



**Associate Professor Andrew MacCormick
(Chair)**

FROM THE CHAIR

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We are all concerned about planned care for our patients; both for outpatient appointments and surgery. I say 'planned' care as I believe we should move away from the term 'elective' as it can be misconstrued by some as being optional.

We have recently released a media statement to say the Royal Australasian College of Surgeons (RACS) welcomes early moves by the Planned Care Taskforce to address long waitlists for planned surgery but urges the government to move faster to recruit and retain a sustainable supply of skilled healthcare workers.

Last month, Te Whatu Ora – Health NZ leaders, including Planned Taskforce Working Party Chair Dr Andrew Connolly, directed all 20 of its health districts (formerly DHBs) to book, by 31 August, a surgical slot for the 7,500 people who have been waiting longer than a year. While the College applauds the Taskforce's urgent and practical first steps to tackle planned care wait times, there are still major issues.

We warn the focus should not be diverted from the root cause of long waitlists and encourage the government to accelerate plans to relieve worker shortages across the healthcare sector; to address lack of resources; and to develop alternative models of care.

Surgery is a team sport, and we are reliant on nurses, anaesthetic technicians, radiographers, occupational therapists, physiotherapists and many other medical specialists. We have had staffing shortages for years and there are vacancies for which we have been unable to recruit.

Workers moving overseas for better opportunities and an ageing workforce mean the situation is worsening.

The pandemic simply added to these pressures and highlighted how under-resourced Aotearoa New Zealand hospitals are. It has also resulted in more burnout for an already exhausted workforce. There is a high possibility we may continue to be affected by COVID-19 for years to come.

We need to make the most of the single employer model that Te Whatu Ora presents. We need a long-term, 15- to 20-year approach to address the current shortfalls in the surgical workforce and mitigate risks when it comes to workforce development, retention and succession planning.

We cannot afford to wait much longer to bring relief. Many surgical specialties are already critically short of numbers, and this affects their ability to provide services where they are needed. The situation could get worse in the next few years.

At the same time, any strategy should focus on training domestic workers over importing skilled ones from overseas, for reasons of patient equity and increasing the Māori and Pasifika healthcare workforce. Partnering with high schools to encourage STEM subjects, especially among Māori and Pasifika students, and ensuring the capacity of our medical schools is being fully utilised are just two ideas that could help bolster the domestic supply of health professionals. It takes 15 to 18 years of tertiary training to become a surgeon. A long-term plan with an immediate start should be considered to develop a pipeline of domestic workers.

Mitigating the reasons why we see significant attrition in our domestic workforce is also vital, so we do not lose our trained staff overseas.

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FROM THE CHAIR (continued)

Developing different models of care will be essential to meet the increasing demand as we are faced with an aging population with more complex health needs. We will need to consider how services are provided at the local, regional and national levels. The 'hub and node' model of care is an example. The use of other healthcare professionals with specific skill sets may provide care more efficiently for some of our patients. Only surgeons can do surgery but there are examples of delegated work in Orthopaedics,

Otolaryngology and Ophthalmology where using other services leads to improved outcomes for patients.

The Aotearoa New Zealand National Committee (AoNZNC) has already reached out to the Planned Care Taskforce and a meeting is being planned. We are ready to work with the government to address these challenges and make sure we have a healthcare system that works, both now and into the future.

Key dates

25-28 October: New Zealand Society of Otolaryngology (NZSOHNS) conference (Christchurch)

30 October-3 November: New Zealand Orthopaedic Association (NZOA) and Australian Orthopaedic Association (AOA) combined conference (Christchurch)

1-3 December: New Zealand Association of Plastic Surgeons (NZAPS) and New Zealand Society for Surgery of the Hand (NZSSH) joint conference (Wellington)

2 December: AoNZNC meeting

2 December: Deadline for contributions for the next edition of Cutting Edge

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We're happy to help – contact us to check or update your contact details:

Call us +61 3 9249 1163 (Fellowship Services direct)

Email us fellowship@surgeons.org

Login To eHub via the RACS website <https://www.surgeons.org/> and update your details under 'My Profile'.



RACS joins Instagram!



We have now launched a RACS Instagram account to keep members updated with events, courses, networking opportunities, behind the scenes videos and more.

You can find us by searching Royal Australasian College of Surgeons or @racsurgeons on Instagram.

We look forward to showcasing and promoting all the exciting activities, events and wonderful stories, and having you as part of our Instagram community.

Surgery 2022 provides valuable opportunities to connect and learn

Thanks again to everyone who attended *Surgery 2022: Care in a Crisis*, either in person or remotely.

This year's Aotearoa New Zealand (AoNZ) annual surgeons' meeting (ASM), always a calendar highlight, was all the more anticipated for being held face-to-face for the first time since the pandemic.

Surgery 2022, which focused on the many issues and perspectives around the suddenly severely unwell patient, ran across two days, on 1-2 September, in Queenstown. In a first for the conference, it was simultaneous livestreamed.

All up there were 112 participants; 65 of whom made the trip to Queenstown for the in-person experience.

Here are our top 10 moments from the event:

10. Office Urology

Dr Leanne Shaw, a urologist in Hastings and the Urology Specialty Representative on the RACS' Aotearoa NZ National Committee (AoNZNC), was well qualified to speak on the topic *When you Don't Fit the Mould*, explored on day-two of *Surgery 2022*.

She is one of the just 12 per cent of urologists who are female. She is also left-handed and, being short, finds some surgical equipment uncomfortable or awkward to use.

None of these are the reasons she was asked to present however. Instead, it was that Leanne has an unusual clinical range as an "office urologist".

Many surgeons, who love the hands-on side of their work, may find it hard to understand Leanne's choice to step away from the operating theatre. For Leanne, it fits in well with her busy homelife and helps with the heavy demand on the outpatient clinic.

9. Communication and informed consent



Associate Professor Gretchen Schwarze.

Saving someone's life is not always the priority, according to Associate Professor Gretchen Schwarze. The Morgridge Endowed Professor of Surgery in the Departments of Surgery and Medical History and Bioethics at the University of Wisconsin-Madison said life-saving surgery can sometimes negatively impact on quality of life to such an extent

that it is better not to do it.

Gretchen offered a range of tools surgeons can use to talk through the pros and cons of treatment plans with critically unwell patients and their whānau and to ensure consent is informed and based on reason rather than emotion.



Dr Leanne Shaw explaining the departmental pressures contributing to her decision to step away from operating.



Drs Kelly Vince and Mavis Orizu get to grips with culture shock.

8. The inside perspective on being an outsider

We got a glimpse into what it is like for someone who sits outside the 'norm' from Specialist International Medical Graduates. Dr Mavis Orizu, originally from Nigeria and now based in Southland, and Dr Kelly Vince, who lives in Northland but hails from Quebec, Canada, spoke of the challenges of fitting into a new country. We also heard from Associate Professor Salil Nair and Dr Sandro Leite on the barriers they have encountered when trying to follow their passion in AoNZ.

7. Trusting your gut

Dr Ahmed Barazanchi scooped the 2022 Louis Barnett Prize with research showing the surgeon's "gut feeling" is a good pre-operative risk predictor in emergency laparotomy, a high-risk abdominal surgery.

The Louis Barnett Prize has been recognising advanced surgical academic research from AoNZ Trainees and younger Fellows for the past 60 years.



(L-R) Associate Professor Andrew MacCormick (AoNZNC Chair), Dr Ahmed Barazanchi and Professor Chris Pyke (Louis Barnett Prize Judging Panel Chair).

Professor Spencer Beasley, an AoNZNC Surgical Advisor, said the quality of this year's eight finalists, who presented at the ASM in Queenstown, was exceptionally high and covered a broader spectrum of topics and specialties than previous years.

You can read all eight finalists' abstracts here: <https://bit.ly/LouisBarnettPrize>

6. The bad old days of the pandemic

We were transported back in time and across continents to a reality most of us here in AoNZ never had to experience by our speakers who had worked on the frontlines of the COVID-19 outbreak.

Dr Matthew Dolling, Intensive Care Consultant at Lincoln County Hospital, spoke of the fear permeating UK health workers as they waited for the first wave of the pandemic to crash down and the extraordinary level of care required by early COVID-infected patients, who were both fragile and alone.

Dr Avinash Sharma was living and working as an oncology surgeon in New York when he witnessed what he terms the "full blown catastrophe" of the COVID-19 pandemic.

5. Long COVID

Meanwhile, microbiologist and renowned science commentator Associate Professor Siouxsie Wiles (MNZM) was keen to remind us the pandemic isn't over yet. She urged against complacency and said our best defense against COVID-19 is still the *Emmental Model*, where public health measures such as washing hands and staying home when sick are slices of Swiss cheese, each imperfect but strong together.



Associate Professor Siouxsie Wiles.

4. Deferred ASC prizes

Surgery 2022 provided an opportunity for two AoNZ-based prize winners from 2021 to collect their medals after being unable to attend the Annual Scientific Congress (ASC) in Brisbane earlier this year.

Dr Ahrin (Anna) Morrow received the 2021 John Corboy Medal, which recognises exceptional service by a Trainee.

She earned the award for "leadership, selflessness, tenacity and service to Trainees set against extraordinary personal tragedy" according to former RACS Trainees Association Chair Dr James Churchill.

Dame Judith Potter DNZM was the recipient of the Companion of the College Award for her continued contributions to RACS and the community.

Dame Judith, a lawyer and High Court judge, joined the AoNZ National Committee (AoNZNC) as an Expert Community Advisor in 2012 and held the position for nine years. She continues to support the College including helping develop the *Building Respect, Improving Patient Safety* initiative.

3. Kindfulness and medical compassion

Remaining calm and focused in a crisis is no easy thing. Simulation-based training researcher Professor Jennifer Weller, from the Centre for Medical and Health Sciences Education at Auckland University, gave us some tips on how to keep composed under pressure.

Stress also impacts on how kind we are and Dr Tony Fernando, Auckland University Consultant Psychiatrist and Senior Lecturer in Psychological Medicine, warned of the negative health outcomes that can accompany a lack of medical compassion.

He urged us all to practice kindness, and to direct it at ourselves as well as others.

"There is an epidemic of self-criticism. That voice telling you you're not good enough. If we don't address it, it's a recipe for depression and burnout."

2. Inequities in the provision of healthcare

Associate Professor Jason Gurney shared some sobering research on the disparities in post-operative outcomes for Māori patients compared to the general population.

Jason is a Māori Epidemiologist, Director of the Cancer and Chronic Conditions (C3) Research Group, and a board member of Hei Āhuru Mōwai (the National Māori Cancer Leadership Group). His research showed, "disparities were found everywhere we looked—especially in elective surgery."

The biggest reason for this he said was a lack of early intervention, with diagnosis and treatment not happening early enough.

1. Organ transplant deep-dive

There was not a dry eye in the house when we heard about the transplant journey from the perspective of a recipient, and the family of a donor.

Amy Ng-Thomson inspired with her story which spanned the lows of her health deterioration while on the transplant waitlist to the heights of One Tree Hill. (Summitting One Tree Hill is a rite of passage for Auckland's lung transplant recipients.)

However, it was the composure with which Grant and Fiona Shennan spoke that really caused the tears to flow. This couple found a "beautiful light in the midst of tragedy" by donating their 22-year-old son's organs following a fatal car accident in America.



Far left: Dr Avinash Sharma with a photo of refrigerated trucks in New York deployed to store the bodies of early victims of the pandemic.

Right: Dr Tony Fernando explaining the potential barriers to being kind.



Above: Dr Sally Langley and 2021 Companion of the College Award winner Dame Judith Potter.

Centre: Dr Sally Langley (RACS President) and 2021 James Corboy Medal recipient Dr Anna Morrow.

Far right, top: Associate Professor Jason Gurney peels the equity onion.

Far right, bottom: Fiona Shennan hearing her son's heart beat again, now in the chest of recipient Mindy.



Survey results show *Surgery 2022* was a success

The results are in and it looks like our participants enjoyed *Surgery 2022* as much as we did.

Thank you to the 1 in 4 attendees who completed the survey. The results help us plan for future ASMs to make sure they are the excellent networking and learning experiences we hope they will be.

This year's feedback showed an overwhelming majority found the conference to be 'excellent' or 'very good' and found the speaker programme 'extremely useful' or 'very useful'.

The sessions on day one, including *the suddenly severely unwell patient, critical care and the critically unwell and transplant*, were the best attended and were judged to be the most valuable educationally.

Speakers that stood out included Associate Professor Gretchen Schwarze (How we talk to patients when they are critically unwell), Dr Tammy Pegg (Making a plan for deterioration on the surgical ward), Dr Tony Fernando

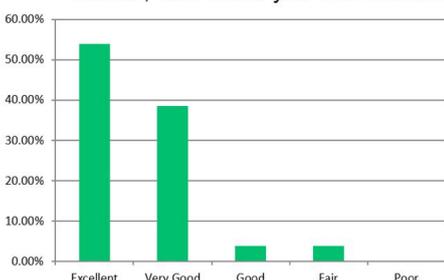
(Finding compassion in crisis), and those providing a Māori context, including Dr John Mutu-Grigg, Associate Professor Jason Gurney, Professor Jonathan Koea and Dr Courtney Sullivan. The Transplant session also got a lot of mentions for being both moving and memorable.

Session one on day two (COVID Update) was also well attended but got mixed feedback with many suggesting it was too reflective rather than forward-looking.

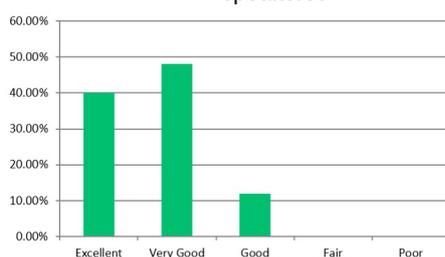
For the first time for an AoNZ ASM, *Surgery 2022* was held both in-person and remotely. This was a popular format with most respondents hoping the hybrid option will be repeated in the future. There would be some issues to iron out however, including the difficulties in hearing the Q&A sessions on the livestream and the inability to engage and ask questions remotely.

Overall however, the feedback was excellent and people appreciated the opportunity to reconnect after years of pandemic restrictions.

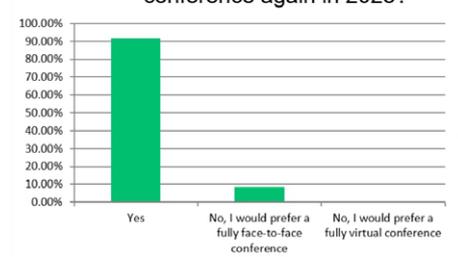
Overall, how would you rate the event?



How would you rate the quality of the speakers?



Would you like to see us run a hybrid conference again in 2023?



From the edge

A word from our Surgical Advisors Dr Sarah Rennie and Professor Spencer Beasley

Working to improve culture

Recent events in Aotearoa New Zealand have thrown the spotlight on managing allegations of bullying.

Back in 2016, allegations were made public that our College had a culture of discrimination, bullying and sexual harassment (DBSH). There was a media frenzy. It was politically awkward and had the potential to do reputational damage to our institution. RACS had two options:

1. Deny the allegations and set about to denigrate the complainant. This option could close the shutters to the media, and 'deal' with bullying and harassment within the organisation unobtrusively. One consequence may have been the perpetuation of the existing culture. The risk was RACS would have been perceived as making it less safe for Fellows, Trainees, staff and others to report their experiences, concerns or to make a complaint about DBSH, for fear of not being taken seriously or of denigration.
2. To fully acknowledge the concerns and set up an independent inquiry. The College could implement all the recommendations from the inquiry and work hard to change the culture for the better. It could work to make it safer for all to report their experiences and concerns; and to make it safer to lay a complaint about DBSH.

Which option did it take? It chose the latter. RACS fully acknowledged the concerns and set up an independent inquiry into exactly what was happening. Once the inquiry had been completed, the College implemented all of its recommendations.

Since then, RACS has altered many of its processes and invested huge resources into reducing DBSH, through the Building Respect, Improving Patient Safety initiative. The culture is changing for the better, and it is becoming safer and easier for surgeons (both Trainees and Fellows) to report their experiences, concerns or to make a complaint.

But we are not there yet. While RACS has worked hard and invested substantial resources to improve the culture of surgery, we cannot afford to be complacent or to rest on our laurels. Even though things have improved in the past 5 years, we still have our challenges, a range of expectations and plenty of room for improvement.

Having a safer environment in which inappropriate behaviour can be called out and addressed is good, but it does not mean that the behaviour surgeons exhibit is always without reproach. There is more to be done and we each need to do our bit to reduce discrimination, bullying and sexual harassment in our profession. But at least we have a framework that allows this to happen.



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

Surgical News: September-October issue coming soon

The next issue of Surgical News is on its way! The theme is *Wellbeing* and explores its relationship to patient outcomes, kindness, self-compassion, and good mental health habits among other topics.

There are a number of articles from Aotearoa New Zealand (AoNZ). Read about Sir John Kirwan and his efforts to break down the stigma around mental health. Learn about Dr Tony Fernando's research into medical compassion and how small kindnesses can add up to big improvements in patient outcomes.

There is also a roundup of *Surgery 2022: Care in a Crisis*, the AoNZ annual surgeons' meeting.

Bookmark the page and find the latest issue from 15 October: <https://bit.ly/SurgicalNewsLatestIssue>



RACS Library: New titles to get you reading

Burn lessons from the Whakaari White Island eruption and a call to action on improving oncology services in the Asia-Pacific are among the latest reads available through the RACS Library collections. Have a look: <https://bit.ly/RACSLibraryCollections>

Baker P, Locke M, Moazzam A, Taylor M, Stapelberg F, Wong She R. Burn lessons learned from the Whakaari White Island volcanic eruption. *Journal of Burn Care & Research*. 2021;43(5):1105-1113.

Find the article here: <https://bit.ly/WhakaariWhiteland>

Boyle L, Payne A, Jay S, Rossaak J. Motivators and barriers to general surgery as a career among junior doctors and medical students in New Zealand. *New Zealand Medical Journal*. 2022;35(1559):41-52.

Find the article here: <https://bit.ly/Generalsurgery>

Connell C, Bagg W, Jo E, Poole P. Effects of a regional-rural immersion program in Northland, New Zealand, on returning to work in that region. *Australian Journal of Rural Health*. 2022.

Find the article here: <https://bit.ly/Generalsurgery>

Rahiri J, Tuho J, Harwood M, Koea J. Understanding surgical disease and care for Māori in Aotearoa: protocol for a scoping review. *BMJ Open*. 2022;12(4):e058784.

Find the article here: <https://bit.ly/SurgicalcareinMaori>

Wilson B, Pokorny A, Perera S, Barton M, Yip D, Karapetis C et al. Australia and New Zealand's responsibilities in improving oncology services in the Asia-Pacific: A call to action. *Asia-Pacific Journal of Clinical Oncology*. 2021;18(1):133-142.

Find the article here: <https://bit.ly/OncologyAsiaPacific>

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



Upcoming training courses

Surgeons as Leaders in Everyday Practice

The *Surgeons as Leaders* course is a one-and-a-half-day programme looking at the development of both the individual's and their clinical team's leadership capabilities. It is practical and focuses on what you can do to be effective in your daily clinical practice. It concentrates on leadership styles, emotional intelligence, values, and communication, and how these all influence your capacity to lead others to achieve the best patient outcomes.

Date: Friday 18 November to Saturday 19 November 2022, Auckland, Aotearoa New Zealand

Time: Friday 4:00pm-8:30pm, Saturday 8:30am-4:30pm

Location: Rydges, Auckland

Find out more: <https://bit.ly/surgeonsasleaders>

Online courses

Conflict and You: 17 November (<https://bit.ly/Conflictandyou>)

Difficult Conversations with Underperforming Trainees: 3 October–6 November, 31 October–4 December (<https://bit.ly/DifficultConversationswithUnderperformers>)

Foundation Skills for Surgical Educators: 17 October–28 November, 1 November–11 December (<https://bit.ly/FoundationSkillsforEducators>)

Induction for Surgical Supervisors and Trainers: 8–22 November (<https://bit.ly/InductionforSupervisors>)

Keeping Trainees on Track: 1–31 October, 1–30 November, 1–31 December (<https://bit.ly/KeepingonTrack>)



The RACS CPD mobile app is here!

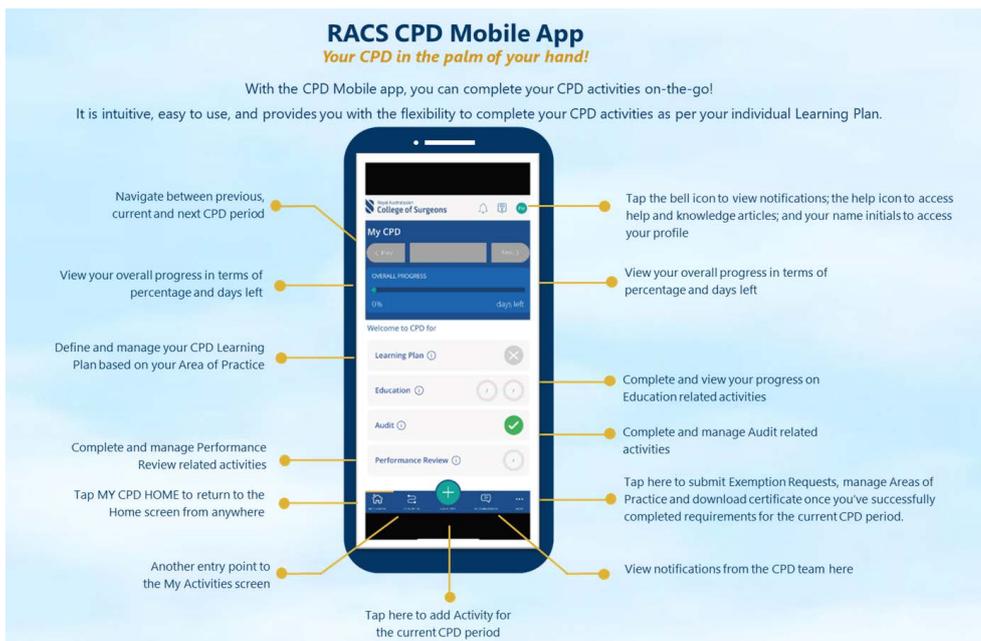
The College has launched its Continuing Professional Development (CPD) mobile app! This is another step in our ongoing efforts to provide Fellows with best-in-class CPD opportunities.

The app makes it quick and easy for you to record the CPD activities you are ticking off in your everyday practice on-the-go.

Benefits of using the CPD mobile app

Create CPD activities, capture evidence, and manage your learning plan, all through your mobile phone. You will have the flexibility and support needed to maintain your surgical standards and comply with the regulatory requirements in Australia and Aotearoa New Zealand.

The CPD app is a supplementary addition to the CPD Online platform. To learn more and download the app visit <https://bit.ly/RACSCPDApp>



Kōrero Mai – Have your say on government consultations

The Aotearoa New Zealand National Committee (AoNZNC) is reviewing and considering comment on the following government consultations. We encourage you to take a look and provide your feedback too.

Ethical guidance for a pandemic

Manatū Hauora – the Ministry of Health – is calling for feedback on a draft publication to provide updated ethical guidance for future pandemics, as well as the ongoing COVID-19 pandemic.

Closes 18 October 2022.

Find out more: <https://consult.health.govt.nz/ethics/egap/>

Managing potential conflicts of interest

The Medical Council of New Zealand is reviewing its statement on *Doctors and health-related commercial organisations* to ensure it is adequately managing potential biases or conflicts of interest.

Closes 14 October 2022.

Find out more: <https://www.mcnz.org.nz/about-us/consultations/consultation-statement-on-doctors-and-health-related-commercial-organisations/>



RACS AoNZ and members in the news

We have had some interesting coverage in the Aotearoa New Zealand media of late. Find out what is being talked about.

19 September 2022: Speaking on Waatea News, Dr Maxine Ronald (Ngāti Hine, Ngāti Wai), a general surgeon in Whanāgrei and Chair of RACS' Indigenous Health Committee, talks of the importance of taking a local approach and incorporating tikanga Māori into bowel cancer screening: <https://bit.ly/IndigenousHealthBowelScreening>

15 September 2022: Dr Andrew Connolly, Chief Medical Officer of Te Whatu Ora Countries Manukau, addresses bowel cancer rates. He spoke with Radio Waatea in support of Government plans to lower the screening age for Māori and Pasifika to 50: <https://bit.ly/BowelCancerAndrewConnolly>

7 September 2022: General surgeon Professor Frank Frizelle was interviewed on RNZ's Bookmarks on Afternoons with Jesse Mulligan. He talked about his work, interests and music favourites: <https://bit.ly/BookmarksFrankFrizelle>

6 September 2022: Frank was also in the news, speaking as Bowel Cancer NZ Medical Advisor, saying bowel cancer is rising in younger patients and calling for the screening age to lower to 45: <https://bit.ly/BowelCancerScreeningAge>

25 August 2022: Te Whatu Ora – Health NZ leaders, including taskforce head Dr Andrew Connolly, have directed all 20 of its health districts (formerly DHBs) to book a surgical slot by 31 August for the 7500 people who have been waiting longer than a year. Read the AoNZNC's response: <https://bit.ly/PlannedCareMediaRelease>.



Professor Frank Frizelle MNZM.

Also read this Stuff article, including comments from Associate Professor MacCormick, about long surgery wait lists: <https://bit.ly/PlannedCareWaitlists>

22 August 2022: RNZ has been doing a series about the growing pressures, profits and waiting lists in radiology. The first article dealt with the court action being taken to try and block surgeons from owning medical imaging services. AoNZNC Chair Associate Professor Andrew MacCormick says the RACS Code of Conduct adequately addresses concerns about potential biases or conflicts of interest: <https://bit.ly/EthicalReferrals>

Training through change

A word from the Aotearoa New Zealand Trainee Representative Dr Ella Nicholas



2022 thus far has been a year full of change. The continued adjustments in our COVID-19 response; the change to a unified health system following the move to Te Whatu Ora (Health New Zealand), and Te Aka Whai Ora (the Māori Health Authority); and the heralding in of a King following the passing of our Queen.

What have these changes meant for us as Trainees?

COVID-19 is still around, ebbing and flowing. The traffic light system is scrapped. Isolation continues. We feel the weight of extra after-hours, cross-covering multiple roles during the day, and decreased operating opportunities; all whilst trying to complete our non-clinical requirements and keeping ourselves healthy and balanced.

It is an easy opening to burnout. Please look after yourselves. Ask for help if you need it. Let's hope Spring brings some relief. Kia kaha!

Trainees nationwide have found it difficult to connect with Te Whatu Ora. Though changes have occurred, this has not yet had a huge affect on our day-to-day. More changes are still to come and it is difficult to predict what this will mean for us.

Throughout our training we work across multiple health districts and are exposed to varied communities. This experience should be invaluable in helping to shape the future health system. The Trainee Committee is advocating for Trainee involvement in ongoing planning.

Congratulations to the winner of the 2022 Louis Barnett Prize, Dr Ahmed Barazanchi, and to all the finalists selected. The quality of these presentations at the recent *Surgery 2022: Care in a Crisis* conference was outstanding; a sentiment echoed by many in the audience.

As a way to try and improve communication throughout our community and engage with younger members, RACS has started an Instagram account. There has been some interesting content already so jump on board and give it a follow: <https://www.instagram.com/racsurgeons/>

Māori college students try their hand at surgery

College students performing total hip replacements might sound a little scary but it turned out to be a fun and engaging way to open the eyes of Māori teens to new career options.



Dr John Mutu-Grigg, an orthopaedic surgeon and Chair of the Māori Health Advisory Group, visited the Auckland University of Technology (AUT) on 9 September to promote surgical careers to young Māori as part of a RACS collaboration with Pūhoro.

Pūhoro launched in 2016 to increase engagement of Māori in STEMM-related career

pathways (science, technology, engineering, mathematics and mātauranga Māori.) Pūhoro is a fast-growing initiative currently comprising over 1,500 students from 90 different iwi and 54 schools from around the motu (country).

John talked to the Year 13 students about RACS' nine surgical specialities and the pathways students can follow to take them from college to operating theatre.

John's key theme was: "Māori can achieve whatever they dream, with the aid of whanaungatanga (kinship and community support) and manaakitanga (kindness and care)".

He also let the students get hands on, using pelvis and femur saw bones, supplied by Mathys Medical, to perform the acetabular and the femoral components of a total hip replacement.

"The students were fantastic. At least half of the two-hour session was questions and interaction with the students.

"They were a bit shy at first to perform the hip replacement but when they saw others doing it, they realised that they could do it too and were very enthusiastic. The hands-on aspect seemed to really engage the students and opened their eyes to more career options."

John's comments were echoed by feedback from the students themselves. One student said doing the practical to repair a fake bone was a highlight.

"It was inspiring to hear how Māori can achieve it, even if we don't have the best grades, as long as we set our mind to it - and put in the hard mahi (work)."

In a RACS first, there is work underway to establish a Memorandum of Understanding (MoU) with Pūhoro as part of the Māori Health Advisory Group's work to establish pathways for Māori into surgical careers.



Farewell and best wishes to one of our longest-serving staff members

The RACS Aotearoa New Zealand (AoNZ) office is losing one of its cornerstone staff members in early October. After nearly 21 years (one day shy of her 21st anniversary!), Senior Accountant Raji Divekar is moving on.

It is a sad blow for the team but an understandable move for Raji, who is looking for adventures new.

RACS is Raji's first and only permanent employer in AoNZ after she and her husband emigrated from India. Her first born was just nine months old and Raji was working part-time when she started with the College. She has been full-

time for around 18 years now and both of her daughters are adults.

In her time at RACS, Raji also returned to university to complete a diploma and her husband qualified as a chartered accountant in AoNZ.

"RACS has supported me through all my major personal milestones," she says.

Over the years, Raji has seen a lot of change.

"It has been an interesting journey."



Raji Divekar, RACS AoNZ
Senior Accountant, with Kora.

A highlight was receiving her 10-year anniversary award in Melbourne from then President Professor Ian Civil; a Kiwi and someone Raji knew well through her work.

Raji says she will miss the RACS team, especially those who she has worked with for many years, including AoNZ Manager Justine Peterson and Specialist International Medical Graduate (SIMG) Executive Officer Celia Stanyon.

However she says it is time for her to explore other work

options. She wants to take some temporary contracts while she figures out her next steps. But first she's off back

to India to catch up with family for three weeks.

We are in the process of filling Raji's role, with not one but two new recruits. We are advertising for a Senior Accountant and an accounting administrator.

Other team updates

- **Danielle Cochran**, who joined the team on a temporary contract to help with SIMG applications, has accepted a permanent position as Project Officer.
- **Nick Ingram** is everyone's new best friend as the AoNZ-based IT Service Desk representative.
- **Suvira Gupta** has come from Wellington Hospital to fill the Specialist Society (NZSOHNS) and Committees role.
- We are sadly saying goodbye to Māori Health Project Officer **Sheryll Hoera**, who is taking up a position with her local iwi to help shape the new health system. Best of luck Sheryll!

From the Younger Fellows Committee

By Dr Bridget Watson, the Aotearoa New Zealand Younger Fellows Committee Representative

Tēnā koutou. I am a general surgeon at Palmerston North Hospital, and the Aotearoa New Zealand representative for the Younger Fellows Committee. I would like to thank Sharon Jay, Sean Galvin and especially Justine Peterson for suggesting I apply for the role and explaining how this institution works.

My interests include surgical education, rural health and sustainable health care.

As the days lengthen and in-person conferences resume it does feel like we are emerging from a difficult time and finding a new appreciation of the social benefits of face-to-face interactions.

The *Surgery 2022: Care in a Crisis* conference in Queenstown on 1-2 September, convened by Ros Pochin, was outstanding. The programme was very moving and showed how compassion and vulnerability are part of modern surgery. I appreciated being able to see colleagues in full size having only seen many of them on a Zoom thumbnail for the past two years.

Surgery 2023 is in Wellington on 31 August and 1 September 2023. Save the date now! We're hunting for a convenor so if you're interested, let the team know: College.nz@surgeons.org.

The New Zealand Association of General Surgeons Conference has been delayed more times than convenor Gary Stone cares to count, but finally ran in Wellington this August. The programme was focused on technology and its role in the future of surgery. Attendance was brilliant, again demonstrating the desire to see friends and colleagues in-person after the long absence.

RACS Younger Fellows and other committees are working to improve conditions for Trainees and Fellows with families. This essential work will make concrete changes to the work and home lives of surgeon parents. Working to ensure breast feeding/ pump facilities are available close to operating theatres across all hospitals in Australia and Aotearoa New Zealand is important.

One fact that deserves mention is RACS fees, which can be reduced when a Trainee or Fellow is on parental leave for part or all of the year. Please contact RACS to arrange this.

Rural and regional surgical issues are becoming a focus for research collaboratives including Surgical Trainee Research, Audit and Trials Aotearoa (STRATA). We are in the process of developing research questions and strengthening collaboration in all surgical units particularly outside the academic centres. The collaborative research model has meant prospective observational and ideally treatment studies can run in the smallest centres and generate useful information. If you are interested in being involved please get in touch: College.nz@surgeons.org.

The role of RACS in providing support for non-Trainees may be growing. The modern rostering for surgical registrars has increased but the training places have not. There are a group of junior registrars who will never become surgeons. The pastoral and continuing career development of these doctors can fall between the various regulatory bodies and I think RACS has a role in improving this.

RACS is working to develop more Continuing Professional Development that InPractice currently provides to non-training surgical registrars.

May you all have full operating lists that run without cancellation as we head into Spring!

2019 NZAGS Pasifika Fund winner's belated honours

The New Zealand Association of General Surgeons (NZAGS) had a visit from Dr Sajneel Prasad from Fiji in August when he was finally able to take advantage of the Pasifika Fund he was awarded in 2019.

The Pasifika Fund aims to support the workforce of general surgeons across the Pacific and the communities they serve. It provides for the winning applicant to come to Aotearoa New Zealand to attend the annual NZAGS Conference and Training Day. Sometimes they are given the chance to spend a day or two in a Te Whatu Ora district hospital too.

Despite being delayed by pandemic travel restrictions, Sajneel was able to take full advantage of the opportunities the Fund awarded him. He not only attended the NZAGS events in Wellington but spent two days at North Shore Hospital in Auckland.

"Being the successful recipient of this award has been a great privilege and a stepladder for my future goals," Sajneel says.



From L-R: Dr Bronwen Evans (Executive Director, NZAGS); 2019 Pasifika Fund winner Dr Sajneel Prasad; Dr Rowan French (Past President, NZAGS)



Dr Prasad (centre) wearing the pounamu gifted to him by NZAGS, with (from L-R): Dr Jamie-Lee Rahiri (GSET, New Plymouth); Dr Kopa Manahi (SET, Rotorua); Dr Nigel Henderson (general surgeon, New Plymouth), Helen Glasgow (Training Manager, NZAGS)

"Listening to presentations from a diverse collection of speakers [at the conference] was a wonderful platform to gain knowledge on the intricacies of General Surgery and perspectives of it overseas. Information on the range of technological innovations [in the] modern hospital was enlightening especially realising how much we are lacking back home compared to a developed nation.

"I also saw this as a chance to network, socialise and connect with surgeons globally especially after the pandemic."

Sajneel is a general surgical Registrar at Colonial War Memorial Hospital in Suva. In addition to his day-job, he has done outreach work throughout the country, including volunteering in his local community of Navua and trialling the use of a medical shipping vessel to operate in Fiji's many outer islands.

Sajneel hopes to pursue a career in hepato-pancreatic-biliary (HPB) surgery. Currently there is no HPB surgeon in Fiji or the South Pacific.

Surgery 2023 is coming to Wellington

With the Aotearoa New Zealand annual surgeons' meeting wrapped up for this year, we've shifted our focus to *Surgery 2023*.

Mark the dates (31 August and 1 September 2023) in your diary now.

If you're interested in convening the conference, let us know: college.nz@surgeons.org.

SAVE THE DATE

SURGERY 2023

31 August – 1 September
Te Papa, Wellington

Want more information? Contact:

RACS AoNZ Office
+64 4 385 8247
College.nz@surgeons.org

Royal Australasian
College of Surgeons
Te Whare Piki Ora o Māhutonga



September Fellowship Exams

Well done to all Aotearoa New Zealand-based Trainees who took part in the September Fellowship Examinations (FEX), held in Sydney.

The FEX are the culmination of often 10 or more years of tertiary training.

Huge congratulations go to all who passed.

General Surgery

Lisa Chung	Joel D'Souza
Melissa Edwards	Alexandra Jacobson
Ahmed Omar	Ashwini Pondicherry

Otolaryngology Head & Neck Surgery

Lara Benoiton	Tzu-Yu (Adam) Chen
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Plastic & Reconstructive Surgery

Paul Cheng	Justin Parr
Wei Lun Wong	

Urology

Cynthia O'Sullivan	Muazzam Tahir
Shuai Yuan	



Right from top:

(L-R) Plastic & Reconstructive Surgery's Bruce Peat, Paul Cheng, Justin Parr and Jeremy Simcock.

(L-R) Otolaryngology Head & Neck Surgery's Cathy Ferguson, Phil Bird and Tzu-Yu (Adam) Chen.

(L-R) General Surgery's Ahmed Omar, Lisa Chung, Ashwini Pondicherry and Melissa Edwards.

Below:

Court Executive including Court Chair Ray Sachs (front row, centre) and AoNZ's Susan Stott (front row, far left), Orthopaedics Senior Examiner; Cathy Ferguson (front row, fourth from left), Deputy Chair; and Matthew Clark (back row, fourth from left), General Surgery Senior Examiner.



Progress accelerates on AoNZ Regional and Rural Health Strategy

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

The draft RACS Aotearoa New Zealand Regional and Rural Health Equity Strategy was approved by the Education Committee in June 2022. The strategy will be finalised after further discussion on how best to apply a Māori health lens to the strategy as per the principles of Te Tiriti and Te Rautaki Māori.

The overarching Rural Health Equity Plan was developed by the Rural Surgery Section and has been adopted by Council as a flagship initiative. The actions extend over 10 years.

There is a Steering Group reporting to Council and I am the Aotearoa New Zealand National Committee representative. Other New Zealand-based members include Mark Stewart as representative of the New Zealand Association of General Surgeons and Simon Hadlow on behalf of the New Zealand Orthopaedic Association.

There is also an Advisory Group, involving representatives from societies, associations and training committees. Significant resource has been devoted to the plan.

The plan spans the four areas of 'select', 'train', 'collaborate' and 'retain'. There are many actions flowing from these themes. The Steering Group recognised that many of the actions are Australian-facing and therefore we have developed our own specific set for the Aotearoa New Zealand context. These tie into the overarching strategy rather than standing as a separate strategy.

Themes include the need for a consensus on rural definition; the opportunity to influence health reforms; strong support for the 'hub and node' model; and the need for ongoing development of representation and relationships.

Compared to the Australian difficulties of distance and the need for rural health provision, Aotearoa New Zealand's

challenges centre around regional areas. Issues for us include support for Specialist International Medical Graduates and provision of regional training posts.

Many of our regions struggle to recruit SMOs, and some have lost specialist services as a result. The RACS Research, Audit and Academic Surgery group was recently given approval for an Aotearoa New Zealand-based gap analysis. The working title is *Perceptions of barriers and incentives to uptake of consultant positions in regional areas in Aotearoa New Zealand*. This qualitative study is now in the planning stage.

In June, Council voted in favour of funding the Aotearoa New Zealand-facing strategy in the upcoming budget. This means we will be able to progress our actions and do more in this space. I attended the National Rural Health Conference, run by Hauora Taiwhenua Rural Health Network (previously the New Zealand Rural General Practice Network) in September and was able to speak to colleagues about their challenges and solutions, and how we can work together.

In the next edition of *Cutting Edge*, I will review the regional/ rural definitions we have agreed on and discuss the 'hub and node' model for provision of care.



Step back in time

Women make up half of all medical graduates and are increasingly well represented across the surgical specialities, including in positions of prominence and power; the current President of RACS, Dr Sally Langley, for example, and the former Chair of the AoNZNC. (Dr Philippa Mercer held the role for nine years prior to Associate Professor Andrew MacCormick taking over the reins on 1 July 2022.)

RACS has a *Women in Surgery* initiative to encourage and support female Trainees and to provide guidance to Council on gender issues.

When RACS was in its infancy however, in the late 1920s, female surgeons were far less plentiful. The first female Fellow was Lillian Violet Cooper, from Queensland, who was admitted to Fellowship on 17 June 1927. It was not for another 20 years however before a female surgeon (Lorna Sisley, from Victoria) become a Fellow by passing the RACS Fellowship Examination, in June 1947.

Integrating te reo Māori into your work

From Dr Sarah Rennie, Surgical Advisor, AonZNC

It was really great to hear the amount of te reo Māori spoken at the recent Surgery 2022 conference in Queenstown; some really competently and others having a go and trying hard.

The 12-18 September 2022 was Te Wiki o Te Reo Māori and included 50th anniversary celebrations.

Incorporating the Māori language into your work shouldn't be reserved for just one week a year but is hopefully something we can all practice all year round.

If you haven't already worked out how to use tohutō, or macrons, on your computer so you can incorporate Māori into your emails and other work, here are some tips:

Windows:

1. Click on the windows start button.
2. Go to settings panel.
3. Select 'Time & Language', then 'Language'.
4. Under 'Preferred languages' select 'Add a language' and select 'Te reo Māori'.
5. Select 'install'.
6. Now you can switch to the Māori keyboard from the bottom right-hand corner of your screen. Next to the time and date, you will see 'ENG'. Click on it and you will get other language options. Choose 'MRI'.

Note: These instructions may not work if you're using an older version of Windows.

Mac:

1. Click on the apple in the top left-hand corner.
2. Go to system preferences.
3. Select 'Keyboard'.
4. Select 'input sources'.
5. Select the '+' icon to add.
6. Scroll to find Māori and click 'Add'.
7. Close.

To check it's working look along the top by the battery icon in your system tray. It will either have a Māori flag or a keyboard icon that allows you to open keyboard preferences - from here you can check the input sources.

You have set up the Māori keyboard but how to use it?

To add a tohutō, tap the ~ key, followed by the letter you want. (The ~ key is usually up in the top left corner of your keyboard under the escape key. Alternatively it might be between the Alt and Ctrl keys on the bottom right.)

Now you can get started using more Māori phrases:

Informal greetings:

Kia ora	Hi/ greetings/ hello
Kia ora kōrua	Hi/ greetings/ hello to you two
Kia ora koutou	Hi/ greetings (to you all)

Formal greetings:

Tēnā koe	Greetings/ hello (to one person)
Tēnā kōrua	Greetings/ hello to you two
Tēnā koutou	Greetings/ hello to you all (three or more people)

Time-specific greetings:

Mōrena	Good morning
Ata mārie	Good morning (peaceful morning)
Ahiahia mārie	Good afternoon, good evening
Pō mārie	Good night (peaceful night)

Farewells:

Haere rā	Goodbye (to someone leaving)
E noho rā	Goodbye (to someone staying)
Hei konā	Goodbye (to someone staying)
Ka kite anō	See you again
Mā te wā	See you later, more than likely soon

Acknowledgements:

Ngā mihi; Kia ora	Thank you
Ngā mihi nui	Thank you very much
Ngā mihi maioha	Thank you with appreciation
Aroha mai	Sorry/ I'm sorry/ my apologies

Letter and email sign-offs:

Nā ...	From
Nāku noa, nā ...	Yours faithfully
Nāku iti nei, nā	Yours sincerely
Ngā mihi	Kind regards / Thank you / Cheers
Ngā mihi nui	Kind regards (more emphasis on gratitude)



12-18 Mahuru 2022
Te Wiki o te Reo Māori

**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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ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

AOTEAROA NZ NATIONAL COMMITTEE

Chair

Andrew MacCormick

Deputy Chair

Murali Mahadevan

Honorary Treasurer

Ros Pochin

OFFICE

Level 3,
8 Kent Terrace
Wellington 6011
New Zealand

PO Box 7451
Newtown
Wellington 6242

Tollfree (NZ only) 0800 787 469 / 0800 SURGNZ

Phone: +64 (4) 385 8247 Fax: +64 (4) 385 8873
Email: College.NZ@surgeons.org

Aotearoa NZ Manager

Justine.Peterson@surgeons.org

Surgical Advisors – Aotearoa NZ

sarah.rennie@surgeons.org
spencer.beasley@surgeons.org

Training (Aotearoa NZ)

Gloria.Aumaivao-Tasi@surgeons.org

SIMGs (Aotearoa NZ)

Celia.Stanyon@surgeons.org

Communications Specialist

Diana.Blake@surgeons.org

Project Officer

Danielle.Cochran@surgeons.org

IT Service Desk

Nick.Ingram@surgeons.org

Executive Officer, Specialist Society (NZSOHNS) and Committees

Suvira.Gupta@surgeons.org

