Cutting Edge

October 2023

FROM THE CHAIR

Collaboration key to surgical workforce development

Addressing surgical workforce development requires a pipeline - a well-defined pathway from high school to Fellowship - with 'joined up' thinking and action by the involved stakeholders. The focus should be on Māori, Pacific peoples, the rural and regional workforce, and those specialties where our predictions suggest a major looming shortage (I would add GPs in there too if I wasn't writing to surgical colleagues!).

I am a strong believer that current initiatives that are working should be scaled up, particularly given the cost constraints facing health and education. I would like to give some examples of work going on in which many Fellows are involved and that are delivering results.

High school

RACS has a memorandum of understanding with Pūhoro STEMM Academy (Science, Technology, Engineering, Mathematics and Mātauranga). Pūhoro is an independent Māori organisation funded by the Ministry of Education as well as non-government sources.

The aim of the organisation is to support Māori in STEM subjects, to assist individuals and whānau and to promote careers in STEM based areas. Through this collaboration we hope to see more Māori pursuing surgical careers.

Medical school

First, at medical school, those who may not be initially eligible for entry can undertake the Hikitia Te Ora - Certificate of Health Sciences programme for Māori and Pacific students. Not only is this an academic programme but it also provides wrap around support for students.

Second, medical school entry now has aspirational goals of 40% via the Māori and Pacific Admission Scheme and 22% rural entry. This aims to address dilution of these workforces that occurs with the reliance of International Medical Graduates who make up 41% of our medical workforce.

Third, the current requirement of the health service is in the order of 1500 new doctors a year. Yet between them, Te Whare Wānanga o Ōtākou - University of Otago and Te Waipapa Taumata Rau - University of Auckland graduate 600 per year. There is capacity for both universities to train more medical students, however the number of graduates is determined by the government. Next year Auckland will move from 300 to 330 with the ability to move to 380 in 2025. Otago is increasing its numbers similarly, to around 320 in 2024 and 345 by 2025. Both medical schools have signalled that they can grow yet further with the appropriate funding and are keen to work collaboratively with the relevant stakeholders within the political landscape both now and post-election. However, the government must make this investment if we are to meet projected needs.

Fourth, both Te Whare Wānanga o Ōtākou and Te Waipapa Taumata Rau have collaborative efforts to train more rural and regional doctors. Both universities currently have rural immersion programmes, however it costs roughly twice that of training a student in a metropolitan centre. These are costs that are not met in current funding models.

Fifth, specific to surgery are the university surgical interest societies. These are open to medical students from all years with an interest in the field of surgery. They expose their members to all aspects of surgery including clinical surgery, surgical research and careers in surgery. They require input from surgical registrars and consultants to mentor, guide and support these students. *Continued on page 14*

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Key dates 2023

5-7 November: NZOA ASM (Nelson)

Key dates 2024

6-7 April: NZAGS ASM (Napier)

6-10 May: RACS ASC (Christchurch)

30 August: NZAPS ASM (Christchurch)

19-20 September: RACS Aotearoa New Zealand ASM (Wellington)

Meet the team

In the last issue of *Cutting Edge* we were farewelling long-time RACS Aotearoa New Zealand (AoNZ) Manager Justine Peterson.

This time, we are excited to introduce her successor, new Head of AoNZ Michele Thomas.

Michele comes with many years of experience, having worked in the health sector for almost 30 years. She started out as a Registered Nurse in the UK and gained diverse experience, working in General Surgery, Medicine, Maxillo-Facial, theatres and ICU.

She moved to Aotearoa New Zealand with her family two decades ago and shifted into health management and leadership roles including primary, secondary, allied health, and the NGO sector. Over the years she has formed strong connections right across the Aotearoa health sector, including in Te Whatu Ora, Manatū Hauora, ACC and MCNZ.

Prior to joining RACS, Michele was CEO of the New Zealand Society of Anaesthetists (NZSA), advocating for anaesthetists at a national level and supporting members.

Outside of work, Michele has a busy home life, with three children, two cats and an unwieldy dog called Theo. She is President of the Board of Dress for Success Wellington.

A word from Michele

It has been a wonderful warm and kind welcome from all at RACS so far – thank you to everyone who has extended a message of greeting over the last few weeks.

It has been my pleasure to meet the team here at the AoNZ office and get a picture of all the hard work they do for the College.

As I reflect on the last few weeks there are so many similarities in my goals to when I joined the NZSA. My priority is ensuring the voice of Aotearoa New Zealand members is heard; that the "uniquely Aotearoa" focus is not lost within the College. This is especially important at this time as we navigate the waters of health reforms, government elections and the challenges of continued workforce shortages in health.

It is a privilege to join the College and work with and for our members, and I look forward to meeting as many of you as possible over the coming months.

RACS 2023 elections to Council: Don't forget to vote

Voting for election to RACS Council is open from Friday 22 September until Monday 9 October at 5.00pm AEDT.

All Fellows are strongly encouraged to vote. Fellows will have received an email from our external provider BigPulse (please also check your spam folder) on Friday 22 September with a personal code to access the voting form.

Election for Fellowship Elected Councillors:
All Fellows are asked to vote for the Fellowship Elected Councillors. There are five vacancies in this category.

Election for Specialty Elected Councillors:
There is one vacancy in this category, in General Surgery. General Surgery Fellows are asked to also vote for their Specialty Elected Councillor.

As there was one candidate only in the following specialties, no election is required.

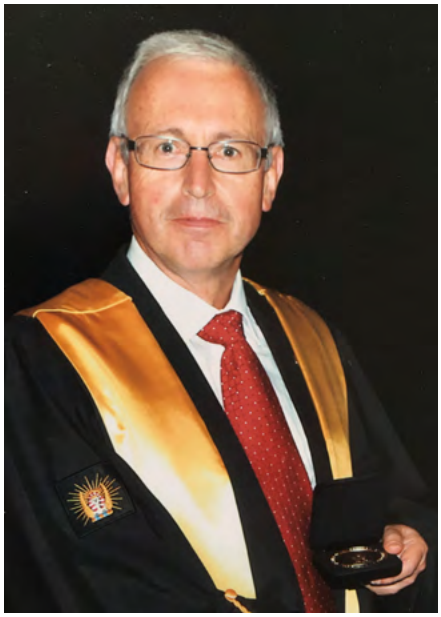
Cardiothoracic Surgery

Paediatric Surgery

Vascular Surgery

For more information visit the Council voting web page: https://bit.ly/44Z0gUr

Celebrating a long and meaningful contribution to our College



He has been giving his time to RACS since 1989 - first from Australia and then from Aotearoa New Zealand from 1996. He has held eight significant, largely pro bono, roles, making countless contributions to the College, and by extension, to the surgical profession in both countries. His current position, as one of two surgical advisors for RACS in Aotearoa New Zealand, comes to an end in November. We will be losing someone who has been influential across an array of RACS activities and an important asset to our organisation. We can expect to continue benefiting from the numerous positive changes he has initiated in our College.

Professor Spencer Beasley is a busy man. He is Professor of Paediatric Surgery at the University of Otago in Christchurch. He is also Clinical Director of the Department of Paediatric Surgery at Christchurch Hospital and Clinical Lead in Wellington. He oversees children's surgical services across the entire South Island as well as the lower North Island.

He is the current President of the Pacific Association of Pediatric Surgeons, and former President of the New Zealand Society of Paediatric Surgeons and the Australia and New Zealand Association of Paediatric Surgeons. He has been editor of several journals, most recently of the *Journal of Paediatrics and Child Health*. He has contributed to RACS' Pacific Islands Program (PIP) for many years, mostly in Vanuatu.

He is no less busy outside surgery. Spencer has nine children - some of whom are still at home - and seven grandchildren. He is the New Zealand advisor to Solar Space Technology and a school board chairman.

On top of all that, Spencer has spent the past 34 years willingly providing his advice and expertise to RACS. Why?

He says "giving back" is in his DNA. He was brought up in a family where community service was valued and considered a particular reponsibility of those with privilege or the ability to help. Spencer's father, Wyn Beasley, was heavily involved with RACS too, spending many years sitting on Council and its committees. After retirement, he contributed regularly to *Cutting Edge* and authored the official history of the College, *The Mantle of Surgery,* and another book, *Portraits of the College*.

Spencer's first contact with RACS was as a medical student, as a projectionist at a College meeting in Queenstown. As a young surgeon, Spencer quickly increased his involvement, first attending a Surgical Educators' course and a Younger Fellows meeting, before taking on the first of many roles as a member of a RACS committee.

He credits his family with making his work at RACS possible.

"My wonderful wife, Christy, has been such a massive support to me. I have only been able to do what I have because of my family's understanding and tolerance which has been given so generously. I recognise their sacrifice over these years."

Spencer was Vice-President of RACS from 2016 to 2017; a time when the College was tackling allegations of bullying in the surgical profession. He helped consolidate the *Building Respect, Improving Patient Outcomes* initiative to improve the culture of surgery.

Yet, one of his proudest achievements was from his time as the Chair of the Board of Surgical Education and Training (2008-2010) when he was able to get the disparate specialty training boards to work better together after a particularly difficult time in their relationship with the College. (He notes that while there remain points of tension, there is now a mutual recognition of the advantages of ongoing collaboration.)

As far as intellectual stimulation and being able to effect major change, Spencer says it was his time as Chair of the Court of Examiners, from 2010 to 2013, that stands out.

"In a relatively short time, we markedly changed the Fellowship examination to improve its reliability and validity as a high-stakes assessment tool and to ensure it actually examined what it purported to. Proper training for all new examiners was commenced. Other changes introduced reduced inadvertent bias and the emphasis in the exam changed from assessing knowledge (which was now assumed) to assessment of the clinical application of that knowledge. We also developed marking points, consistent standards, started "blue printing" the scope of the exam, and

simplified Court meetings."

Spencer credits Dr Richard Lander, Associate Professor Andrew Brooks and RACS staffer Narelle Hardware with supporting these achievements.

> "We have a great team of committed people in our College. Please do not under-estimate how much they do for you as a Fellow to ensure you can continue your clinical work with the fewest distractions and least interference."

Spencer's contributions to RACS have not gone unappreciated. He was awarded the GJ Royal Memorial Medal in 1993 and in 2015, the Sir Alan Newton Surgical Education Medal for a distinguished and substantial contribution to surgical education. A year later, Spencer was honoured for his outstanding contributions to the art and science of surgery and surgical leadership in Aotearoa New Zealand with the Colin McRae Medal.

In his most recent role, as a member of staff in the Surgical Advisor position, Spencer says the highlight has been working with colleagues including Aotearoa New Zealand National Committee (AoNZNC) Chair Associate Professor Andrew MacCormack, former RACS President Dr Sally Langley and fellow Surgical Advisor Dr Sarah Rennie. He says it is specifically their work together to get government to re-engage with the College after a long period of reluctance that stands out as a real achievement. The AoNZNC now has quarterly meetings with Te Whatu Ora, Manatū Hauora, ACC, MCNZ and is building closer connections with Te Aka Whai Ora.

Spencer says advocacy is a critical function of the surgical advisor role in Aotearoa, especially since the health reforms and the introduction of Te Whatu Ora in July last year.

"This component of our work will remain essential over the next few years.

"RACS definitely has more exposure and standing with government for matters surgical than a few years ago. We are becoming part of the solution."

He says he and Sarah have had a great working relationship for the two-and-a-half years since they took up their roles, which explains the long list of achievements they can credit themselves for.

"We work incredibly well together. Between us we cover almost all bases and felt we were making a difference."

They are in a unique position to overcome the perceived Fellowship/staff divide and Spencer says they have worked hard to make themselves easily available to members, providing guidance and advice, and resolving potential complaints. Their advice is invaluable internally too and Spencer and Sarah have often daily contact with staff, the AoNZNC executive and Council members.

Spencer has regularly provided contributions to College magazines. His articles, with information, insights and opinions on Aotearoa New Zealand surgical matters, are a stock feature of *Cutting Edge* and increasingly *Surgical News*.

It is perhaps his corporate memory however, that will be the biggest loss to RACS. He has a firm understanding of the organisation; its many functions and processes, committees and boards, its current structure and how it came to be.

"I started on the Board of Paediatric Surgery in 1998, had 16 years on what is now termed CSET [the Committee of Surgical Education and Training] and understand the FEX and assessments well. I see the same problems re-emerging and have an idea of what works and what does not."

As he prepares to step away from the surgical advisor role, Spencer says he is grateful for all the advice and support given to him by Sarah, the Aotearoa New Zealand team and the AoNZNC. He also has some words for those Fellows who are not directly involved with RACS.

"We have a great team of committed people in our College. Please do not under-estimate how much they do for you as a Fellow to ensure you can continue your clinical work with the fewest distractions and least interference. Their advocacy and policy work is critical for all of us, even though it is done unobtrusively in the background."

And where to now for Spencer as he continues into the fifth decade of his surgical career?

"I have no shortage of plans, including winding down my clinical work over the next few years. Music and the outdoors feature prominently in my plans. I still have plenty of children at home and to spend more time with them and my wife, and the next generation, will make me happy."

Images (from left):
Professor Spencer Beasley receiving the Sir Alan Newton Medal in 2015; Spencer as Chair of the Court of Examiners; In the early days of the Building Respect, Improving Patient Safety initiative.

Updates from our friends at ACC

The Aotearoa New Zealand National Committee meets with ACC quarterly to discuss matters of relevance to the surgical community. It is also a chance for ACC to pass on some reminders they would like to share with our members. Here are the latest updates:

- Resources are available to help you and your kaimahi (staff) embed ACC's Kawa Whakaruruhau – Cultural Safety policy into your practice. The policy launched four months ago to deliver positive experiences to Māori patients and their whānau. Resources include cultural competency guidance, provider case studies and videos: https://bit.ly/3sZkS1E
- The tender process for the Integrated Care Pathways Musculoskeletal (ICPMSK) service is now open. The proposed start dates for the contract is 4 March 2024. Find out more: https://bit.ly/3Zlz2pK

Māori Health Medal recipient "humbled" by recognition

She's a well-known and much-loved Northland surgeon and now her years of "transformative" advocacy for Indigenous health equity have been recognised by the Royal Australasian College of Surgeons (RACS).

Dr Maxine Ronald (Ngati Wai, Nga Puhi and Ngati Hine) was awarded the Māori Health Medal at RACS' inaugural Indigenous surgeons hui on 29-30 July.

She says she is "humbled" to join a list of medal recipients that includes Māori health "legends" such as Professor Jonathan Koea and Dr Ian Campbell.

"The award was a complete surprise to me. I had no idea that the committee had nominated me. They did a very good job of keeping it from me!

"Although I was stunned to receive the award and incredibly humbled by it, it was a beautiful moment. To receive the award in front of so many people I admire and respect in such a stunning marae - Te Mānukanuka of Hoturoa, in Auckland - was very moving. I was speechless and wish I had been able to think of something profound to say to thank everyone who was there for all the support and inspiration I have received from them."

The nomination citation details Dr Ronald's "sustained and transformative" efforts to increase the Indigenous surgical workforce, address health disparities and improve access to care for Indigenous populations in both Aotearoa New Zealand and Australia.

"Like all of us who are working in this space we are driven by love for our communities and believing that our ancestors envisioned a better future for us. Health inequities are simply unfair and unjust and are not a fait accompli. We simply cannot accept them and must strive always to achieve the best health outcomes possible for our people. There are so many areas that we need to work on and the task can seem overwhelming, but we can all perform even small acts that challenge the systems we work in which perpetuate health inequities.

"I am so grateful for the work of Professor Papaarangi Reid, Professor Margaret Mutu, Moana Jackson, Irihapeti Ramsden and others who have been able to articulate the framework we need to use as health practitioners to do this work in a way that is evidence based and grounded in Indigenous principles. We were lucky at the hui to have Professor Reid and Professor Mutu speak to us and they reminded us of where we had come from and asked us to imagine what our future as Indigenous people in our own lands should look like.

> It was lovely for me to look around our inaugural hui and see so many Indigenous faces – surgeons, Trainees and prevocational doctors and medical students - all passionate about surgery. When I was training there were so few of us pursuing a career in surgery and as Māori we were quite isolated.

"The greatest part of the hui for me was seeing the junior doctors and medical students talking with consultants over kai and cups of tea and connecting with one another. There are many reasons why there are more of us now than a few years ago but I hope that we are building a culture and an environment where Indigenous doctors can see there is a place and a need for them in surgery; where they are valued for the skills and knowledge they bring as Indigneous surgeons. My hope is that we can continue to grow our Indigenous surgical workforce and increase the number of people working to achieve health equity for our people.

"Dr.Rawiri Jansen issued a wero [challenge] to our group about what we envisioned for the bicentenary of Tiriti o Waitangi in 2040 and Professor Jonathan Koea has accepted that challenge with the goal of achieving population parity for Māori surgeons. To do that we need to train 150 Māori surgeons by 2040. It is a big challenge but I believe we have a strong strategy and the combined motivation and vision to be successful. In the words of Tā James Henare: "Kua tawhiti kē to haerenga mai, kia kore e haere tonu. He tino rawa ou mahi, kia kore e mahi tonu". ["You have come too far not to go further, you have done too much not to do more."]."

A general surgeon working in Te Tai Tokerau, Dr Ronald has a wide scope of practice including breast cancer and skin cancer and provides vital care to patients at Whangārei and Kaitaia Hospitals.

She is an active member of RACS, serving as the first Indigenous RACS councillor, a member of the Aotearoa New Zealand National Committee, and the immediate past chair of the Indigenous Health Committee. She has played a significant role in developing the Cultural Safety and Cultural Competency framework for surgical Trainees and was instrumental in the addition of cultural safety to RACS' competencies.

In addition to her work within RACS, Dr. Ronald is a member of Te Ropu Whakakaupapa Urutaa - National Māori Pandemic Group and Hei Āhuru Mowai - Māori Cancer Leadership Group, clinical

advisor to Te Aka Whai Ora and a member of Te Pae Whakatere - Breast Screen Review Oversight Committee.

The Māori Health Medal was presented to her by Dr Pat Alley, a now-retired general, trauma and colorectal surgeon who was instrumental in establishing RACS' Indigenous Health Committee and Māori Health Advisory Group. Dr Alley was awarded the Māori Health Medal himself in 2015.

Learn more about the Indigenous Hui: https://bit.ly/3PQNu5Y

PROFESSIONAL DEVELOPMENT

Upcoming training courses

OPERATING WITH RESPECT – Book now!

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. It aims 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.

Date: Tuesday 31 October 2023

Time: 8:15am – 4:00pm

Location: Christchurch

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

INDUCTION FOR SURGICAL SUPERVISORS AND TRAINEES – Book now!

This course is designed to provide supervisors and trainers of SET with an introduction to their roles and responsibilities, and to support them to provide high-quality education and training. It is aimed at supervisors and trainers who are new to their roles.

Date: Thursday 2 November – Thursday 23 November 2023

Location: Online

FIND OUT MORE - https://bit.ly/44RAxx5

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

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

Foundation Skills for Surgical Educators (https://bit.ly/45Lmri6): 16 October – 26 November

Difficult Conversations with Underperforming Trainees (https://bit.ly/48gOx6m): 6 November – 10 December

From the edge

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

THE ACTION PLAN TO MAKE AOTEAROA SMOKEFREE BY 2025

Manatū Hauora – Ministry of Health has released its action plan which describes how the harm smoking causes can be reduced. Smoking rates in Aotearoa New Zealand overall are heading downwards but smoking-related inequalities remain, especially among Māori, Pacific peoples and those living in the most disadvantaged communities.

The Smokefree Aotearoa 2025 Action Plan aims to achieve the following key outcomes:

1. Reduce inequalities (demographic variance) in smoking rates and smoking-related illnesses for people living in the most deprived areas.
2. Ensure tamariki (children) and rangatahi (young people) never start smoking and remain smokefree (including living in a smokefree environment).
3. Increase the number of people who successfully quit smoking.

Six focus areas describing how this can be achieved have been identified:

1. Ensuring Māori leadership and decision-making across all components of the Action Plan.
2. Increasing funding for health promotion and community activities to motivate and mobilise people to get behind the smokefree goal and to assist those trying to quit.
3. Providing more wraparound support for those who wish to quit that is tailored to specific communities' needs.
4. Having only low-level nicotine smoked tobacco products for sale and reducing their appeal by restricting attractive product design features.
5. Making smoked tobacco products harder to access by reducing the number of retail outlets.
6. Making sure the tobacco industry and retailers follow the law.

Fact sheets have been produced for each focus area, providing more detail including expected outcomes: https://bit.ly/3E0mRs0

A positive step but does it go far enough?

While RACS applauds any steps to curb smoking and the harm caused by smoked tobacco products, there are questions as to whether the government's plan goes far enough.

For example, no specific mention is made of educating school children or enforcing the minimum age to whom smoked tobacco products can be sold (although focus areas 2 and 5 may indirectly address this point).

More worryingly, it does not address the potential harms of vaping, or its role as a gateway to smoked tobacco products. While tougher rules on vaping were introduced in 2021, restricting the flavours available in general retailers and imposing age limits, specialised vape stores are still able to sell flavours that appeal to younger people, including peach, watermelon and bubblegum.

Should we be advocating for flavours to be restricted to mint, menthol or tobacco across all retailers?

Should we also be calling for stricter nicotine limits on vapes? Or follow Australia's measures and only make vaping available on prescription?

We note Labour unveiled a significant pre-election vaping law reform proposal last month - promising to cap the number of stores nationwide and ramp up penalties for those who sell to underage people – and that National is broadly supportive and favours even tighter restrictions.

As a country we have made huge strides in cutting smoking rates and thus improving community health but there is a fear that the disturbing rise of vaping will quickly undo this great work.

EQUITY OF OUTCOMES: COMPARING TERTIARY AND RURAL HOSPITALS

Disparities in surgical outcomes are multi factorial and these include ethnicity, other demographics, resource constraints, and variations in the accessibility of surgical expertise, due to the 'postcode lottery' (meaning people who live in more remote locations may be disadvantaged by having limited access to specialist care, facilities, or resources). They may also need to travel away from home for their care.

Much of healthcare now relies on input from the wider team, with wraparound services including specialist nurses. These often only exist in tertiary centres with higher volumes. This team approach can result in better patient outcomes. Although these outcomes can be the result of many factors (not just the surgeon) it is sometimes used as a

justification for the greater centralisation of services.

However, this is not always the best solution for these patients and is often highly inconvenient and disruptive for them and their whānau, and expensive for the community. Often patients in rural areas will choose different treatment options that can be provided locally to reduce the burden of their travel. This may include requesting a mastectomy rather than opting for a breast conserving surgery that requires radiotherapy.

Variable outcomes according to location are often compared from the perspective of a smaller specialty that is mainly represented in the tertiary hospitals. For many common conditions the results of surgery are highly dependent on patient location. This is used as an argument for centralisation. One could argue instead that the central specialists have an obligation to provide greater support to the regional centres, and if this means the inconvenience of providing an outreach service, then this is what is needed. It might also mean upskilling local surgeons and a closer rapport between the metropolitan and rural surgeons.

Smaller specialities can drain a large geographical catchment area but have a range of service configurations. It would be useful to audit both major and minor surgeries for their specialty services across their whole catchment area as this will show where some of their patients may be disadvantaged because of their location.

As a profession we cannot wait for our lawmakers and health ministries to come up with all the answers to reduce inequity related to location. Instead, there are things we can do, even if they involve the discomfort of moving from a convenient health provider focus to a more patient focussed emphasis, where we go to the patient rather than they coming to us.

RURAL AND REGIONAL HEALTH

Campaign trail leads to rural health debate

I recently attended a virtual pre-election political panel on rural health commitments, run by Hauora Taiwhenua. Five political parties were represented including Labour (Hon Dr Ayesha Verrall), National (Dr Shane Reti), Green (Ricardo Menéndez March), ACT (Todd Stephenson) and The Opportunities Party (Dr Nina Su). Te Pāti Māori declined representation on the panel. Each representative had a set time to explain their vision for rural health, followed by a question and answer session.

What struck me most was the level of agreement between parties. All representatives agreed there are significant workforce issues in rural health in particular. This focused more on the primary care workforce.

Dr Verrall discussed the recent introduction of a financial relocation incentive of $20,000 for internationally-recruited general practitioners into rural practice (https://bit.ly/48uEkU1). She also wants to see more opportunities for rural placements during general practitioner training.

Dr Reti spoke about increased immigration and retention in the short term and wants to progress a third medical school as a longer-term solution.

The Green Party also supports further immigration but wants families to be supported in this. It proposes income support for healthcare students, to increase diversity.

Both the ACT and The Opportunities Party candidates emphasised their support for rural health. Primary care and workforce planning were focuses for all. There was recognition of research which shows people who live and train rurally are more likely to return to those areas.

There was considerable discussion about the place of a third medical school; whether it should be rurally focused and whether it should be a bricks-and-mortar school or more of a virtual model.

The sustainability of air transfer services was also discussed. I was interested to hear that 95% of people in Aotearoa live within 20 minutes of a pharmacy. Broadening the scope of these practitioners was discussed.

This is a brief summary of a nuanced 90-minute debate and the recording can be accessed: https://bit.ly/450ZdDy.

I would like to see recognition that although primary care in rural communities should certainly be the focus, some rural people do need to access secondary and tertiary services. We need to have an ongoing conversation about how we facilitate this with digital technology and by providing access to travel in acute and planned care

scenarios. I think the current National Travel Assistance scheme is due for an overview.

My term as the AoNZNC representative for rural and regional health has now finished and we look forward to introducing the new representative in the next issue of *Cutting Edge*.

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

An opportunity for education, reflection and knowledge sharing

This year's RACS Aotearoa New Zealand (AoNZ) annual surgeons' meeting provided the usual opportunities for education and connection, as well as an unparalleled chance to advocate for surgical services.

Surgery 2023: Surgical care in health system change ran from 31 August to 1 September in Te Whanganui-a-Tara Wellington and had near record attendance of about 100 delegates across RACS' nine surgical specialties.

It was themed around the ongoing health sector reforms in Aotearoa and covered topics from robots and technology to health system change and surgical leadership.

The programme featured leaders of the contemporary health landscape, including surgeons and other clinicians, as well as government health bosses, and public health and policy academics.

As one of the conveners - Wellington plastic surgeon Dr Chris Adams - said, the event was a unique opportunity for collaboration.

"It's not often you get so many thought leaders together in one space. At a time when the Aotearoa health system is navigating a period of unprecedented challenge and change, *Surgery 2023* was a chance for education, reflection and knowledge sharing."

Speakers in the first session of the conference, ***National health service: The new paradigm***, included the Director-General of Health, Dr Diana Sarfati; Te Whatu Ora – Health New Zealand CEO Margie Apa; Riana Manuel, Te Aka Whai Ora – Māori Health Authority CEO; and Duncan Bliss from Te Whatu Ora's Planned Care, Hospital and Specialist Services.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Their talks gave context to the challenges facing the health system, an overview of the vision behind the reforms and a progress update (including a sneak peek at new data dashboards that provide a national overview of treatment waitlists and theatre capacity).

More importantly, their presence gave delegates the chance to have their say about the state of the health system from an insider's viewpoint; to vent their frustrations, to challenge the thinking behind the reforms, and to offer solutions. That Health Minister Ayesha Verrall visited the conference during the lunchbreak of the first day (31 August), added to the sense health officials want to engage with surgeons.

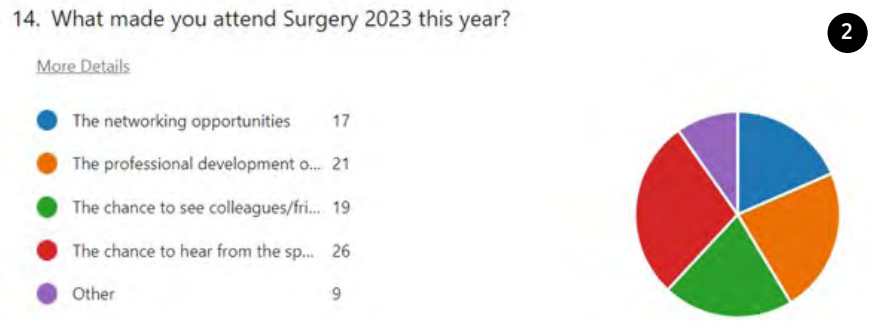
Another standout session of *Surgery 2023* was *Improving access to surgical services* and included presentations on rural and Māori health inequities, the opportunities to grow the surgical workforce and health equity from a primary care perspective.

Speakers provided reasons for optimism, including data from Dr Curtis Walker, Chair of the Medical Council of New Zealand, which showed the proportion of Māori and Pacific Island surgeons has doubled over the last 20 years and the number of women in surgical training has also grown.

More sobering was Dr Vanessa Blair's account of growing up and continuing to work in rural Te Tai Tokerau – Northland where locals cannot access the same level of care as those living in the cities. Her deeply personal account showed the impact on life quality and expectancy and offered solutions including outreach and digital services that bring "fairness" back into the health system.

One of the most well-received speakers was Dr Victoria Atkinson, the National Chief Medical Officer for Australia's Healthscope group. She delivered a trilogy of presentations across the two days, talking about health reform, the surgeon's role in leading change and rediscovering your "red thread".


1



2

With all the talk of change and the challenges facing Aotearoa New Zealand's healthcare system, Dr Atkinson's closing talk urged delegates to remember why they work in the surgical profession and to find energy and joy in their everyday – the red thread of healthcare.

"The joy is what creates productivity. You're more creative when you're enjoying your work."

She said it is important to remember, when going through a period of change, that people around you will respond to your energy, good or bad.

"If you think things will be ok, then you'll reassure others. That's so important. If you're not feeling the energy, you should hand over to someone else."

1. Louis Barnett Prize 2023 winner Dr Scott Bolam with RACS President Associate Professor Kerin Fielding. 2: Respondents to our survey found Surgery 2023 *valuable for a number of reasons. 3: Dr Victoria Atkinson from Healthscope reminding delegates to find the joy in their everyday. 4: "The future is bright" for the surgical workforce says MCNZ's Dr Curtis Walker.*

Congratulations to Dr Scott Bolam for picking up this year's Louis Barnett Prize

His research, *Obesity impairs enthesis healing after rotator cuff repair in a rat model* suggests rotator cuff surgery is more likely to fail in obese patients.

Dr Bolam, an Orthopaedic Surgery Trainee, impressed judges - Associate Professor Kerin Fielding, Professor Owen Ung and Professor Frank Frizelle - at *Surgery 2023* with his presentation and the way he addressed their tough questions.

The Louis Barnett Prize is named after the founder of RACS and has been recognising advanced surgical academic research for more than 60 years. Find out more: https://bit.ly/LouisBarnett23

Rural Surgeons Award recipient

Congratulations to Dr Richard Coutts, who was presented with the award by RACS President Associate Professor Kerin Fielding at the Aotearoa New Zealand annual surgeons' meeting on 31 August.

Dr Coutts is a general surgeon who has worked in Palmerston North Hospital since 1994. His clinical repertoire is that of the traditional general surgeon, covering clinical surgery of the skin, breast, endocrine, digestive tract, abdominal, acute vascular, gynaecologic oncology, and head and neck oncology.

Dr Coutts works to improve patient care by running the regional breast screen Aotearoa programme and is an active proponent of the cancer Multidisciplinary Team Meetings. He has been the lead surgeon for breast cancer and breast screening since the latter's inception in the late 1990s.

The National Trauma Network is also strongly supported by Richard. He maintains and deepens links to the quaternary trauma centre.

He is passionate about equity and fairness to all people, particularly the elderly and those who are isolated geographically. He is very aware of the difficulties patients may experience travelling long distances to be seen for a surgical consultation, so instead, he travels to them. He constantly tries to solve multiple problems involving other health specialties in a single visit to aid the patients returning to health.

Dr Coutts has always been an enthusiastic teacher and mentor to countless registrars. Trainees who have passed through Palmerston North hospital remember their time fondly. He has inspired many house surgeons to pursue surgery and registrars to consider working rurally.

Now is the time to support our College

By Surgical Advisor Professor Spencer Beasley

I first joined a College committee in 1989. It was called the Training, Education and Accreditation (TE&A) committee; a precursor to the specialty training boards. At that time in my specialty both this committee and the training board were running simultaneously. Their membership was identical, their business identical, they met at the same time, and ownership and reporting lines depended on what hat you happened to be wearing on the day. In due course, the TE&A label was dropped and membership of the specialty training board simply included some representation from the specialty society.

Since then, we have seen many issues arise between our specialty societies and our College. There have been directives from the group representing all specialty training programs (initially the Censor-in-Chief's Committee but later to become BAST, then BSST, then BSET, and now CSET) which have been challenged by the societies.

Debate over the governance and financial responsibility for training has followed a cyclical pattern, rearing its head every seven or eight years. If you stay in a governance role long enough, you see the same arguments recurring at regular intervals. Usually, the same resolution to the crisis occurs.

Over time the rhetoric may employ a different vocabulary and adopt the trendy new phrases of the day; but despite all of this, the training programmes continue. Trainees still graduate and we applaud the changes we have made. It just takes a bit longer now for the Trainees to emerge at the other end. And when they do, the recycled sherry has been replaced by wine, orange juice and water.

But by and large, the shared ambitions of RACS and the societies overlap. Both want to do the best for surgery and for their Trainees. A culture of collaboration has prevailed, albeit with "moments". Collectively, we have adapted to the changing world and the value of our FRACS has been maintained. It remains greatly respected by the public.

Once or twice, passions have been sufficiently strong that the relationship between a society and our College has been threatened. A separate Fellowship and voluntary excommunication from the College have had their advocates, but generally a more considered response has prevailed.

Once again, we are going through a period friction and change. Intervention has been required to maintain our College's financial sustainability. Escalating expenditure over the last five years has not been matched by sufficient increases in income.

The shortcomings of the Council structure have been recognised for decades, but dramatic change in a broad-based governance structure can be hard to achieve in a membership organisation where tradition is valued. Moreover, the more manageable size of the specialty societies has sometimes given them an advantage over the College, making them more flexible and responsive to change.

Not unreasonably, many Fellows have openly expressed their frustration at the College. Some of their arguments are justified.

Yet, RACS remains essential in both Aotearoa New Zealand and Australia. There are areas of advocacy and influence where it performs well and in a way that at least some of the smaller specialties could never match. In general, it is the respected voice of surgery across all nine specialties. It has political influence.

Size can be an advantage when dealing with the high costs of gaining accreditation. The College provides financial and educational support to all training committees, and until now has accepted most of the legal and financial risk around appeals and complaints.

Some things in the College will - and must - change. The next year or two will be critical. Council is working overtime to reconfigure and reorganise the College in a way that will ensure its viability and relevance in the longer term. Our leadership has had to make some difficult and, at times, unpopular decisions. But my strong conviction is that things will improve, and that the College will emerge from its current challenges stronger, more agile, and better able to meet the needs of its members.

> Let us put our emotional upset aside and support the leadership in what it is doing on our behalf. Ultimately, it is for the benefit of members, Trainees and patients, that we will work through the present discomfort.

Let us put our emotional upset aside and support the leadership in what it is doing on our behalf. Ultimately, it is for the benefit of members, Trainees and patients, that we will work through the present discomfort. It will be easier to achieve this if we trust those making the decisions. We must give Council our backing.

As the first century of the College's existence comes to a close, let us position RACS in a way that it can thrive into its second.

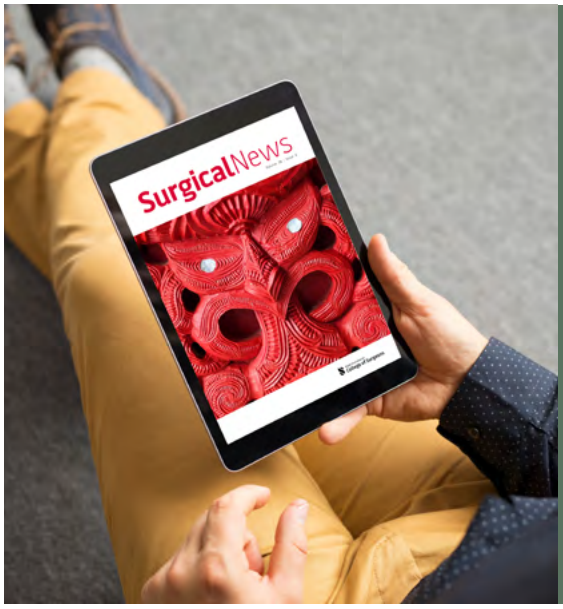
We need a convener for *Surgery 2024*

Could it be you?

It's a great chance to put your stamp on the ASM – the highlight of the RACS calendar in Aotearoa New Zealand.

We've got a planning manual and an eager team ready to help you pull together an event to remember.

Get in touch if you're interested: College.NZ@surgeons.org



Read the latest issue of *Surgical News*

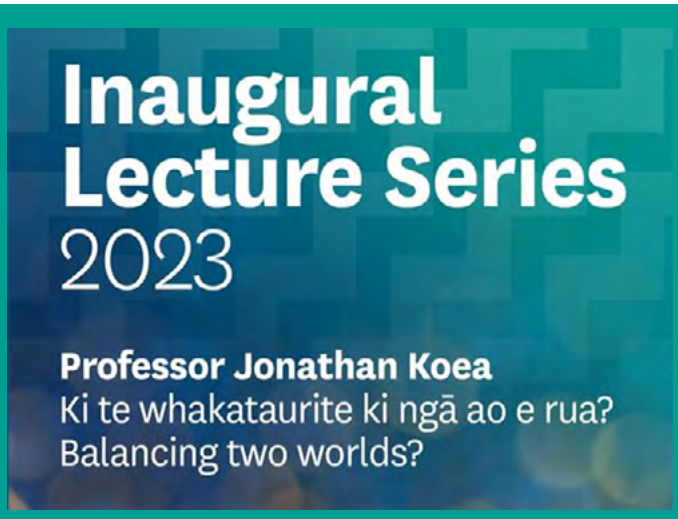
Surgical News is online and available via the RACS homepage: https://bit.ly/457FGRY

- 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

National bowel screening programme update

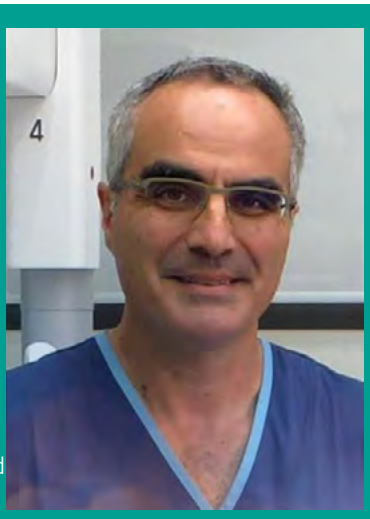
The Update on Surveillance Recommendations for Individuals with a Family/Whānau History of Colorectal Cancer has been published on the Te Whatu Ora website (https://bit.ly/3Zyz90M). This document is an update to the 2012 recommendations.

The update was required because a National Bowel Screening Programme impacts on the appropriate surveillance advice for these individuals. This document was developed by a committee working underneath the National Bowel Cancer Working Group which is co-hosted by the National Screening Unit (within Te Whatu Ora) and Te Aho o Te Kahu - the Cancer Control Agency.



You're invited to hear Professor Jonathan Koea speak at the University of Auckland next month (Wednesday 11 October) on Ki te whakataurite ki ngā ao e rua? Balancing two worlds?

Professor Koea (Ngāti mutunga, Ngāti tama) is President Elect of the Australian, Aotearoa New Zealand Hepatopancreaticobiliary Association; a RACS examiner and Māori Trainee Liaison Lead; the subspeciality editor for hepatopancreatobiliary (HPB) surgery for the *ANZ Journal of Surgery*; a Trustee of Hei Āhuru Mōwai – Māori Cancer Leadership Aotearoa; and works in an advisory role for Te Ahu o Te Kahu – Cancer Control Agency. Jonathan maintains a research programme in the fields of HPB surgery, gastrointestinal cancer and Indigenous health and has a focus on increasing numbers of Māori entering surgical careers.



Balancing worlds – Māori and non-Māori, surgery and clinical research – is a lifetime's work. Te Ao Māori and surgery are not commonly associated by either Māori or non-Māori and the challenges in reconciling Western and Māori world views currently confront Aotearoa New Zealand like never before. Can worlds be balanced? Perhaps they can with time, effort, the contributions of eight unique mentors over 40 years and growth through eight specific projects, extending from the laboratory via the clinic and operating room to Cabinet.

Date: Wednesday 11 October
Time: 5.30-7.30pm
Venue: Lecture Theatre 505-007, Grafton Campus
RSVP: https://bit.ly/45U0Zrb

From cover...

Finally, further work needs to be done to encourage the development of clinical academics who can teach and inspire the next generation. There are strategic moves to address this within Waipapa Taumata Rau. This has an emphasis on Māori and Pacific academics. Surgical Trainees with an interest in teaching should consider these roles. It does require a commitment to a higher research degree and clinical education.

Postgraduate

There is a need to ensure available PGY1 and 2 positions are sufficient for all who graduate in Aotearoa. RACS has been engaging with those responsible for the Te Whatu Ora workforce. Specifically, this includes revisiting the funding model for these two formative years that differentially fund, and so limit, positions tagged as PGY1; a system that predates the MCNZ move to a 2-year provisional registration scheme.

The recent release of the workforce plan gives some high level direction and commitments. As always, the detail is important. There has been a commitment from Te Whatu Ora to help address the number of surgical training posts available. This means that where the relevant training boards have identified the ability to convert a non-training position to a training position, a commitment has been made to fund the difference including support required such as surgical supervisors' time.

Ensuring health is a safe space for both Trainees and patients is vital. RACS has worked hard in this area with the *Building Respect, Improving Patient Safety* initiative. However, there still is a long way to go. I am encouraged by the Cultural Safety Plan developed between the Council of Medical Colleges and Te ORA. I am optimistic RACS will adopt its recommendations. In addition, I would like to acknowledge the mahi of Jaime-Lee Rahiri and Jonathan Koea to better support Māori surgical Trainees.

The College also has a rural and regional strategy that includes workforce development. This covers the crucial aspects of: represent, select, train, retain and collaborate for rural. This recognises the importance of rural representation in decision making processes. Recruitment may need to move to preferencing those with a commitment to working in the regions. Training will need to be done in the regions while also ensuring specific competencies are achieved. The evidence is that those who are more likely to stay have a partner from rural and regional places, so outside of RACS getting into matchmaking we will be in ongoing discussions with Te Whatu Ora.

Work on retaining vocational registrars (at least in General Surgery) indicated we lost surgical Trainees who never returned to Aotearoa as consultants after Fellowships. This was due to the lack of succession planning by the then DHBs. Once again, in discussion with RACS, Te Whatu Ora has indicated support for initiatives to address this.

Finally, I would mention the biggest threat currently being addressed is accreditation of surgical training. RACS and the specialist societies who have delegated authority to run the training programmes need to work collaboratively for the best of all concerned, including those from Aotearoa.

Andrew MacCormick,

Chair, Aotearoa New Zealand National Committee

RACS Library: New titles to get you reading

Got a few minutes of downtime? Forget Wordle. Check out the RACS Library instead and read about the long-term mental health impacts of the 2010/11 Canberbury earthquakes; the International Medical Graduate's journey in Aotearoa New Zealand; or whether the health reforms will achieve health equity where others have failed.

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

Beaglehole B., Boden J.M., Bell C., Mulder R.T., Dhakal B., Horwood L.J. The long-term impacts of the Canterbury earthquakes on the mental health of the Christchurch Health and Development Study cohort. Australian and New Zealand Journal of Psychiatry. 2023;57(7):966–74.

http://ezproxy.surgeons.org/login?url=https://journals.sagepub.com/doi/epub/10.1177/00048674221138499

Boyle L., Lumley T., Cumin D., Campbell D., Merry A.F. Using days alive and out of hospital to measure surgical outcomes in New Zealand: A cross-sectional study. BMJ Open. 2023;13(7):e063787.

https://bit.ly/45Z6SDE

Mannes M.M., Thornley D.J., Wilkinson T.J. The consequences of cultural difference: The international medical graduate journey in New Zealand. International Journal of Medical Education. 2023;14:43–54.

https://bit.ly/3rnEa0a

Tenbensel T., Cumming J., Willing E. The 2022 restructure of Aotearoa New Zealand's health system: Will it succeed in advancing equity where others have failed? Health Policy. 2023;134:104828.

https://bit.ly/3Zqewo4

Turley N., Elam M., Brindle M.E. International perspectives on modifications to the Surgical Safety Checklist. JAMA Network Open. 2023;6(6):e2317183.

https://bit.ly/48hi545

Plastics ASM puts spotlight on gender affirmation surgery

The 2023 ASM of the New Zealand Association of Plastic Surgeons Te Kāhui Whakamōhou Kiri (NZAPS/TKWK) , convened in Queenstown on 18-19 August, delivered a highly successful, thought provoking weekend.

Over 100 delegates attended from throughout Aotearoa New Zealand and Australia. Discussion focussed on gender affirmation surgery addressing both technical and non-tenchnial issues including the development of gender affimation surgery, delivery in Aotearoa, the importance of a multidisciplinary team providing preoperative support, and adopting appropriate language.

Keynote speakers Professor Stan Monstrey and Professor Marlon Buncamper from the University Hospital of Gent, Belgium, delivered presentations on the history and development of gender affirmation surgery in their part of the world; where it started and where they are now, enabling a comparaison of where Aotearoa is on the journey to delivering gender affirmation services.

The keynote speakers also presented on the extensive preoperative assessment, the technical aspects of surgery and the ethical considerations. The visitors joined a robust, multidisciplinary discussion panel on planning and resourcing to provide equitable care for gender dysphoria in Aotearoa.

An insightful, personal and generous presentation was given from a patient who has undertaken gender affirmation surgery. She spoke of her journey and the significant impact the surgery has had on her life.

Other presentations included clinical practice reflections, technical papers on top surgery, the development of practices, the history of Plastic and Reconstructive Surgery (PRS) in Dunedin and a session on training, including a presentation on the introduction and journey of competency-based PRS training in Australia .

Congratulations to the winners of the registrar papers: Hannah Linkhorn for the best poster, Nicola Peat for best presentation and Sabrina Koh for best presentation second place.

The 2024 NZAPS ASM will be held in Christchurch on 30-31 August.

Images

1. *Panel discussion*
2. *Key note speaker Stan Monstrey*
3. *Key note speaker Marlon Buncamper*

Successful FEX candidates

Congratulations to all Aotearoa New Zealand-based Trainees who were successful in the September Fellowship Exam (FEX) in Adelaide.

The overall pass rate was exceptional at 71% of candidates, with women having a slightly higher pass rate than men, at 73% versus 70%.

Congratulations go to:

General Surgery

Tracey Barnes

Matthew Haydock

Sharon Jay

Mosese Karalus

Jay Maloney

Plastic and Reconstructive Surgery

Kimberley Sent-Doux

Cardiothoracic Surgery

Fiona Doig

Otolaryngology Head and Neck Surgery

Matthew Stretton

Paediatric Surgery

Marilyn Wong

Aotearoa New Zealand election 2023

The Aotearoa New Zealand (AoNZ) general election is fast-approaching. The outcome will have important consequences for health and surgical services.

The health reforms, which have made significant changes to the organisation of the public health service, continue to roll out but could see a change in momentum and direction post-election.

Even without the reforms, the health system is facing unparallaled challenges which are impacting on the provision of care. The next government will be under pressure to find fast solutions to issues including workforce shortages and ageing or inadequate infrastructure.

The Aotearoa New Zealand National Committee (AoNZNC) was interested to know where the major parties (Labour, National, the Green Party, ACT, Te Pāti Māori) stand on some of the questions most pressing to the surgical profession.

Their questions focused on five key themes:

1. Surgical workforce
2. Health inequity
3. Women's health and unmet need
4. The future of Te Aka Whai Ora – Māori Health Authority
5. Climate change

The AoNZNC was also interested to hear the parties' views on a topic it has been advocating on for some time – that the Accident Compensation Corporation (ACC) should compensate earners if they require surgery following an injury incurred when they were non-earners.

We heard back from Labour Health Minister Hon Dr Ayesha Verrall, National Shadow Health Minister Dr Shane Reti and ACT Party Health Spokesperson Brooke Van Velden.

We didn't receive replies from the Green Party, Te Pāti Māori or from either the ACC Minister or Shadow Minister.

Check out the full questions and responses: https://bit.ly/4514yuD

Other AoNZ advocacy highlights

With the election looming, the volume of government consultations has decreased significantly.

The AoNZ team is putting together a submission on the Medical Council of New Zealand's (MCNZ) draft updated statement on *Disclosure of harm following an adverse event*. The statement is intended to help doctors understand the purpose of open disclosure and to guide them in situtations that require harm to be disclosed.

We are generally supportive of the MCNZ statement but suggest some of the language be brought more into line with what is taught across medical specialties including compulsory RACS courses. We also suggest MCNZ consider the "four Rs" format – recognition, responsibility, regret, remedy - to explain what is required.

The AoNZ team, along with the National Committee, continue to regularly engage with government health agencies to provide feedback on the state of Aotearoa's surgical services and offer solutions.

OBITUARY

A long life well lived

Robert Flaxley Mulligan

General Surgeon

9 February 1917 – 27 January 2022

Robert (Bob) Mulligan was born in 1917, the second son of William Henry Mulligan and Mignionette Coles. The family lived on a typical large Canterbury plains sheep and cropping farm west of Ashburton. In 1924, when their father became unwell, the family moved to Auckland. The family returned to the farm in 1929 and Bob and his older brother became boarders at Timaru Boys High School. There cricket was his passion, and he won a place in the first XI in his last year at school.

After four years at high school Bob was told he would not be returning to school as it was expected he would work on the farm. After a year, Bob's lack of enthusiasm apparently convinced his parents he was not destined for a farming career and, as a compromise, in 1935 he commenced a Bachelor of Agriculture at Canterbury University. Sharing physics, chemistry and biology with others completing their medical intermediate year, the seeds of a medical career were sown. At the year's end he passed chemistry and biology but missed physics, so the following year he repeated physics and took Latin (it being a requirement for entry to medical school). Passing in both subjects he gained entry to Otago Medical School in 1937.

While teaching in the latter years was somewhat limited, due to the effect of WW2 on staffing, Bob successfully completed his four years at medical school.

In 1941, at the beginning of sixth year, all final year medical students without temporary medical posts were sent to Burnham Military Camp. Bob found himself doing basic infantry drills and route marches. At this stage of the war all medical students were "manpowered" and expected to continue their training or hospital employment until called up in groups every six months for military service. Sixth year was spent between Auckland and Hamilton hospitals working as an acting house surgeon, filling in for those called into military service.

Two years were spent in rotating house surgeon roles in Waikato before early in 1944 Bob was called to serve as a medical officer in the Air Force. With the rank Flight Lieutenant, he was posted to bases in New Plymouth, Auckland, Woodbourne, Wigram, Ardmore and finally Lauthala Bay in Fiji. There Bob met Jean Guthrie, a nurse at Suva Hospital, and following their release from military service, they returned to New Zealand and married in 1946. After two years languishing in the Air Force completing medical boards and general practitioner type work for airmen and WAAFs Bob obtained a surgical run for a few months back at Waikato Hospital.

Although determined to follow a surgical career, plans to travel to England had to be placed on hold when Jean became pregnant. Consequently, Bob worked for a year as a medical officer at Te Kopuru Hospital serving the Dargaville region in Northland. He enjoyed this part of the country.

Early in 1948 with daughter, Jane, the family set sail for Edinburgh where Bob attended the surgical course in preparation for the Fellowship examination. A six-month house surgeon position at Hillingdon Hospital in London was followed by numerous locum positions in London hospitals over the next 18 months, during which the London Primary FRCS examination was completed and FRCS(Ed) secured. The family increased with the arrival of a son, Bruce.

Late in 1950, after almost three years in the UK, Bob was advised of a position as Assistant Superintendent at Whangārei Hospital. Bob was the true general surgeon, expected to cope with a wide range of surgery including tonsillectomies, caesarian sections, Urology, gynaecology, craniotomies and trauma of all forms besides every aspect of General Surgery.

During the next few years there was considerable development of Northland health services with the centralising of the work of the six regional hospitals at Whangārei Base Hospital. In 1958 Bob was appointed to a part-time position and the family, with the addition of Kerry and Nicholas, moved to a nearby 10-acre property with a large Kauri villa. Private surgery was provided at the newly built Onerahi Hospital. In 1961 Bob successfully completed the FRACS examination.

Bill Sugrue described Bob as having a lovely disposition, retaining elements of formality in his role as surgeon – on being called to acute cases in the middle of the night he always arrived dressed in shirt and tie with a jacket. While not having a major leadership role, but with a vision for the future, his kindly personality and the respect he was accorded, Bob was instrumental in attracting skilled specialist staff essential to the development of health care in the Whangārei Base Hospital. A term was served as Chairman of the Northland branch of the New Zealand Medical Association.

Bob retired from surgical practice in 1979 to develop a kiwifruit orchard with his eldest son. Golf remained a favourite hobby and he was still playing regularly at age 97. After settling in Whangārei, a holiday house was obtained in Whangaroa and many family holidays were spent there, either on or in the water or tramping. Sailing became an increasingly important activity along with overseas travel and reading.

Following Jean's death at 90 in 2009, Bob lived independently at Selwyn Park Village participating in indoor bowls and regularly attending U3A and Probus. When he died at the age of 104 he was the oldest surgeon in Aotearoa. Robert Mulligan was the beloved husband of Jean, father of Jane, Bruce, Nick and the late Kerry, and grandfather of 10 grandchildren and 13 great grandchildren.

By Dr Allan Panting FRACS

This obituary is based on *Bob Mulligan – A Life* by Bob Mulligan, with contributions from Bill Sugrue FRACS, Bruce Mulligan and family.

OBITUARY

Mentor, teacher, leader, friend

Cary Glynne Mellow MBChB, FRACS (Plastic)

Plastic and reconstructive surgeon

21 November 1956 - 23 May 2023

Cary Mellow was a greatly respected and well-loved friend, mentor, teacher and leader in Plastic Surgery, despite facing formidable personal health issues. A very caring individual, he was able to link this to the sound application of medical science and improve the lives of many people in the process. Anyone who knew him for even the shortest time would describe him as kind and humble. If you had known him for slightly longer than that, you would soon discover that he had a subtle way of injecting dry humour into the conversation, usually with a perfectly timed pause beforehand.

Cary was born in Hamilton to Eric Mellow, a storekeeper, and Marion (Tyack). With a younger sister, Cheree, he grew up on the family farm at Tauwhare, near Hamilton. Cary attended Hillcrest Primary School in Hamilton, where he was dux and, with some musical ability, learned to play the piano. Moving on to Hamilton Boys' High School he excelled academically and was dux in1974 and awarded a University Junior Scholarship. A keen golfer he created a mini-golf course near the family home.

Medical school classmate Chris Milne observed: "Cary commenced at Auckland Medical School in 1975; young and idealistic.

"He impressed us all with his huge intellect and his wonderful way with people. Cary's wry smile was described as 'conveying an air of quiet conspiracy'. He chose Plastic Surgery as a career relatively early in his time at medical school, often helping out in Middlemore Emergency Department suturing injured people and maintaining great loyalty to Middlemore right up to his death."

Following graduation in 1981, Cary completed his house surgeon years in Auckland and then embarked on surgical training in 1983. Gaining a place as a Trainee in Plastic Surgery during the next four years he spent time in both Middlemore Hospital, Auckland, and in Hamilton, and obtained Fellowship of the Royal Australasian College of Surgeons in 1987. After completing Fellowships in microsurgery in Melbourne with Bernie O'Brien and in Norfolk, Virginia, Cary returned to Middlemore Hospital in 1990, having developed expertise in microvascular and reconstructive surgery and the management of complex hand problems.

Cary married Pauline Margaret Elliott (a nurse) in 1981 and they had two children, David and Sara; each subsequently pursuing their own professional calling. With Pauline he developed a part-time private surgical practice.

Cary served as the Head of Department of Plastic Surgery 1998-2004 before leaving Middlemore to work entirely in private, partly in frustration at the lack of funding for public health. It was clear that this was not a financial decision, and his heart was always at Middlemore. When Cary was asked to consider returning to Middlemore in 2015 to help in the newly opened Manchester Plastic Surgery Suite, he jumped at the opportunity and became the anchor-stone of the "see and treat" skin cancer service there. He will be remembered for his prodigious appetite for work, his patient supervision and guidance of the junior medical staff, his wise council, and his dry sense of humour.

For Cary, work was his passion. He thrived on teaching medical students, house officers and registrars. He loved Middlemore Hospital, and often joked it was his second home. Last year after waking up from a stint in ICU and realising he was in Middlemore, he sighed happily and said: "Thank goodness, I'm home".

Cary's career was seriously compromised by his own health issues. A relatively minor congenital spinal problem became complicated by a disc prolapse and the progressive development of spinal stenosis requiring the use of a walking stick and eventually resulting in surgical spinal decompression and fusion. Unfortunately, this was complicated by a heart attack. In 2018 he fell down some stairs sustaining a calcaneal fracture. An infected heel ulcer followed and after multiple dressings, debridement and grafting he underwent a below knee amputation.

A similar situation evolved on the opposite side and also resulted in a below knee amputation. With a powered wheelchair he quickly developed excellent handling skills, rather akin to these of rally drivers.

Despite being wheelchair-bound, Cary continued to work and teach enthusiastically until his life was cut short by a further massive myocardial infarct occurring following a Zoom presentation to the Australasian Students' Surgical Association.

Sara observes: "I knew Dad would be working until he died, I just thought it was going to be far off in the future.

"Whilst I am devastated he is gone, it is lucky in a way that he never had to worry about retiring; luckier for management at Middlemore who at some point would have needed to discuss retirement!"

Cary was an active member of the New Zealand Association of Plastic Surgeons, the New Zealand Foundation of Cosmetic Plastic Surgery and the New Zealand Society for Surgery of the Hand. He was an Honorary Clinical Senior Lecturer in the Plastic Surgery Unit at Middlemore Hospital, as well as being a Clinical Lecturer with the Auckland University Medical School.

Cary served as an OSCA Examiner for Part I RACS and was an ASSET tutor. He was author or co-author of 30 articles on reconstructive, cosmetic and plastic surgery and an invited speaker at international Plastic Surgery meetings.

Approximately 15 years ago he started a music theory degree at the University of Auckland but had to give this up part way through when Pauline became ill. Sadly, she died in 2011. Cary's love of music continued throughout his life and he had subscriptions to the Auckland Philharmonic Orchestra and the New Zealand Symphony Orchestra, frequently offering companion tickets to his colleagues and friends.

Cary Mellow died peacefully at Auckland Hospital on 23 May 2023; a much-loved surgeon, mentor, friend and beloved husband of the late Pauline and father of David and Sara. David Mellow notes: "Cary was taken from us far too soon.

"I have learnt that no matter what life throws at you, keep going. He really lived in the moment, loved life, and kept busy, and I know that's what he wants us to do today, no matter how hard it is to do it without him."

By Dr Allan Panting FRACS

This obituary was prepared with the assistance of Chris Milne MB ChB, RACS' Cutting Edge *newsletter (December 2022), Sara Mellow FRACP and David Mellow*

OBITUARY

A passion for Plastic Surgery

Paul Frederick Mountfort

General Surgeon

9 May 1926 – 11 August 2022

Paul Mountfort was born in Waverley, Taranaki, to Charles and Dorothy (nee Noble-Campbell); both teachers. He had seven siblings. The family moved around several rural Taranaki/King Country towns. His parents taught in the area and were, at times, Paul's teachers during his primary school years. Enjoyment of music was fostered through violin lessons. Paul later attended the Piopio District School. There he was a member of the first XV and dux in his final year at school.

Deciding to be a doctor, 16-year-old Paul moved to Dunedin in 1943, attending the University of Otago where he gained entry to medical school.

Graduating in 1949, Paul worked as a house surgeon in Christchurch and this provided a base from which he spent time in the Southern Alps developing a taste for mountaineering. Paul moved to Auckland for his second house surgeon year, and there he met Wendy King, a dental nurse, and they subsequently married. In Auckland sailing became an important hobby.

Paul spent the next three years at Tauranga Hospital as a surgical registrar. The hospital was small; there was no physician or other specialist, these services being provided on a visiting basis. Deciding he would specialise in surgery, in 1953 Paul set off for England with Wendy, planning to obtain training in the new specialty of Plastic Surgery. Working at hospitals including Guys, St Thomas' and Edgeware General Hospital, he obtained experience and gained his FRCS in 1955.

After four years in the UK Paul and Wendy returned separately to Aotearoa with three year old Ann, and two week old David. The family soon grew again following the birth of Sally and identical twins, Wendy and Jane. Sadly, Jane was hit and killed by a school bus 10 years later, and Paul, on call, was unsuspectingly called to the Emergency Department to ascertain her condition.

As there was no vacancy in hospitals with a Plastic Surgery unit, when Paul returned to Aotearoa he applied for a General Surgery position in Tauranga. The hospital had grown considerably. Soon after his return, two senior staff surgical vacancies arose and Paul commenced in a part-time role. He gained his FRACS in 1960.

Consulting rooms were shared over a long period with Ralph Simmons, a physician, until they each retired from practice.

Softly spoken, Paul seldom raised his voice, and was always encouraging and supportive. Margaret Chavasse (Mollison), who worked with Paul as a surgical house surgeon in 1988, observed: "Like many first-year doctors, I was both inexperienced and often acted on little more than instinct, a potentially tricky combination. Mr Mountfort never made me feel an inferior, treating me with the kind of respect that many might reserve for a senior colleague. He had a wry wit and we often had a chuckle together. He was quietly spoken, but had a gentle and kind way of interacting with patients. He took on whatever surgical issue came through the emergency door, whilst retaining a calm and thorough approach. He treated his patients as people.

"His clear love was Plastic Surgery and I can recall him taking down dressings almost with the excitement of a magician's cape to reveal the outcome of his surgery. He was humble and like many surgeons of his generation, capable of dealing with a wide range of surgical problems."

Paul retired from his public hospital appointment in 1991 but continued to work in private until 2001.

Established in Tauranga, Paul and Wendy bought a property with a large section extending down to the Waimapu estuary swamp lands and it was here the family grew up. With Paul's love of gardening and considerable time on call, he and Wendy transformed the area and it became a feature of local garden and arts festivals.

The family spent many winter holidays on Mt Ruapehu, Paul being involved in the formation of a ski club and spending considerable time on the mountain assisting in building a lodge, skiing and serving as a volunteer ski patroller. Both Paul and Wendy were elected to life membership of the club.

Tennis was also a source of pleasure. Paul joined Rotary and, a significant contributor over an extended period, was the recipient of a Paul Harris Award.

With his experience of the mountain environment, Paul became was regarded as an authority on hypothermia. In 1974, with the New Zealand Mountain Safety Council, he produced a small book; *Exposure and Hypothermia*. The tragic death of three university students from hypothermia, suffered while running in the hills above Wellington in 1980, stimulated Paul to examine this incident in detail.

Paul was a founding member of the Maungatautari bird sanctuary which was in effect an extension of the home garden. Sailing remained an interest and resulted in cruising in the South Pacific on a number of occasions. Renewed interest in the violin, obtaining a pilot's licence, and bee-keeping all filled any spare time. As their daughter, Ann, lived in Switzerland, Paul began to learn German and returned to mountaineering.

Sadly, Wendy died in 2004. Paul married Grace Christie some years later.

Paul Mountfort died peacefully aged 96 following a short illness. He was the dearly loved husband of the late Wendy and Grace, fondly loved father of Ann, David, Sally, Wendy and the late Jane, grandfather of Marcel, Anna, Helen, Paul, Katie, Laura, Luke, Jane and the late Andre, and great grandfather of eight.

By Dr Allan Panting FRACS

This obituary is based upon contributions from Chris Dawe FRACS, Dr Margaret Chavasse, Eleanor Lane, David Mountfort and other family members.

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