Cutting Edge

Issue No 73 | December 2019 New Zealand National Board

Nicola Hill
(Chair)

FROM THE CHAIR

INSIDE THIS ISSUE

Emotional Intelligence in Surgery

In 2019 I have been facilitating on the RACS course Surgeons as Leaders in Everyday Practice, which ties into my personal professional development plan (improve my facilitation skills). This is a great course, as it is based on the literature, which means that it is an excellent summary of a huge body of work on leadership, and it is driven by participant discussion, which makes it flexible and thought provoking.

The course covers four broad topics of understanding leadership, understanding yourself, communication, and teamwork. Evolving leadership theories are discussed. Current leadership theory centres on emotional intelligence, a term coined by psychologist Daniel Goleman in his book Emotional Intelligence, Why It Can Matter More Than IQ, and widely disseminated in Harvard Business Review articles in 1998 and 2004.[1] Emotional intelligence means being able to perceive your own and other's emotions, and to regulate, generate, and understand emotions to guide your thoughts and actions. It is linked to self-awareness and insight. General intelligence is estimated to be responsible for about 10-20% of academic and occupational success, meaning there is a potentially big role for other factors such as emotional intelligence. Teams with higher emotional intelligence show better cohesion and performance, and seem to be less impacted by stress and burnout in the workplace.[2]

There are five main components to emotional intelligence as proposed by Goleman. Self-awareness and self-control are important. These two factors mean the ability to recognise and understand one's own strengths, moods, motivations, and emotions, and to control and regulate these. Other components include motivation – a passion to work which goes beyond money and status; empathy – the ability to understand emotions in other people; and social skills, which help us find common ground and build rapport. All of these areas can be extrapolated to surgical practice.[3]

Although some people naturally have higher emotional intelligence than others, it can be taught. Our emotional intelligence increases as we age, suggesting that it develops with experience – as we grow older, we grow wiser! There are many ways we can develop emotional intelligence and self-awareness. These include courses that help develop personal insight, such as Process Communication Model and the DiSC personality assessment; and those that develop communication and feedback, such as NetworkZ (previously MORSIM) in New Zealand, and Safer Surgical Teamwork in Australia (previously known as Safer Australian Surgical Team work). Workshops like Non-technical Skills for Surgeons (NOTSS) and Clinical Decision Making can help with cognitive training, while Operate with Respect and Foundation Skills for Surgical Educators are an opportunity to reflect on personal strengths and weaknesses.

Further details on these courses are available on the RACS website under Professional Development Courses. If you like to plan your professional development for the next year over the Christmas break, you might like to look at some of these.

On behalf of the New Zealand National Board,

Continued on Page 2

FROM THE CHAIR (continued)

best wishes for a safe and happy holiday season. To all of those covering call so your colleagues can have a break, thank you, it is much appreciated, most of all by the patients you care for.

[1] Goleman, D. What makes a leader? Harvard Business Review, 2004 Jan:84-91. (https://elearning.surgeons.org/pluginfile.php/73790/course/section/3492/Goleman.pdf)

[2] McCallin A, Bamford A. Interdisciplinary teamwork: is the influence of emotional intelligence fully appreciated? Journal of Nursing Management, 2007, 15, 386–391
Oginska-Bulik N. Emotional Intelligence in the Workplace: exploring its effects on Occupation Stress and Health Outcomes in Human Service Worker. International Journal of Occupational Medicine and Environmental Health, 2005;18(2):167 — 175

[3] Chu, DI. Emotional Intelligence in the Surgical Workplace. Association of Academic Surgeons; 2015

Applications For The May 2020 Fellowship Examination

Cardiothoracic Surgery, Neurosurgery, Paediatric Surgery, Plastic & Reconstructive Surgery, Otolaryngology Head & Neck Surgery, Urology and Vascular Surgery.

Applications for May 2020 Fellowship Examinations open on 7 January and close 30 January 2020.

General Surgery and Orthopaedic Surgery
The dual location of the viva and clinical components of the exam in May sometimes requires candidate numbers to be limited for each country at the discretion of the Senior Examiner. With the large number of candidates expected to apply for the General Surgery and Orthopaedic Surgery examination it has been necessary to implement a two-part registration process.

Over 7-16 January 2020, expressions of interest will be sought from General Surgery and Orthopaedic Surgery candidates to undertake the exam in either Brisbane or Auckland. Applicants will then be invited to register for their allocated centre over 20-30 January 2020.

All examination dates are available on the College website.

ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS
Te Whare Piki Ora o Māhutonga

SURGERY 2020:Reflecting on Practice

20 - 21 August
Millennium Hotel Queenstown

Contact:
RACS NZ Office
+64 4 385 8247
college.nz@surgeons.org

THURSDAY 20 & FRIDAY 21 AUGUST 2020
Millennium Hotel, Queenstown

E ngā rata, e ngā iwi, e ngā tauiwi o te motu, tenā tātou katoa.
Nau mai, haere mai ki Tāhuna Queenstown for the RACS Annual Scientific Meeting - Surgery 2020:

Over the decades, RACS has continued to respond to changing sociocultural, environmental and political influences with the goal of delivering surgical care to our communities with excellence. Meaningful and lasting paradigm shifts and policy changes can occur only through the process of reflection. However, this important attribute can be challenging to acquire, master, teach and assess. During Surgery 2020 we will challenge you to reflect on your own ways of doing things and be a part of discussions about how surgeons build collaborative, informed and safe practices.

We encourage you to attend, regardless of your specialty, your level of training and whether your practice is public or private.

The following pages give a taster of the Surgery 2020 sessions and some of the speakers.

SURGERY 2020: REFLECTING ON PRACTICE

20-21 AUGUST 2020, Millennium Hotel, Queenstown

Human factors in the practice of surgery

The Surgery 2020 organising committee is delighted to have Professor Peter Brennan, MD, PhD, FRCS, and internationally renowned expert in human factors and patient safety, as a keynote speaker.

Peter is consultant oral and maxillofacial surgeon at Portsmouth's Queen Alexandra Hospital with an interest in head and neck oncology and reconstruction. He is Honorary Professor of Surgery and Head of the Academic Department of Surgery at the University of Portsmouth. He is also lead editor for the new Gray's Surgical Anatomy.

Much of what we do in our clinical work is done without reflecting and to use Peter's words 'we often leave common sense at the front door when we come to work'. Automatic responses are the result of patterns of thinking and unconscious synthesis of information. Awareness and understanding of human factors including several personal factors such as nutrition, hydration and stress particularly during critical moments can reduce the likelihood of us making mistakes and lead to better team working.

Peter has a special interest in the synergies between the role of human factors in aviation and surgery, and he has worked closely with a range of human factors experts including training captains at British Airways and staff at National Air Traffic Services in the UK. Earlier this year, in a blog on the BMJ website, Peter wrote that, 'analysis of cockpit voice recorders has historically shown that the majority of pilot related errors were due to failures of interpersonal skills, communication, decision making, and leadership. In particular, the steep cockpit hierarchy that existed between captains and co-pilots was well known as flight safety threat, with several fatal crashes occurring as a result of this power dynamic and the communications barriers it created. Indeed, the crash of a United Airlines DC8 in Portland in 1978, was an important driver in introducing what was then called cockpit resource management. Through such training and the understanding of how human errors impact safety, aviation has slowly managed to change its culture. Yet sadly, the equivalent steep "cross cockpit gradient" still exists in many healthcare teams.'

He has almost 600 publications, including about 70 on the application of human factors to improve surgical practice.

The process of reflecting

We're all guilty of it: only stopping in our busy tracks when something goes wrong and we're forced to retrace our steps to try and see why it happened. It's equally important that when procedures are successful, we take time to think about what we did and how we could do even better.

Reflection is a valuable tool for life-long learning and maintenance of certification. **Sally Langley,** a Plastic Surgeon in Christchurch, RACS Councilor and Chair of Continuing Professional Development (CPD), will explain how the concepts of a reflective practice are woven into the framework of RACS standards and competencies and how we might be expected to evaluate our performance in the interest of improving our clinical approaches and personal growth.

Sally will also talk about the redesign of RACS' CPD program which aims to support and promote a culture of lifelong learning and self-reflection.

Reflective practice is a requirement for ongoing growth for surgeons, but there are significant barriers to this practice in the day-to-day setting, such as time, opportunity and desire. **Pecky de Silva** a vascular surgeon who practises in Hornsby New South Wales and is Chair of the Younger Fellows Committee will talk about some of these barriers and how reflective practice can be a mindset, rather than an activity.

SURGERY 2020: REFLECTING ON PRACTICE

20-21 AUGUST 2020, Millennium Hotel, Queenstown

Supporting colleagues

We all need support, it's a crucial part of our health and wellbeing, so it's always valuable to think about different ways we can support our colleagues and how we can better support them.

Mentoring is an extremely useful way of providing support to our colleagues and helps deliver better surgical care. **Pecky De Silva** will talk about how mentoring can be useful for both mentors and mentees and how it builds a collaborative surgical culture within the systems in which we work.

Building relationships within the working environment enhances psychological wellbeing, increases productivity and improves clinical outcomes. Formal mentoring programmes can help build these relationships. RACS' Younger Fellows Committee, representing 1,500 surgeons in their first 10 years of practice, runs a formal mentoring programme for early career surgeons.

You will also get another chance to learn from our keynote speaker, **Peter Brennan,** in this session of Surgery 2020. Peter will share his top ten tips for making work life better, which, according to reliable sources, include 'valuing everyone in your team, from the clerical support staff to the most senior colleague. If you do this, you will soon find that team members look out for each other and will go the extra mile for you when needed.'

Mass trauma

As a result of the ghastly terror attacks on two Christchurch mosques in March this year Christchurch Public Hospital Emergency Department triaged 48 patients with gunshot injuries over a three-hour period, nearly three times as many patients as are seen in Middlemore Hospital with gunshot injuries in a year. All theatres were committed to treating the victims over the next two weeks. The teamwork, on the floor response and medical decision making were identified as critical factors in managing this crisis.

At Surgery 2020 you will hear from Christchurch Hospital surgeons and clinicians on the front line, their reflections into what happened on the day, and what the sequelae has been for patients and clinicians alike. Speakers include **Greg Robertson,** Head of Surgery and **Ash Padayachee,** Clinical Director of Anaesthesia Services and a panel of surgeons, including **Adib Khanafer, Chris Wakeman, Hayley Waller** and orthopaedic Trainee **Dulia Daly** who were fully involved will reflect on their experiences.

Also in this session, **Helen Austin,** Psychiatrist, Canterbury DHB will discuss the psychological aspects for clinicians of managing stressful events. Research has shown that exposure to other people's trauma and suffering can have a cumulative effect, known as vicarious trauma or secondary traumatic stress, on professionals. This can produce adverse effects in psychological, physical and emotional functioning that can affect the professional in their work and home environments.

Looking to the future

Reviewing and reflecting on procedures that have always been done a certain way for years can lead to hugely positive changes for the future. At Surgery 2020 **James Haddow,** a general surgeon in Dunedin, will outline the process he and his colleagues at Christchurch Hospital undertook to create a new way of treating patients that reduces the average length of stay for an abscess patient from 42 hours to just a few. Other researchers and innovators will showcase changes made within their hospitals to improve patient care and streamline processes and systems.

Each session at Surgery 2020 will include a general discussion where you can ask the speakers burning questions or share some ideas, thoughts or experiences triggered by the presentations. We know from colleagues who've attended Annual Scientific Meetings in the past that they really rate the discussions and find them extremely insightful and motivating.

So block out 20-21 August 2020 in your calendars now and check the RACS website www.surgeons.org early in the New Year for registration details and a draft programme.

Take the opportunity to reflect – come to Surgery 2020.

Bryce Jackson
RACSTA Representative on NZ National Board

RACS TRAINEES ASSOCIATION UPDATE

December brings with it the Christmas and New Year holidays and a new cohort of junior doctor colleagues. The culmination of six years study produces doctors of the highest calibre, but our juniors still need support and guidance, particularly in their first few weeks. Don't forget to check in on your new house officers regularly.

The RACSTA Induction Conference (RIC) was held in Melbourne during October to welcome newcomers to Surgical Education & Training. Dr Charles Jenkinson (Vascular, WA) organised an outstanding collection of influential speakers and small group sessions which were well received by attendees. The RIC was particularly well attended by successful NZ SET trainees who will no doubt hit the ground running in December.

The end of 2019 also draws a close to my time as the NZ surgical trainee representative to RACSTA and the RACS NZ Board. Trainee representation is vital to Surgical Education and Training and I strongly encourage readers to consider themselves for the role. For any Trainee interested in governance and this position in particular, don't hesitate to contact me. The opportunity to apply for this role is likely to open in 2020.

Merry Christmas and a Happy New Year.

Sean Galvin
Younger Fellows Website:
http://www.surgeons.org/member-services/interest-groups-sections/younger-fellows/

YOUNGER FELLOWS

I recently had the opportunity to formally present the final recommendations from the 2019 Younger Fellows Forum (YFF) to RACS council. It was reassuring to know that many of these are high priority areas for RACS and that work is already underway to address the issues raised. The recommendations from the 2019 YFF included:

1. the variation in how Trainees or surgeons who become parents are treated across the Australian States and in New Zealand
2. the increasing amount of information fatigue that Fellows suffer from a variety of sources and how the College can address this in its strategic plan
3. the impact of Post Fellowship education and training on workforce planning.
4. induction, training and support for supervisors of training and how this can be improved

Each year a Younger Fellow is invited to be involved in the Leadership Exchange Program between RACS and the Association for Academic Surgery (AAS). In this exchange the successful RACS applicant is invited to attend the AAS Congress and AAS Executive Committee meeting in America and an AAS visitor is invited to participate in RACS Younger Fellows Forum and the ASC program. Dr Pecky De Silva (Vascular Surgeon, Sydney) was the successful RACS Leadership Exchange applicant while Dr Brenessa Lindeman (General Surgeon in Birmingham, AL) has been selected as the AAS Visitor for 2020.

In April 2018, the Younger Fellows Committee (YFC) supported the signing of a three-year agreement with Bongiorno & Partners for sponsorship for $200,000 over three years. In return, the College would establish the Bongiorno National Network Younger Fellows Travel Grant for $10,000 per annum for a minimum of ten years. Three Fellowships will be offered in 2020. There were 39 applicants from a variety of backgrounds (specialities and regions including NZ). CV scoring is currently underway and the fellowships will be awarded in December. The applicants were all of very high quality with exciting and worthwhile fellowships planned. This travel fellowship will hopefully support them to gain valuable post fellowship experience.

In 2018 and 2019 we have struggled to get enough registrations to hold the Preparation for Practice meeting. We are currently discussing how we might format the 2020 meeting, considering what might be areas of interest for NZ Younger Fellows, timing of the meeting and also where the best venue would be to hold it. I would be grateful if anyone who has any ideas or comments on the course could contact me to discuss them.

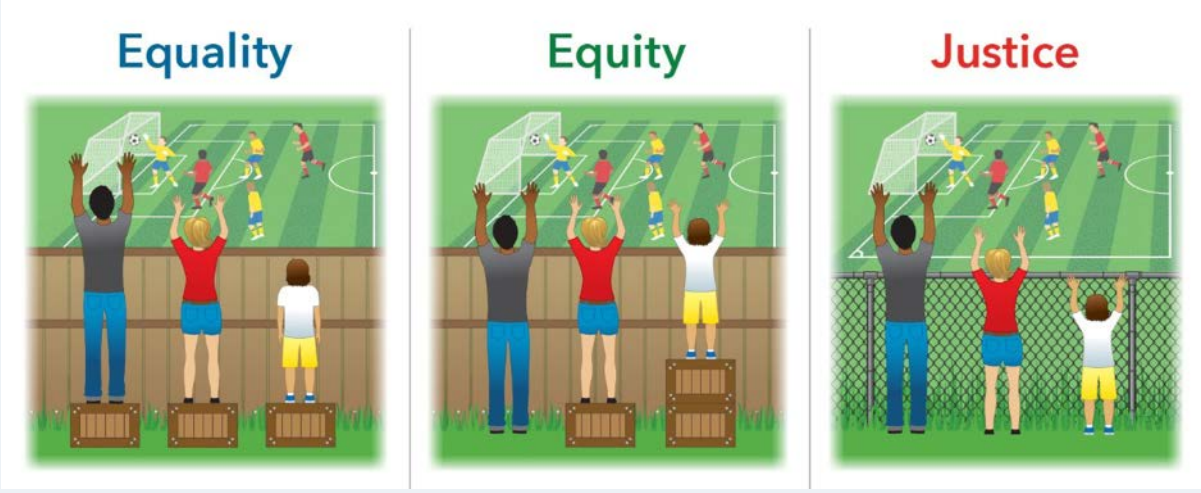
sean.galvin@ccdhb.org.nz

Richard Lander
EDSA (NZ)

EDSA CORNER

I do not need what you have, I want to have what I need

If a picture is worth a thousand words, then the following image tells a story.



Equality is based on the assumption that everyone benefits from the same supports. In medicine this is equal treatment for all patients. Equality is ensuring individuals or groups of individuals are not treated differently or less favourably, on the basis of their race, gender, disability, religion or belief, sexual orientation or age.

According to the World Health Organization (WHO), equity is "the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically." As such, equity is a process and equality is an outcome of that process. In real terms equity is achieved by providing support for those in need and is the concept of affirmative action. Fairness is therefore the product of the process of providing equity.

Rick Riordan, in his novel 'The Red Pyramid' based on Egyptian mythology writes: *"Fairness does not mean that everyone gets the same. Fairness means everyone gets what they need."*

Justice is only served when the barriers are removed, support and accommodation is no longer required, and the causes of inequity have been addressed.

Benjamin Franklin wrote *"Justice will not be served until those who are unaffected are as outraged as those who are."*

As surgeons we should be outraged and reflect our values of service, integrity, respect, compassion and collaboration and see if, in our practice, we can strive for not only equality but also equity and justice for our patients.

Interested in becoming an Indigenous Health Committee member?

Expressions of Interest are sought from Fellows to join RACS Indigenous Health Committee (IHC). Providing oversight, advocacy and information RACS IHC is instrumental in the development and implementation of RACS' commitment to addressing health inequities of indigenous people of New Zealand and Australia.

Further information on the Indigenous Health Committee is available on the RACS website.

In the first instance, email the secretariat, indigenoushealth@surgeons.org

Expressions of Interest close Friday 31 January 2020.

Te Rautaki Māori, RACS Māori Health Strategy and Action Plan 2020-2023

Ko te pae tawhiti whāia kia tata, ko te pae tata whakamaua kia tina. (Mete Kingi te Rangi Paetahi, one of the first Māori electorate Members of Parliament). Seek distant horizons in pursuit of excellence.

This is the vision of Te Rautaki Māori, RACS Māori Health Strategy and Action Plan 2020-2023, enabling RACS to advocate for health equity through surgical training and workforce development.

The Māori Health Advisory Group hosted hui akoako (consultation meeting) late November in Wellington. A range of RACS Councillors, New Zealand National Board members, staff from both RACS' New Zealand and Melbourne offices attended. It was important that the Māori community was given the opportunity to provide feedback so the invitation explicitly stated this and we appreciated the attendance of Māori from across the health sector. The networks that are being created between RACS and Māori from different organisations, including HQSC, Ministry of Health, Te ORA, Hutt Valley DHB, RANZCP, ANZCA to name a few, is an optimistic step towards health equity.

In line with the Government's obligations Te Rautaki Māori has incorporated the Waitangi Tribunal's recommended Te Tiriti o Waitangi principles of tino rangatiratanga (Māori sovereignty), partnership, active protection, options and equity. Four strategic kaupapa or themes underpin the objectives of Te Rautaki Māori 2020-2023: Pae Ora (healthy futures), Mātauranga Māori (Māori knowledge and capability), Whakatipu (workforce development) and Rangahau Māori (stronger policy and research development).

Pat Alley, Chair of RACS Māori Health Advisory Group, said participants in the hui were pleased to hear that RACS Council has decided to create a 10th core competency for surgical training: cultural safety and competency. "This is a very positive step on the path to achieving equitable health outcomes."

L-R: Kiri Rikihana, RANZCA General Manager (NZ) & Nicola Hill, Chair NZNB

Jonathan Koea, Māori Health Advisory Group member.

RACS Māori Health Medal

The RACS Māori Health Medal acknowledges significant contributions by Fellows to Māori health advocacy and health outcomes in New Zealand.

The award is made to a Fellow who has demonstrated excellence through leadership, practice, advocacy, community engagement, education or research of lasting and significant contribution to Māori Health.

The awards are open to all Fellows and the nomination may come from any individual Fellow, surgical society, regional committee, the Indigenous Health Committee, or the Māori community in New Zealand.

Find out about submitting a nomination on the RACS website.

Nominations accepted until Friday 31 January 2020.

Cochlear implants

Severe to profound deafness is an insidious, invisible condition that isolates the sufferer from their family and community; powerful conventional hearing aids provide minimal benefit. Cochlear implantation (CI) is very effective at restoring hearing to a level that allows full engagement with others and re-entering the workforce; it is a powerful enabling treatment.

New Zealand, while recognising the impact of severe to profound deafness and the benefit of CI, does not adequately fund the 200 adults who each year meet the stringent criteria for public funded CI. Only 40 of these will receive a CI and the rest are condemned to living with the isolating effect of their condition. It is estimated that in three years there will be 500 adults waiting for CI and with current funding they are unlikely to be implanted. The NZ National Board is concerned at the major shortfall in funding for CI and has advocated to the Minister for this to increase, so far with very minimal success.

Dr Lewis Williams has written of her experience living with severe to profound deafness (NZMJ 8 Nov 2019) and she seeks your support through signing her on-line petition. This is an important time as budget discussions for 2020 have commenced. The petition can be accessed on the NZ Parliament website.

Patrick Dawes FRACS (OHNS)
Immediate Past President, NZSOHNS

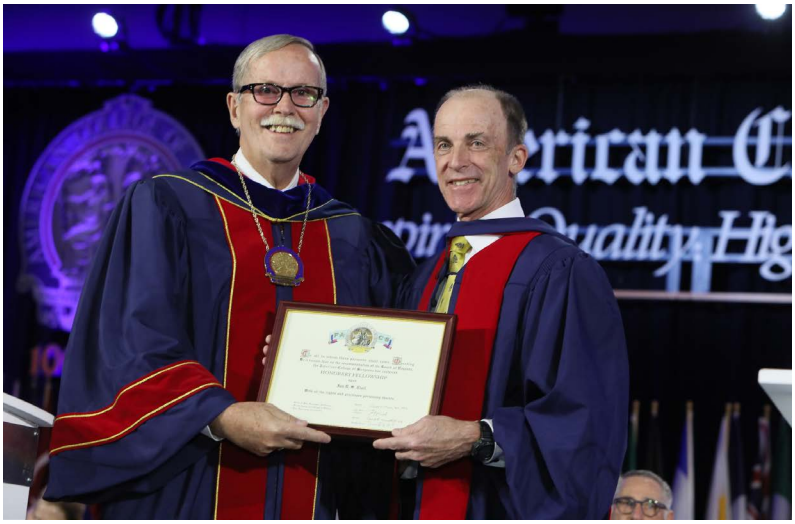
Ian Civil awarded Honorary Fellowship in American College of Surgeons

Honorary Fellowship in the ACS was awarded to Ian Civil at their Clinical Congress on 27 October 2019 in San Francisco. The citation read:

Prof. Ian D.S. Civil, BSc, MBChB, FACS, FRACS, director of trauma services, Auckland Hospital, New Zealand, is a broadly trained general, vascular, and trauma surgeon. He is clinical director for the Major Trauma National Clinical Network and clinical leader for the Safe Surgery New Zealand Expert Advisory Group for the Health Quality and Safety Commission of New Zealand.

Born in Rotorua, New Zealand, his career is noteworthy for his decades as the leading clinician in the development of trauma care and trauma systems in New Zealand. In recognition of his outstanding efforts, he has been awarded the Certificate of Merit and the RACS Medal from the Royal Australasian College of Surgeons (RACS). He has served as an Officer, Commander, and Knight of Grace in the Order of Saint John and was awarded a Gordon Trinca Medal and Henry Windsor Medal from the RACS. He has served as president of the RACS, only the seventh New Zealander to be elected to this role. In honor of his contributions, he has been accorded the Companion of the New Zealand Order of Merit, the highest civilian award short of knighthood.

He has been a primary force in the development of trauma care in New Zealand and now has assumed leadership in establishing national quality assurance standards in system development. He served with distinction in the New Zealand Army during the Gulf War. He has been a long-time supporter and active member of the ACS, having also served as a President of the ANZ Chapter and Governor at-Large for the chapter.



Ian Civil (right) with Ronald Maier, immediate-Past President of the ACS.

Success In The Fellowship Examinations

Congratulations to New Zealand based candidates who were successful in the September exams in Adelaide.

Rujuta Cameron - Otolaryngology Head & Neck Surgery
Alan McCulloch - Otolaryngology Head & Neck Surgery
Emily Yassaie - Plastic and Reconstructive Surgery
Vincent Chong - Urology

ACTIVITIES OF THE NEW ZEALAND NATIONAL BOARD

The New Zealand National Board (NZNB) and its representatives continue to advocate on behalf of Fellows, Trainees and IMGs in the MOPS programme. Some of the NZNB's activities and interests since the previous Cutting Edge are commented on below.

Consultations

The NZNB has responded to a number of consultations from government or statutory agencies, including those listed below:

Māori Affairs Parliamentary Committee Inquiry into Māori Health Inequities: NZNB and the Māori Health Advisory Group provided a combined written submission on this Inquiry, which had a particular focus on inequities in cancer care. RACS was then invited to present to the Committee and Pat Alley, Maxine Ronald and Justine Peterson appeared. Maxine's tabled documentation on research into inequitable care and inequitable outcomes was very well received and led to a number of very pertinent questions from the Committee, especially around how the College might influence surgeons to ensure equitable care.

Arms Legislation Bill: This was the second piece of legislation this year related to arms. NZNB reiterated its comment that possessing and using firearms is a privilege that carries responsibilities. The Bill proposed a national firearms registry, a reduced licence period and good faith notification by health practitioners of concerns regarding a licence holder. The NZNB had proposed a firearms registry in its submissions to Ministers and the Parliamentary Committee on the earlier legislation; and its submission on this second Bill supported both the licence period and notification clauses.

MCNZ circulated for consultation its proposed "Policy on publication of orders and directions" and its revised "Statement on maintenance and retention of patient records". NZNB considered the proposed Policy to be fair and reasonable; and most of the revised Statement. Comments were made to MCNZ on practical difficulties of its proposal for practitioners retaining a copy of transferred patients records; and suggested "posting" a general notice of retirement or movement of practice (rather than directly informing other practitioners who have referred patients at some time).

Consultations currently being considered include reformation of the Death, Funerals, Burial and Cremation Act. The areas that are probably of most interest to surgery are proposed options on certification of death and sign-off for cremation.

Protected Quality Assurance Activities (PQAA)

PQAA is legislated for under the Health Practitioners Competence Assurance Act. This can be sought, through application to the Ministry of Health, for protection of activities used by health practitioners to review, assess and monitor their work. A number of DHBs have PQAA status for their M & M meetings, some had it but have allowed it to lapse and others have not ever had it. It had been brought to the NZNB's attention that some surgeons had thought this was in place in their DHB, but it was not. Interested surgeons may like to enquire about this in their DHB. The degree of protection this provides and the reporting requirements to be met were discussed recently by the NZNB and further information is going to be gathered.

New RACS and FRACS brand

RACS Chief Executive John Biviano gave a presentation to the NZNB's December meeting on the new RACS and FRACS branding, that has been approved recently by Council. The new branding, which will be rolled out progressively from early next year, has been developed to portray the College as modern while also reflecting its history.

College name

Fellows may recall that there was an unsuccessful proposal some years ago to change "Australasia" in the College name to Australia and New Zealand. A number of other bi-national medical colleges have since made that change and this has been raised again with the NZNB, to reflect the bi-national composition of this College. With the emphasis in the rebranding of 'College of Surgeons' NZNB agreed that the timing was appropriate to request College Council consider proposing a change to the name.

Surgical Mesh

In conjunction with Victoria University Department of Restorative Justice, the Ministry of Health held a number of forums to hear the stories of mesh-injured patients, as well as a series of interviews with health professionals. The Ministry's Report "Hearing and Responding to the Stories of Survivors of Surgical Mesh" has just been released and is available on the Ministry's website. Recommendations from this include developing specialist mesh centre(s), credentialling practitioners, providing sector-wide education on mesh, and meeting the needs of consumers, both now and in the future. RACS surgeons have been involved in the development of the recommendations and will continue to be involved in implementation planning.

Farewell and thank you Garry Wilson

Garry Wilson has given RACS nine years' sterling service as an Expert Community Advisor on Council and therefore an ex-officio member of the National Board. NZNB members have valued Garry's common sense approach, his commercial acumen and his very dry sense of humour. His many contributions were acknowledged by members at the NZNB's December meeting and he was presented with a small gift that we hope will add to his family's Christmas festivities.

Justine Peterson
New Zealand Manager

RACS Outstanding Service to the Community Award

This award recognises Fellows who have given long and dedicated service to their local community - usually unheralded - but without which the standard of surgical care in that community would have been less than society demands.

Stewart Sinclair's sterling service saluted

Plastic surgeon Stewart Sinclair's remarkable services to patients, staff and the practice of surgery were recognised in late November, when he was presented with a RACS Outstanding Service to the Community Award.

Stewart used experience he gained with microsurgery in the United States of America to develop the teaching and clinical work in this field when he returned to work in Canterbury in 1982. He has carried out microsurgical facial palsy surgery for a number of patients in the Canterbury region.

He has been heavily involved with the world-renowned tetraplegic hand surgery reconstruction service at Burwood Hospital and the development of the Burwood Outpatient Procedure Unit (BOPU) where patients are assessed and operated on at one visit. Stewart continues to work at BOPU.

Stewart's straightforward management style was particularly appreciated when he was head of Plastic Surgery at Christchurch Hospital. He continues to pass on his expertise and knowledge to plastic surgery registrars at clinics and in the operating theatre – work that is greatly valued and admired.

RACS Councillor and Christchurch plastic surgeon, Sally Langley, presents Stewart Sinclair with the RACS Outstanding Service to the Community Award at a recent function in Christchurch.

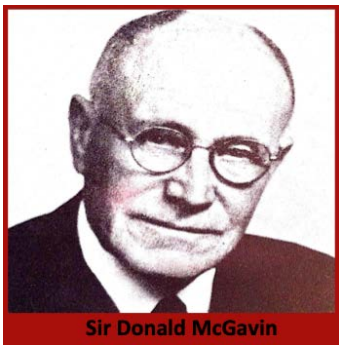
Ian Thomson, left, receives the RACS Outstanding Service to the Community Award from Mark Thompson-Fawcett, Head of Surgical Sciences at Otago University Dunedin School of Medicine.

Ian Thomson's tireless commitment commemorated

Dunedin surgeon Ian Thomson's significant contribution to vascular surgery in Dunedin and Southland was recognised recently when he was given a RACS Outstanding Service to the Community Award.

Ian received the award for his long-term commitment to providing vascular access surgical services for renal replacement therapy patients of Otago and Southland. For more than 20 years Ian has established an exceptional relationship with this group of patients, operating on many of them on multiple occasions and he has performed various procedures on emergency lists out of hours when he has not been on call. His success rates have been exceptional; his special commitment to this aspect of his practice has resulted directly in better outcomes for patients.

The award was also given in recognition of Ian's management of the National Vascular Audit for more than 20 years. His work has contributed significantly to presentations at national and international scientific meetings and to high quality publications in peer reviewed journals.


Sir Donald McGavin

SURGICAL PIONEERS

Sir Donald Johnstone McGavin

(1876-1960) CMG DSO MD FRCS FRACS FACS

A WONDERFUL LEGACY

Ross Blair FRACS

As a medical student, house surgeon and surgical trainee in the 1960s it was apparent to me that many of our teachers and the leaders in the medical profession had served with distinction in WWII. They continued the legacy of the medical practitioners who, from their involvement in WWI, guided the advances in health care in the 1920s and 1930s, and in surgery the establishment of RACS. Donald McGavin led a distinguished life making a major contribution to the practice of surgery and military medicine in New Zealand and was one of the "Big Five" who represented this country at the launch of RACS in 1927. The NZMJ records (1921) that "He was the first medical Knight in the history of this Dominion".

Donald McGavin was born on 19 August 1876 at Chatham, Kent, his father a draper. He was educated at King Edward Grammar School, Birmingham, and University of Birmingham. He then joined the London Hospital and qualified MB (1900) with a gold medal in Medicine and Obstetrics, and MD (1901), studying also for a time in Heidelberg, Germany.

He began his military interest by serving as a civilian surgeon in the Boer War as did his future colleagues in WWI Hugh Acland and David Wylie. He then came to New Zealand to practise in rural Hawke's Bay, registering as a medical practitioner in April 1903, and marrying Mary Chapple in Wellington later that year. He gained his FRCS(Eng) in 1904 and returned to Wellington to commence his practice in surgery. He soon became a leading surgeon in Wellington, and consultant surgeon to the public hospital.

At the outbreak of war in 1914, he was deployed on active service as CO of No. 1 New Zealand Stationary Hospital, in Port Said, receiving casualties from Gallipoli. The hospital was then deployed to Salonika on the Marquette which was torpedoed in the Gulf of Salonika with the tragic loss of nursing and medical personnel. Fortunately, for the future of surgery in New Zealand, McGavin, Acland and Wylie survived. When the NZEF transferred to the Western Front in 1916, apart from one brigade which remained in Palestine, the hospital followed the division and was based in Amiens behind the Somme front..

McGavin became assistant director of medical services for the New Zealand Division in 1916 and served in that position to the end of the war. He was mentioned in dispatches four times and in 1917 was awarded a DSO for his crucial role in the successful evacuation of the wounded during the heavy offensive at Messines in June. He went forward to encourage the stretcher bearers and to superintend casualty removal. McGavin recognised the importance of early surgical treatment and proposed the establishment of a surgical team to operate within 8 miles of the front. This team, led by Acland, formed a Casualty Clearing Station. McGavin was with the New Zealanders just before the Armistice when they took the medieval walled town of Le Quesnoy by escalade. He received a CMG in 1918.

On return to New Zealand in 1919 McGavin was appointed DGMS and was knighted in 1921. Before his retirement from military service in 1924 he was promoted to the rank of Major General. He resumed his practice as a consultant surgeon and was highly respected, with a vigorous outstanding personality and full of energy. As a leader he became closely involved with the formation of RACS. He served on the New Zealand Committee for many years and was the secretary for 20 years. Sir Gordon Bell noted "Sir Donald's incisive and decisive mind, his business-like qualities, and his forcible exposition of New Zealand's place in the partnership with Australia, all played a notable part in setting their new venture on a sound basis in its difficult and formative period".

His popularity and his administrative ability brought him many medical and public burdens. He served on several Royal Commissions, as a member of the Parole Board, board member and Chairman of the Dominion, Chairman of the Wellington division of the BMA, and on the Medical Council. He was Surgeon in Chief of St John Ambulance and Commander of St John in 1945. To cap it all off he was appointed medical representative on the Council of Defence before WWII, and during the war was on the medical advisory committee to the Minister of Defence. McGavin was a member of the Wellington Club and held the positions of President and Trustee.

In the 1930s the only approach for examiners for the Primary Fellowship exam in Dunedin was across the inhospitable Tasman Sea in the old Monowai. The Trans-Tasman service was only to Wellington or Auckland and from Wellington the examiners would then catch the interisland ferry to Christchurch, then the train to Dunedin; a real adventure for them. On arrival in Wellington was the Wellington Club and the company of McGavin – "laughter and the love of friends". (BMJ Obituary 1960) That was the same Primary I sat in 1968 with examiners from Australia!

Donald McGavin was about to travel to England to visit his son, a surgeon in Leicester, and his three grandsons, but died aged 83yrs in his home in Oriental Bay after attending a concert with friends. Lady McGavin died several years before him in 1955.

Thank you to a man who left us an enduring example and legacy.

New Zealand Surgical Mortality Risk Calculator

Unique New Zealand data has been used in a surgical risk calculator that allows patients to better understand the risks versus the benefits of their operation, taking into account their age, the type of surgery, pre-existing health conditions and ethnicity.

The web-based NZRisk.com, which is available for patients and clinicians, has been developed by specialist anaesthetist Dr Doug Campbell from Auckland City Hospital. It is a pre-operative risk prediction tool which, allowing for pre-existing health conditions, provides an estimate for the risk of death at one month, one and two years following non-cardiac surgery.

NZRisk, is based on two whole years of surgery in New Zealand involving 360,000 patients.

A New Zealand-based risk calculator means we are able to make more accurate, better-informed decisions as to the mortality risk of surgery for New Zealand patients.

The web-based calculator is freely available to anyone with a computer or smartphone by going to NZRisk.com.

The research into the calculator has been funded by Precision Driven Health (PDH), a multi-million-dollar research partnership aimed at improving health outcomes through data science. It has also been supported by the Perioperative Mortality Review Committee (POMRC), a sub-committee of the Health Quality and Safety Commission.

In 2020....

Subscription fees are payable by 1 January.

Registration for SET selection for 2021 opens on 6 January and closes on 3 February. Full details can be found on the College website.

The final date for submission of 2019 CPD data is 28 February.

Cutting Edge contribution dates are 4 March, 4 June, 4 September and 1 December.

New Zealand National Board meetings will be held on 6 March, 5 June, 21 August and 4 December.

The ASC is in Melbourne over 11-15 May.

A DSTC/DATC/DPNTC course will be held in Auckland 17- 19 August. You can find our more and register on the DSTC website.

Surgery 2020: Reflecting on Practice is in Queenstown on 20 & 21 August.

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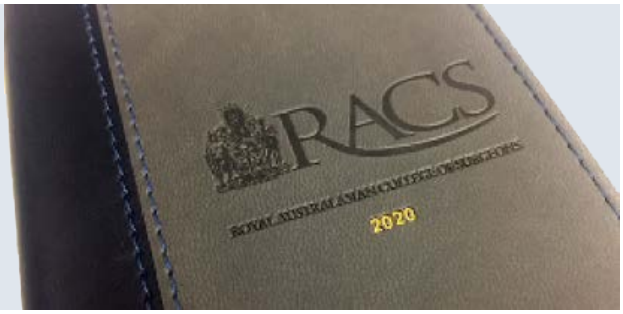


OBITUARIES

WARREN NEIL CRANSTON FRASER FRCSEng FRACS
12 December 1928 - 10 July 2019

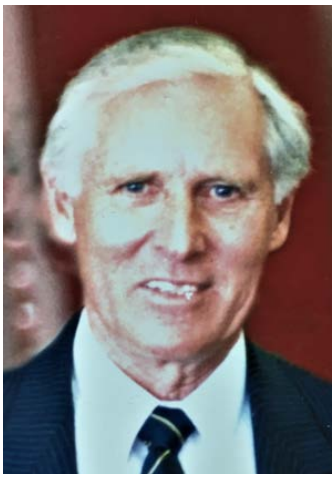
Orthopaedic Surgeon

Warren Fraser passed away in his 91st year after a short illness.

Warren grew up in Auckland, the elder child of Robert Fraser, an engineer, and Clara Thomas. He had a younger sister, Jean. After attending Kohimarama Primary school, Warren moved on to Auckland Grammar School where he became Class Captain and was regarded as an accomplished pianist. During this time, he was introduced to skiing and this became a life-long passion. Very capable academically, he topped his class and gained a university scholarship. As Robert had continued in the large and successful engineering company established by his father, Warren was strongly encouraged to continue in the family business. However, from a relatively early age he had determined he wished to follow a medical pathway.

After completing two years at Auckland University, Warren gained entry to Otago Medical School and moved to Dunedin. During his fifth year, while completing his obstetrics attachment at Queen Mary Hospital, Warren met Valarie Batts, a budding Karitane nurse, and a friendship was soon established. Completing his MB ChB in 1954, he worked as a house surgeon in Auckland and Hawera and then spent two years as a surgical registrar at Middlemore Hospital in Auckland. Warren and Valarie married in 1956. Advised there would be a consultant position in orthopaedic surgery on his return, Warren was strongly encouraged to travel to the UK to obtain his fellowship and training. Consequently, in 1958 with Valarie and six week old Louise, he sailed to England serving as ship's doctor. He obtained work at the Marsden Hospital in Chelsea, Barnet General Hospital and then the Royal National Orthopaedic Hospital at Great Ormond Street in London. Completing the Primary Examination in Edinburgh he gained his FRCSEng in 1962. After four and a half years in the UK, Warren was offered a position as a fulltime consultant at Middlemore Hospital and the family, now with two additional children Timothy and Kathryn, returned to New Zealand. The family was subsequently completed with the birth of Amanda.

Warren's work at Middlemore Hospital initially comprised general orthopedics and trauma, evolving over the years to an increased interest in hip & knee replacement. In addition to his work at Middlemore he was also consultant surgeon at Thames Hospital, the Wilson Home and the Mangere Psychopaedic Hospital dealing with Cerebral Palsy. This particular contribution was recognised in the form of a special award from the Crippled Children's Society. After five years full-time commitment to Middlemore Hospital he began part time private practice operating at private hospitals Brightside, Rawhiti (where he was on the Trust Board), The Adventist and for 35 years at Mater (now Mercy) Hospital. He obtained his FRACS in 1970.



Warren was a skilled surgeon who loved operating – he said he never had a day when he did not enjoy going to work. Busy in private practice, he also thoroughly enjoyed his work at Middlemore Hospital.

Warren had a very full life outside of the profession. A keen sailor he built a number of small boats, winning the small yacht section at the Auckland Boat Show several times. He maintained his love of the mountains and skiing, participating into his 80's and passing his passion to all of his family, who followed with enthusiasm. In retirement he took up golf and travelled extensively. Warren was a positive and energetic man who loved life and lived it to the full. He had a very large circle of friends as a result of his considerable spheres of interest.

Warren was a great family man and derived much pleasure from his large family. He is survived by Val, his wife of 63 years, four children, Louise (lawyer), Timothy (chemical engineer), Kathryn (marketing) and Amanda (home science), twelve grandchildren and five great grandchildren

Mr Peter Robertson FRACS, Valarie and Tim Fraser assisted in the preparation of this obituary.

JOHN BAKER BOULTON FRCSEng FRACS
7 November 1945 - 29 April 2019

Urologist

John Boulton was born in Taihape, central North Island, the third son of Edward Clive Boulton and Mary Patricia Reade, the family farming in the King Country south of Te Kuiti. He had two older brothers, David and Philip. In 1947 the family shifted to Palmerston North where John commenced school, finishing at Palmerston North Boys' High School. There he became involved in rugby, hockey and track events. During his school years he joined Cubs to be followed by Boy Scouts where he became a Queen's Scout. Although greatly interested in the outdoors, flora and fauna, he also spent much time reading his Pear's Encyclopaedia, adding to his active and enquiring mind.

Schooling completed, John commenced at Otago University in Dunedin where he gained entry to Medical School. He resided at Selwyn College, contributing significantly to the inter-hostel competition in cross-country running and hockey. He was elected President of the College in 1968 before embarking on his student flatting experiences. During this time, he was a regular participant in athletics as a member of the Otago Athletic Club. Whilst at Medical School, John joined the Otago University Medical Company (OUMC), an Army Territorial Force, thereby fulfilling his obligations under the National Service scheme. Enjoying this activity, which on one occasion included parachuting into the Auckland Harbour, he progressed through the ranks to Captain. When the New Zealand Service Medical Team operating in Vietnam offered three-month rotations to OUMC personnel, John volunteered, was selected and in 1970 spent a month attached to the 1st Australian Field Hospital in Vung Tau before joining the NZ Services Team at Bong Son for the remaining 2 months. Back in New Zealand he served in the 2nd Field Hospital before being posted as the Regimental Medical Officer of 5th Battalion.

Gaining his MB ChB in 1971, John spent two years as house surgeon at the Palmerston North Hospital and remained there as surgical registrar during 1974-75. A retired senior nursing administrator during that era recalled John as being a very approachable, truthful, forthright doctor who was always a good listener. Furthering his surgical career, he travelled to England in 1976, initially residing at London House while attending the Primary FRCS Course. Successfully completing the part one FRCS exam, he was appointed to a post at St Albans Hospital (North London) working with the then President of the Royal College of Surgeons of England. Obtaining the FRCSEng in 1977, John trained in Urology at Bristol. He was appointed as registrar and spent 3 years at Southmead Hospital and Bristol Royal Infirmary Urology Unit, followed by short spells at the Oxford Renal Transplant Unit and the Leeds General Infirmary. Soon after his arrival in England, he met Lissie, a professional musician, and they were married in 1978.

John, with Lissie, returned to New Zealand in 1980 when he was invited to take up a post as Surgical Tutor Specialist at Auckland Hospital. He was soon appointed to a consultant position and in 1982 he completed his FRACS(Urology). A strong believer in the Public Hospital system, John was a compassionate surgeon committed to the patients under his care. He believed in finding the best outcome for the patient, rather than focussing excessively on the medical problem. He enjoyed sharing his skill and experience with others in the urological field. Using his Bristol experiences, he introduced the use of urodynamics to the Auckland urology service. In 1995, with colleagues Jon Cadwallader and Roger Chambers he participated in developing a limited private practice at Urology 161 in Auckland.

Once settled in Auckland John and Lissie had a family of four children - Charles, Katy, Rachel and Samuel. John passed his love of the outdoors to his children and with them enjoyed hiking, skiing and water sports. He pursued his love of forestry by joining Amakiwi, a group of families actively involved in developing a 150 hectare forest in the Waikaretu Valley.

John, caring and gentle, a committed Christian with a timeless smile, retired from his Auckland commitments in 2011 and he and Lissie moved to Katikati to live. There he continued his passion for the outdoors with the purchase of an avocado orchard. Lissie's quote - "he was never happier or more content in life than when he was in the orchard with a chainsaw". He continued in urological practice part-time as a visiting surgeon to Tairawhiti Hospital (Gisborne) until the time of his death. His professional commitment to this hospital and the area has been much appreciated and will be greatly missed.

John is survived by and greatly missed by his wife Lissie, their four children Charles, Katy, Rachel and Sam, four grandchildren, and his brothers, Philip and David.

This obituary was compiled with considerable help from Mr Jon Cadwallader FRACS, Lissie Boulton and other members of the Boulton family.

ROGER McKENZIE CHAMBERS FRACS FRCSEng
29 July 1936 - 7 February 2019

Urologist

Roger (known as "Rog" throughout his life) was born in Auckland to Jack (Ian) Chambers, an accountant, and Betty (nee Buddle). He was the middle of three boys - John older, and James, who died suddenly in infancy, younger. Sadly, their mother died of a ruptured aneurysm shortly after James death. Their father, suddenly solely responsible for two young boys, decided to ease the burden by sending John and Rog to St Anne's School, Takapuna Beach on Auckland's North Shore. In making this arrangement Jack met Isobel Galwey, who was matron at the school, and they married a year later and subsequently had a daughter, Susan. Through Jack's work the family moved to Hamilton and the boys boarded at Huntly School in Marton. Rog next attended Kings College in Auckland, where he was a top scholar winning numerous prizes and culminating in being Dux Proxime in his final year. A School House Prefect he developed a love for the theatre, which he retained throughout his life.

Rog commenced at Otago Medical School in 1954 residing at Selwyn College for the first 2 years. His love of Gilbert and Sullivan, from his time at Kings College, and a desire for the footlights resulted in his inclusion in the Swan Lake ballet during Otago University capping week. During his fourth year Rog took a year out of his medical training to complete a BMed Sci in physiology and he gained his MBChB in1960. Completing his sixth year in Auckland, Rog remained there for his house surgeon experience and then spent two years as a rotating surgical registrar. In Auckland Rog met Estelle Roughton, a newly graduated nurse, at Greenlane Hospital and they married in 1961. Their first child, James, was born two years later.

Following the successful attainment of FRACS in 1965, Rog, Estelle and young James departed for the UK by ship. Rog gained his FRCSEng in 1966 while working in London at the Whittington Hospital, having changed from general surgery to urology under mentor Prof. Neville Stidolph. Stidolph was at that time the Penrose May tutor at the Royal College of Surgeons. Under his guidance Rog developed an interest in reconstructive surgery of the urethra and pelvic trauma. During this time Rog and Estelle welcomed the arrival of their second child, Nikki, an unplanned home birth during a London snowstorm - Rog acting as the obstetrician.

In 1968 Rog accepted a consultant surgical post in Kampala, and the family moved to Uganda. Experiencing the country's outdoors and wild-life, this was a period of great adventure – sometimes excessively so, as on one occasion a baby elephant wandered through the tent they slept in. During his tenure at Mulago Hospital in Kampala, Rog further developed his interest and expertise in the management of urethral strictures and urethral reconstruction. However, it was his generalist surgical skills that were put to the ultimate test, such that his life depended on it. In 1969 Milton Obote, then President of Uganda, had been injured following an assassination attempt. Rog was tasked with ensuring he survived, "supported" by a squad of armed guards lining the walls of the operating room. Thankfully, Obote did survive his surgery and Rog left the operating theatre instructing the guards to watch the ventilator, stating "He is still alive if the bag goes in and out". As political tensions escalated over the next 2 years, Uganda became an increasingly dangerous place to live and work and Rog made the decision to return with his family to New Zealand in 1971. The timing was fortuitous, as not long after their departure, Obote was overthrown by the army and Idi Amin took power.

Following his return to New Zealand Rog obtained a position as a consultant urologist at Auckland City and National Women's Hospitals. In 1972 daughter Steff was born and the family was complete. Rog was known to be a natural teacher, mentor, and demonstrator of the art of good clinical judgement. With these attributes he was greatly respected by all residents. A master of endoscopic surgery, Rog was able to make the difficult appear easy. He acquired an international reputation for his expertise in managing major pelvic urethral trauma, with urethral reconstruction, and the evolution of the buccal graft urethroplasty. He also initiated the early surgeries of gender reassignment in NZ.

Towards the end of his career, Rog committed as a business partner and colleague to the establishment of Urology 161, a private urology consulting and day-stay theatre complex centred on a beautiful old villa with a mature garden. Rog contributed significantly to urological surgery in the Pacific, performing surgery in Fiji, Samoa and Tonga. This work in unfamiliar settings, with limited technology was not for the faint- hearted. Rog, however coped and succeeded, but often commented in retrospect 'how?'.

Rog was a very personable man with a wonderful sense of humour and mischief. While he willingly gave everyone the benefit of his time and expertise, he was very much a devoted family man who enjoyed gardening and voyages with family members in the yacht, Tacet. His family commitment was exemplified in 1992 by his donation of his left kidney to his son, James, who was in renal failure. He then cared for his wife Estelle who died in 1995 of bowel cancer. Three years later he re-married – to Judith McEwen and regained a new passion for life. Sadly, he had to support and care for Judith, who died of leukaemia in 2018. Sustaining a myocardial infarction at her funeral, Rog literally died of a broken heart just nine months later.

Roger McKenzie Chambers a good man, husband, father, stepfather, brother, mate, colleague and mentor to so many is greatly missed by James, Nikki, Steff, and Joanne, his ten grandchildren, brother, John, and sister, Susan. "He has left a large footprint, which will be very hard to fill." "Rest in peace Rog, your job is done."

This obituary was prepared with the assistance of Mr Jon Cadwallader FRACS, Nikki Chambers and Sue Maasland.

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

NZ National Board,
PO Box 7451,
Wellington 6242,
New Zealand

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Tollfree (NZ only) 0800 787 469 / 0800 SURGNZ
Phone: +64 (4) 385 8247 Fax: +64 (4) 385 8873
Email: College.NZ@surgeons.org

NZ Manager
Justine Peterson
Justine.Peterson@surgeons.org

Executive Director of Surgical Affairs – NZ
Richard Lander
Richard.Lander@surgeons.org

Accountant
Raji Divekar
Raji.Divekar@surgeons.org

Committees & Projects
Isobel McIntyre
Isobel.Mcintyre@surgeons.org

Executive Assistant (NZ Manager & EDSA)
Gloria Aumaivao-Tasi
Gloria.Aumaivao-Tasi@surgeons.org

General Administration/Reception
Andrea Lobo
College.NZ@surgeons.org

IMGs(NZ) and Training
Celia Stanyon
Celia.Stanyon@surgeons.org

Māori Health Project Officer
Chelsea Jacobs-Prescott
Chelsea.Jacobs-Prescott@surgeons.org

Policy & Communications Officer
Philippa Lagan
Philippa.Lagan@surgeons.org

Skills Training
Jaime Winter
Jaime.Winter@surgeons.org