

Cutting Edge

March 2024

FROM THE CHAIR

Collaborative solution to surgical education model concerns

The new year has begun in earnest. As shared recently by RACS, our regulators – the Australian Medical Council (AMC) on behalf of Te Kaunihera Rata o Aotearoa – Medical Council of New Zealand (MCNZ) – have some serious concerns about the current model of surgical education and training delivered by our College and the speciality societies.

The AMC report is preliminary and embargoed until the final report is received. These concerns have been longstanding but not resolved and the regulators have indicated they will extend our accreditation by only six months, to enable us to address their concerns.

There have been a series of webinars to explain the accreditation situation with stakeholders including society presidents, CEOs and training leads. More latterly these have been repeated for supervisors, trainers and Trainees.

The main issue relates to the governance of training programmes and how this is played out in how RACS and societies interact with each other. The regulators acknowledge the high standard of our Trainees, which is recognised worldwide.

RACS has placed the highest priority on dealing with this issue. A high-level steering group, including educational expertise and Aotearoa New Zealand (AoNZ) representation, has been set up. RACS will be working closely with the societies to find a collaborative solution.

The financial situation is improving but structural changes in the governance

and management of RACS are still required. This will require constitutional change. The process will necessitate a vote by Fellows in the coming months. RACS also needs to hear from Fellows as to what services - from the many RACS provides - they value.

The AoNZ National Committee (AoNZNC) for RACS will be spending half a day refreshing our strategic plan. This plan sits within RACS purposes as a binational College, enabling us to ensure our own AoNZ focus. These purposes include, firstly, to advance education, training and research in the practice of surgery; secondly, to determine and maintain standards for the practice of surgery; thirdly, to provide an environment promoting fellowship development and support and, finally, to provide authoritative advice, information and opinion to other professional organisations, to government and the public. The values of the organisation include service, integrity, respect, collaboration and compassion.

Engagement with Fellows is important to the AoNZNC. We are continually developing a programme for AoNZ Fellows. One of the main events is the Annual Scientific Meeting. We are open to contact from Fellows about anything they would like to see as future events.



Advocacy for AoNZ within RACS is essential to promote the issues affecting us as a sovereign nation. This has recently been facilitated by my co-option to the College Council and to the Council executive to give a better voice for AoNZ within these bodies. To date this has been a very fruitful experience.

Ngā mihi nui,

A handwritten signature in black ink, appearing to read 'A. MacCormick'.



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

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Key dates 2024

6-7 April:

NZAGS ASM (Napier)

6-10 May:

RACS ASC (Christchurch)

30-31 August:

NZAPS ASM(Christchurch)

19 September:

Louis Barnett Prize online event (date tentative)

RACS 92ND
ANNUAL SCIENTIFIC CONGRESS 2024
6 - 10 May 2024

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

Responsibility of a Surgeon



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RACS ANNUAL SCIENTIFIC CONGRESS 2024

Date: Monday 6 – Friday 10 May 2024

Location: Te Pae Christchurch Convention Centre,
Ōtautahi Christchurch, Aotearoa New Zealand

THE RACS ASC 2024 PROVISIONAL PROGRAMME IS NOW AVAILABLE

(<https://bit.ly/ASC24Programme>)

The ASC 2024 theme of *Responsibility of a surgeon* will see us exploring the critical role that surgeons play in not only the surgical system, but in the broader healthcare community.

We will delve into the ethical considerations, decision-making processes, and patient-centred care that define a surgeon's responsibility.

Register now to ensure you receive the discounted early bird registration rate
(<https://bit.ly/ASC24Registration>)

Early registrations close 11:59pm AEST, Sunday 17 March 2024.

For more information or for the latest updates please visit <https://bit.ly/49PR3B5>

The connections that drive patient outcomes

Professor Ian Civil, a pioneer of trauma care in Aotearoa New Zealand (AoNZ) and former RACS president, ends his time at the helm of the Major Trauma National Clinical Network (MTNCN) (now the National Trauma Network [NTN]). Beginning his career in the 1980s, he is credited with spearheading staggering improvements in the treatment of severe trauma in AoNZ and internationally.

According to the 2021-22 National Trauma Network Annual Report, the rate of death following major trauma in AoNZ is 7.4 per cent. That's half the case fatality rate of 2012, when the network first began, and is not far above the six per cent target that would bring it into line with international best performers such as Alberta in Canada and Victoria in Australia.

Improvements like these would be enviable for many fields of medicine but trauma is a relatively new subspecialty, especially in AoNZ. As such, trauma care has had some catching up to do.

The marked uptick in patient outcomes is partly due to new techniques and technology, as well as advances in the philosophy and understanding that underpins the treatment of trauma.

In AoNZ, it can also be attributed to the passion and dedication of one man—Professor Civil.

Through his work as a surgeon, and his research, involvement in education and training, and ability to join people together and create connection, Professor Civil has made a significant contribution to the knowledge around trauma care. He has helped the spread and adoption of best practice among trauma professionals across AoNZ and the world.

For someone who has made such a mark in his subspecialty, you would imagine his career had been planned out from the get go. In fact, Professor Civil says he doesn't really know why he chose the field of trauma.

As a senior registrar, in 1984, he got involved in a major piece of trauma research and after that he was hooked. With his General Surgery training complete, he headed to the US. Back then however, there weren't a lot of opportunities for prospective trauma surgeons. Professor Civil took up a Fellowship in Vascular Surgery in Cleveland instead.

Eventually, he did land a place as a trauma Fellow, in large part thanks to a reference from his good friend—also a former RACS president—Dr Anne Kolbe.

At that time, the generalist was the most respected type of surgeon. Professor Civil, on the other hand, had trained in two subspecialties (it was only in 1995 that Vascular Surgery became a specialty in its own right) and securing a job back in AoNZ was proving difficult.

Working his connections again, he carved out an unusual path for himself. Before moving to the US, Professor Civil was in the New Zealand Army's Reserve Force (formerly the Territorial Force). In 1987, the Army took him on as a military surgeon.

While this could have been professionally limiting, Professor Civil said it gave him freedom and he volunteered his surgical services. He became an honorary surgeon at the Auckland Hospital and AoNZ's first and only senior lecturer in trauma and military surgery at the University of Auckland School of Medicine.

He remained on active duty with the Army until 1993 during which time he completed exercises in the Solomon Islands and led the New Zealand Army medical team to the first Gulf War.

By the time he left the Army, Professor Civil had secured a permanent position at Auckland Hospital. He ascended to the role of director of the hospital's Trauma Services in 1994.

His involvement in international trauma organisations is extensive. He was president of the Association for the



Professor Ian Civil next to his portrait which adorns a wall in the RACS office in Wellington.

Advancement of Automotive Medicine (AAAM) in 1999 and of the International Association for the Surgery of Trauma and Intensive Care (IATSIC) from 2007 to 2009. Professor Civil is a founding member of the Australasian Trauma Society and served as president from 2011 to 2013. He was also Clinical Lead of Safe Surgery New Zealand, an expert advisory group for Health Quality and Safety Commission (HQSC) which was disbanded in 2021.

Within RACS, Professor Civil was a councillor from 2003 to 2012 and from 2010 to 2012 served as president. His nine-year stint on Council saw him cross the Tasman 77 times. He was also censor-in-chief and chair of the Board of Basic Surgical Training.

One of his contributions to trauma care was to bring a level of professionalism and consistency to its practice in AoNZ. As the first Australasian to complete an Early Management of Severe Trauma (EMST) course, in the US, he saw the benefits of bringing the training to his colleagues at home.

RACS has been delivering the course now since 1988 and Professor Civil has been an instructor from the beginning (not to mention his six-year stint as chair

of the EMST Committee). He said it has become the “single thread” that runs through all of trauma care. The course is mandated for all surgical specialties and encouraged for others involved in trauma care, from anaesthetists to rural GPs. Nurses are involved as observers.

In 2012 Professor Civil was appointed National Clinical Lead for the MTNCN for the Ministry of Health and the Accident Compensation Corporation (ACC). The purpose of the new body was to improve patient outcomes across the board and reduce the variation that meant patient outcomes were better in some regions than others.

It has been a success and has gained international recognition and respect.

Professor Civil puts that down to an organisational model that put decision-making and budgetary control in the hands of clinicians, not bureaucrats or politicians.

One of the decisions that has helped shift the dial on trauma care included the implementation of destination policies, which mean patients are sent to the best hospital for their needs even if other hospitals are closer. Appropriate early care has proven central to improved outcomes.

Another initiative the trauma network put in place was a trauma registry. While not having a direct impact on patient outcomes, the registry makes it possible to quantify the state of trauma care in AoNZ, undertake quality improvement activities, and allows progress to be measured and regions to be compared.

The secret sauce in all of this, and what made the MTNCN so effective according to Professor Civil, was “collective enthusiasm and personal connections”.

“I would be in every hospital in the country at some stage every year and that generated connection. That’s important if you want improvements.”

It is this connection that encourages trauma nurses to keep the trauma registry up to date and to make clinicians more comfortable transferring cases to other hospitals where appropriate. It’s also what filled a Wellington conference venue in 2023 when Professor Civil independently organised the National Trauma Symposium.

And it is what Professor Civil fears will be lost as the trauma network begins to move in a new direction. With the establishment of a centralised public health body, Te Whatu Ora – Health New Zealand, the decision has been made to reorganise the network.

Professor Civil, who exited the National Trauma Network (what was the MTNCN) in late 2023, fears the new structure will be less agile and make it harder for clinicians to input into decision-making. He also worries the enthusiasm for the work of the network will “peter out”.

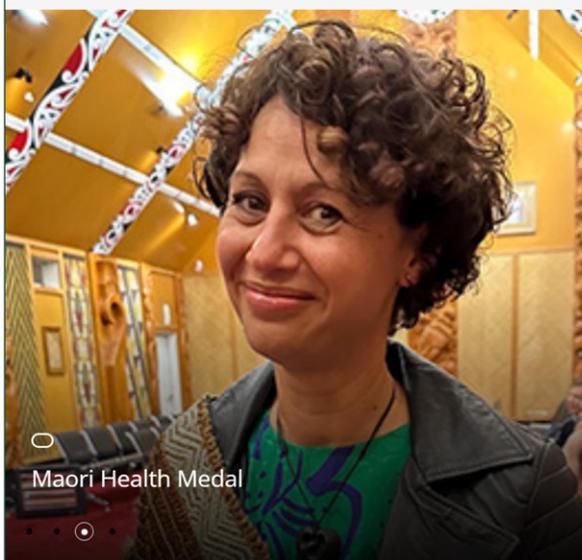
While Professor Civil may no longer be involved with the trauma network, he continues to be a leading force within AoNZ trauma services. He continues to lead Auckland Hospital’s Trauma Services and is Professor of Surgery at the University of Auckland.

With half of major trauma sources in AoNZ coming from traffic crashes (involving everything from cars and motorbikes to e-scooters and pedestrians), 30 per cent from falls, 15 per cent from interpersonal violence and five per cent from burns, the work of a trauma surgeon can take a toll.

Professor Civil said it’s the patients who are young and those that get unlucky—who are injured through no fault of their own—that have the most effect on him on a personal level.

“When they die, and you have an inability to do better for them—those are the ones that stay with you.”

SurgicalNews



Maori Health Medal

Read the latest issue of Surgical News

Surgical News is online and available via the RACS homepage: surgeons.org/surgicalnews

- Find out what our surgeons are up to on both sides of the Tasman.
- Hear from Associate Professor Kerin Fielding in the President’s perspective.
- Read the views of some of our members on issues facing the contemporary surgical profession.
- Get updates about CPD, professional development and more.

HEAD OF AOTEAROA NEW ZEALAND MESSAGE

A strategy tailored to our members

I can hardly believe I've been at RACS for over six months now. Time has flown. It's been a steep learning curve but I'm feeling really excited about what we've already achieved and other plans we have in the works.

One of the major wins for us has been Associate Professor Andrew MacCormick's ascension to Council and the Council Executive as a co-opted member. This will strengthen the Aotearoa New Zealand (AoNZ) voice in decision-making and the future direction of RACS. It is great to see the College demonstrating its commitment to its binational status in this way.

At the same time, I am working with the AoNZ National Committee to develop an AoNZ strategy which will complement the College's overall strategy while taking into account the unique challenges and opportunities we have on this side of the Tasman. This will help us prioritise and focus our energies on those things that really matter to our membership.

I've been travelling a lot so far this year, including a trip to Australia to meet the new CEO Stephanie Clota. Stephanie started at RACS on 29 January and already we can see how her remarkable track record in the healthcare and training sectors will be a huge asset to the College. I also spent a week helping with the Central Aotearoa New Zealand Trauma Care Verification. It was a great opportunity to get out and meet some of our members as well as draw on my experience as a healthcare auditor.

We've had some visitors to our office recently. Professor Ian Civil called in on his way to a Health Quality and Safety Commission (HQSC) lunch. Dr Nigel Willis, the AoNZ chief censor, joined us for discussions on streamlining Specialist International Medical Graduate (SIMG) processing. Professor Jonathan Koea also spent a day with us in his capacity as Kaiārahi Whakangungu Māori - Māori Trainee Liaison Lead, helping to show Dr Nasya Thompson the ropes. Dr Thompson has taken on a part-time role

as Kairangahau - Researcher for Te Rau Poka - Māori Surgical Academy. If you're ever in the vicinity, do call up and say "hi". Remember we have the Fellows Room, which you are always welcome to use and work from.

Finally I'd like to congratulate Dr Rachelle Love on her appointment as chair of the Medical Council of New Zealand (MCNZ). Dr Love is deeply involved with our College, through her roles on the National Committee, Māori Health Advisory Group and the training board for Otolaryngology Head and Neck Surgery in AoNZ. She has a lot to bring to the MCNZ role and we wish her luck for her tenure.



Michele Thomas,
Tumū Whakarae
Aotearoa – Head
of Aotearoa New
Zealand

Vote now in the MCNZ Election 2024



Te Kaunihera
Rata o
Aotearoa

**Medical
Council of
New Zealand**

Voting is open for the election of four medical members to join the governance of Te Kaunihera Rata o Aotearoa – Medical Council of New Zealand (MCNZ).

The Council plays an important role in protecting public safety by setting standards for the medical profession and ensuring doctors are competent and fit to practise.

There are 12 members on the Council, of which four members of the profession are elected.

The candidate booklet (<https://bit.ly/4bTgMKy>) contains profiles of the 21 candidates.

**Voting is open until 12pm on
Friday 22 March 2024.**

To vote: all registered doctors have been emailed the candidate booklet and voting information by electionsnz.

FROM THE EDGE

Understanding what we value about our College

WHAT IS RACS TO YOU?

As you will all be aware RACS has hit financial issues along with many other medical colleges and other institutions, such as our country's universities (<https://bit.ly/4a0FNSd>, <https://bit.ly/3P4op6W>).

A forensic analysis has been completed to look at how RACS came to this place. It doesn't change where we are at or that we need to move forward from here in a positive and constructive manner. It is clear that we need to change the governance structure at RACS to a smaller skills-based board that will have greater oversight of RACS finances. You will have already received information about this and will be given the chance to vote on constitutional change in April.

Another area for us as Fellows to consider is education and training – this has traditionally formed the heart of the College. Only being awarded six months Australian Medical Council (AMC) accreditation for training is a highly extraordinary situation and should not be taken lightly. The AMC and Medical Council of New Zealand (MCNZ) have highlighted the lack of oversight by RACS of the 13 different training committees. This does give all of us the opportunity to consider how selection (or should we be considering recruitment?), training, assessment and evaluation of our training programmes can align to provide a sustainable training environment that retains the high quality with which having a FRACS is associated.

Ultimately all of us as Fellows need to consider what RACS is to us, what we value as a group of surgeons and how we wish to see RACS developing into the future.

"In the midst of every crisis, lies great opportunity." - Albert Einstein



Dr Sarah Rennie,
Surgical Advisor,
Aotearoa New
Zealand

National Committee elections: nominations are open

There are vacancies on the Aotearoa New Zealand National Committee (AoNZNC). If you're interested in advocacy and governance, nominate yourself for election and be a voice for your peers.

Nominations opened on Friday 1 March 2024. **They close on Monday 18 March 2024.**

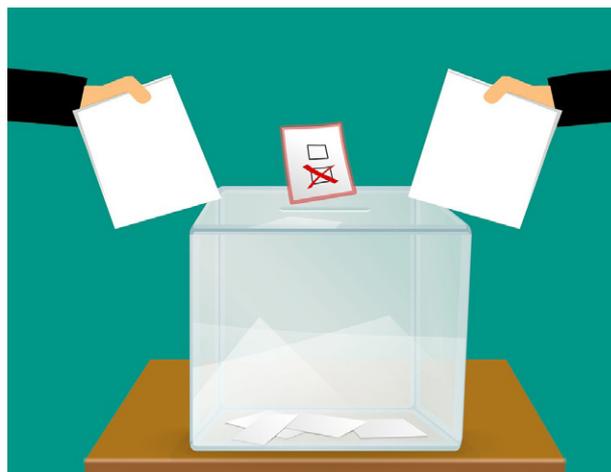
The AoNZNC (<https://bit.ly/3uuWd6l>) has members spanning all of RACS' nine surgical specialties. It advocates on local members' behalf, both within Council and in its relationships with the Aotearoa New Zealand (AoNZ) government. It also provides support to our membership and beyond, including medical students, junior doctors, surgical Trainees and Specialist International Medical Graduates (SIMGs).

You will already have received an email (from Friday 1 March) with a link to the nomination form. You will need two other Fellows to support your nomination*.

If you don't want to nominate yourself, you can still get involved by voting for your colleagues who do.

If there are more nominations than available positions, voting will open on Friday 22 March and close on Monday 15 April.

**Please note you must be a current RACS Fellow to nominate and your supporters must also be current RACS Fellows.*



Court of Examiners: the best CPD you can ever do



Dr Cathy Ferguson

Dr Cathy Ferguson, an otolaryngology head and neck surgeon in Te Whanganui-a-Tara Wellington, has sat on RACS Court of Examiners for nine years. Over that time, she has risen through the ranks, first as a senior examiner and, for the past year-and-a-half, as deputy chair in Aotearoa New Zealand.

It takes a lot of her time, albeit in busy bursts throughout the year. There is the three-day examiner workshop every February. Then there's planning the exams—writing them and providing model answers—and marking them once they've been completed.

Examiners typically attend two or three Fellowship exams a year, which run over a weekend. For Aotearoa New Zealand (AoNZ) based examiners like Dr Ferguson that often means travel to Australia. (Only the General Surgery and Orthopaedic Surgery Fellowship exams are held in AoNZ.)

Besides the time commitment, Dr Ferguson says being an examiner means keeping abreast of the latest surgical knowledge and understanding advances in research, techniques and technology.

“You're going into fine detail on points specific to your specialty. It's the best CPD you'll ever do,” says Dr Ferguson.

It sounds like a lot of work but according to Dr Ferguson that's what makes it so rewarding.

“It's the best gig at the College. It is one of the most rewarding things you can do for RACS. There's a real satisfaction that goes with being an examiner.”

Another perk of the role is the collegiality of working closely alongside other surgeons, including those from different specialties and across the two countries.

“You meet people you'd otherwise never get to know and can learn so much from them, especially when you're spending all day, every day with each other [over the course of an exam weekend]. I've made lifelong friendships.”

Dr Ferguson has long been interested in education and passing her knowledge to those earlier on in their surgical careers. It led her to be a registrar to the Court of Examiners (a role that no longer exists but was primarily about overseeing exams); to sit on the training committee for Otolaryngology in AoNZ; and volunteer as an instructor for the Training in Professional Skills (TIPS) and Operating with Respect (OWR) courses.

Her involvement in the College goes further than training activities. Dr Ferguson has held every executive position within the AoNZ National Committee—from honorary treasurer to chair. She has also been Chief Censor for Specialist International Medical Graduates (SIMGs) and sat on Council for the maximum nine years, including a two-year stint as vice president.

Dr Ferguson was encouraged to join the Court of Examiners by colleagues who recognised her interest in education, but she believes it has appeal for a diverse range of surgeons.

“Diversity is something we strive for. It's important to have a range of ethnicities, gender, expertise, specialty interests.”

She says it would be good to see more support for rural surgeons who may find it hard to cover time away for exams.

Vacancies on the Court are advertised each year from September to November. To be eligible, you must be a Fellow with at least five years of independent practice post fellowship and be CPD compliant.

Find out more about the Court of Examiners (<https://bit.ly/4bMqe2f>).



Court of Examiners in Aotearoa New Zealand. Dr Ferguson, the deputy chair, is right of centre.

RACSTA UPDATE

Creating opportunities, finding balance: goals for new RACSTA rep

Advocating for wellbeing and improved training opportunities are top of the list for the new Aotearoa New Zealand (AoNZ) representative on the RACS Trainees' Association (RACSTA) Committee.

Dr Blair Mason, who is in his third year of orthopaedic surgical training and has recently moved to the Hawke's Bay, said parenthood and writing surgical rosters are among the experiences that drive him to champion the needs of his fellow Trainees.

Dr Mason grew up on the West Coast of the South Island and initially studied engineering geology at Canterbury University in Christchurch. From there he took a sharp left and enrolled in the Auckland University School of Medicine.

It was partway through medical school that Dr Mason became drawn to surgery. He put this down to having excellent mentors and enjoying the satisfaction of being able to "tangibly intervene to get results for the patient".

Back in Christchurch, he began the Orthopaedic Surgery training programme in 2022.

Dr Mason describes his training to date as "a real journey" but says he has excellent support from his colleagues.

Part of the challenge is the fact he is the father of two young boys (his eldest was just five months old when Dr Mason entered surgical education and training [SET]).

"Being a parent brings a new facet of understanding of the challenges of training and the need to balance the competing demands on your time – from the hospital, the College and at home."

He said the number of parents in SET is growing, as the average age of Trainees increases and more Trainees navigate childcare responsibilities. As a representative on RACSTA, he hopes to advocate for a better work/life balance and rosters that minimise fatigue and maximise training opportunities.

Dr Mason said he has always enjoyed leadership roles and advocacy. He was a student representative on the board of the New Zealand Rural General Practice Network for example. It was writing the roster for orthopaedics at Christchurch Hospital for 18 months, however, that gave him a glimpse behind the scenes of the medical system and got him interested in governance.

At the time, Christchurch Hospital was suffering from staffing shortages among both registrars and perioperative staff. For some Trainees, this has limited their training opportunities; with less surgery taking place there have been fewer opportunities for education and experience.

All of this led to Dr Mason jumping at the opportunity when the role as a RACSTA representative came up late in 2023.

"I saw it as a chance to contribute a meaningful voice and to represent the views of AoNZ Trainees."

"I hope to strengthen training opportunities and preserve the wellbeing of Trainees at the same time."

While it is still early days for Dr Mason's tenure on the RACSTA Committee, one idea he would like to progress is enabling training fees to be directly invoiced to hospitals. At present, the fees, which can be significant, are invoiced to the Trainee, who then must apply for reimbursement by their employer. This can force some Trainees into debt. Smoothing this process would help reduce financial pressures, he said.

Find out more about RACSTA (<https://bit.ly/3Tszx04>).



Dr Mason with his younger son.

NEWS IN BRIEF

Surgeon takes up reins at MCNZ

A member of the Aotearoa New Zealand National Committee (AoNZNC), Dr Rachelle Love, has been appointed chair of the Medical Council of New Zealand (MCNZ).

Dr Love, who is of Ngāpuhi and Te Arawa descent, is an otolaryngology head and neck surgeon from Ōtautahi Christchurch. Besides being an elected member of the AoNZNC, she sits on the RACS Māori Health Advisory Group and is cultural advisor to the New Zealand Society of Otolaryngology Head and Neck Surgery's (NZSOHNS) Training, Education and Accreditation Committee (TEAC).

Dr Love's research interests are in Māori health, particularly cultural competency and cultural safety in surgical education, and in sleep surgery, where she is part of a multinational multidisciplinary research group.



Dr Rachelle Love

Meeting our SIMG obligations

Providing advice to the Medical Council of New Zealand (MCNZ) on Specialist International Medical Graduates (SIMGs) is an important part of what we do in the RACS Aotearoa office; upholding patient safety while helping bolster the surgical workforce. The process is complex and involves many moving parts and people.

We recognise how central it is to what we do and in the past six months have put a big focus on increasing our capacity

in this area. We've begun streamlining the process and have also devoted extra resources to it.

The changes are making a difference and so far in 2024, all but one piece of advice to MCNZ has been submitted on time. With further improvements still rolling out, we expect to continue being able to meet deadlines into the future.

Wellington region reviews its trauma care systems

Central Aotearoa New Zealand (AoNZ) hospitals opened their doors this week to a RACS-led review of their trauma services, from pre-hospital to rehabilitation.

Trauma Care Verification has been offered by RACS since 2000. Since then, there have been over 60 visits conducted in hospitals in every state of Australia and both islands of AoNZ. In 2018, there was a review of the entire AoNZ trauma care system.

One of the key aims of Trauma Care Verification is to ensure trauma patients receive the best possible care no matter where they are injured. Late last year, the RACS AoNZ Trauma Committee wrote to the new Minister of Health warning him of significant variations in the availability and quality of trauma care across the motu (country).

With the Central Aotearoa New Zealand Trauma Care Verification, there were three trauma teams involved spanning Wellington, the Hutt Valley, Palmerston North, Whanganui, Hawke's Bay and Wairarapa. RACS is proud to be part of the regional review.

Find out more about Trauma Care Verification: <https://bit.ly/3UQBjC>

RACS policy aims to provide a supportive environment for breastfeeding surgeons

In October last year, RACS created a breastfeeding policy to encourage successful breastfeeding within the surgical profession. Through the

policy, RACS advocates for measures to enable Trainees, Fellows and Specialist International Medical Graduates (SIMGs) to balance the competing demands of the workplace and parenthood: <https://bit.ly/434npWo>

High registration numbers for Younger Fellows Forum 2024

Registrations for this year's Younger Fellows Forum exceeded 40 for just 20 places as the event prepares to open its doors in Ōtautahi Christchurch.

The forum - an annual retreat drawing Younger Fellows together to discuss and debate issues of interest - will run from 3-5 May 2024.

Of the expressions of interest received from RACS Fellows within their first 10 years of Fellowship, 20 emerging leaders are selected, from all walks of surgery.

The aim of the weekend is to develop leadership and performance skills needed as new consultants to thrive as surgeons and community leaders. It is also a chance to input into the future direction of RACS.

This year's theme is *The future of surgery* and will focus on high performance development, managing the team and improving personal performance. Organisers have partnered with robotics companies and will have a session discussing the role of future technology in surgery.

Hand hygiene module versions to differ between Australia and Aotearoa New Zealand

At the end of 2023, the Australian Commission on Safety and Quality in Health Care retired RACS hand hygiene module - a prerequisite for candidates for RACS surgical training programme - in favour of its own Hand Hygiene for Clinical Healthcare Workers Module, developed in May 2023. No such change has taken place in Aotearoa New Zealand (AoNZ). Prospective Trainees will now be completing different module versions depending on the country they live in.

ADVOCACY

Equity work will continue despite axing of Te Aka Whai Ora

“We are disappointed by the Government’s axing of Te Aka Whai Ora - Māori Health Authority but that won’t stop us in our efforts to close the gap on health inequities in Aotearoa New Zealand (NZ).”

Speaking as Chair of RACS Aotearoa NZ National Committee (Aotearoa NZNC), Associate Professor Andrew MacCormick said the justification for a body like Te Aka Whai Ora, that focuses on the health needs of Māori, is plain to see in the government’s own data.

In a report released in February, Manatū Hauora - Ministry of Health said: “In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust.”

The Health Status Report 2023 shows Māori women die on average seven years earlier than European/Other women. For Māori men, the average is eight years earlier. At nearly 150 per 100,000 people, Māori people’s avoidable mortality rates are more than double that of European/Other groups.

“That’s pretty damning,” Associate Professor MacCormick said.

“Where do we - as a nation that values fairness and cares about our fellow Kiwis - go from here in making meaningful progress to reduce health inequities? The difference between equality and equity seems to be being ignored.”

RACS Māori Trainee Liaison Lead Professor Jonathan Koea said the disestablishment of Te Aka Whai Ora is a “huge blow for Māori health progress”.

“Reverting to a system that has been ineffective at reducing disparities over the last 170 years is illogical.”

At the same time, he says RACS in Aotearoa has ramped up its focus on health equity for all New Zealanders.



A key feature of Professor Koea’s work at the College is encouraging more Māori into surgical careers. The aim is to have 150 fully trained and practising Māori surgeons by 2040; the bicentenary of Te Tiriti o Waitangi - Treaty of Waitangi.



Transport Minister responds to appeal to maintain speed limit reductions

Late last year Dr Chris Wakeman, chair of the Aotearoa New Zealand (AoNZ) Trauma Committee, urgently appealed to the Government to abandon plans to reverse speed limit reductions on some of the country’s roads.

The proposed policy rolls back efforts to manage speed on state highways and around neighbourhood streets.

In his letter to Ministers, Dr Wakeman pointed to the well-established correlation between speed and the severity of injuries. He also pointed to the significant cost of traffic crashes – in terms of medical and rehabilitative treatments, as well as emotionally, to individuals, families and communities.

Transport Minister Simeon Brown responded, saying the Government wants a “more balanced approach” to setting speed limits. He said there is a need to ensure economic impacts and the views of road users and local communities are considered alongside safety. The Minister said his focus is on delivering reductions in road deaths and serious injuries while also reducing travel times and building a more resilient transport network.

He said new rules around speed limits will be consulted on later this year.

The AoNZ Trauma Committee has also received a response to its letter to the Health Minister highlighting the regional inequities in trauma services around the country. It will continue advocating on this topic.

Repeal of the *Therapeutic Products Act 2023*

The Aotearoa New Zealand National Committee is preparing a response to the announcement the Government will repeal legislation to modernise the regulatory landscape for therapeutic products and the natural health industry.

The *Therapeutic Products Act 2023* was passed in July last year and regulates how medical products, from tongue depressors to surgical mesh, are manufactured, tested, imported, promoted, supplied and exported. It also makes the regulations applying to clinical trials more robust, and regulates natural health products (such as vitamin C tablets) as a separate category to medical products. The proposed repeal means the legislation intended to be replaced by the Act - the *Medicines Act 1981*, the *Dietary Supplements Regulations 1985* and the *Sunscreen (Product Safety Standard) Act 2022* – will remain in force.

Highlights: RACS advocacy in Australia

- The RACS Health Policy and Advocacy Committee (HPAC) supported the Australian Orthopaedic Association and wrote a letter endorsing the Australian Orthopaedic Foot and Ankle Society's (AOFAS) submission to the ongoing review of podiatric surgery regulation. HPAC shares AOFAS's concern about the current system, which grants podiatrists the title "surgeon" without mandated Australian Medical Council (AMC) accreditation. This raises serious patient safety and consumer protection questions. As the peak surgical body, RACS prioritises patient safety and the highest standards of care.
- RACS has submitted a letter supporting a submission by the Australian Society of Plastic Surgeons (ASPS) calling for improved regulation of non-surgical cosmetic procedures and stricter guidelines for non-medical practitioners.
- The College provided feedback on a revised Safe Care Victoria Colonoscopy White Paper, making recommendations to improve access to care for Indigenous, rural, regional and low socio-economic patients.

From The RACS Archives

It was International Women's Day on 8 March. To mark the occasion, here's a story about RACS first woman orthopaedic surgeon.

Born in Airdrie, Scotland, Pearl Anna Inglis MacLeod (1916-2010) started her career in wartime, working as a GP in England and Scotland, as a house surgeon in Scotland and as a physician at the Glasgow Fever Hospital.

In March 1945, she began her war service which took her to India and the Middle East.

It is likely that her experiences with the Royal Army Medical Corps inspired her to practice Orthopaedic Surgery.

Dr MacLeod began her surgical career in Orthopaedics at a time of change and technological advance. (By the early 1950s, several developments led to major advances in Orthopaedic Surgery, including the Küntscher nail and the Illizarov Apparatus. In 1940, the first partial metallic hip replacement was performed.) It was also a time when it was unusual for women to specialise in Orthopaedic Surgery. There was a perception the specialty required a degree of physical strength beyond most women.

It was in these early days of her career that Dr MacLeod moved to Aotearoa New Zealand and became an orthopaedic registrar at the Dunedin Public Hospital.

Dr MacLeod also worked as an assistant lecturer in Orthopaedics at Otago Medical School and in 1952, applied to sit the FRACS final exam in Orthopaedics. She became a Fellow in Orthopaedics in July 1954. Thus, Pearl MacLeod (FRACS#1038) was our first female Fellow in Orthopaedics.

Dr MacLeod didn't stay long in Aotearoa New Zealand and returned to Scotland in 1955. She continued to practice in Scotland and the UK and died in North Yorkshire in 2010.

By Elizabeth Milford, RACS Archivist



Dunedin Public Hospital 1950s. ('Scattered Seeds' Home Page. Dunedin Public Libraries 'Scattered Seeds.' 2015)

Practical ways to reduce the environmental impact of surgery

Last year we published an article about green surgery that highlighted the *GreenCollege Guidelines* (<https://bit.ly/3uWkF00>) – of which RACS is a signatory - and the *Intercollegiate Green Theatre Checklist* (<https://bit.ly/3lk6R2K>). This year we would like to highlight the UK Health Alliance on Climate Change report *Green Surgery* (<https://bit.ly/4c1rPRA>).

This report is very comprehensive and looks at both initiatives and recommendations that aim to reduce the environmental impact of surgery. At a time when single-use instruments and disposable drapes in theatre are becoming more common, this report talks to the importance of considering **reducing** (not stocking equipment that is not used before it goes out of date) and **reusing** (and repairing where needed), with **recycling** being the last option.

Some things we can action as surgeons – turning off unused equipment, lights and taps for example - and others we have less power over such as ensuring our hospitals use renewable energy sources. (There are 14 remaining coal boilers supplying energy to public hospitals across eight different sites around Aotearoa New Zealand.)

The report looks beyond the operating theatre at the entire surgical pathway to ensure appropriate use of resources



and appropriate decision-making. It encourages consideration of pre-optimisation of surgical patients to improve human and planetary health, and stopping to think about how peri-operative investigations support decision-making like the Choosing Wisely campaign in Aotearoa New Zealand. Ideally, with time, resources can be shifted to public health and prevention of some surgical issues to reduce surgical contributions to climate emissions.

The report includes a call to action for all involved in surgical care:

“To implement these changes we call upon leaders (including national representative bodies, and at organisational and departmental level), educators, policy makers, and academics. Change will require

engagement from all those in the surgical ecosystem, including senior and trainee surgeons, anaesthetists and anaesthetic trainees, nursing staff, operating department practitioners, and other allied health professionals, alongside colleagues in infection prevention and control, primary care, and public health practitioners. We must also work with our procurement teams, industry partners throughout the medical supply chain, and supporting services (including facilities and estates, instrument and linen reprocessing, and waste facilities), to optimise emissions associated with use of surgical products.”

We can all do our bit to ensure sustainable surgical care for the future.

By Dr Sarah Rennie, Surgical Advisor, Aotearoa New Zealand



Your donation, your difference

The Foundation for Surgery's 2024 *Pledge-a-Procedure Appeal* in Aotearoa New Zealand is underway. This year the Foundation for Surgery is raising funds to support the paediatric projects undertaken by RACS Global Health.

These visits provide much needed surgical and specialised medical care to children with a variety of conditions in a number of countries in the Indo-Pacific region.

Your generosity is greatly appreciated and ensures that RACS can keep sending visiting medical teams to help these children in need.

Please make a donation today: <https://bit.ly/3TlhVTL>

Meet the team

The team in the RACS Aotearoa New Zealand national office have new job titles. Thanks to Ruth Herd, Kaiwhakarite Hauora Māori - Māori Health Equity Lead, the team's titles have all been translated into te reo Māori.

Michele Thomas	Head of Aotearoa New Zealand	Tumu Whakarae Aotearoa
Maria Kapralos	Administrator	Kaiwhakahaere Tari
Brendan Ralph	Senior Accountant	Kaikaute Matua
Diana Blake	Communications Specialist	Kaiwhakahaere Whakapā
Celia Stanyon	Executive Officer SIMGs	Kaiwhakahaere Pōkai Taiwhenua
Gloria Aumaivao-Tasi	Executive Officer Training	Kaiwhakahaere Whakangungu
Suvira Gupta	Executive Officer NZOHNS	Kaiwhakahaere Pāpori Mahunga
Ruth Herd	Māori Health Equity Lead	Kaiwhakarite Hauora Māori
Nick Ingram	IT Specialist	Hangarau Whakaaturanga
Danielle Cochran	Projects and Events Officer	Kaiwhakahaere Pāpono
Sarah Rennie	Surgical Advisor	Kaitohutohu Poka
Jonathan Koea	Māori Trainee Liaison Lead	Kaiārahi Whakangungu Māori
Nasya Thompson	Researcher	Kairangahau
Andrew MacCormick	Chair, AONZNZ	Heamana, Komiti Whakahaere Aotearoa



Te Rau Poka team grows

Dr Nasya Thompson has begun working alongside Professor Jonathan Koea and Dr Ruth Herd as Kairangahau - Researcher for Te Rau Poka (RACS Māori Surgical Academy). The purpose of Te Rau Poka is to provide support, advice and mentorship to Māori from secondary school to the midpoint of their surgical careers and forms an important part of the College's initiatives to increase diversity and Indigenous representation in the surgical profession.

Dr Thompson (Ngāti Raukawa) is a Christchurch-based PGY1 doctor who is dedicated to advancing Māori health and health services and instilling a Māori perspective and presence into the academic and clinical side of the hōhipera (hospital).

(L-R) Dr Ruth Herd, Dr Nasya Thompson, Professor Jonathan Koea.

Join the RACS Trauma Committee

There are two vacancies for Aotearoa New Zealand members on the Trauma Committee and we are looking for expressions of interest from people who have expertise in:

- trauma quality improvement
- road safety policy and advocacy
- trauma research
- trauma rehabilitation.

Members do not have to be RACS Fellows.

The application deadline is 11 March.

To submit your interest, please email trauma@surgeons.org with your CV outlining your expertise and experience.

For further information, please email david.watson@surgeons.org or call +61 0402 177 767.

PROFESSIONAL DEVELOPMENT

Upcoming training courses

FACILITATING ONLINE

This course has been developed to support surgical educators, surgeons and other medical specialists who facilitate synchronous online learning webinars and other online sessions.

It is designed to provide you with the skills to effectively facilitate online, including how to plan for webinars and how to optimise your online facilitation environment.

Delivery: Online: 90 minutes to 2 hours
RACS CPD points: 2 points

Main competencies addressed:

- scholarship and teaching

Date: Monday 1 April to Thursday 30 May 2024

FIND OUT MORE - <https://bit.ly/3SCY0hm>

OPERATING WITH RESPECT

The Operating with Respect course was developed in response to the release of the *RACS Action Plan on Discrimination, Bullying and Sexual Harassment in the Practice of Surgery*. It is designed to deliver advanced training in recognising, managing and preventing discrimination, bullying and sexual harassment, to help all surgeons create a safe, respectful workplace culture that positively impacts Trainee learning and ultimately improves surgical care.

It provides participants with practical strategies and skills to respond appropriately to unacceptable behaviour and promotes reflection and self-

awareness, challenges common biases, assumptions and erroneous views and is delivered by skilled faculty. While compulsory for Surgical Supervisors and Committee members, the course is open to all Fellows.

Delivery: Face-to-face (7 hours)

RACS CPD points: 7 points

Main competencies addressed:

- communication
- collaboration and teamwork
- professionalism

Date: Saturday 10 August 2024

Time: 8:15am – 4:00pm

Location: Wellington

FIND OUT MORE - <https://bit.ly/3sUE9RT>

OTHER PROFESSIONAL DEVELOPMENT COURSES

Online

Identifying and Addressing Microaggressions (<https://bit.ly/467W3ic>): commence anytime

Introduction to Operating with Respect (<https://bit.ly/44Tive7>): commence anytime

Women in Surgery Microlearning Activity (<https://bit.ly/3UH7j2H>): commence anytime

Keeping Trainees on Track (<https://bit.ly/3sQdFRj>): 1 April – 30 April

Foundation Skills for Surgical Educators (<https://bit.ly/45Lmri6>): 1 April – 12 May, 29 April – 22 May

Induction for Surgical Supervisors and Trainers (<https://bit.ly/3GsVQLN>): 29 April – 22 May

Difficult Conversations with Underperforming Trainees (<https://bit.ly/48g0x6m>): 2 July – 5 August

Academy of Surgical Educators

Educator Studio Sessions (<https://bit.ly/3uwjTXZ>)

13 March 2024: Dr Poppy Redman: Exploring surgeons use of the “Surgical Education Checklist” in the operating theatre.

17 April 2024: Dr Tom Neerhut: Defining the good surgical resident: a resident and registrar perspective.

14 May 2024: Dr Ishith Seth: Investigating the impact of innovative AI chatbot on post-pandemic medical education and clinical assistance. A comprehensive analysis.

11 June 2024: Dr Andrew Huang: Training better doctors and training doctors better: the use of video recordings for teaching, coaching, feedback and assessment purposes.

17 July 2024: Dr Victoria Brazil: Connecting simulation and quality improvement: how can healthcare simulation really improve patient care?

Other RACS courses and events (<https://bit.ly/48jFT6H>)

Questions?

Email pdactivities@surgeons.org.

2023 CPD is now overdue

If you haven't submitted them already, this is a reminder that your CPD activities for the period 1 January 2023 to 31 December 2023 were due by 28 February 2024.

You can complete your CPD on the CPD Online portal or the mobile app.

CPD Online

Please log in to CPD online, using your my.surgeons.org email address and click on the 'My CPD' link at the top of the screen. You will be directed to the CPD dashboard to enter your activities.

CPD Mobile App

You can also complete your requirements through the RACS CPD mobile app. It's convenient, easy to use, and provides you access to your CPD on your mobile devices, on the go. The app is available within Microsoft Power Apps on the iOS App Store, the Google Play Store, and Microsoft Windows Store. You can read more about the app (<https://bit.ly/3T9bv98>).

Where can I get help

The CPD team is here to help. We are available Monday-Friday from 9:00am–5:00pm (AEDT) and can be contacted at +61 3 9249 1282 or cpd.college@surgeons.org.

RURAL AND REGIONAL HEALTH

Optimism for a strong rural surgical workforce



In my first few months as a member of the Rural Health Equity Steering Committee I have been familiarising myself with the work done historically; particularly the *RACS Aotearoa New Zealand Regional and Rural Health Equity Strategy Statement 2021*: <https://bit.ly/4appM8H>

There have been huge efforts to develop a sound strategy. Two key areas highlighted in the initial strategy are surgical education and training (SET) training and Specialist International Medical Graduate (SIMG) pathways.

Quality training and experience in formative years in regional hospitals is clearly a key component impacting future choice. From pre-SET years to the mid-SET years, the regions have much to offer. The SIMG pathways can be difficult to navigate, and there are many opportunities and challenges in this space.

I will keep you updated on progress. I am optimistic that moving past pandemics, restructures and renaming, we can focus on building up our workforce with some momentum.



By Dr Alice Febery,
Aotearoa New Zealand Representative
to the Rural Health Equity Steering
Committee

Royal Australasian
College of Surgeons

Curious?

Keen to enquire, investigate
and advance?

RACS Scholarships and
Grants Program 2025

Applications open 25 March
and close 6 May 2024
www.surgeons.org/scholarships



RACS Scholarships and Grants Program is
offering research scholarships and learning
and development grants for 2025

Applications open 25 March and close 6 May
2024

Learn more: <https://bit.ly/3vc9IYD>

MELANOMA MINI-SUMMIT

SATURDAY 11 MAY | TE PAE, CHRISTCHURCH

A critical education opportunity for
New Zealand melanoma professionals

Join us to discuss latest developments in
melanoma prevention, diagnosis, clinical
management, and research, and connect with
melanoma expertise across the country.

\$375 MEDICAL DOCTORS | \$250 OTHER HEALTH PROFESSIONALS

WITH TWO PRE-SUMMIT WORKSHOPS TO CHOOSE FROM*

Friday 10 May | Turanga Christchurch Central Library

Skin Lesion and Dermoscopy course
12.00 - 4.30 pm | \$345 including GST

Join this interactive beginners course and increase your
confidence in evaluating and referring skin lesions.

Melanoma Research and Therapy
Special Interest Group meeting
12.30 - 3.30 pm | Free of charge

Hear about and discuss current New Zealand
melanoma research.

* Attendance at the Mini-Summit is not required to attend these workshops

Register at www.melnet.org.nz

MelNet

General surgeons: Hawke's Bay is calling you

It's our pleasure to invite you to attend the 2024 Annual Scientific Meeting of the New Zealand Association of General Surgeons, which is being held at the Napier War Memorial Centre situated on the beautiful and sunny Marine Parade in the heart of art deco country. The registrars' SET Training Day will be held on Friday 5 April and the conference itself follows on the weekend of **6 - 7 April 2024**.

The health care system is in a state of flux at present, but what binds us as a surgical community is the clinical networking and common interactions to serve our patients and the profession as a whole. Our theme this year reflects our reality of everyone being in this together and the conference is entitled *He waka eke noa*.

Join us to hear from local and international colleagues on a wide range of topics which will be of interest to all. Take this opportunity to interact with your colleagues *kanohi ki te kanohi* (face to face), to strengthen your clinical networks in this ever-changing environment.

The conference dinner on Saturday will be at the celebrated and historic Mission Estate – make sure you secure your ticket!

If it's been a while since you've been to our corner of the motu (country), consider adding a couple of days to your trip to enjoy the art deco capital and surrounding vineyard cellar doors. We look forward to welcoming you.

Register now: <https://bit.ly/49CZNKJ>



The banner features a dark blue background on the left with white and orange text. On the right, there is a photograph of a coastal town with a bay and mountains in the background. The NZAGS logo is visible in the top right corner of the banner.

NZAGS || 24
6-7 APRIL 2024 | NAPIER WAR MEMORIAL CENTRE, NAPIER
HE WAKA EKE NOA
WE ARE ALL IN THIS TOGETHER

www.nzags.co.nz **NZAGS**
New Zealand Association
of General Surgeons

Wishbone Relay enters final legs

The Wishbone Relay raises funds for Kiwi-based orthopaedic research. The relay started at the bottom of the South Island in January and ends in Auckland on Sunday 17 March.

Read the blogs on the completed legs or see the special batons crafted by two orthopods: <https://bit.ly/431KXek>



Academic surgery course comes to Christchurch this May

The Developing a Career in Academic Surgery (DCAS) course, which runs annually on the Monday of the RACS ASC week, will be held this year in Ōtautahi Christchurch on 6 May.

The course is hosted by the Section of Academic Surgery of RACS and is designed to inspire and guide surgeons, Trainees and students towards a career in academic surgery. Learn the ropes of academic surgery and meet local and international surgeons who have embraced academia as part of their surgical careers.

The course faculty is comprised of academic surgeons from Australia

and Aotearoa New Zealand, as well as high-profile representatives from the American Association of Academic Surgery (AAS). The long-standing collaboration between RACS and AAS means the DCAS course is a great opportunity to meet, network and learn from American colleagues. This year, the AAS faculty will be led by Dr Juliet Emamaullee, an abdominal organ transplant surgeon from Keck Medicine of the University of Southern California (USC).

The DCAS course 2024 will provide attendees with tools to navigate the complexities of academia in the context

of a busy surgical career. Talks will include exploring the different ways of being an academic surgeon, and insights on how to write compelling abstracts for conferences and manuscripts. There will also be tips on how to get adequate funding for research projects.

The hot topic talk this year will explore the intricacies of AI in surgery and academia, while the keynote speaker will discuss the different ways to perform high quality research in various institutional settings.

Register now: <https://events.surgeons.org/signin?ReturnUrl=/event/sessions?id=DSC20240502>

RACS Library: New titles to get you reading



“Overall NZ’s medical students do not reflect the diverse communities they will serve,” is the stark result from one piece of research into the socio-demographic profile of medical students in Aotearoa New Zealand. The paper calls for policy changes to increase and diversify the range of domestically trained doctors.

In other recently-published reads, the equitable access to healthcare for migrants and refugees in Aotearoa New Zealand and the growing cancer burden are also explored.

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

Bagg W, Curtis E, Eggleton KS, Nixon G, Bristowe Z, Brunton P, et al. Socio-demographic profile of medical students in Aotearoa, New Zealand (2016-2020): a nationwide cross-sectional study. *BMJ Open*. 2023;13(12):e073996. <https://bit.ly/3T9i0d3>

Kanengoni-Nyatara, B et al. Barriers to and recommendations for equitable access to healthcare for migrants and refugees in Aotearoa, New Zealand: an integrative review. *Journal of Immigrant and Minority Health* 2024; 26:164–180. <https://bit.ly/48MBF7r>

Kovoor JG, Bacchi S, Sharma P, Sharma S, Kumawat M, Stretton B, et al. Artificial intelligence for surgical services in Australia and New Zealand: opportunities, challenges and recommendations. *MJA*. 2024. <https://bit.ly/49M19T8>

Narayanan A, Naidoo M, Kong V, Pearson L, Mani K, Fisher JP, et al. Broad Responses and Attitudes to Having Music in Surgery (The BRAHMS Study): an Australia and Aotearoa New Zealand perspective. *Surgery Open Science*. 2024;17:30–4. <https://bit.ly/49udsUj>

Teng A, Stanley J, Jackson C, Koea J, Lao C, Lawrenson R, et al. The growing cancer burden: age-period-cohort projections in Aotearoa New Zealand 2020-2044. *Cancer Epidemiology*. 2024;89:102535. <https://bit.ly/3uUefyM>

OBITUARY

A love of knowledge

Malcolm Gordon Dunshea
Otolaryngology Head and Neck Surgeon
4 March 1933 – 1 July 2022

Malcolm Dunshea was born in Christchurch, the only child of Dorothy McLaren (a seamstress) and Ronald Dunshea (a menswear buyer). He attended St Albans Primary School and commenced at Christchurch Boys' High School in 1947. There he played rugby and, a very capable athlete, set a national age group sprint record. He enjoyed singing, learned to play the cornet and in his final year was deputy head boy. Curious and with a liking for science, he completed Medical Intermediate at Canterbury University in 1952 and secured entry to Otago Medical School. A Mason's scholarship assisted with his costs. In Dunedin he initially lived at Arana Hall before flatting. Sailing on the Otago Harbour and membership of a barber's shop quartet were important leisure activities.

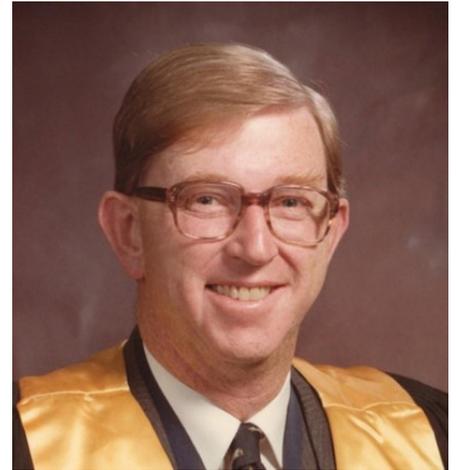
Completing a short-term placement at Gisborne Hospital during his sixth year, Malcolm worked as a house surgeon in Christchurch for the next two years. There he met, and subsequently married, Lyndsay Rollason, a nurse. Obtaining a free passage on the MS Port Huon as ship's doctor, he travelled to the UK in 1961 with Lyndsay and their baby son, John, to follow a surgical career. There he obtained work as an ear, nose and throat registrar at Westminster Hospital in London. He completed the FRCS examination in 1963 and the same year a second son, Michael, joined the family. Malcolm subsequently worked in the South Warwickshire group of hospitals; the Warneford at Leamington Spa and the Stratford Infirmary at Stratford-upon-Avon.

Malcolm returned to Aotearoa New Zealand towards the end of 1964 hoping to obtain a position at Christchurch Hospital. Instead, he secured an appointment in Hamilton, joining Ollie Seeley and replacing the recently retired Roland Phillips-Turner. There he developed a practice providing both

public and private otolaryngology care and gained his FRACS in 1968. Chris Seeley, who spent time in Hamilton during his training, noted Malcolm was always punctual, professional, and took his role extremely seriously. Being on call every second night required a close cooperative association with his colleagues. Despite the local population growing rapidly it was 15 years before Hugh Litchfield joined the team. Hugh observed that Malcolm was always a keen teacher, and instrumental in developing the ENT training programme. He was responsible for setting up and developing the Waikato head and neck clinic for surgery of often advanced cancer. Technically proficient, Malcolm very capably undertook complex surgery and, working closely with Auckland colleagues, published results comparable to those of leading international institutions. Malcolm retired as director of the Otolaryngology Department in 1998; retiring from surgery completely in 2002.

Malcolm was an active member of the New Zealand Society of Otolaryngology Head and Neck Surgery serving as its secretary and, subsequently, president. He had an active role in the New Zealand Medical Association (NZMA) serving as president of the Waikato branch and in 1985 he became president of the NZMA. He served a full term of eight years as an examiner for the FRACS final Fellowship Examination, during which Chris Seeley observed Malcolm spent six months studying prior to each examination to ensure his knowledge was appropriate for the level of the examination. He also served as a member of the board of Braemar Hospital.

With a real interest in the world around him, and with a love of history and the environment, he led the family to explore widely during holidays. The purchase of a bach at the end of the road at Mourees Bay in Northland provided the basis for many subsequent family holidays. Malcolm and Lindsay continued to travel widely in later life.



In addition to his professional life Malcolm served as a long-standing board member of Southwell School, became an asparagus farmer, played golf and bridge on a regular basis, and developed an extensive garden of native plants at his new house beside the Waikato River.

The death of Lindsay, his best friend and soul mate, in 2014 represented a major loss to Malcolm. Fortunately, a strong association with an old friend, Wensley Wilcox, brought companionship and fun back into his life. During his last two years Malcolm ended up as a frequent patient in Auckland Hospital and, requiring supportive care, he moved to Grace Joel Retirement Village in Auckland. Congestive heart failure combined with a bout of COVID-19 in June 2022 ended a long and productive life.

Malcolm Dunshea died peacefully at Grace Joel Retirement Village on 1 July 2022. He was in his 90th year. He was the dearly loved husband of the late Lyndsay; loved father of John and Michael and grandfather to Tim, Helen, Sam and Ollie.

This obituary was prepared with the help of Hugh Litchfield FRCS, Chris Seeley FRACS and Mike and John Dunshea.

OBITUARY

Just call me Doc

John Campbell Gillman
General Surgeon

5 July 1924 - 28 September 2021

John Gillman, a passionate surgeon and vigneron, was the son of Frank and Irene Gillman (nee Clarke). Born in Onehunga, Auckland, he grew up alongside his three sisters, May, Shirley, and Yvonne, and attended Onehunga Primary School where he excelled in English. High school years were spent at Auckland Grammar School where he was a good hockey player. Learning to play the violin well, he became a member of the Auckland Junior Orchestra.

Although the family had a thriving box carton business, John's strong desire to pursue medicine was recognised and encouraged. His early role-model in medicine was his family GP - even after a tonsillectomy on the kitchen table! When he applied for a grant to attend medical school his family insisted on funding him instead, although he also paid for some of his fees by working at the Penrose Meat Works (a confronting education in anatomy and brute surgical skills).

John completed his medical intermediate year at Auckland University and gained entry to Otago Medical School, residing at Knox College. During this time, he was awarded a university blue for outdoor rifle target shooting. Completion of his medical degree in 1948 was proudly announced to his family in a telegram: "Just call me Doc". Afterwards, he spent a year working as a GP in Epsom with Fred Moody and then served as a house surgeon in Hamilton before returning to Auckland. By then he had decided to become a surgeon.

At the age of 26 years, he sailed to the UK as ship's surgeon to train in surgery, working at King Alfred, Greenwich, The Archway, and Great Northern hospitals. Spending the final six months in Hampstead Heath, he shared a space in the classic flat combination - an Englishman, an Irishman and two fellow Kiwis. At a party he met Peggy Middleton (an advertising agency assistant) of Fulham, London and despite the handicap of being a colonial, he obviously impressed her. When he returned

to Aotearoa New Zealand, again as ship's surgeon, she followed him.

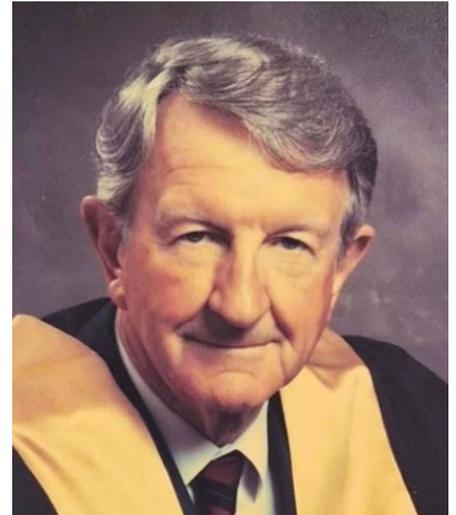
In 1957, John commenced as senior surgical tutor at Auckland Hospital, and subsequently became a Paediatric Surgery consultant. Gaining his FRACS in 1960, he later worked at Middlemore Hospital, eventually securing a general surgical appointment. In 1961 John and Peggy married and they had four children. John began part-time private surgical practice in 1963 with Dr Kevin McNamara. Surgery was provided at his beloved Mater Misericordiae (now Mercy Hospital) in Epsom, staffed by the nuns. With the opening of the new North Shore Hospital in 1984, he became part of the inaugural general surgical team with Dr Pat Alley. Small boat yachting was an important leisure activity during this period, but despite his best efforts he was unable to persuade the family to join him.

Pat Alley observed: "I had the good fortune to have John Gillman as a teacher, mentor and latterly, a colleague."

"In 1972 I was on the surgical training programme in Auckland, where John was a significant contributor to our education. When I returned to Auckland in 1977 as a tutor specialist, after a three-year sojourn in the UK, John became a supportive and knowledgeable mentor. At that stage he was not only a busy adult General Surgeon, but he also managed the paediatric surgical service with Campbell MacLaurin, Sam Burcher and Laurie Smith.

"In 1984 we teamed up at the newly opened North Shore Hospital, working closely together for the next ten years. John was a particularly astute and careful surgeon. How to operate came naturally to him, but his real skills were the important temporal dimensions of surgery; namely, when to operate and most critically when NOT to operate. He was an excellent teacher and, unsurprisingly, was appointed to the RACS Court of Examiners in 1971, serving a six-year term."

A highlight of John's professional career was watching Professor Umberto Veronesi in Milan in 1980 performing ground-



breaking quadrantectomy for breast cancer. This procedure later largely replaced the radical Halstead mastectomy for most breast cancer.

In 1994 John retired from medicine and, with Peggy, moved to rural Matakana to begin his second career with the help of his family. Under the oenological expertise of his youngest son, Toby, the Gillman Vineyard was developed, producing an award-winning red Bordeaux that garnered widespread praise. John worked regularly in the vineyard until age 94 years, when he and Peggy moved into a retirement home at Warkworth.

A lovely, caring gentleman with an ever-curious mind, John wasn't always the loudest voice in the room but was often the most thoughtful. He was a talented violinist and a lifelong advocate for classical music. A frustrated golfer, a keen skier (the cause of 50 years of knee arthritis), an intrepid swimmer and yachtsman, he deeply regretted various investments, including sheep, orchid and kiwifruit farming. He found joy in home carpentry and lively discussions over a glass of wine but claimed that "a good day cutting" was the highlight of his week.

John, aged 97 years, died in September 2021 at the North Shore Hospital following a short battle with pneumonia, whilst the world battled COVID-19. He is deeply missed by his wife Peggy (with whom he had just celebrated his 60th wedding anniversary), children Sarah, Campbell, Emma and Toby, and nine grandchildren. John Campbell Gillman's legacy as a skilled surgeon and dedicated vigneron will continue to be celebrated.

This obituary was prepared by Sarah Gillman FRACGP and family, and Pat Alley FRACS.

**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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