

FILLING THE ROOM

The greatest gift of any statesman rests not in knowing what concessions to make, but in recognising when to make them.

Prince Metternich, *Concessionen und nichtconcessionen* (1852)

We have seen the steady expansion of the College's efforts to involve the specialties and their societies in the fields of specialist training and examinations, and the brave efforts of Durham Smith to see this involvement made even-handed. He became president after Scotty Macleish, serving 1987-89, and on retiring from the presidency he was the first occupant of a new post, as part-time salaried Executive Director for Surgical Affairs. He was also to be the fourth Devine medallist. In the citation for this award his recent vice-president, B.P. Morgan, recalled the achievement of the 'Durham Smith proposals' and observed that Smith 'suffered criticism, some of which was poorly informed and hurtful'.

Involvement in the administration of training and examinations was not sufficient to satisfy all elements in the College. Ever since the guarantee of New Zealand's place in the governance of this bi-national institution, there had been spasmodic efforts to ensure State representation on the Council. These had foundered on the view, held passionately by existing councillors in the days when election



Brian Morgan, seen here with his wife Jenny, was senior vice-president in 1989.



John Hanrahan was initially co-opted on to the Council to provide a voice for Western Australia; he went on to become the College's first Western Australian president.



Tom Reeve judged that a system of co-option was necessary to provide representation of all the College's surgical disciplines at the Council table.

(rather than shoulder-tapping) became the method of selecting replacements, that councillors should represent the interests of the whole College and should therefore be selected through the vote of all Fellows. But it was accepted that smaller states (in practice, Western Australia and Tasmania) could be disadvantaged in a College-wide vote, and provision was made for the co-option of a Council member to make good a deficiency in a particular state. By this means L.W. Wing of Tasmania came on to the Council in 1979, to be elected the following year (such is the power of the sitting member); and in 1981 J.C. Hanrahan, a future president, joined in the same fashion, to be confirmed at the next year's voting.

In 1984 the Council resolved to allow the same concession to any specialty which, for whatever reason, lacked an elected voice; in pursuit of this it co-opted J.P. Maddern, an Adelaide urologist and chairman of the urology board.

The problem underlying all these attempts at even-handedness was this: by convention Fellows once elected to the Council were – in their role as councillors – no longer representing their surgical discipline, or their state or country, or any other sectional interest; they were expected to represent the interests of the College as a whole. But members of a particular discipline expected their interests, and those of their discipline, to be promoted.

The tension between these sets of interests brought to mind the Thomas Becket phenomenon: as Henry II's chancellor, Becket had been the King's man, and Henry made him archbishop of Canterbury precisely because he had demonstrated his skill as the King's man. But Becket as archbishop served a new and greater Master – and paid with his life for his new loyalty.

Throughout his surgical career Tom Reeve (who succeeded Durham Smith as president) had declined to be ruled by convention. He obtained his surgical training in the United States at a time when almost all his colleagues were drawn to the United Kingdom; he was an American College Fellow seven years before he came into the Australasian College; and when he determined that there need be no insuperable Becket-type tensions between elected councillors and co-opted representatives of the specialist societies, he saw through an amendment to the Articles which brought a large number of new faces to the council table.

The co-opted specialty councillors were appointed for a three-year term. Where, as in orthopaedics, there were two national specialist societies, New Zealand was given a periodic right of nomination. At its inauguration the scheme debarred co-opted councillors from voting for, or being elected as, office-bearers. They were to that extent – but only to that extent – defined as second-grade councillors, but their three-year term meant that much of their Council service would be spent in learning the ropes.



A larger Council required a larger table. The 1992 Council is seen here, *Back row*: P.H. Carter (secretary), P.R. Macneil, K.E.T. Little, R.L. Carroll, P.R. King, P.W.O. Maher, B.C. Milroy, J.R. Cohen, P.G. Jones. *Middle row*: R.C. Bennett, J.McK. Watts, B.D. Shepherd, R.L. Atkinson, E.H. Bates, A.R. Brown, T.B. Cartmill, M.J. Davies (vice-president ANZCA), K.F. King, J.McL. Hunn, M.J. Hodgson (President, ANZCA). *Front row*: J.M. Ham, J.P. Royle, B.J. Dooley, J.C. Hanrahan (President), D.E. Theile, C.U. McRae, D.H. Gray. The extension became a memorial of Richard Stewart (*above far left*), a former chairman of the New Zealand committee who was severely disabled when awarded the RACS medal in 1990 (*above left*), and died shortly afterwards.

In tandem with the extension of co-option came a shrinkage in the term to be served by elected councillors. For a generation three four-year terms had been permitted; now these became three-year terms. The changes caused some ‘tooth-sucking’¹ among a number of the old hands, who had reservations about the business.

They were concerned first about the ‘baggage’ the newcomers might be expected to bring with them. Such brief appointments, such evasion of the electoral process, such official partiality did indeed carry a risk that members of the new group might combine the exuberance of the inexperienced with an imbalance in judgment.

And the concerns went further: if a group of co-opted councillors serving for three years was complemented by a group of elected

councillors serving no more than nine, could there be, round the table, a sufficient corporate memory to avoid a regular reinvention of the wheel? For many crises, many issues in surgery are recurring. The argument against some change (masquerading as 'reform', of course) may well be as valid next time as it has proved this time, but if no one who remembers this time is on the scene next time, the argument has to be reconstructed, with much unnecessary time and effort.

It is pleasing to be able to record that more than one recent president has assured me that co-opted councillors are in no way less objective or committed than their elected colleagues, and it is equally pleasing to note that a number of councillors have developed such a taste for the job as to put up for election at the end of their co-opted term. They are, of course, subject to the nine-year maximum rule, and at the time of their election they have already used up a third of this period. It remains to be seen how much, if at all, the inability to serve for twelve years will matter in the long term.

Of more concern to the old hands was the 1994 proposal to allow co-opted councillors to vote for, and indeed to become, office-bearers. Already the articles had been amended to have one vice-president instead of two and to forbid the holding of more than one of the resulting four offices.²

The possibility that an office-bearer might reach such a post without having submitted to the electorate did not appeal to the democratic instincts of a number of Fellows, while an involvement by non-elected councillors in the process of electing office-bearers seemed at best illogical, at worst the thin end of the wedge. As a result, a proposal to amend the College's Articles of Association was lost. The co-opted councillors have remained outside the ranks, and the electoral process, of the College's office-bearers.

In the search for an electoral utopia, some interesting proposals have emerged. Chapter 14 recorded the advent of the Younger Fellows' course. By 1997 this had become known as the Younger Fellows' Forum and had developed the full armamentarium – appraisal forms, a report to Council, debates on a number of topics – one of which led to a series of recommendations on representation, some of these highly perceptive, others revealing a touching belief in the benignity of populism:

- that broader representation of the Fellowship be established on Council, particularly through the election of younger Fellows and Fellows from smaller and provincial centres.
- that in order to facilitate this process nominees for election to Council be given the opportunity to present themselves to the Fellowship by a brief talk at the ASC and by providing a policy statement in addition to the current biography of College involvement for distribution to all Fellows.

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- further that to facilitate representation from non-academics remuneration for the office bearers (at least) and councillors-at-large be provided.
- that the President be elected by appeal to the wider electorate, being the Fellowship in general.³

It is worth observing that there were, when this forum met, two provincial surgeons on Council as elected members. Two out of 16 is probably broad enough representation of 'smaller and provincial centres', but the Council did take the point about a younger Fellow on the Council, and while serving in this role in 1999 Garth Poole wrote a perceptive account of his own 'learning curve'.⁴ Many of us, he wrote, do have a deep respect both clinically and politically for most of our senior colleagues.

As to the desirability of paying office-bearers, the forum held the same view as would be expressed (at least in the matter of the president, whose position is unique and whose responsibilities are never-ending) by the 2000 gathering of the Court of Honour. It remains to be seen how far this opinion of the president's situation, asserted from the two extremes of the College's age spectrum, will be influential upon the Council.

The composition of the Council was altered by the increase in co-option, but it altered in 1993 in equally significant fashion. That year the first woman councillor was elected, Deborah Jan Colville, a Melbourne ophthalmologist. Aged 40 at the time of her election, she had already been a Fellow for ten years. That she gained election at a time when many ophthalmologists were leaning towards their own college was an interesting achievement.

She was joined three years later by a Queensland expatriate, Anne Kolbe, an Auckland paediatric surgeon who was hurried into office as censor-in-chief (she has risen so well to the challenge as to become vice-president in 2001); and another paediatric surgeon, Patricia Davidson of Newcastle, became the third woman councillor in 1998.

The flurry of amendment that enlarged the Council, to bring in specialty representatives, saw the most recent adjustment of one of the College's more controversial articles, that dealing with fellowship by election.

It will be recalled, from chapter 6, that Hailes contemplated a system under which examination would provide the only method of entry into the Fellowship of the College. Commendable in principle, his idea proved too restrictive in practice, and provision was therefore made for mature surgeons - and especially those coming from overseas and/or into senior academic appointments - to be elected by vote of the Council. As a conscientious objector to submitting himself to an additional examination, a future president, John Loewenthal, held aloof from the College until admitted by election in 1956, at which stage he was aged 42 and had succeeded Sir Harold Dew as professor



Garth Poole represented the younger Fellows at the Council table in 1998.



Anne Kolbe, a Queenslander who became an Auckland paediatric surgeon, is now the College's vice-president.

of surgery in the University of Sydney. Five years later he was elected to the Council.

Even during Loewenthal's early Council years, the scope of Article 24 (which dealt with fellowship by election) was very limited. Only two categories of surgeon were admissible: practitioners of 'twenty years' standing', or those of 'twelve years' standing and who hold a surgical qualification which in the opinion of the Council is of comparable status to Fellowship of the College' – and their numbers were restricted to four and six in the respective categories. Their election was by secret ballot and required three-quarters of the votes cast.

But by 1972 the scope of Article 24 had broadened by the addition of two variants on the twelve-year, higher qualification group: practitioners resident outside Australasia invited to take part in the activities of the College (this covered the situation of Asian surgeons as the College spread to its north-west); and comparably qualified surgical scientists without clinical pretensions, two of whom might be elected in a particular year.⁵ There was a safeguard in each new category: entry into Australasia in the one case, into surgical practice in the other might prompt the Council to require the resignation of Fellowship.

It might be thought that such concessions were so limited and so closely-defined as to be unobjectionable. They were not. Surgeons who had submitted themselves to examination – say, after returning from England as men did, armed with both training and a diploma, in those days – took great offence when a colleague who had not submitted at the time was offered 'a back door entry' into the College some years later. The fact that the colleague was in every other way respected and reputable, and would be of more use to the College and to surgery 'on the inside' (rather than left out of things), cut no ice with the critics.

The College's response was to invite the surgical boards to vet Article 24 candidates, as well as the state or New Zealand committees which already had to report on them. Some boards took the view that a candidate merited an adverse rating on the mere fact of having 'eluded' the examination process, which did not help much. In general, though, Article 24 enabled the College to recruit many valuable and distinguished surgeons to its number. Their entrance fee was set at a level that ensured that (even if they were back-door entrants, as the critics claimed) at least they were not getting in on the cheap.

The process was further enlarged by 1977, when the qualifying period for the old twelve-year, higher-qualification group was reduced to ten years and the number in the group increased to 25; and two more categories were defined. These allowed for five *bona fide* migrants, suitably qualified (by now it was necessary to specify that these had 'completed higher surgical training', so debased had formerly gold-standard diplomas become) and for occupants of surgical chairs.

In the next decade the ten years reverted to twelve, for entrants



Erik Heineman (here being congratulated by his colleague Spencer Beasley) was admitted by election in 2000, his professional standing being such that he was also a Foundation Visitor at that meeting.

with equivalent qualifications. At this time, however, there needed to be provision for Fiji or Papua-New Guinea graduates who had become surgical leaders in the South Pacific, and in their case ten years of 'active surgical experience' was ordained.

Finally, during the 1990s, the process underwent two changes: one was the renumbering of Article 24 as Article 21, as a consequence of the rescinding of certain preceding articles. This mattered only to those who had wrestled with the niceties of a process in which you could be 'damned if you did and damned if you didn't' to the point where '24' no longer signified two dozen or anything except Fellowship by election!

The other was a response to increased medical migration. In particular large numbers of practitioners from South Africa and Hong Kong sought medical registration in Australia or New Zealand as 'insurance' against the risk of adverse developments in their own country, but from elsewhere too a tide of migration threatened to turn the assessment of surgical credentials into a matter of divination. The possibility of election as a process towards Fellowship for migrants was therefore abolished – except, of course, in the case of academics coming to take up a chair. Indeed the provision for academics was broadened to include associate professors and departmental Heads or Directors in teaching hospitals.

For the most part Article 24, alias 21, has succeeded in bringing enthusiastic Fellows into the College, and it was a nice conjunction of eminence and commitment that saw Professor Erik Heineman (then of Auckland but Rotterdam-trained and formerly of Maastricht)

admitted to the fellowship at the inaugural ceremony of the 2000 ASC, in which meeting he went on to serve as Foundation Visitor in the programme of the Section of Paediatric Surgery.

The reward of Durham Smith's statesmanship came in the form of the Devine medal, presented in 1990 at the inaugural ceremony of the Wellington meeting by his successor Tom Reeve.

Tom's own recognition was delayed a decade, and he received his Devine medal in Melbourne in 2000. During the decade there had been five presidencies after his own: those of John Hanrahan, David Theile, John Royle, Colin McRae and Bruce Barraclough, and it was at the hands of his erstwhile protégé, Bruce Barraclough, that a quiet achiever received his College's highest tribute.

NOTES

1. In his history of Combined Operations (*The watery maze*; London, Collins, 1961) Bernard Fergusson describes the proposal – after the disaster at Dakar – that a distinct Combined Operations Headquarters should be established: 'This... recommendation was to give rise to a lot of what sailors call tooth-sucking.' I find it an evocative term.
2. The four are now: president, vice-president, censor-in-chief, treasurer; they are chosen, in a reverent silence, by the writing a name on a scrap of paper, then folding the paper and handing it to a scrutineer. This ritual used to be performed at the first meeting of the 'new' Council on the final afternoon of the June meeting. Each 'superseded' office-bearer would depart from the room after his successor had been chosen; the outgoing president would gown his successor before leaving. In such a silence it is, as one former president observed, a very long walk to the door. The election now takes place at the February meeting, and the new incumbents take office in May; it allows them to 'place their affairs in order' (because the demands of office are, especially for the president, the death of a surgical practice).
3. Bell, A (1997) Younger Fellows Forum, *RACS Bulletin*, 17:2:65-66.
4. Poole, G.H. (1999) The College was a monster, *RACS Bulletin*, 19:1:43.
5. It was under this section of Article 24 that Barbara Heslop was elected in 1976, to join her husband as a Fellow of the College. (Her Fellowship is safe – she has not moved to join him in surgical practice!)