



Nicola Hill
(Chair)

FROM THE CHAIR

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Junior Doctors – Our Future Colleagues

The vulnerable position of some of our Resident Medical Officers (RMOs, often called 'junior doctors' in Australia) has been highlighted by recent media reports in Australia and the ongoing contract negotiations in New Zealand.

In a recent blog post, a non-training registrar wrote of her personal experiences at Sydney's Bankstown-Lidcombe Hospital (the location has been widely publicised in mainstream media). This story was picked up by the media and widely covered in Australia. Dr Kadota described extensive on-call commitments, limited senior support and lack of action by the department. The treatment described by this junior doctor has been condemned by health authorities in Australia and investigated by the institution, but only after the story featured in the media.

Could this scenario happen in New Zealand? I think it may be a lot less likely given our strong RMO unions and workplace health and safety laws. Nevertheless, we still need to recognise how vulnerable our RMOs can be. For those hoping to pursue a career in surgery, there is often a feeling of pressure to obtain good references in order to gain admission into surgical training. This stress can make this sector of the workforce vulnerable to exploitation in terms of workload, and reluctant to report bullying, discrimination and sexual harassment.

I am concerned over recent third-party reports that non-training RMOs are being encouraged to join particular unions, with the implied threat that their future training may depend on this. RACS does not collect information on union membership and does not use this kind of information in selection. I am sure all Fellows are aware

that New Zealand law preserves the right for people to belong (or not belong) to a union and the Human Rights Act 1993 makes discrimination on this basis illegal. Discrimination includes limiting access to training. I have encouraged anyone with concerns to contact the RACS confidential complaints service, or to speak to their Chief Medical Officers.

Dr Kadota's story demonstrates some of the pressure on non-training RMOs. Unfortunately, there is still a perception that surgery and the RACS has an 'old boys' network'. This stereotype does not reflect the background or experiences of many of us working in surgery today. RACS is actively working to eliminate this stereotype, with moves to increase diversity in surgery and the use of clear and consistent criteria for entry into surgical training. As Fellows, we are the College, and it is through our everyday actions that RACS is perceived and judged. We need to decide whether we will be positive or negative role models for our future colleagues.



Tribute to Canterbury Surgeons and their Teams

New Zealand is mourning the loss of the 50 victims of the shootings at two Christchurch mosques on Friday 15 March. While most of us could only watch in horror as the terrifying event unfolded, surgeons and many others at Christchurch Hospital worked tirelessly throughout the weekend to save the lives of the shooter's victims.

Twelve operating theatres were active and the massive amount of emergency work completed was unprecedented, especially with penetrating trauma which we have not seen before in New Zealand.

On behalf of the RACS NZ Trauma Committee, I want to pay tribute to and acknowledge the excellent work of the surgeons, their teams and the many others involved

at Christchurch Hospital. All surgical specialties including general surgery, vascular, cardiothoracic, paediatric and orthopaedic teams worked relentlessly on the day and beyond to save the critically injured. Their expertise, surgical skills and professionalism have made the College very proud.

I'd like to specifically acknowledge Mr Greg Robertson FRACS, Chief of Surgery for his leadership, Mr Chris Wakeman FRACS, Trauma Committee member, and Mr James McKay FRACS for co-ordinating and triaging the critically injured.

This tragic event highlights the importance of continual trauma education and training.

Mr Li Hsee FRACS
Chair, NZ Trauma Committee



RACS Māori Motif Lapel Pin

The Māori motif was created for RACS in 2017 and is now available to Fellows and Trainees and to International Medical Graduates undertaking their CPD through RACS, as a lapel pin.

The small (25mm x 15mm) pin (pictured) is one more way to make Te Ao Māori – the Māori World – present and visible in College activities and culture as we seek to address health inequity and the under-representation of Māori in surgery.

If you would like to be sent a lapel pin, please email college.nz@surgeons.org or call 0800 787 469. While there is no cost for these, if you wished to make a small donation to the Māori Health Program through the Foundation for Surgery (www.surgeons.org/donations) it would be appreciated.

Articles, Items of Interest, Letters to the Editor

RACS NZ has appointed a new Policy and Communications officer, Philippa Lagan, who replaces Calum Barrett.

Now that this role has been filled please contact us if you have any ideas for stories for Surgical News or Cutting Edge.

Whether it's a new initiative that's started in your workplace or field of work, an achievement that you think is noteworthy, a colleague of yours who would be worthy of a profile story, or a letter to the Editor, please get in touch.

Email college.nz@surgeons.org or call us on 0800 787 469.

SURGERY 2019: BACK TO THE SUTURE!

THURSDAY 15 & FRIDAY 16 AUGUST 2019

TE PAPA, WELLINGTON

Surgery 2019 returns to Te Papa with an enlivening and varied programme designed to be pertinent to all surgeons regardless of their surgical specialty, age and whether their practice is public or private. We will hear from senior health officials on the future of surgery and surgical funding and expectations around consent. An interactive session on ethical dilemmas, and speakers from various medical disciplines will promote an informative and stimulating mix of discussions.

View the provisional programme and register now

Speakers include

Dr Ashley Bloomfield is the Director-General of Health in New Zealand.

Ashley graduated from Auckland University with a Bachelor of Medicine and Bachelor of Surgery in 1990 and after several years of clinical work he specialised in public health medicine. Ashley was partnerships adviser, Non-Communicable Diseases and Mental Health at the World Health Organization, Geneva in 2010-11. From 2012-15 he was director of service, integration and development and general manager population health at Capital & Coast, Hutt and Wairarapa District Health Boards. Prior to commencing as Director-General of Health in May 2018, Ashley was Chief Executive at the Hutt Valley DHB, the first clinician to be appointed to that position.

Ashley will speak about the future of surgery and surgical funding in New Zealand.

Mr Anthony Hill is New Zealand's Health and Disability Commissioner. He began his term in July 2010, after six years as a Deputy Director-General of Health. During that time, he had oversight of the funding and performance of the DHBs, and a range of health crown entities including PHARMAC, the NZ Blood Service, and the Health and Disability Commission (HDC).

Anthony has in-depth experience of the health and disability sectors and began his 15-year tenure with the Ministry of Health as Chief Legal Advisor. He has practised law in both the private and public sectors and holds Bachelor Degrees in Law and Commerce from the University of Canterbury and a Master of Laws from the University of Virginia.

At Surgery 2019 Anthony will speak about the HDC's expectations of surgeons around consent.

Dr Tammy Pegg is a consultant cardiologist at the Nelson-Marlborough DHB.

She graduated with Honours from the University of Leeds in 2000. After house officer jobs, Tammy undertook basic medical training at the University of Manchester Hospitals and gained membership to the Royal College of Physicians in 2003. In 2004 Tammy commenced advanced training in Cardiology in the Wessex Deanery. In 2005 she commenced a PhD in cardiac surgery at the University of Oxford, working with one of the UK's leading cardiothoracic surgeons. Her work involved improving surgical techniques in patients with heart failure and cardiac magnetic resonance imaging for the assessment of heart function and injury. In 2008 she was awarded her PhD and has been widely published in peer-reviewed cardiology journals.

Tammy will speak about dilemmas when treating the frail, elderly patient.

Dr Bernard (Bud) Alpert Plastic Surgeon from San Francisco, California

Mr David Dunbar Medical Council NZ Registrar

Dr Zarko Kamenica Head of Advisory Services, MPS

Dr Clive Low Cardiologist from Christchurch

SURGERY 2019: BACK TO THE SUTURE!

15-16 August 2019, Te Papa, Wellington

SAVE THE DATE

SURGERY 2019: BACK TO THE SUTURE!

Also Featuring College Fellows

Mr Andrew Connolly General Surgeon and Head of Department, General & Vascular Surgery at Middlemore Hospital.

Dr Nicola Hill Otolaryngology Head and Neck Surgeon from Nelson and Chair of RACS NZ National Board.

Mr Heath Lash Orthopaedic Surgeon from Christchurch.

Mr Richard Perry a General Surgeon from Christchurch and Vice President elect of RACS Council.

Dr Maxine Ronald General Surgeon from Whangarei and an elected member of RACS Council.

Mr Nigel Willis Orthopaedic Surgeon from Wellington and RACS NZ Censor.

Mr PJ Faumui Otolaryngology Head and Neck Surgeon from Whanganui.

Dr Christine Lai Breast, Endocrine and General Surgeon from Adelaide and an elected member of RACS Council.

Mr Rod Maxwell Orthopaedic Surgeon from Christchurch.

Dr Margy Pohl Orthopaedic Surgeon from Whangarei.

Mr Rob Sheen Plastic and Reconstructive Surgeon from Ballarat.

Dr Rita Yang Plastic and Reconstructive Surgeon from Auckland.

Associated Workshops

SURGICAL PIONEERS

In the afternoon of Wednesday 14 August 2019, Wellington

Convener **Bill Sugrue** says that 'now that the Centennial of the Great War is behind us, although the pioneers who served will not be forgotten, we move on to highlight some of the many other notable New Zealand surgical pioneers'.

Bill is conscious of the fact that surgeons have to take care of their own history and he would be pleased to hear from anyone who is interested in presenting at Surgical Pioneers in future. Contact Bill on 022 034 2118 or RACS at: College.NZ@surgeons.org.

Presentations include

- The development of modern Neurosurgery and its early practice in New Zealand – Edward Mee.
- Carrick Robertson, a truly great pioneer and one of the founders of this College – Jonathan Koea, a past recipient of the Carrick Robertson Scholarship.

- Bob Elliott, son of Sir James, brother of Kennedy and Sir Randal, served with distinction in WWII, wrote the history of Ear, Nose and Throat in Stout's War Surgery and Medicine then practiced in Wellington. Jeremy Hornibrook, who had a personal association with Elliott, will present.
- In Surgical Pioneer presentations, focusing on WWI, it was apparent the huge contribution of Florence Nightingale to nursing, but also in other areas: eg statistics, epidemiology, hence her inclusion in this year's programme. Bill Sugrue will present.
- We honour the memory of our first female surgeon, Jean Sandel MBChB 1939, New Zealand's first female FRCS in 1947. She was a wonderful role model who encouraged others. Her memory is well perpetuated in New Plymouth where she was a General Surgeon. Bill Gilkison, a New Plymouth surgeon will present a tribute.

SURGERY 2019: BACK TO THE SUTURE!

15-16 August 2019, Te Papa, Wellington

SAVE THE DATE

SURGERY 2019: BACK TO THE SUTURE!

ROYAL AUSTRALASIAN
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ACADEMY
OF SURGICAL
EDUCATORS
Royal Australasian
College of Surgeons

Supporting surgeons as leaders in defining quality surgical practice

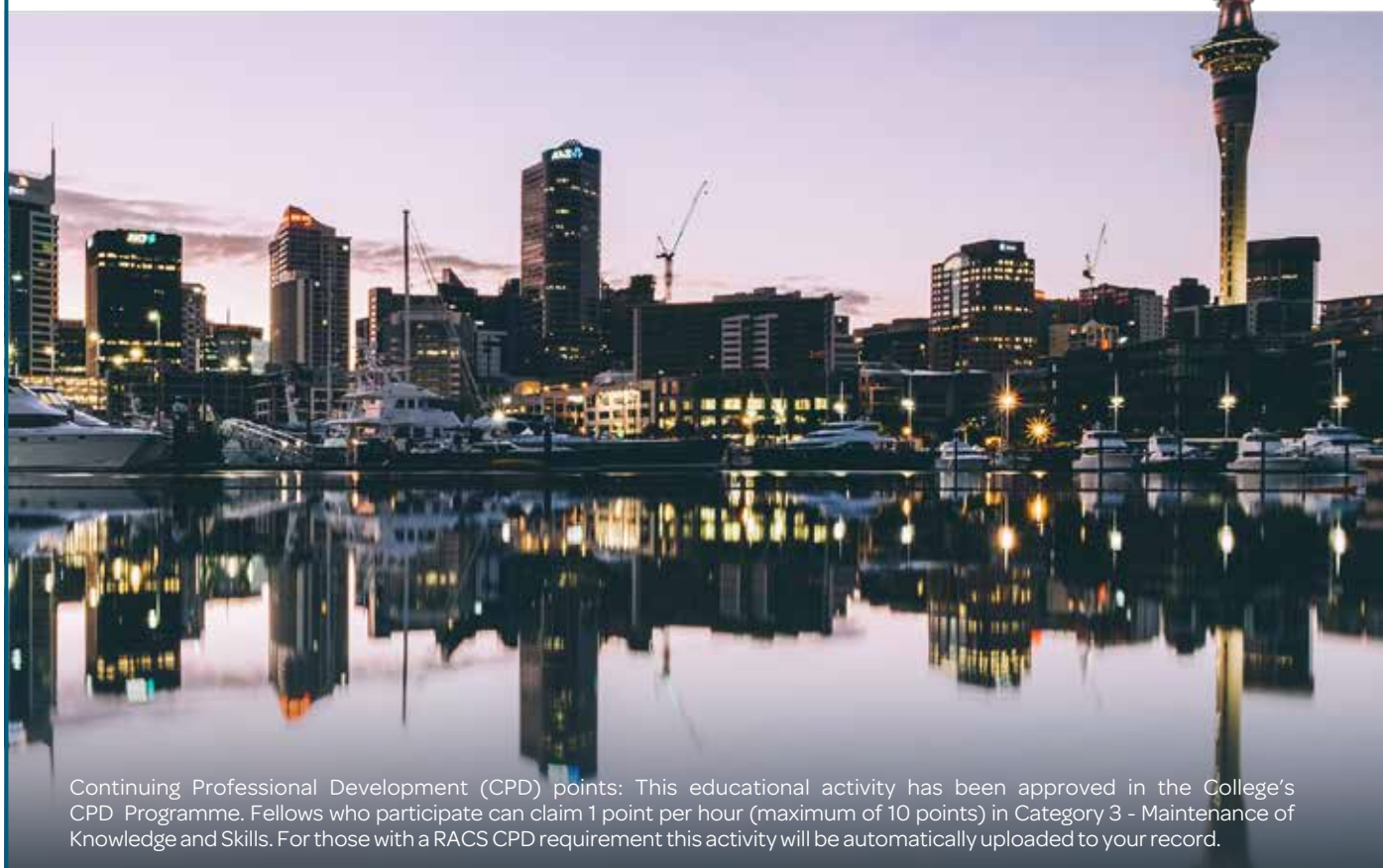
The aim of the RACS 'Surgeons as Leaders' course is to help surgeons understand the specific leadership skills required to perform at the highest standards within the context of their daily surgical practice. The course was very well attended in Australia and the first New Zealand session in September 2018 received very positive feedback. Two sessions are on offer in New Zealand during March and August 2019.

Auckland

- Day 1:** Friday 29 March 2019,
4–9pm
- Day 2:** Saturday 30 March 2019,
8.30am–4.30pm
- Presenters**
- Dr Nicola Hill
 - Dr Sally Langley
 - Dr Sarah Rennie

Wellington

- Friday 16 August 2019,
4–9pm
- Saturday 17 August 2019
8.30am–4.30pm
- Prof Spencer Beasley
 - Dr Sally Langley
 - Dr Sarah Rennie



Continuing Professional Development (CPD) points: This educational activity has been approved in the College's CPD Programme. Fellows who participate can claim 1 point per hour (maximum of 10 points) in Category 3 - Maintenance of Knowledge and Skills. For those with a RACS CPD requirement this activity will be automatically uploaded to your record.

To register, visit <http://bit.ly/SurgeonsAsLeaders>

For more information on the course please contact Amanda Christie, Amanda.Christie@surgeons.org

ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS



Richard Lander
EDSA (NZ)

EDSA CORNER

Doctor's Personalities, Stress and Burnout

The practice of medicine is rapidly changing and causing significant stress for doctors. This is particularly true for practising surgeons. Examples of these stressors include: the loss of autonomy associated with hospital-based practice, the restrictions on practice associated with managed care, the ongoing escalation of complaints, and the maintenance of competency in a rapidly changing specialty. These stressors can interact with pre-existing psychological characteristics typical of surgeons to pose certain occupational hazards. As an example, society's expectation of perfection in surgical practice can become the surgeon's personal poison where he or she is haunted by failures. Surgeons are trained to never make mistakes but when they occur the surgeon may be tormented by his or her own perfectionism resulting in self-incrimination, lack of acceptance and forgiveness, and even self-loathing. The compulsiveness, self-doubt, guilt, and exaggerated sense of responsibility add additional stress to an already difficult situation. The characteristics of the truly exceptional surgeon which include conscientiousness, ingenuity, self-sacrifice, and delayed gratification are difficult to maintain in the face of an increasingly demanding environment.

Unfortunately, perfectionism is maladaptive. The "perfect" surgeon is unable to differentiate the wish to excel from the desire to be perfect. Numerous authors have demonstrated that perfectionism is the vulnerability factor for depression, anxiety, burnout and suicide. The perfectionist often suffers from numerous cognitive distortions: that others value us only for our perfectionism; that the better we do the better we are expected to do; and that, if we lose the "edge" we will lose the support of our colleagues. The consequences of this perfectionism include the following: satisfaction with achievements is often short-lived; there is a sense of fraudulence when recognised with an award; and the drive isn't linked to desire for pleasure but rather to gain relief from the tormented psyche.

Perfectionism is one of the major precursors for burnout because it is often accompanied by an exaggerated sense of responsibility that leads to self-doubt and guilt which then leads to rigidity, stubbornness, and inability to delegate leading to devotion and identification with work to the exclusion of relationships and self-care. Perfectionism is also one of the predisposing factors for suicide because fear of failure provokes the need for omnipotence (we are personally responsible for everything that happens to our patients). Perfectionism is one of the strongest precursors for burnout.

Burnout is characterised by:

1. Overwhelming physical and emotional exhaustion
2. Feelings of cynicism and detachment from the job
3. A sense of ineffectiveness and lack of accomplishment
4. Over identification with work to the exclusion of other activities
5. Irritability and hypervigilance

This then leads to sleep problems, social withdrawal, poor judgement, professional and personal boundary violations, further perfectionism and rigidity, interpersonal conflicts, numbness and detachment, and difficulty in concentrating.

There are strategies that are known to be preventative for burnout. Ask yourself if the following statements are true for you:

1. I find meaning in my work
2. I protect time away from work with my spouse/partner family and friends
3. I focus on what is most important to me in life
4. I try to take a positive outlook on things
5. I take vacations
6. I participate in recreation/hobbies/exercise
7. I talk with family, significant other, or friends about how I am feeling
8. I have developed an approach/philosophy to dealing with patients' suffering and death
9. I incorporate a life philosophy stressing balance in my personal and professional life
10. I look forward to retirement
11. I discuss stressful aspects of work with colleagues
12. I nurture the religious/spiritual aspects of myself
13. I am involved in non-patient care activities (e.g., research, education, administration)
14. I engage in contemplative practices or other mindfulness activities such as meditation, or narrative medicine
15. I engage in reflective writing or other journaling techniques

Adapted from Kearney MK. Self-Care of Physicians Caring for Patients at the End Of Life. JAMA. 2009;301:1155-1164 and the American College of Surgeons document on "Being Well and Staying Competent: Challenges for the Surgeon" 2012

Access to Counselling Services

Fellows, Trainees, International Medical Graduates (IMGs) and members of their household or immediate family have access to confidential counselling for any personal or work-related issues through Converge International. Provision of services covers New Zealand and Australia and can be in person, on the phone or via Skype. RACS will cover the costs of up to four sessions per calendar year to this arms-length service. Contact Converge via phone: 0800 666 367 in New Zealand or 1300 687 327 in Australia.



Premier *Joint Academic* Meetings 2019

RACS Head Office, Melbourne
Thursday 7 & Friday 8 November

Day One:

Professional Development Workshop for
Academic Surgeons

Day Two:

Conference for Fellows, Trainees and Medical
Students to present their original surgical research

To register

E: academic.surgery@surgeons.org

T: +61 8 8219 0900



Sean Galvin

Younger Fellows Website:

<http://www.surgeons.org/member-services/interest-groups-sections/younger-fellows/>

YOUNGER FELLOWS

As always, the start of 2019 has been a busy time for planning Younger Fellows activities in New Zealand and Australia.

The RACS Younger Fellows Committee is active in piloting and establishing a Younger Fellows mentoring programme. The programme aims to match new Fellows with more established Fellows and to provide support for the transition from Trainee to becoming a practising surgeon. Whilst there has been interest from mentees there was a shortage of interested mentors in the 2018 intake. The 2019 / 2020 recruitment of mentors will be beginning shortly and I encourage interested Fellows to either contact me or make contact via the link at the RACS website (<https://www.surgeons.org/member-services/interest-groups-sections/Younger-Fellows/Younger-Fellows-mentoring-program/>).

As you likely know the 'Pledge a Procedure' campaign in 2018 raised money for Younger Fellows activities. The Younger Fellows Committee was pleased that approximately \$100K was raised and will go into a fund to help develop future Younger Fellows activities. We as a group are very grateful to the support and donations provided by the wider RACS community.

The RACS Younger Fellows Committee plans to develop strategies and resources for easing the transition from Trainee / IMG to Fellow in practice. The Younger Fellows Committee had a workshop on 27 October 2018 to discuss and develop a Younger Fellows strategy which aligns with the RACS governance, values and principles, the RACS proposed pillars of business-critical endeavours and the Fellowship Services Strategic Plan. It is evident from a recent Younger Fellows survey that many new Fellows feel underprepared for the realities of consultant practice. Development and visibility of a stronger Younger Fellows group with good peer to peer support, strong regional representation and advocacy, improved engagement with all Younger Fellows and RACS committees making decisions impacting Younger Fellows, promoting leadership development within the Younger Fellows group and identifying available educational resources for Younger Fellows are seen as key steps in this process.

The Younger Fellows Forum (YFF) will be held in Bangkok, Thailand Friday 3 – Sunday 5 May 2019. The forum is an important opportunity for Younger Fellows to engage and have a voice in the strategic vision of RACS. The 2018 forum in its report to College council raised a number of important issues to Younger Fellows including the role the College has to play in the governance and use of surgeon outcome data, RACS role as a large organisation in promoting environmental sustainability and importantly

RACS role in speaking out against domestic violence in New Zealand and Australia. I am pleased to say that a number of surgeons from New Zealand were nominated for and have accepted positions at the 2019 YFF.

The 2019 ASC, 6 – 10 May will also have an excellent Younger Fellows programme organised by Sarah Usmar and Andrew MacCormick. For those who cannot attend the Younger Fellows Forum I would encourage you to make time to attend the Younger Fellows activities at the ASC.

The date for the 2019 Preparation for Practice has been confirmed. The workshop will be held on Friday 2 August 2019 at the RACS office in Wellington. This is an excellent programme that covers issues important to Younger Fellows transitioning to independent specialist practice. The meeting is aimed at senior RACS Trainees and new Fellows and covers important issues including practice establishment, medicolegal topics, financial practice issues, dealing with private and public employers along with presentations from insurance and funding providers. If you are a recent Fellow or senior Trainee I encourage you to pencil this date into your diary for 2019. Further details with a provisional programme will follow.

Members of NZ Younger Fellows Advisory group are:

Cardiothoracic Surgery and NZ Younger Fellows representative: Sean Galvin
sean.galvin@ccdhub.org.nz

General Surgery: Linus Wu
Linus.Wu@waikatodhb.health.nz

Neurosurgery: Simon John
Simon.John@cdhb.health.nz

Orthopaedic Surgery: Shaneel Deo
shaneel.deo@middlemore.co.nz

Otolaryngology Head & Neck Surgery: Sam Greig
Samuel.Greig@cdhb.health.nz

Paediatric Surgery: John Atkinson
johna@adhb.govt.nz

Plastic & Reconstructive Surgery: Simon Chong
simon.chong@waikatodhb.health.nz

Urology Surgery: Anna Lawrence
annala@adhb.govt.nz

Vascular Surgery: Parminder Chandhok
Parminder.Chandhok@middlemore.co.nz

ACTIVITIES OF THE NEW ZEALAND NATIONAL BOARD

The New Zealand National Board (NZNB), its representatives and the NZ National Office promote high standards of surgical practice and 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.

Planning for the years ahead

NZNB members have begun work on a revised strategic plan for the Board, enabling it to set clear and realistic goals for the next three years and focus sharply on its priorities. At a special session before the March NZNB meeting, members identified five priority areas: engagement and communication; how and where New Zealand fits within RACS; workforce planning; Māori and Pasifika health; and leadership and cultural change. Updates on the revised Plan will be reported in Cutting Edge.

Upcoming submissions

The NZNB is currently considering submissions on the following consultations:

Ministry of Health (the Ministry) – Therapeutic Products Regulatory Scheme: This consultation is on a draft Therapeutic Products Bill to replace our current Medicines Act (1981). The Bill would establish a new regulatory scheme for all therapeutic products used in public and private health care in New Zealand across their lifespan. This will include devices and cell and tissue products, which are not covered in the Medicines Act.

Minister of Health – NZ Health and Disability System Review: The focus of this Review is to “make recommendations for changes which will improve the equity of outcomes”. Within this, the Review Panel is considering how our health system could respond to the technological, demographic, workforce and other challenges that will confront it over the coming years.

PHARMAC – Managing publicly funded medical devices purchased by DHBs for use in hospitals and in the community: PHARMAC is proposing changes it considers will enable it to work with DHBs, suppliers and others “to deliver fairer access to publicly funded medical devices”.

Reducing Surgical Site Infection risk

Dr Sally Roberts, the National Clinical Lead for the Health Quality and Safety Commission's Infection Prevention and Control Programme, and Gary Tonkin, the Commission's Senior Portfolio Manager for the Programme, met with the NZNB to give an update on their Surgical Site Infection (SSI) Improvement Programme for cardiac and orthopaedic surgery. The data gathered shows the Programme has achieved a significant reduction in the orthopaedic SSI rate and promising signs for the cardiac SSI rate.

Minister of Health's priorities

The Minister of Health addressed a recent meeting of the Council of Medical Colleges (CMC). Nicola Hill, NZNB Chair, represents RACS at CMC. Minister Clark reiterated his priorities which include health equity, improved mental health and addiction services, affordable housing and the development of a national asset management plan, including the creation of a national register of all the DHB buildings in critical need of upgrade or replacement. He spoke of an increased focus on the affordability of primary health care and on the importance of workforce planning for the health sector.

Health Workforce New Zealand (HWNZ)

HWNZ has undergone considerable change in recent months. There is an Interim Health Workforce Advisory Committee in place, chaired by Mr Ray Lind. This replaces the previous HWNZ Board that was chaired by Prof. Des Gorman. The Terms of Reference of the Ministerial committee are being revised to reflect a stronger strategic governance role, with the Ministry leading the delivery of health workforce strategy, planning, analysis and forecasting, and commissioning. The NZNB and all specialties will undoubtedly want to develop links with the new structures to ensure issues associated with the surgical workforce are heard.

Mr Lind also spoke to all Colleges at the CMC meeting, outlining the governance arrangements for, and priorities of, the newly established Health Workforce Directorate within the Ministry.

Medical Council of New Zealand (MCNZ)

Mr Andrew Connolly MNZM FRACS has completed his time on the MCNZ. His open and forthright insistence on high standards of patient care and professional behaviour plus his focus on health equity has benefitted all medical branches during his leadership of the MCNZ. The new Chair, Dr Curtis Walker, has indicated he will continue with those priorities and he has already made contact with each College.

Registries

Andrew MacCormick, Nicola Hill and RACS staff met recently with the Ministry's Chief Medical Officer, Andrew Simpson, for a further discussion around the Ministry's involvement in registries. Many groups have approached the Ministry for financial support, but direct funding seems unlikely. However, there may be other ways the Ministry can support these, such as assistance with the set-up processes. and discussions with DHBs and other health providers. Andrew will continue to represent RACS' interests in this area to the Ministry.

Correction to December Cutting Edge NZNB article – ACC & unintended consequences. The recent court decision around the definition of 'ordinary consequences', as it relates to treatment injury was in the High Court, not the Court of Appeal.



Bryce Jackson
RACSTA Representative on NZ National Board

RACS TRAINEES ASSOCIATION UPDATE

In 2019 I have taken over the role of New Zealand Surgical Trainee Representative to RACSTA and the RACS NZ Board. My predecessor, Heath Lash, worked tirelessly as an advocate for surgical Trainees and we wish him well in the next phase of his career. Currently, I am a SET 3 Plastic & Reconstructive Surgery registrar in Auckland. I am married, with a young family, and look forward to the challenges of this new role.

In February of this year, a blog post by a non-training PRS resident, based in Australia, brought attention from both mainstream and social media to our field, albeit, for the wrong reasons. The experiences and work conditions she described, paint a picture that I hope is not repeated.

It is timely to remind junior doctors in New Zealand that we have well-resourced organisations to advocate on our behalf: The Resident Doctors Union (RDA) and Specialty Trainees of New Zealand (SToNZ). Our two RMO unions differ on several things, though both exist to improve work and training conditions for junior doctors and in effect,

improve patient care. I strongly encourage junior doctors to consider obtaining membership.

RACS itself has been proactive in addressing inappropriate behaviour and unsafe working conditions in recent times. Work and research is ongoing into safer working hours while the Operating With Respect e-module and face to face course has been completed by many in our field. The RACS website has detailed guides on complaint processes, dedicated email addresses and toll-free numbers for those wishing to seek assistance with discrimination, bullying and sexual harassment.

The narrative should also prompt reflection on each of our parts: are our junior colleagues supported in their training journeys regardless of a successful application? Are their work conditions safe? Do we make efforts to improve both pre-vocational training and SET for those that follow? While we each strive for excellence in our own practice, we also need to consider enhancing the experiences of others for the system to continually improve, both for patients and the workforce alike.

Queen's New Year Honours 2019

Congratulations to New Zealand Fellows recognised in the New Years Honours.

Officer of the New Zealand Order of Merit (ONZM)

Dr Dianne Margaret Elliott (Dianne Sharp), of Auckland. For services to Ophthalmology.

Dr Dianne Sharp is an Ophthalmologist who founded Macular Degeneration New Zealand (MDNZ) in 2009 to raise awareness and advocate for those with macular degeneration.

As Chairperson from 2009 to 2017, Dr Sharp developed the organisation from a small group of volunteers into an effective non-governmental agency delivering services to more than 7,000 people throughout New Zealand. In 1991 she established, and has directed, the Ophthalmic Electrodiagnostic unit in Greenlane Eye Clinic for the diagnosis of patients with retinal or visual pathway disorders. She helped establish New Zealand Retinitis Pigmentosa Society in 1988, a patient support group now known as Retina New Zealand. She played a key role in the implementation of a multidisciplinary patient rehabilitation service within the Auckland District Health Board, which developed a Low Vision Aid service for the region. Between 1988 and 2018 she has been a representative on the Scientific and Medical Advisory Board for Retina International, Oceania Retina Association and on an Australasian Medical Advisory Board. Dr Sharp has been principal investigator for international trials on the treatment

and management of vision-threatening complications of diabetes and age-related macular degeneration.

Professor Adrianus Marie Van Rij, of Dunedin. For services to health, particularly vascular surgery.

Professor Andre Van Rij has been a consultant surgeon in vascular and general surgery at Dunedin Public Hospital for 37 years and was Clinical leader of Surgery for 22 years.

Professor Van Rij has been the Ralph Barnett Professor of Surgery at the Dunedin School of Medicine of Otago University for 32 years. He played a key role in establishing gastric bypass surgery for obesity within the public healthcare system in Dunedin and was the sole surgeon providing this service for the South Island for a number of years. He helped establish and direct the Otago Clinical Audit research group in 1986, which continues to conduct research and provide audit software to surgeons throughout Australasia. He established and is director of the Otago Vascular Diagnostics research unit. He has been recognised as a leader internationally for his work on the diseases of blood vessels particularly on varicose veins and abdominal aortic aneurysms. He has presented at numerous international vascular surgical conferences. He has held leadership roles with the Royal Australasian College of Surgeons and has been the Chancellor of the Australasian College of Phlebology since 2013. Professor Van Rij helped to establish the Servants Health Centre and remains the founding director. The Centre provides free health care to those who cannot afford it and are often marginalised from seeking health services.

Member of the New Zealand Order of Merit (MNZM)

Associate Professor Andrew Brian Connolly, of Auckland. For services to health.

Associate Professor Andrew Connolly was appointed as Middlemore Hospital's first specialist colorectal surgeon in 1997 and was sole colorectal surgeon there until 2002.

Associate Professor Connolly became Head of Department of General and Vascular Surgery in 2003 and remains in this position. Under his leadership the Department has been regarded as one of the best in New Zealand and has consistently met or exceeded Ministry of Health targets for productivity. He has grown the Department from eight surgeons to 19 and has mentored many of the surgeons

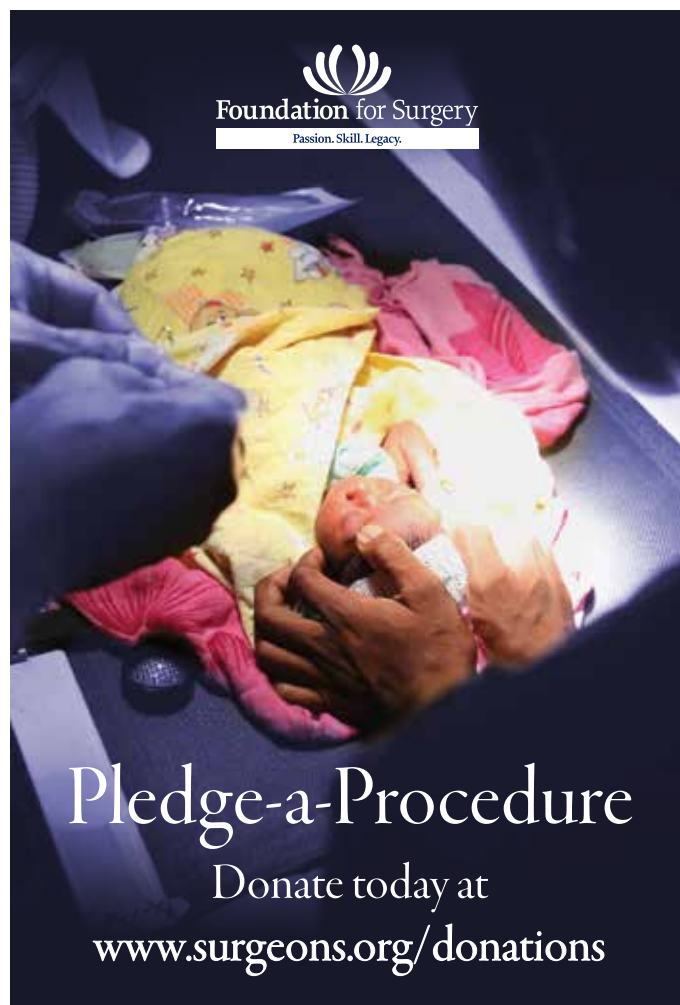
into national and international leadership positions. He was appointed to the Medical Council of New Zealand in 2009 and was elected Chairman consecutively from 2014 to 2018. He has led major changes and improvements in Resident doctor education, recertification for doctors, and has been a member of the Ministerial Task Group on Clinical Leadership. He has served on various national committees, including chairing the Ministerial Review of the Impact of The Elective Waiting Times Policy. He is an Honorary Associate Professor at the University of Auckland and has published more than 35 scientific papers. Outside of medicine he is a New Zealand military historian focusing on First World War medical history. Associate Professor Connolly has delivered ANZAC Day talks at Middlemore Hospital and further afield.

Recently Claire Nicoll from the NZAGS was in Rippon, Yorkshire and in the Rippon Workhouse Museum she saw the following:

Royal College of Surgeons requirements

1858 Royal College of Surgeons requirements for their Diploma/Membership:

- 1 21 years of age
- 2 Having four years professional knowledge
- 3 Studied practical pharmacy during six months
- 4 Studied anatomy and physiology by lectures, demonstrations and dissection during three winter sessions
- 5 Attended two winter sessions' lectures on principles and practices of surgery
- 6 One summer session lectures on material medica, midwifery and also have practical midwifery
- 7 One course of lectures on physic (medicines) and one on chemistry
- 8 Attended at recognised hospitals for practice of physic (one winter and one summer)
- 9 Three winter and two summer sessions practice of surgery at recognised hospitals
- 10 Attended clinical lectures on medicine and surgery.



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Please read the Policy and the Important General Conditions before applying to ensure eligibility. To apply please go to www.surgeons.org/scholarships and download the application form. For more information, contact scholarships@surgeons.org.



SURGICAL PIONEERS

Percival Clennell Fenwick

(1870 – 1958) CMG, MD, FRCS Ed

SURGEON, RADIATION ONCOLOGIST AND INNOVATOR

Stu Gowland FRACS

For clinicians born in the late 1800's, maybe three of four generations before most of those reading this, it was a very different world. Training

was by loose apprenticeship and strictly ad hoc.

Careers were punctuated by wars, the need to travel to find work and the potential for illness.

Percival Fenwick worked his way through all of this. He was born in Cavendish Square London in 1870 the youngest of seven siblings to a Doctor Samuel Fenwick and his wife Amelia. Four were boys who all did medicine. He had a good start with his medical training in 1887 attending University College Hospital and gaining his London MB in 1894. He continued clinical training at St. Bartholemews and St Thomas'. He was elected FRCS Ed in 1900.

Late in 1895 the young Fenwick embarked for New Zealand and secured a resident job at Christchurch Hospital becoming a consultant surgeon the following year. From here he took a roulette of jobs in different places over the next 10 years. Finishing back at Christchurch in 1906 he had married Nona Wright, a nurse, and there was the happy birth of a son and daughter. He was now an honorary consultant surgeon and stayed in this position, getting the NZ MD in 1906.

The clouds of war on an international scale were rolling in and in 1914 Fenwick, with many others, joined a New Zealand expeditionary force, first to Egypt and then the Gallipoli Peninsula. The plan was to get to Istanbul (Constantinople) and the Bosphorus enabling the resupply of Russia (then a friend). It was decided to use Colonial troops (ANZACs), by climbing over the hills at the base of the Gallipoli Peninsula, the high point initial target being Chunuk Bair. The ANZACs were brought to the assault area by ship (24 April 1915) and offloaded in strings of barges towed in groups by a small 'picket' boat. The Australians had got to what became Anzac Cove first and were already trying to climb the steep hills under intense fire from the Turks above. Fenwick was in the lead barge and on struggling ashore under the weight of his gear would not have believed the carnage that confronted him on the beach riddled with dead and dying soldiers accompanied by the incessant whistling of sniper bullets all around.

The conditions were atrocious while, over the next weeks, four separate attempts were made to gain high ground and secure Chunuk Bair. It was only held for 2 days but then failed with a lot of loss of life.

A 10 hour armistice was agreed with the Turks for 24 May 1915. This was more horrific than the initial arrival at the beach. Fenwick estimated there were 2,000 bodies at that stage. There were many acts of heroism by the troops who

found themselves in this invidious situation.

The failed campaigns became a waiting game with a hoped for extraction which eventually occurred luckily without more deaths. Fenwick became ill with fever and delirium due to paratyphoid which was not uncommon. He was invalided out on 15 June, against his wishes, and eventually recovered, he spent the rest of the war in the UK as Commander serially of the two hospitals, set aside for New Zealanders, at Codford and Brockenhurst.

Fenwick returned to Christchurch in 1920 to the position of consultant surgeon and following his original interest in ionizing radiation was keen to develop this. He secured a position on the Hospital Board and started agitating for a radium department locally. To his credit Fenwick secured a tenuous agreement that a small amount of space could be set aside for a radium department, if he attended a six-month course with Professor Lazarus Barlow at the Middlesex Hospital, London – at his own expense.

Fenwick returned after the six months full of enthusiasm and with new ideas. Barlow was retiring and suggested his lead technician, Charles Hines, also went to New Zealand. Fenwick brought to Christchurch a new way of delivering ionizing radiation via an electrically powered vacuum tube called a 'deep therapy' unit, developed at the Middlesex Hospital. Deeper than the influence of radium but still superficial enough to be safe. More space was set aside, and the radium department became the Department of Radium and Deep Therapy. Treatment was limited to superficial cancers and was delivered by either Radium or the Deep Therapy unit. Rodent ulcer was by far the most dominant treatment.

The next initiative was to ensure radiation safety involving radiation dose measurement and planning. Before the bigger machine arrived, there would be in place medical physicists and a regulator, the National Radiation Laboratory. Fenwick's prediction that eventually deep tumours would be treatable was not to become a reality until the late 1950s with the appearance of the Cobalt and Linear Accelerator machines.

In those early days radiotherapists, together with communities, put much energy into hospital resources via their continued sourcing of funds, for which we should be grateful.

I would like to thank Philippa Horne, grand-daughter of Fenwick and Dr Chris Atkinson (a previous head of the department and radiotherapy and current consultant) who both provided material originally used in a Surgical Pioneers presentation to the RACS. Chris is also a grandson of Charles Hines who took a punt all those years ago, to come from the Middlesex Hospital and join a Radiotherapist and energetic innovator, Percy Clennell Fenwick.

International Woman's Day

On Friday 8 March RACS NZ celebrated International Woman's Day (IWD) by hosting a breakfast in the Wellington office. Local GPs, anaesthetists and Fellows braved the elements and joined some NZ National Board (NZNB) members and RACS NZ staff for the event. Nicola Hill, Chair of the NZNB, spoke at the breakfast, saying that IWD was a great opportunity to reflect on the wonderful support that women colleagues had given her throughout her working life. The NZ breakfast was the first of a range of IWD celebratory events at all RACS offices.



1. Left to right: Nicola Hill, Rose Dodd, Alex Popadich
2. Left to right: Liz Dennett, Andrew MacCormick
3. Left to right: Marie Bismark, Philippa Mercer
4. Left to right: Michelle Balm, Marie Bismark, Nicola Hill
5. Left to right: Amanda D'Souza, Sarah Rennie, Spencer Beasley, Richard Lander, Shelia Hart

Introducing... your NZ Trauma Committee

RACS' NZ Trauma Committee exists to fulfil part of the College's responsibility to contribute towards reducing the frequency of death and severity of disability resulting from injury. The main goal of the committee is to minimise the burden of injury on individuals and society, through injury prevention activities and promoting optimal trauma care.

The committee's activities are based on a tradition of research, the application of fact to a defined problem and inter-disciplinary organisation.

The NZ Trauma Committee has 13 members from around the country. They meet twice a year, once face to face in March and via teleconference in September. In between these meetings committee members and RACS staff carry out the committee's advocacy plan – a programme of work to influence decision makers and achieve changes and improvements in key areas of concern. As well as having the unique 'frontline' experience of caring for and treating trauma victims, the committee has access to a range of valuable data and research to inform decision and policy making.

Improving road safety, reducing harm caused by alcohol and reducing harm from quad bikes are some of the objectives of the committee's advocacy plan. Given New Zealand's increasing rate of deaths on our roads, our binge drinking culture and the fact that quad bikes continue to be the largest cause of death and serious injury on farms, the NZ Trauma Committee has its work cut out for it.

The committee strongly supports the government's

decision, in response to the recent horrendous mass shootings at two mosques in Christchurch, to strengthen New Zealand's gun laws.

The Chair of the committee, Mr Li Hsee, wrote to the Prime Minister to inform her of RACS' support and to outline the kinds of changes the committee wanted to see.

These include a ban on all semi-automatic firearms, compulsory education and training, and registration of all firearms, not just licensing of gun owners.

At its March meeting, the committee received a presentation, from Isaac Carlsson, the Accident Compensation Corporation's (ACC) Head of Injury Prevention on ACC's injury prevention strategy.

ACC receives about two million claims each year, at a cost of about \$3 billion. Since 2014 its injury prevention strategy has focused on preventing injuries in seven settings that represent 85% of injury costs to ACC: sport, falls, community, work, road, violence and treatment injury.

Mr Carlsson told the committee that ACC had always focused strongly on specific injuries and settings, but it was now broadening its approach to focus on people at greater risk of injury, and targeting the underlying indirect risk factors for injuries such as risk taking behaviour.

This will see ACC play a more deliberate role collaborating across government on issues such as preventing family and sexual violence, alcohol related harm and child & youth wellbeing.



NZ Trauma Committee members after their March meeting at RACS NZ, left to right: Mike Shepherd, ED paediatrician, Starship Hospital, Erana Sitterle, Senior Policy Advisor, Automobile Association, Rose Duckett, consultant anaesthetist, Auckland City Hospital, Renate Donovan, Trauma Coordinator, CCDHB, Chris Wakeman, colorectal surgeon, Christchurch Public Hospital, Li Hsee (chair), trauma surgeon, Auckland City Hospital, Mike Hogan, general

practitioner, Dargaville, Isobel McIntyre, RACS, Mark Friedrichsen, Emergency Medicine Specialist, Auckland City Hospital.

Members absent from the photo are: Alison Drewry, Senior Medical Adviser, ACC, James Hamill, paediatric surgeon, Starship Hospital, Reuben Johnson, neurosurgeon, Wellington Hospital, Peter McKennie, Manager Operations, Police Rounding Support, James Moore, intensivist, Wellington Hospital.



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We encourage letters to the Editor and any other contributions

Please email these to:
college.nz@surgeons.org

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