consideration. Submissions close 15 March.

Women's health strategy (<http://bit.ly/3K1mYo8>)

The Women's Health Strategy will be a first for Aotearoa New Zealand and comes out of the Pae Ora (Healthy Futures) Act 2022. It will provide a medium and long-term plan for improving women's health and wellbeing and will be inclusive of gender diverse people, who experience the health issues being considered in this strategy.

This consultation is currently with the AoNZ for consideration. Submissions close 17 March

Surgical News: Issue 1 for 2023

The next issue of Surgical News is here!

The theme is *Leading a sustainable future for surgery* and provides the latest news and updates on how surgeons, medical colleges and health systems worldwide can support environmental sustainability.

There are a number of articles from Aotearoa New Zealand (AoNZ). Read about Dr Cary Mellow, plastic and reconstructive surgeon and double leg amputee (page 25). Learn about the Aotearoa New Zealand National Committee's efforts to improve workforce sustainability in healthcare and its other advocacy priorities (page 27). The AoNZ surgical advisors also contributed articles about WorldPride (page 8) and green surgery (page 13).

Bookmark the page and find the latest issue here: <https://bit.ly/SurgicalNewsLatestIssue>



Royal Australasian
College of Surgeons
Te Whare Piki Ora o Māhūtonga

SURGERY 2023:

Surgical care in health system change

31 August - 1 September
Te Papa, Wellington

Visit the Aotearoa New Zealand
activities page for more
information: bit.ly/3K4H062

FROM THE EDGE

Sustainability interfaces with surgeons in many domains

Sustainability is the catchword of our decade. From being applied to the damaging human influence on the environment, to resource management and long-term viability of industry, to our hospitals and the ability to provide quality care. It seems everyone is concerned about sustainability.

Our College is not unique, and has its own sustainability issues: how to do its core business - whether it be around surgical training, maintenance of surgical standards, advocating for surgical matters, or facilitating CPD and professional development for its members - in a way where it can remain financially viable.

As was apparent in the Annual Report 2021, RACS' revenue does not cover its expenditure and RACS has become reliant on income from investments which are not performing in the current global economic crisis. This is something our Council is addressing with great care and diligence and in due course will undoubtedly provide the membership with details.

The Council takes its fiduciary responsibilities very seriously and will be making changes to return our organisation to a more sustainable financial position without compromising its core business.



Pictured: Aotearoa New Zealand Surgical Advisors Dr Sarah Rennie and Professor Spencer Beasley

TEAM

Wellington office gets three new faces (sort of)

There is a buzz in the Aotearoa New Zealand (AoNZ) office as new recruits continue to join the team, both filling existing vacancies and taking on new roles.

Ruth Herd is the Aotearoa New Zealand Māori Health Project Officer. Her career spans two decades working in Māori education, public health and research on problem gambling. Ruth moved from Auckland to Wellington for her new role giving her an opportunity to explore her links with the mana whenua here in Wellington (Te Ātiawa and Ngāti Toa Rangatira) and is looking forward to working with our Māori Fellows,

ensuring the success of the Māori surgical Trainees and supporting the Māori Health Advisory Group and the Indigenous Health Committee.

Rachel Lods began life at RACS as Office Coordinator and was the friendly face greeting visitors to the office. She's moved to a new position now however, picking up the Programme Coordinator role for AoNZ.

One not-so-new face is **Professor Jonathan Koea**. Both a Fellow and a founding member of the Māori Health Advisory Group, Professor Koea has now taken on the newly created, part-time Māori Trainee Liaison Lead role, to support both Indigenous surgical recruitment

initiatives, and Māori trainees and Younger Fellows.

PROFESSIONAL DEVELOPMENT

Upcoming training courses 2023



Face-to-face:

Difficult conversations with underperforming trainees

4 August (Wellington)

Find out more and register: <https://bit.ly/3Utik3I>**Foundation skills for surgical educators**

20 July (Wellington)

17 October (Christchurch)

Find out more and book your spot: <https://bit.ly/FoundationSkillsforEducators>**Process communication model: Seminar 1**

15-17 September (Auckland)

Find out more and register: <https://bit.ly/3XSzQBB>**Operating with respect (for Fellows)**

29 June (Auckland)

31 August (Christchurch)

31 October (Auckland)

23 November (Wellington)

Find out more and book your spot: <https://bit.ly/3FhTgZi>

Online:

Process communication model key2me

21 and 28 March

9 and 16 May

Find out more and book your spot: <https://bit.ly/3B1YqpU>**Induction for surgical supervisors and trainers**

2 May

Find out more and book your spot: <https://bit.ly/3ZgEwRq>**Foundation skills for surgical educators**

22 March

6 June

Find out more and book your spot: <https://bit.ly/41jrZP2>**Keeping trainees on track**

31 March

1 May

Find out more and book your spot: <https://bit.ly/41mGcdW>**Conflict and you**

16 March

12 May

Find out more and book your spot: <https://bit.ly/3krsiGP>**Educator studio session**

21 and 28 March

9 and 16 May

Find out more and book your spot: <http://bit.ly/3SpXkvB>

LIBRARY

Unmet need, health inequities and reusable PPE

The RACS library has some new titles to get you reading. They include an editorial in the New Zealand Medical Journal by a group of Canterbury surgeons arguing Aotearoa New Zealand is behind other developed countries in measuring unmet secondary elective healthcare needs and calling for a national survey. There are also articles on Māori health inequalities and the potential for reusing PPE. Have a read.

(Note: You'll need your member sign-in to access library resources.)

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Miles F, Barclay S, Menson E, Shepherd T, Webster L. Boldly going... Introducing conflict management training to Starship Children's Hospital. *Journal of Paediatrics and Child Health*. 2023 Feb 2.

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Showell M, Buckman S, Berber S, Ata Allah N, Patterson B, Cole S, Farquhar C, Jordan V. Publication bias in trials registered in the Australian New Zealand Clinical Trials Registry: Is it a problem? A cross-sectional study. *PLoS One*. 2023;18(1):e0279926.

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Wild CEK, Wells H, Coetzee N, Grant CC, Sullivan TA, Derraik JGB, Anderson YC. End-user acceptability of personal protective equipment disinfection for



potential reuse: a survey of health-care workers in Aotearoa New Zealand. *Lancet Planetary Health*. 2023;7(2):e118-e127.

<http://bit.ly/3ZdCstt>

For further information or assistance, please contact the library team college.library@surgeons.org



Curious?

Are you keen to enquire, investigate and advance?

RACS 2024 Scholarships and Grants Program opens for application in April 2023

surgeons.org/scholarships



NEWS IN BRIEF

Elections, awards and advocacy

A new leadership lineup at RACS

The College congratulated its newly elected office bearers and office holders for 2023 in February. They will take up their positions in early May.

Associate Professor Kerin Fielding will take over from Dr Sally Langley as RACS President. As Chair of the Rural Health Equity Steering Committee, Associate Professor Fielding is a strong advocate for rural surgery and her appointment is expected to be a boost to the College's rural and regional health initiatives.

Professor Owen Ung has been elected Vice President, replacing Professor Chris Pyke.

In terms of Aotearoa New Zealand representation, Dr Nicola Hill has been elected Chair of Surgical Audit and Dr Phil Morreau will continue as Chair of Prevocational and Skills Education.

Encouraging Māori doctors into surgical careers

Five Māori doctors will be heading to the RACS ASC in Adelaide in May as part of an Indigenous scholarships and awards programme.

In total there are six prevocational Indigenous doctors being awarded scholarships at the ASC.

The RACS Indigenous scholarship programme is designed to encourage and support Māori, Aboriginal and Torres

Strait Islander junior doctors and/or medical students aspiring to become surgeons to enter the Surgical Education Training (SET) programme. It is part of the College's commitment to Indigenous health, and includes encouraging the best and brightest Indigenous doctors into surgical careers.

There are a number of different categories of awards. See the Indigenous Scholarships brochure for more details: <https://bit.ly/Indigenousbrochure>

We'll meet some of the Māori winners in the next issue of *Cutting Edge*.

Efforts to get action on planned care continue

The Aotearoa New Zealand National Committee (AoNZNC) continues to put the focus on workforce shortages and their impact on surgical services, especially planned care waitlists.

In the latest media release, from 3 February, AoNZNC Chair Associate Professor Andrew MacCormick calls for meaningful dialogue with the new Health Minister and Te Whatu Ora, Health New Zealand, to solve the crisis.

His comments came after Te Whatu Ora released figures showing planned care waitlists are continuing to grow, with 30,000 people waiting longer than the four-month target at the end of October

2022. The figure was 27,500 in May 2022 when the Planned Care Taskforce was formed to cut national surgical wait lists.

Associate Professor MacCormick says there needs to be both long- and short-term approaches to the issue.

"We have been talking about this with the government, and in the media, for some time now. The situation is serious. We are hearing of surgeons struggling to operate on their cancer patients after their surgical lists have been cancelled.

"Our door is open and we are ready to work with Te Whatu Ora and the Workforce Taskforce to start finding solutions to these problems."

Read the latest media releases on planned care:

"No progress on waitlists without workforce boost" say surgeons (3/02/2023): <https://bit.ly/3HPFRYD>

Surgeons call for immediate action on workforce shortages amid growing waitlists (27/01/2023): <https://bit.ly/3WJLhcV>

Aotearoa New Zealand elections - Get involved!

Fellows are invited to consider nominating for elections for vacant positions on the Aotearoa New Zealand National Committee.

Nominations are open until Monday 20 March AEDT at 5pm.

You should have received an email on Friday 3 March with a link to enable you to complete your nomination form.

You will need to contact two other Fellows to support your nomination.

YOUNGER FELLOWS

Navigation to the lost tribe

By Dr Bridget Watson, Aotearoa New Zealand Younger Fellows Committee representative

The Prevocational and Skills Education committee, chaired by Dr Phil Morreau and coordinated by Emma Church, hosted a strategy day at the College. The aim was to tackle the challenges faced by junior/non-training/unaccredited/prevocational registrars and examine the role of RACS in their continuing medical education. The participants had an impressive depth of skill and experience in the educational realm of RACS which saw practical and nuanced discussions spill over into the breaks.

Dr Emma Littlehailes (AONZ Plastics SET1), Dr Jack Gerrard and Dr Divya Naresh (prevocational registrars from Australia) gave their passionate and comprehensive views on the current system and how it could be improved. It is critical to hear their voices if we plan meaningful improvement. Their insights were invaluable. The dilution of clinical experience with increased staffing, lack of forward progression and the challenges of navigating fluid selection pathways were themes. The speakers held the mentor relationship with their consultants as essential to helping them move forward.

This part of the surgical workforce has increased in number to staff night rosters and move away from the 24-hour call roster over the last decade. This certainly improves the quality of service provision. However, it does mean prevocational registrars can be seen as and feel like “roster fodder”. There is a real tension when meaningful career progression is sacrificed to service provision.

John Lennon said: “Life is what happens to you while you’re busy making other plans”. While current practicing consultants expected to gain fellowship in their early thirties, the current cohort will be in their late thirties or early forties by the time they complete their training. This delay is driven by longer time for most as a prevocational registrar and can make many feel adrift. Personal life events that unfold over this decade, along with professional demands of surgical careers,

can make people feel they are failing at one or both of these domains.

There is a generational shift in the time it takes to perfectly ripen a CV and to pass the GSSE, and for some, the clinical exam. Even with all these tasks achieved there is no guarantee. Only 25 per cent of prevocational registrars will progress to a training position across the specialties. The financial cost to apply averages more than NZ\$65,000 (A\$60,000). This can see some incredibly talented and hardworking individuals leave surgery after years providing the backbone of acute surgical care in Aotearoa.

To paraphrase Dr Michel Lutz, an orthopaedic surgeon from Brisbane: in any other profession these people would be recognised as exceptional. Furthermore, alternative career paths are more difficult to enter the longer spent as a surgical registrar.

For aspiring surgeons, being a prevocational registrar is a crucial time where support and strategy is required. This group find themselves without any formalised feedback mandated by an organisational body. This follows their provisional registration years where the Medical Council of New Zealand mandates goal setting and feedback meetings with clinical supervisors. And yet they have not reached the RACS formal professional development mandated to the SET Trainee.

The clinical work for a prevocational registrar can be heavy on service provision and may be lacking in active mentoring or skill acquisition. We must remember the delight of learning or perfecting skills is one of the key factors that inspired all of us into surgery.

The vulnerability of prevocational doctors is the perceived need to be a “good reg” and being in the good graces of the consultant they are working under. They may never ask for guidance from their consultant for fear of appearing needy or demanding; not getting advice to improve

their CV, opportunities for professional development or a reference to endorse their skills.

A systematic and structured approach to supporting prevocational registrars is currently in development at RACS. I hope it is strongly guided by the needs of this group of doctors.

But what is our role, as individual surgeons, in supporting this lost tribe? We need to invest more in these potential future surgeons and as professionals, we have a duty to offer mentorship and guidance. Regardless of whether these doctors become surgeons or move to another field, we are training and mentoring our future colleagues. Seemingly small interactions like asking about a registrar’s plans for progression or providing feedback on their performance is meaningful.

I think we underestimate the impact of our relationship with prevocational registrars. Unfortunately, the mentorship for prevocational registrars can vary widely between departments and hospitals, worsened by the loss of the team structure. I am sure there are pockets of excellence in Aotearoa.

At a departmental level, ensuring a supervisor system is a useful starting point. It is easy for prevocational registrars to feel invisible or just a cell in the roster sheet. They are certainly doing the mahi, and we cannot do our work without them. These doctors are bright, engaged and talented and we can help them find their tribe.

If you are interested in developing mentoring skills there are a number of resources and courses on the RACS website: surgeons.org/Education/professional-development.

The Prevocational Australasian Surgical Society was started by Dr Jack Gerrard to unite and support aspiring surgeons with a number of resources and supports for prevocational registrars to progress into training. Find out more at www.pvass.org

OBITUARY

Surgeon, teacher, friend and father

Duncan Scott (Scott) Stevenson FRACS
Otolaryngology head and neck surgeon
26 December 1958 – 15 October 2022

Dr Scott Stevenson was a gifted otolaryngology head and neck surgeon (OHNS), and outstanding teacher, mentor and role model to a generation of medical students, surgical Trainees and colleagues. With a dry and infectious sense of humour, he had a wonderfully welcoming personality. Despite his premature death from a brain tumour, he leaves a lasting legacy through his selfless contribution to the provision and promotion of the highest standards of OHNS and surgical care.

Dr Rachelle Love, a surgical colleague wrote: “His passing has left a deep hole in the forest of Tane. His legacy can be seen in the generations of doctors who try to follow his example of patient care, collegial support, surgical excellence and professionalism.”

Duncan Scott Stevenson (known as Scott from childhood) was born in Blenheim, to Alan Stevenson and Mary (Ronald); the youngest of four children. He had two sisters, Sandra and Isla Jean, and a brother, John. Raised on the family farm in the Awatere Valley in Marlborough, Scott attended the small local primary school at Seddon. Winning a scholarship, he became a boarder at St Andrew’s College in Christchurch, where he was a prefect, a member of the rugby 1st XV and finally Dux. The “tall lanky lock” became a prouder Cantabrian than those born there. At a school dance he met Anna-Mary Anderson, a boarder at St Margaret’s College, and a life-long partnership began.

Scott commenced medical intermediate at Otago University in 1977, gaining entry to medical school the following year, while Anna-Mary chose home science and became a teacher. After spending his first year in Unicol, like so many others he flatted for the rest of his time in Dunedin. Completing his final year at the Christchurch School of Medicine in

1982, he was awarded his MB ChB with distinction and received the Ardagh Memorial Prize as the top student in the final year of training. Scott and Anna-Mary married in 1984 and subsequently had three children – Sarah-Jayne, Jonathan and Thomas.

Scott served his two house surgeon years in Christchurch and, after entering the OHNS training programme, he spent time in Christchurch and Dunedin before being awarded his Fellowship of the Royal Australasian College of Surgeons in 1990. Awarded the Graham Aitken Nuffield medical post-graduate travelling scholarship in 1991, Scott worked for two years as a Fellow in Birmingham, England, where he gained extensive experience in rhinology and sinus surgery, as well as head and neck surgery and tertiary paediatric OHNS. He returned to Aotearoa New Zealand in 1993 and was appointed as an otolaryngology head and neck surgeon at Christchurch Hospital and clinical lecturer at the Christchurch School of Medicine. At the same time he joined Rob Allison in what was initially a small private practice in St George’s Hospital, later moving to Leinster Rd, Caledonian Rd and lastly Forte 2 in Peterborough St. However, Scott’s main energy and interest was in his public hospital appointment.

Scott had many strengths, but one of his greatest was his teaching. A brilliant teacher, both formal and informal, Scott influenced whole generations of medical students, surgical trainees and fellow surgeons. Whether in a lecture theatre, an outpatient clinic, operating theatre, or on a ward round, he was always willing to share his breadth and depth of knowledge – be it with medical students, junior doctors or colleagues. His teaching was clear, precise and based on extensive experience.

In addition he managed to serve the people of Christchurch for nearly 30 years as a respected surgeon in both the public and private sector. Scott was a true general otolaryngologist and although his areas of interest were in advanced

rhinology and surgery in the management of sleep disturbance, he was an expert in all aspects of OHNS. Throughout his career he unreservedly gave his time and attention without any need for affirmation or compensation. There will be very few practising otolaryngologists in Aotearoa New Zealand who have not been influenced by Scott as a teacher, examiner or trusted colleague. A colleague said recently: “When I have a difficult clinical situation I still say to myself, ‘what would Scott do?’”.

One of those truly genuine individuals, Scott’s dry wit and sense of humour always made one feel welcome and at ease and it helped keep him level-headed and grounded. Dr Rob Allison, his close colleague of 27 years, noted: “Scott was so much more than a high achiever.

“He had a vast intellect, an enquiring mind and a marvelous memory. Committed to the highest standards of patient care, he was thorough and conscientious in his assessment of patients. He was very popular and a soft touch with them. As a surgeon, he made sound decisions; he was meticulous and careful. Surgery was always thoroughly planned and carried out with great technical expertise, resulting in good outcomes and low complication rates.

“Although his main interest was complex nose and sinus surgery, his extensive training meant that he could turn his hand to any branch of ENT Surgery. His skill and reputation led to him often having to deal with complex or revision cases.

“Scott loved working with colleagues and had strong enduring relationships with other specialists. We operated in adjacent rooms in Christchurch Hospital on Tuesdays and at some stage during the day Scott would pop into my theatre to observe me operating. He wouldn’t say anything for a couple of minutes, but then would come out with some really sound comment, such as ‘would you consider a retrograde rather than antegrade dissection of the facial nerve?’ or ‘wouldn’t it be easier to isolate the

internal jugular vein at the skull-base?'. These comments were based on his clear analysis of a particular situation and were invariably helpful."

Scott was the author of more than 20 publications in refereed journals, five book chapters and numerous articles in non-refereed publications. As an invited speaker, he delivered more than 70 presentations at various national and international conferences. He was an invited referee for the *New Zealand Medical Journal*, the *Australia and New Zealand Journal of Surgery* and *Clinical Otolaryngology*.

During his career Scott filled multiple roles and tirelessly strived for the betterment of his specialty and surgery in general. Soon after commencing work in Christchurch, Scott was appointed as the local Supervisor of Training, and during the next 13 years served as Secretary and then Chair of the Training, Education and Accreditation Committee. From there it was a natural progression to examining in OHNS for RACS for nine years, culminating in the role of Senior Examiner from 2016 to 2018, and then Deputy Chair of the Court of Examiners from 2019 to 2021. In each of these roles Scott provided sage advice.

Scott was the Clinical Director of the Christchurch OHNS Department from 2007 to 2014, and served on the Surgical Executive of the Canterbury District Health Board between 2011 and 2014. He was Chair of the Canterbury Branch of the Association of Salaried Medical Specialists from 1996 to 2000, and a member of the Clinical Governance Committee at Southern Cross Hospital in Christchurch between 1997 to 2022. He contributed significantly to the then New Zealand National Board (now Aotearoa New Zealand National Committee) of RACS, serving as an elected member between 2007 and 2014 including two years as Chair (2011-2013). Scott was equally active as a member of the New Zealand Society of Otolaryngology Head and Neck Surgery, serving as an executive member of the Society (2000-2006), and being elected President at the end of 2021. He sadly had to step down from that role in June 2022 as his health deteriorated.

Professor Chris Pyke, RACS Vice President and past Chair of the Court of Examiners, most aptly describes Scott on our behalf: "To say that Scott held the respect of his

peers would be to understate his almost immeasurably large contribution to this College of Surgeons.

"He was a recognised leader from an early stage in his career, and he rose to senior positions including chairmanships and presidencies of his surgical society, the Aotearoa New Zealand National Committee, and the Court of Examiners. To each of these groups, he brought fearless devotion to the cause, a strong line on fairness and decency, a great sense of culture, a respect for our forebears, and a wonderful insistence on not leaving anyone behind. He brought 'can do' attitude in spades. His strength and support made the work of any team to which he belonged easier."



Scott was the recipient of a number of awards. He was awarded a Presidential Citation from the New Zealand OHNS Society not once, but twice, in recognition of his major contribution to the education and training of Trainees, his commitment to high standards of clinical Otolaryngology Head and Neck Surgery in Aotearoa New Zealand and Australia and his outstanding service as an office bearer. In 2017 he was awarded the prestigious RACS Medal, for services to surgical education.

Despite his enormous commitment of time to the provision of patient care and teaching, Scott remained a proud family man. His son Jonathan observed that

throughout their lives their father was always a constant reassuring presence.

"From music recitals to sports matches, he was our biggest supporter, and he was always there to help with tricky homework."

He sometimes seemed like a bit of a superhero and Jonathon recalled the occasion when he and sister Sarah-Jayne, out for an evening run with their father, witnessed a burglary in progress at a school.

"Dad galloped after the closest offender and after what may well have been his fastest ever 800 metre performance, took down the thief in a textbook tackle, before restraining them in the front yard of a terrified local resident until the police arrived."

Away from work Scott's greatest pleasure was time spent with Anna-Mary maintaining an enormous garden and an immaculate lawn.

"He was a lawn man – he loved his lawn."

A keen and capable rugby player at school, throughout his time at university and finally as a member of Christchurch Medical School's Teratomas rugby team, Scott later continued this passion as a supporter of the Canterbury Crusaders and of course All Blacks teams.

Scott died peacefully at home with his family on 15 October 2022 aged 63 after a year-long battle with a brain tumour. During his treatment he demonstrated his usual resilience, grit and determination. He was the dearly loved husband of Anna-Mary, much loved father of Sarah-Jayne, Jonathan, and Thomas, and father-in-law of Claire, and loved brother of Sandra, Isla Jean and John. He was the respected friend, colleague, and mentor to many.

By Dr Allan Panting FRACS

This obituary is based upon the tribute in Stuff (19 Nov 2022) by Olivia Caldwell, with subsequent contributions by Dr Rob Allison FRACS, Dr Cathy Ferguson FRACS, Dr Rachelle Love FRACS, Professor Chris Pyke FRACS, Anna-Mary Anderson, Jonathan Stevenson and other members of the Stevenson family.

OBITUARY

Urology pioneer embraced innovation and technology

Harry George Watts FRCS(Ed) FRACS
Urologist

19 April 1929 - 12 February 2022

Harry (Heinz), the only child of Oscar and Hilda Wachs, was born in Vienna, Austria, in 1929. His father, of Jewish faith, was an accountant at Creditanstalt, a government bank, and his mother worked in the family shop prior to their marriage. In 1938, on a background of years of intermittent and increasing violence towards Jews, the family decided to emigrate. Through the good fortune of having a friendly relationship with a German officer, the family were able to obtain tourist visas and make their way to Aotearoa New Zealand, settling in Auckland. None of their relatives who remained in Austria survived the war. After a few years the family became naturalised Aotearoa New Zealand citizens, changing the family name from Wachs to Watts and Heinz to Harry.

Harry, now 10, commenced school in Aotearoa New Zealand at Wellesley Street Primary School. Along with many other immigrant children, Harry could not speak English when he arrived but was a very capable student and went on to Mount Albert Grammar in 1943. There he excelled academically while playing a lot of sport, particularly football (soccer). In 1947, unsure about what to do after leaving school, he decided to do the medical intermediate course as an entry point into medical, dental, veterinary or agricultural science courses. At this time there were many returning servicemen who were given priority, but as Harry had excelled, he gained entry to medicine at Otago University.

In Dunedin, Harry started off boarding, but soon went flatting with two former servicemen, both hardened campaigners, and another school leaver. During this period, as Coronet Peak gained recognition, Harry began skiing, a passion he continued to pursue into his 80s. Student life provided some great times and long-lasting friendships. Summer university vacations were spent working in woolstores or the freezing works in Auckland. During his sixth year Harry worked as a relieving house surgeon at Auckland Hospital, receiving £250 for his efforts and he was awarded his MBChB in 1952.

Harry obtained further experience as a house surgeon at Waikato Hospital, Hamilton, where he worked for the next two years. During this time he met Beverley Munro, a theatre nurse, and they subsequently married. Pursuing a surgical career, he obtained a registrar position at Palmerston North in 1955. In May the next year Harry and Beverley traveled to the United Kingdom where he worked as a surgical registrar in Rochdale. This led to his gaining his Edinburgh Fellowship in January 1957. At the end of that year he obtained a position in the urology unit at Preston Hospital. With the arrival of two children, Sheryl and David, this was a busy time.

After nearly four years in the UK, Harry made his way back to Aotearoa New Zealand in May 1959 obtaining a position as sole general surgeon at Thames Hospital. He had a goal to run his own surgical service by the time he was 30, but missed it by a month. Harry successfully completed his FRACS in 1960 and the following year he accepted an appointment at Tauranga Hospital as general surgeon and Acting Medical Superintendent. In 1967 he secured



a position in the Urology Research Unit at Prince Henry Hospital in Sydney, returning to Tauranga the following year to take up the newly created position of

urologist, a position he held until his retirement in 1998.

Harry's extensive general surgical experience stood him in good stead as most Urological surgery at that time was open. But being innovative, and a regular participant in international scientific meetings, Harry was always quick to take on new technologies and techniques, building the foundations of what was to become a small but internationally recognised urology unit. For example, he was one of the first to carry out continent diversion cystectomy in Aotearoa New Zealand; he introduced ultrasound as an everyday tool; adopted endoscopic cameras; developed the subspecialty of paediatric urology in Tauranga; and established one of the first 'impotence clinics' in his private practice.

In 1986 Harry was joined by Dr Mark Fraundorfer, who had been first introduced to Urology as Harry's house surgeon. In that year Harry co-convened the Annual Scientific Meeting of the Urological Society of Australasia, held in Rotorua. In 1991 Professor Peter Gilling joined the unit and Tauranga became accredited for an advanced training post. In the latter years of his career Harry remained a strong advocate for innovation such as co-establishing a public/private partnership, Venturo

Limited. This became the first surgical service to offer clinic appointments within two months of receipt of referral and surgery within six months of the decision to treat, along with the use of private facilities if they proved more cost-effective. It also allowed an innovative approach to technology, with sharing between public and private; all arrangements that are slowly becoming the norm in the public sector. During this time the Tauranga unit invented the procedure of holmium laser enucleation of the prostate with morcellation and carried out many first-in-Aotearoa New Zealand procedures.

In addition to his clinical contributions, Harry was also an astute businessman. He co-founded a surgical equipment and supply distribution company which remains a major player in Aotearoa New Zealand today. With his son, Dave, he owned a dairy farm and many other businesses, but always lived a modest and unassuming lifestyle.

The early 1980s were a sad period for Harry as he lost both parents. Bev developed cancer and died following a few years of illness and, tragically his much-loved daughter, Sheryl, was killed in a car accident. During this time, Harry continued to focus on and enjoy his work, which he said kept him sane. With a love of sailing and, having participated in the

Sydney Hobart Yacht Race in 1971-72, he threw himself into the challenge of fitting out a yacht, having bought the hull and decks of a 9.2 metre Lotus. Nephron was launched in 1985 and Harry spent many happy days sailing her. He was an accomplished blue water yachtsman and made multiple trips up into the South Pacific islands with a close-knit group of sailing mates.

In 1992 Harry found a new partner and soulmate in Jude Gunn and they married in 1996. Harry retired from all aspects of surgical practice two years later. Owning a holiday house on the Tongariro River at Tūrangi, Harry continued skiing nearby Mt Ruapehu into his eighties. He was a passionate and skilled trout fly fisherman, a recreation he was able to pursue until the last year of his life. Reading and wood turning were two other regular activities. With Jude he enjoyed tramping, boating and extensive overseas travel.

After a brief illness Harry passed away peacefully on 12 February 2022 in Tauranga Hospital, where he had spent most of his working life performing and teaching surgery, while treating thousands of patients with skill and compassion. Sadly for his family, numerous friends, colleagues and former patients there was no funeral because of COVID-19 restrictions.

Harry is greatly missed by his wife, Jude, son, David, two grandchildren and three great grandchildren.

By Dr Allan Panting FRACS

Jude and David Watts and Dr Mark Fraundorfer FRACS contributed to this obituary.

Māori women in surgery

In some versions of the previous issue of Cutting Edge, published in December 2022, it was claimed the first Māori woman Trainee had been accepted into the Plastic and Reconstructive Surgery SET programme for the 2023 intake. Data on ethnicity has not always been collected by RACS, and other medical colleges and specialty societies, but it is known that Dr Sheree Moko completed her training in the specialty in 2005 and continues to practice, on the Gold Coast of Australia. Dr Moko is thought to be the first Māori woman to enter the Plastic and Reconstructive Surgery SET programme.

RACS marches with Pride

RACS is proud to be one of the 14 medical colleges who participated in Sydney WorldPride 2023 and supported the inaugural Pride in Medicine and Surgery float at the Mardi Gras parade on Saturday 25 February.

It marked the 50th anniversary of the first Pride Week and was the 45th Sydney Gay and Lesbian Mardi Gras. This year is also the fifth anniversary of marriage equality in Australia.

The parade in 2023 was one of the biggest ever and the Pride in Medicine and Surgery float, along with its 60 marchers, decked out in sequined surgical scrubs, were warmly received.

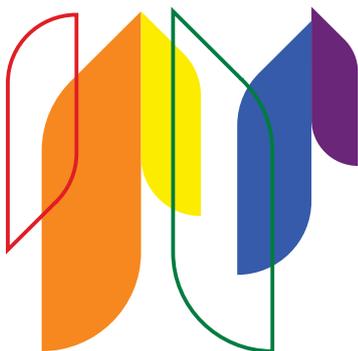
“The moment we entered Oxford Street, there was a huge roar,” said marcher and GP Dr George Forgan-Smith.

“To see the people smiling, waving and cheering us on lifted us higher, giving us the energy to dance the full 4km parade with smiles from start to finish.”

RACS Surgical Advisor Dr Sarah Rennie said the evening was “surreal” and marked an important moment in the history of the College.

“Surgeons were well represented in the group and representatives from RACS marched behind the float along with their colleagues from other colleges.

“I believe this demonstrates a commitment by the medical colleges, not least RACS, to work towards improving health outcomes for the rainbow community across medicine.”



Also in attendance was LGBTQIA+ ally and RACS councillor Professor Mark Frydenberg. After brushing up on some dance moves in the RACS Sydney office, he marched with the float holding the Pride in Medicine and Surgery group sign.

The RACS NSW office also hosted the Pride in Medicine group for a breakfast on the morning before the parade. It was an opportunity for those from Australia and Aotearoa New Zealand to connect and be briefed pre-parade. RACS President Dr Sally Langley and Vice President Dr Chris Pyke joined in the celebrations.

You can hear from Dr Rennie and Dr Matt Marino, president of Pride in Medicine, on the Post Op podcast, talking about the importance of this initiative and what RACS' involvement demonstrates to LGBTQIA+ surgeons: <https://bit.ly/postoppodcast>



Drs Pramudie Gunaratne and Warren Kealy-Bateman (consultant psychiatrists).



Above: Pride in Medicine breakfast at the RACS Sydney office pre-Mardi Gras



Left: Aotearoa New Zealand Surgical Advisor Dr Sarah Rennie (R) with Dr Nisha Sachdev (ophthalmologist and representative from RANZCO)



Images (clockwise from top):

All that glitters: The marchers getting ready to hit the parade including Professor Mark Frydenberg holding the Pride in Medicine and Surgery sign; Dr Sarah Rennie (L) hitches a ride on the float; The Pride in Medicine float; Professor Frydenberg flying the banner; On the parade route.



**Do you have news you would like to share, an idea for an article,
or a letter to the editor?**

Email the AoNZ Communications Specialist: Diana.Blake@surgeons.org

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