



**Nicola Hill  
(Chair)**

## FROM THE CHAIR

### Future Directions

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**I**n March, the New Zealand National Board (NZNB) held a strategy planning workshop, with elected members, specialty society representatives, community and co-opted members attending. Under the guidance of Allan Panting, we identified priorities for the NZNB for the next five years. Along with overall RACS strategy and policy, the NZNB Strategic Plan guides our responses to national and College issues, and provides a focus for NZNB activities. It highlights the issues we feel are important for New Zealand surgeons and New Zealanders. The document informs the direction for the NZNB and New Zealand office staff. The current plan is still in draft form, but will soon be on the New Zealand page at [surgeons.org](http://surgeons.org). The plan includes objectives, actions, and broad indicators of what success would look like for the objectives. Many of the goals link and reinforce each other.

There are six key areas within the Strategic Plan. The first of these is 'Workforce', with the goal of 'Ensuring New Zealand's surgical workforce meets the current and future needs of New Zealand's population'. Specific objectives are to improve recruitment and retention rates of locally trained surgeons, reduce provincial hospitals' reliance on overseas trained surgeons to fill vacancies, and to achieve greater balance between generalism and subspecialisation, with the overall goal of improving access to care in New Zealand. Some of the ways we plan to do this are developing position papers on the benefits and means of retaining New Zealand Trainees and the benefits of nationally consistent Clinical Priority Assessment Criteria (CPAC). We plan to engage with Health Workforce NZ, District

Health Boards, politicians and the public to raise awareness of these issues. We hope to show the value of our generalists and raise the profile of surgeons who work across the breadth of their vocational scope. We are aware of concerns around the numbers of New Zealanders selected for binational training programmes and plan to continue discussion of this issue.

The next section is 'Connections'. We want to improve the Board's communications and engagement with Fellows, Trainees and International Medical Graduates (IMGs), specialist societies, and the New Zealand health community and strengthen its advocacy on surgical health issues. We would like to improve the level and quality of communications and engagement. We plan to do this by reviewing existing channels, surveying users and developing a communications plan. The NZNB already engages extensively with health agencies and other Colleges, and we intend to develop a stakeholder engagement plan to give a clearer, sharper and coordinated focus to our activities and achieve positive outcomes.

'New Zealand within RACS' and how we might enhance New Zealand's bi-national status within RACS is the next focus. We plan to initiate debate through a range of channels about the role of New Zealand as a partner nation in the College (rather than an Australian State or Territory) and the implications for the name of the College and some of the structures. We want to introduce consistency of use of the Māori motif and name in College branding.

The fourth goal of the Strategic Plan is about Māori health and achieving equitable health outcomes for Māori. We have a strong

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Māori Health Action Plan to align activities with. Objectives for this goal are strengthening advocacy for equitable health outcomes for Māori, increasing numbers of Māori in the health workforce, continued research and audit activities to address Māori surgical health issues and improve outcomes, and strengthening cultural competence of Fellows, Trainees and IMGs to improve health outcomes for Māori.

A new focus area is Pasifika health – strengthening relationships within NZ and supporting surgery in the Pacific. We would like closer collaboration between RACS NZ and Pasifika education and health organisations, with the aim of increasing numbers of Pasifika in the health workforce, by supporting Pasifika students into medicine and identifying barriers for Pasifika medical students and doctors. The NZNB has a strong relationship with the Pacific Island Surgeons Association, providing secretarial support and assistance with the biannual conference. We plan to develop a Memorandum of Understanding in terms of providing assistance with governance and continuing professional development, to make sure this relationship is formalised even if personnel change.

The final theme is 'Respect' - leading a culture of respect and valuing diversity within the profession and the health workforce. We want to foster awareness among RACS NZ Fellows, Trainees, IMG's and staff of diversity and inclusion and what it means for their workplaces and relationships. As part of this, we will ensure that diversity and inclusion issues are given priority in RACS NZ's operational, policy and planning processes. We want to promote a strong culture of respect among NZ Fellows, Trainees, IMGs and staff and will continue current initiatives, in particular the recommendations from the Expert Advisory Group on Bullying, Discrimination and Sexual Harassment, to build a culture of respect.

The Strategic Plan gives us an explicit and positive focus for activities over the next few years. It is not quite finalised and I would welcome feedback so that it truly reflects the needs of the New Zealand surgical community. Please don't hesitate to talk to me or other members of the New Zealand National Board.

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## Gordon Gordon-Taylor Prize to Dr Rennie Qin

**T**he Gordon Gordon-Taylor prize, a bronze medal and certificate, is awarded to the candidate who gains the highest marks in each of the Generic Surgical Sciences Examinations. Dr Rennie Qin, from Auckland, was awarded the prize for the February 2019 examination.

Dr Qin attended the June NZ National Board meeting to be presented with the prize by the Chair, Nicola Hill.



Left to right, Nicola Hill and Rennie Qin

# SURGERY 2019: BACK TO THE SUTURE!

**THURSDAY 15 & FRIDAY 16 AUGUST 2019**  
**TE PAPA, WELLINGTON**

Te Papa, on Wellington's waterfront, is where you need to be on August 15-16, for *Surgery 2019: Back to the Suture!*, RACS New Zealand Annual Scientific Meeting. A great line-up of speakers, engaging and interactive panel discussions, opportunities for personal and professional reflection, and collegial catch ups, make this an unmissable event

[View the provisional programme and register now](#)

## Topics of interest include

### The Future of Surgery

Join in some crystal ball gazing as we contemplate the face and challenges of surgery in years to come. What we do know is that the use of Artificial Intelligence, 3D printing, surgical robots and new imaging methods will increase and continue to change the delivery of surgical care.

'What we don't want to know' will be revealed by Dr Bernard (Bud) Alpert, a practising Plastic and Reconstructive Surgeon in San Francisco, California. Dr Alpert was one of the first civilian doctors to serve in Baghdad during the Iraq war. While doing a lot of operating - often with general and orthopaedic surgeons on all types of reconstructive procedures - and assessing medical needs, Dr Alpert also spearheaded efforts to rebuild Iraq's health care system and reintegrate Iraqi medicine with the rest of the world. Through training, financial help and doctor-to-doctor conversation, Dr Alpert worked to reforge in Iraq the ties that bind the medical community around the globe.

While the future is full of possibilities, finding the way to pay for them will always be a significant factor. Dr Ashley Bloomfield, Director-General of Health, will explore the future of surgical funding from a public sector health perspective.

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### State of the Art Management of Venous Thromboembolism

Dr Clive Low, a cardiologist with special expertise in coronary angiography, angioplasty and stenting, heart rhythm disturbances, hypertension, heart failure and preventative cardiology, will tell you everything you want to know about anticoagulation and Deep Vein Thrombosis. Fellow Cantabrian, orthopaedic surgeon Rod Maxwell will provide the current orthopaedic perspective on VTE.

Health Quality Safety Commission representatives will lead a discussion on safe surgery and perioperative mortality.

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### Professional Dilemmas

Whether it's trying to ensure a satisfactory informed consent process for an anxious and distressed patient who needs to make decisions with serious health and personal consequences or having to respond to patients' or family members' requests for surgical intervention that you know will be futile, every day surgeons are confronted with professional and ethical challenges.

Wellington GP and Medical Protection Society consultant, Tim Cookson, will draw you into an interactive session on ethical dilemmas in surgery, while Dr Tammy Pegg, a consultant cardiologist at Nelson Marlborough Health, will reflect on the particular conundrums that often need to be worked through with frail elderly patients.

Mr Andrew Connolly, Head of Department, General and Vascular Surgery at Middlemore Hospital and former Medical Council Chair, will give insight and food for thought about a professional dilemma that every one of us will face at some stage: when to retire.

**SURGERY 2019: BACK TO THE SUTURE!**  
**15-16 August 2019, Te Papa, Wellington**

# SURGERY 2019: BACK TO THE SUTURE!

## Featuring College Fellows

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

**Mr PJ Faumuina** Otolaryngology Head and Neck Surgeon from Whanganui.

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

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

**Mr Heath Lash** Orthopaedic Surgeon from Christchurch.

**Mr Rod Maxwell** Orthopaedic Surgeon from Christchurch.

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

**Dr Margy Pohl** Orthopaedic Surgeon from Whangarei.

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

**Mr Rob Sheen** Plastic and Reconstructive Surgeon from Ballarat.

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

**Dr Rita Yang** Plastic and Reconstructive Surgeon from Auckland.

# SURGERY 2019: BACK TO THE SUTURE!

15-16 August 2019, Te Papa, Wellington

ROYAL AUSTRALASIAN  
COLLEGE OF SURGEONS



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.

### Wellington

#### Day 1:

Friday 16 August 2019,  
4-9pm

#### Day 2:

Saturday 17 August 2019  
8.30am-4.30pm

#### Presenters

- Dr Nicola Hill
- Dr Sally Langley
- Dr Sarah Rennie
- Prof Spencer Beasley
- Dr Sally Langley
- Dr Sarah Rennie

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

For more information on the course please contact Amanda Christie, [Amanda.Christie@surgeons.org](mailto:Amanda.Christie@surgeons.org)

ROYAL AUSTRALASIAN  
COLLEGE OF SURGEONS

*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 11 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.*



# Surgical Pioneers

Wednesday 14 August 2019, 1pm – 6.15pm

Nicholson Room, Copthorne Hotel, 100 Oriental Parade, Oriental Bay, Wellington

## Surgical Pioneers is on Wednesday 14 August, the day before Surgery 2019: Back to the Suture!

NZ remains a rich trove of unrecorded history and in the 8th session we are again discovering who were the pioneers and documenting them in our history of surgery. In the last 4 years we have devoted much to the centennial of WWI and the influence of Florence Nightingale pervades the stories told. This session opens on her and the huge contributions she made beyond nursing. Jean Sandel competed with Eric Nanson to be the brightest in her year at medical school, was the 1st NZ female FRCS and practised as a surgeon in New Plymouth. Bill Gilkison will tell her story.

Edward Mee, with a keen interest in history, will discuss early Neurosurgery in New Zealand.

Jonathan Koea will present on Sir Carrick Robertson an Auckland surgeon with a special interest in thyroid and possibly a pioneer in neurosurgery.

Jeremy Hornibrook will talk to his interest in Wellington surgeon Bob Elliott and on ENT surgery in WWII.

The final talk is presented by Subhasch Shetty on the thyroid and the history of thyroid surgery, a subject for which he is an author for a surgical textbook.

### PROGRAMME

**Registration from 12.30pm.**

**Session 1: 1pm - 2.30pm - Chair: Nicola Hill**

**Welcome**

**Florence Nightingale – More Than a Nurse - Bill Sugrue**

**Jean Sandel – New Zealand's First Female FRCS - Bill Gilkison**

**Afternoon Tea 2.30 - 3pm**

**Session 2: 3pm - 4.30pm - Chair: Stephen Packer**

**Early Neurosurgery in New Zealand - Edward Mee**

**Sir Carrick Robertson - Jonathan Koea**

**Break 4.30 – 4.45pm**

**Session 3: 4.45pm - 6.15pm - Chair: Randall Morton**

**Bob Elliott & ENT in WWII - Jeremy Hornibrook**

**The History of Thyroid Surgery - Subhasch Shetty**

An informal dinner will be held in the evening – all are welcome.

**Registration Fee - \$80 Register at [www.tinyurl.com/NZSurgery2019](http://www.tinyurl.com/NZSurgery2019)**

If you have an interest in medical history or are interested in presenting at future Surgical Pioneer sessions, contact Bill Sugrue on 022 034 2118.



Richard Lander  
EDSA (NZ)

## EDSA CORNER

# Firearms Related Harm in New Zealand and Legislative Changes

**M**arch 15, 2019 was a tipping point for the introduction of additional stringent firearms legislation in New Zealand. The mosque shootings in Christchurch provided the impetus and opportunity for the government to consider making the community safer from gun violence. The College took the opportunity to reinforce to the government the physical and emotional toll that firearms related harm has on our community by presenting a submission to the parliamentary select committee. James McKay and I gave an oral submission to support the College's written submission.

I recounted my experience in Christmas 1976, when I was working as a junior doctor in the department of surgery, Harare hospital, Zimbabwe. In one day, I had the task of triaging and helping to care for 24 patients admitted with high velocity gunshot wounds. I still remember the names of the injured, I remember their faces and the horrific injuries many of them suffered. All but one were innocent civilians shot with military style semi-automatic weapons. I thought, it couldn't happen here in New Zealand, but it did.

RACS sees harm from firearms as a public safety issue and we believed the Bill, along with other measures, would create an environment where innocent people would be safer.

We as surgeons are part of the team caring for people who have been injured by firearms and see firsthand the often-horrendous injuries they suffer and how this affects them and their families.

We fully supported the measures in the Bill that prohibit military style semi-automatics, assault rifles and related accessories, enable owners of prohibited firearms and items to hand these in for a limited time free of the risk of apprehension, provide for some narrow exemptions for legitimate use, and introduce new offences and penalties to support the effect and seriousness of the prohibitions.

However, we believed the Bill needed to go further. We urged the Committee to consider the inclusion of a national register that records all acquisitions, transfers, disposals and thefts of firearms by and from individuals or organisations.

Currently in New Zealand, neither the Police nor any other authority has comprehensive and accurate information about who owns firearms, who is buying firearms, how many they buy or own, what type of firearms they own, where they are being kept and which firearms have been stolen. When Police are called out to domestic violence situations, for example, they have no knowledge of whether there are any, or how many, firearms at the scene. We know there will be a small number of people who will

not register their firearms but that is no excuse for not considering a register.

New Zealand's decision not to register an estimated 94 percent of civilian firearms makes it a stand-out exception, along with the United States and Canada, among all United Nations countries.

We urged the Committee to consider the inclusion of measures to tighten the firearms licence application process to prevent, as much as possible, people from gaining access to firearms to do harm to others or themselves. Such measures should include more thorough and stringent criminal and online activity checks and the ability to access relevant health records.

James spoke to his experience as a General and Trauma Surgeon and Intensive Care Specialist working at Christchurch Hospital on the day of the mass shootings on March 15, referencing his experience of the significant injuries these high velocity weapons caused. James was the on-call General and Trauma Surgeon on that day. His primary role was that of surgical team co-ordination and patient triage. Later into the evening he was also present in an operative role.

Christchurch Hospital received a total of 48 critically injured patients within the space of 1 hour. All had suffered penetrating injuries from high velocity projectile weapons.

Injuries from gunshots from high velocity weapons are extremely high energy and carry with them a significant force and may vary depending on both the type of gun and bullet used. Their primary goal is to kill or, at the very least, injure the victim's tissue as much as possible. Injuries cause grossly contaminated wounds. These wounds mandate aggressive irrigation and wound exploration and debridement of devitalized tissue including a thorough search for foreign material. Multiple re-operations may be necessary to minimise the risk of infection and debride ongoing dead tissue. This dead tissue occurring as a result of a secondary cavitory effect from the initial high energy blast. This tissue injury is worsened when "hollow-point" bullets are used. These are designed to fragment on impact and cause maximal tissue injury. It appears these may have been used on March 15.

The injuries seen on the day were significant and varied. In brief, there were significant chest, lung and major blood vessel injuries. Many patients required emergency life-saving surgery to stop bleeding and multiple procedures were often needed. There were multiple abdominal injuries with injuries to bowel and stomach resulting in significant contamination of body cavities and wounds. This resulted in a high risk of sepsis and delayed infection necessitating multiple operations to drain or washout.

Fractures were associated with open wounds and were frequently comminuted and required external fixation or intramedullary nailing and intravenous antibiotic therapy for up to 72 hours. Nerve injuries were difficult to identify initially, but some patients received injuries to major nerve bundles and in some cases the spinal cord was injured. These injuries may require long and complex surgical reconstructions with nerve and tendon transfers, but in many cases will result in a significant functional disability. Skin wounds with significant tissue loss invariably needed repair and, in some cases required skin grafting and reconstructive surgery to close defects.

These high energy gunshot injuries consign many victims to a lifetime of disability both physically, but also mentally and emotionally. The physical disabilities will be devastating for the patient, their livelihood and their family. Mentally, they will have constant struggles dealing with, and in many instances reliving, the personal and psychological trauma they have experienced. This has been patently evident in a large number of the victims of the March 15 terror attacks.

We recommended, in addition to the legislative measures outlined earlier, the Committee consider some recommendations made by a range of medical and surgical colleges in the United States in 2017 to reduce firearm injury and death. Their recommendations included the provision of unrestricted patient-doctor communication and counselling about firearm safety, provision of adequate government funding for firearm safety research, improve screening for, access to, and quality of mental health services for children and adults.

Lastly, albeit a wider challenge, we believe an incredibly important issue that also needs to be considered by government and media companies is a reduction in gun violence and its glorification in the media, in an attempt to reduce the accepted ubiquitous nature of gun violence amongst portions of society.

I would like to acknowledge all the surgeons, Fellows and non-Fellows, and other health professionals that contributed, and are continuing to contribute, to the care of those injured on March 15 and to the families of those patients.



**Bryce Jackson**  
RACSTA Representative on NZ National Board

## RACS TRAINEES ASSOCIATION UPDATE

**The autumn and winter months in New Zealand generally coincide with fellowship examinations. To the successful candidates I offer congratulations to both you and your families for what is an immense accomplishment. I can't begin to imagine the relief you all must feel and the excitement you hold as you complete training and embark on fellowships and consultancy posts. To the candidates whose journeys are not yet over, strive on. I encourage your junior colleagues to continue their support as we all follow the same path, and as we know, the destination is not always as soon as we may like but does await.**

Prime Minister Jacinda Ardern described 15 March 2019, as "one of our darkest days". One hopes this remains true and future tragedies are avoided. I am heartened by the fact that this darkness failed to claim all hope. The response of our leaders, New Zealanders as a

whole and in particular the staff of Christchurch Hospital shone strongly through the period which followed. To the surgeons, Trainees and other team members please do not forget that a helping hand is easily accessible as you come to terms with the outcomes of that day and those that followed. RACS provides a free 24-hour support line which is confidential and private. Counselling services can be arranged for Fellows, Trainees and IMGs and their immediate families. This service pre-exists the March tragedy and is available for both personal and work-related matters. Please do not hesitate to reach out for assistance in any time of need. Contact details are below.

By all accounts the recent Annual Scientific Congress in Bangkok was a huge success and a strong showing was made by junior registrars from New Zealand with both posters and presentations. Kudos to those who made the long trip to Thailand.

## 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 issued 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 or via email: [eap@convergeintl.com.au](mailto:eap@convergeintl.com.au)





# ACTIVITIES OF THE NEW ZEALAND NATIONAL BOARD

**T**he 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.

## Consultations

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

### Arms Amendment Bill

Prior to the NZNB's written submission supporting this Bill, the NZNB Chair, Nicola Hill, and the NZ Trauma Committee Chair, Li Hsee, corresponded with the Prime Minister and the Minister of Police advocating and supporting swift action following the terrorist attack on two mosques in Christchurch in mid-March. RACS was one of the few organisations invited to give an oral submission to the Select Committee. James McKay (General Surgeon from Christchurch who was on trauma call on the day of the attack) spoke to that Committee of the physical impact of the gunshot wounds received and the ongoing care necessary for the victims and their families; and Richard Lander (Executive Director for Surgical Affairs (NZ)) spoke of this being an issue of public safety. Both stressed the importance of increased control on weapons and ammunition. James McKay's presentation had an obvious impact on Select Committee members and was referred to by the Minister of Police when he reported the Bill back to the House for its final reading.

### Vaping

The Ministry of Health and the Health Promotion Agency asked for support for a consensus statement promoting vaping as a tool to help young people, particularly young Māori women, stop smoking. The NZNB declined the request, noting that there was no research on the effects of vape contents and very limited research on the value of vaping as a smoking cessation tool. It is of interest that there have been several research articles since which have raised concerns about vape contents and the possibility that vaping may lead on to cigarette smoking.

### Proposed Therapeutic Products Bill

New Zealand's Medicines Act is out of date for current medical practice and a new act has been under discussion for some years. The NZNB responded to a recent consultation on the proposed contents and an associated regulatory scheme. It agreed on the extension to cover medical devices, cell and tissue products and radioactive materials; requested greater regulation of natural health products; supported enhanced active and comprehensive post-market monitoring to collect information about the safety and quality of medicines and medical devices once they have been approved; and opposed the continuation

of direct-to-consumer marketing (within OECD countries only NZ and the USA allow this).

### Health workforce strategic priorities

NZNB responded to a Health Workforce request to identify three high level strategic priorities with the following being listed - more effective planning to ensure a surgical workforce fit for New Zealand's population; achieving a better balance between generalism and subspecialisation to meet the future surgical needs of all New Zealanders, particularly those living in provincial areas; and improving Māori representation in New Zealand's health workforce.

### Current and future consultations

The NZNB is currently working on submissions on PHARMAC's proposed system for managing access to public hospital's medical devices; and on MCNZ's revised "Statement on cultural competence and the provision of culturally safe care".

Another Arms Amendment Bill is likely to be released soon and the NZNB will certainly be considering comment on that. It is hoped this will include a firearms registry, recording of sale / transfer of all guns, increased requirements before individuals are approved to hold a gun licence and increased education for gun users.

### Key Stakeholders

Through the Council of Medical Colleges, the NZNB Chair, Nicola Hill, has had the opportunity to listen, and respond to, a number of key individuals in the health sector. Ms Heather Simpson, Chair of the Health and Disability Services Review Panel, spoke of the issues being brought forward to that Review and its progress. Mr Anthony Hill, Health & Disability Commissioner, spoke on the importance of clinical leadership and integrated decision-making (clinicians and management) in the milieu of resource constraint and financial pressure. He also commented that lack of informed consent was an ongoing theme in the complaints seen by his Office. Dr Curtis Walker, the new Chair of the MCNZ, spoke of the priority issues for the regulator and their reflection in the MCNZ's accreditation standards for medical colleges. These included practitioners' cultural competence and their recognition and understanding of the causes of health inequities.

### Other advocacy activities

The profoundly deaf cannot benefit from conventional hearing aids and their inability to communicate in social and work situations often results in social isolation, an inability to care for themselves, poor self-esteem and depression. The impact on the individual flows on to their families / whanau. Each year the number of adults assessed as suitable for cochlear implant is 4 – 5 times higher than the number provided annually by public funding. In support of an approach made by the NZ Society of Otolaryngology Head & Neck Surgery, the NZNB has requested the Minister of Health increase funding to enable more people to benefit



from these. This has not been successful to date but the NZNB has determined to continue its advocacy on this matter.

College representatives have attended several meetings to ensure surgeons views are heard and that we remain informed on current issues. In recent months these have included the Ministry of Health's tongue-tie hui to discuss current and future approaches to the assessment, diagnosis and surgical treatment of tongue-tie in breastfeeding babies; ACC's workshop on reporting treatment injuries; Perioperative Mortality Review Committee's (POMRC) Workshop to review and update forms completed following the death of a patient after surgery or while under the care of a proceduralist or anaesthetist; plus the Ministry's Health and Disability Workforce Strategic Priorities Workshop and also its Health & Disability Services Standards Scoping Workshop.

A recent meeting between ACC and NZNB representatives discussed ACC's pending appeal of the definition of "ordinary consequence of treatment". A relatively recent court decision determined this to be whenever this is more likely than not to occur ie. 50% or more likely. This has considerable impact on what is determined to be a treatment injury (ie. not an ordinary consequence of treatment). The meeting also touched on other ACC projects related to mesh injuries and stroke after non-cardiac and non-neurosurgical surgery.

From media reports it will be apparent that the legal fraternity is also having to address issues of discrimination, bullying and harassment (including sexual harassment). Richard Lander presented at a recent NZ Law Society hui on the RACS initiatives to combat these behaviours.

Finally, Mr Jonathan Koea, Deputy Chair of the NZNB, will complete his nine years as a member of the National Board at the end of June. For the last four years Jonathan has also been the formal link between the NZNB and the Māori Health Advisory Group. At the National Board meeting in early June members acknowledged and thanked Jonathan for his commitment and his work on the Board, especially his assistance in developing the Māori Health Action Plan and in the work undertaken since, directed towards improving health equity for Māori.

**Justine Peterson**  
New Zealand Manager

# New Zealand National Board Members

From 1 July 2019

ELECTED MEMBERS	
Dr Nicola Hill	Chair
Miss Philippa Mercer	Deputy Chair
Mr Andrew MacCormick	Hon Treasurer
Mr David Adams	
Mr Robert Coup	
Mr Gary Duncan	
Mr Jesse Kenton - Smith	
Dr Rachelle Love	
Mr Murali Mahadevan	
Mr Richard Reid	

SPECIALTY REPRESENTATIVES	
Mr Peter Alison	Cardiothoracic Surgery
Mr Julian Speight	General Surgery
Ms Suzanne Jackson	Neurosurgery
Mr Rod Maxwell	Orthopaedic Surgery
Mr Patrick Dawes	Otolaryngology Head & Neck Surgery
Professor Spencer Beasley	Paediatric Surgery
Mr Jonathan Wheeler	Plastic & Reconstructive Surgery
Mr Madhu Koya	Urology
Professor Justin Roake	Vascular Surgery

EX-OFFICIO MEMBERS	
Professor Andrew G Hill	RACS Councillor
Dr Sally Langley	RACS Councillor
Mr Richard Perry	RACS Councillor
Dr Maxine Ronald	RACS Councillor
Mr Garry Wilson	RACS Councillor

CO-OPTED MEMBERS	
Dame Judith Potter	Expert Community Advisor
Mr Nigel Willis	NZ Censor
Dr Bryce Jackson	RACS Trainees Association representative
Professor Sean Galvin	Younger Fellows Representative

# Success In The Fellowship Examinations

Congratulations to New Zealand based Trainees who were successful in the May exams in Wellington and Melbourne.

## GENERAL SURGERY

Dr Jon Barnard  
Dr Angela Bayly  
Dr Lisa Brown  
Dr Michael Jen Jie Chu  
Dr Andrea Cross  
Dr Nicholas Fischer  
Dr Bernadette Goodwin  
Dr Michael O'Grady  
Dr Jevon Puckett  
Dr Nigel Rajaretnam  
Dr Sean Seo  
Dr Maiko Smith  
Dr Megan Thomas  
Dr Gregory Turner  
Dr Delendra Wijayanayaka



## ORTHOPAEDIC SURGERY

Dr Nicholas De Giorgio-Miller  
Dr Alex (Jaejin) Lee  
Dr David Lees  
Dr Carrie Lobb  
Dr Anthony Maher  
Dr Hamish McLaren  
Dr Bradley Stone  
Dr Matthew Street



## OTOLARYNGOLOGY HEAD & NECK SURGERY

Dr Benjamin Chan  
Dr Alice Coombs  
Dr Raymond Kim

## PLASTIC & RECONSTRUCTIVE SURGERY

Dr Fu-Yu Michael Yang

## UROLOGY

Dr George Acland  
Dr Jared White

1. Left to right: Brad Stone, Carrie Lobb, Anthony Maher, Alex Lee, David Lees, Hamish McLaren
2. Left to right: Incoming Chair of the Court of Examiners Chris Pyke with outgoing Chair Phill Carson and family
3. Left to right: Matthew Street and Jon Barnard
4. Left to right: Michael Chu, Lisa Brown, Jevon Puckett
5. Left to right: Michael Chu, Lisa Brown, Andrea Cross, Greg Turner, Megan Thomas, Michael O'Grady, Maiko Smith
6. Left to right: Jon Barnard & family, Angela Bayly & family, Delendra Wijayanayaka & family





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# 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](mailto:academic.surgery@surgeons.org)

T: +61 8 8219 0900





# SURGICAL PIONEERS

## Sir Hugh Acland 'A MAN FOR HIS TIMES' (1874 – 1956)

**Bill Sugrue FRACS**

**S**ir Hugh was born in Christchurch in 1874 and died there in 1956 at age 81. At the time of his death, obituaries and many

biographies recorded his life of service in peace and war. The most succinct of these was from his old school Christ's College and I have used this as a guide and with the sanction of one its respected old boys.

With the passing of Sir Hugh Acland, the College lost one of its most distinguished Old Boys. He was at the College from 1885 to 1893 and was a prefect and a member of the 1stXV. After graduating from Otago University he completed L.R.C.P. in 1898 at St Thomas's Hospital, was awarded prizes including the prestigious Cheselden Medal for surgery and gained FRCS. He served as a civil surgeon in the South African War working alongside eminent surgeons.

Somerset Maugham graduated the year ahead at St Thomas's and in his novel 'Of Human Bondage' there is an excellent description of Lambert area of London. Though dangerous it was incredibly rich in clinical and life experience and an insight to medical training. The nine years in London were formative and laid the foundation of Acland's career. He excelled academically, he grasped his opportunities and made best of them.

Acland returned to Christchurch in 1903 and was appointed an honorary surgeon (without pay) at the Public Hospital until 1929. He was first to confine his practice to surgery.

In 1915, during World War 1, he was on the troopship Marquette which was torpedoed. Working at stationary hospitals in Egypt during the Gallipoli campaign, in Salonika, in France at the Somme, Brockenhurst UK and then Walton-on-Thames he gained a reputation for his skill as a surgeon and his puckish sense of humour. Acland was mentioned in dispatches and awarded the CMG in 1917 and CBE in 1919.

He devoted 13 years of his life completely to military service as senior army officer and a surgeon in World War I & II. Despite his administrative duties as a senior officer in WW1 he performed more than 4000 operations on casualties sent down the line to the Stationary Hospitals.

His support for, and training of, nursing staff and their respect for him was legendary in their written war histories. It is hard to believe but opposition to the nursing profession was still alive. His wife Evelyn was a graduate from the Florence Nightingale St Thomas's School of Nursing and sister in charge of a ward at St Thomas's.

Acland was honorary surgeon to the Governor-General from 1930-35 and was knighted in 1933. He was a member of the North Canterbury Hospital Board for 21 years and a member of the Christchurch City Council for 6 years.

In Dr FO Bennett's history of the Christchurch Hospital,

'Hospital on the Avon' 1962, the author is restrained in praise of medical staff but not so with Acland. Discussing the early surgeons of the 20th century he writes 'the most famous of these from the point of view of a hospital career was Acland. He had wise surgical judgment, was a master of operative technique and having raised the standard of surgery maintained it for many years. His influence was all the greater, due to his personality. As chairman of staff he was invited to attend meetings of the hospital committee and that custom still persists.' Dr Bennett attributes the establishment of tradition of good surgical practice to Acland.

I was a grateful beneficiary of this tradition in the 1970s being groomed, inspired and encouraged by his surgical grandsons so to speak. Reading the histories of other hospitals one soon appreciates how lucky Christchurch was in having an Acland, for relationships between staff and boards in that time were often fractious and at times litigious.

Dame Ngaio Marsh, the crime novelist, was a good friend of Sir Hugh and is buried at Mt Peel Station, which was established by Acland's father and of which Acland was a co-owner. She sought Acland's advice at times on the best ways to murder yet be undetected. It is probable that Sir Hugh, as student or resident, knew one of the suspects of Jack the Ripper and would have known of Conan Doyle as he practised nearby in London.

Bishop Harper and Sir Thomas Dyke Acland, 10th Baronet were his grandfathers, John Acland, practising barrister in the UK then station owner in Canterbury and Member of Legislative Council, was his father. Sir Hugh was the youngest of 11 children and some of his siblings and two of his own children died in infancy.

He was witness to the deaths and suffering of relatives, friends and patients in both wars. His empathy for these soldiers was evident in the cemetery of Holy Innocents Church at Mt Peel Station where he and his wife's graves were marked for many years by simple wooden crosses like soldiers.

These and other setbacks in his life remind us, though he might be privileged by birth he was human and the words of William Blake were as poignant to him as for all:

Man was made for joy and woe;  
And when this we rightly know,  
Thro' the world we safely go.

Acland and his friend Sir Louis Barnett, and four other adopted New Zealanders, became founders of the College of Surgeons of Australasia in 1927. New Zealanders and surgeons were most fortunate that eight good men or more soon after the turn of century were to practise and guide NZ surgery, then later have the vision to found our College.

It has been a pleasure to research Sir Hugh Acland and I hope someday a biography will be written on this remarkable man.

When the call of duty came, he went. Hence the title.

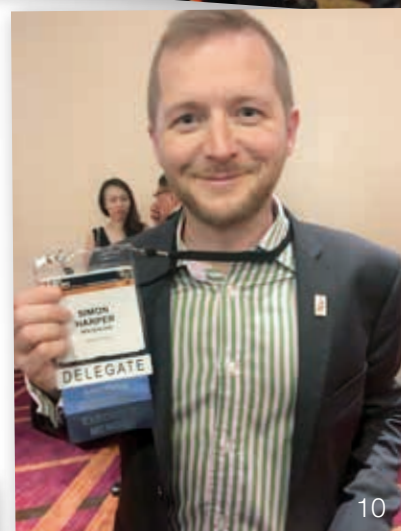
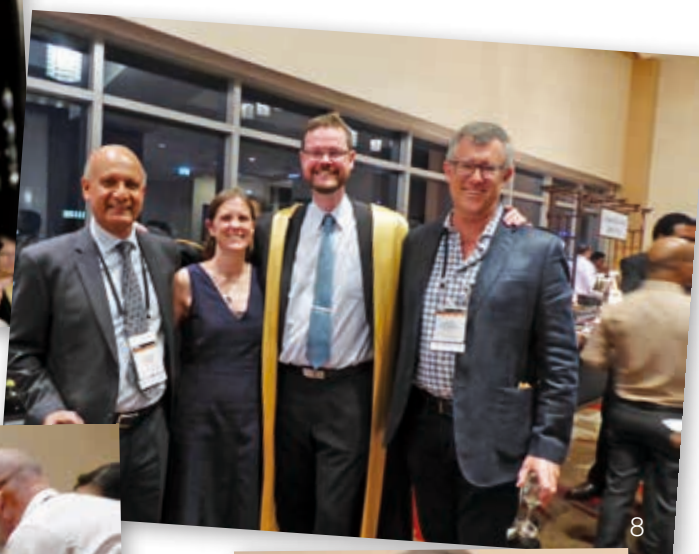


# At the ASC in Bangkok



1. Professor Papaarangi Reid presented with Honorary Fellowship by John Batten
2. Papaarangi Reid and Jonathan Koea
3. Māori Health scholars with Jonathan Koea
4. Sonal Nigra, Eddie McCaig, Ilaitia Delasau, J Emesa, Berlin Kafoa
5. Jill & Gary Duncan – who was presented with the RACS Medal for Services to the College
6. Craig MacKinnon





7. Peter Robertson being presented the ESR Hughes Award, for distinguished contributions to surgery, by John Batten
8. Left to right: Zahoor Ahmad, Anna and Mike Bergin, Scott Stevenson
9. Attending an injured Al Grant (seated centre) are, left to right, Sally Langley, Fiona Smithers, Craig MacKinnon and Nigel Willis
10. Simon Harper
11. Left to right: Gary Duncan, Sally Langley and Jonathan Wheeler
12. Cathy Ferguson
13. Swee Tan

# Skills Training Courses

Places are available in the courses listed below. Visit [www.surgeons.org](http://www.surgeons.org) to find out more and enrol. If you have any queries contact the NZ office - [Jaime.Winter@surgeons.org](mailto:Jaime.Winter@surgeons.org) or 04 385 5696.

## ASSET: Australia and New Zealand Surgical Skills Education and Training

AS248 Wellington 9-10 August  
AS254 Auckland 8-9 November

## CCrISP®: Care of the Critically Ill Surgical Patient:

CC428 Wellington 15-17 August  
CC431 Auckland 5-7 September  
CC434 Dunedin 30 October – 1 November

## EMST: Early Management of Severe Trauma

P1536 Dunedin 23-25 August  
P1543 Auckland 13-15 September  
P1548 Auckland 18-20 October  
P1552 Wellington 8-10 November  
R139 Auckland 29-30 November (Refresher)

# Preparation For Practice

**Friday 2 August 2019, 9am – 4.30pm**

**Royal Australasian College of Surgeons, Level 3, 8 Kent Terrace, Wellington**

This programme covers issues important to Younger Fellows and Senior Trainees transitioning to independent practice. The Provisional programme is:

9am - Introduction	Sean Galvin – <i>Facilitator, Cardiothoracic Surgeon, NZ Younger Fellows Representative</i>
<b>DEVELOPING A BUSINESS STRUCTURE</b>	
Developing a Business Structure	Barry Baker – <i>Partner Business Advisory Services, Grant Thornton</i>
Wealth and Financial Planning	Richard Clark – <i>CEO MedCapital</i>
<b>MORNING TEA</b>	
<b>PRACTICE MANAGEMENT</b>	
Patient Management Systems in Practice	TBC
Affiliated Providers	Aimee Bourke – <i>Southern Cross Healthcare</i>
Developing a Referral Base	Alex Popadich – <i>General Surgeon</i>
<b>ROYAL AUSTRALASIAN COLLEGE OF SURGEONS</b>	
What our College can do for you and you for the College.	Richard Lander – <i>Orthopaedic Surgeon, RACS Executive Director of Surgical Affairs - NZ</i>
Continuing Professional Development	
NZ Younger Fellows Advisory Group	Sean Galvin – <i>NZ Younger Fellows Representative</i>
<b>LUNCH</b>	
<b>PRACTICE OPTIONS</b>	
Academic Practice	Liz Dennett – <i>General Surgeon, Associate Professor, University of Otago, Wellington</i>
Understanding Private Hospitals	TBC
Public Practice and Understanding DHB's	TBC
Locum Work in NZ	Sam Hazledine – <i>Managing Director, MedRecruit</i>
<b>AFTERNOON TEA</b>	
<b>MEDICO-LEGAL</b>	
Handling Complaints	Tim Cookson – <i>Medical Advisor, MPS</i>
What the ASMS can do for SMOs	Lloyd Woods – <i>Senior Industrial Officer, ASMS</i>
Insurance	Tony King – <i>Senior Advisor, MAS</i>
<b>WHAT A GENERAL PRACTITIONER WANTS FROM A SURGEON</b>	
Working With GPs - what you need to do	Phil Shirley – <i>GP Lower Hutt</i>
4.30pm - Close	



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

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**We encourage letters to the Editor and any other contributions**

Please email these to:  
[college.nz@surgeons.org](mailto:college.nz@surgeons.org)

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*VIEWS EXPRESSED BY CONTRIBUTORS ARE NOT NECESSARILY THOSE OF THE COLLEGE*

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### OFFICE

Level 3,  
8 Kent Terrace  
Wellington 6011  
New Zealand

PO Box 7451  
Newtown  
Wellington 6242

### Tollfree (NZ only) 0800 787 469 / 0800 SURGNZ

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

### NZ Manager

Justine Peterson  
[Justine.Peterson@surgeons.org](mailto:Justine.Peterson@surgeons.org)

### Executive Director of Surgical Affairs – NZ

Richard Lander  
[Richard.Lander@surgeons.org](mailto:Richard.Lander@surgeons.org)

### Accountant

Raji Divekar  
[Raji.Divekar@surgeons.org](mailto:Raji.Divekar@surgeons.org)

### Committees & Projects

Isobel McIntyre  
[Isobel.Mcintyre@surgeons.org](mailto:Isobel.Mcintyre@surgeons.org)

### Executive Assistant (NZ Manager & EDSA)

Gloria Aumaivao-Tasi  
[Gloria.Aumaivao-Tasi@surgeons.org](mailto:Gloria.Aumaivao-Tasi@surgeons.org)

### General Administration/Reception

Andrea Lobo  
[College.NZ@surgeons.org](mailto:College.NZ@surgeons.org)

### IMGs(NZ) and Training

Celia Stanyon  
[Celia.Stanyon@surgeons.org](mailto:Celia.Stanyon@surgeons.org)

### Māori Health Project Officer

Chelsea Jacobs-Prescott  
[Chelsea.Jacobs-Prescott@surgeons.org](mailto:Chelsea.Jacobs-Prescott@surgeons.org)

### Policy & Communications Officer

Philippa Lagan  
[Philippa.Lagan@surgeons.org](mailto:Philippa.Lagan@surgeons.org)

### Skills Training

Jaime Winter  
[Jaime.Winter@surgeons.org](mailto:Jaime.Winter@surgeons.org)

