Cutting Edge

Issue No 75 | June 2020

New Zealand National Board

Nicola Hill
(Chair)

FROM THE CHAIR

INSIDE THIS ISSUE

Promoting the positive

As I write this, Aotearoa / New Zealand is moving into Level 1 of the national COVID-19 pandemic response. We have been fortunate that we have been spared the terrifying and heartbreaking scenes that we first witnessed in Italy, then other parts of the world. I am hugely relieved and grateful to live in a country whose government heeded the advice from its health experts and went 'hard and early'. My deepest sympathies are with those families who have lost loved ones.

The halt in elective services provision in New Zealand will likely take at least a year or more to catch up. Although District Health Boards (DHBs) have been given a significant amount of extra funding to meet outstanding need, the challenge will be finding the time, staff and infrastructure to carry out the extra clinics and surgery. Inevitably delays will have serious outcomes for many patients and the impact of this pandemic will ultimately have greater adverse outcomes for those who are already disadvantaged. Māori and Pacific Island peoples already experience significant health inequities in non-pandemic times. Not only will these groups potentially experience inequities in terms of the virus itself, but also due to the secondary impact on non COVID-19 illnesses and disease, as well as disproportionate socioeconomic impacts. Te Tiriti o Waitangi is critical to any framework developed around clinical care affected by resource constraints.

However, the response to COVID-19 has resulted in positive changes. Within my own DHB, for example, there is now access to all-day acute operating and some skin lesion procedures have been relocated to community practices. The response has meant we have moved to patient-centred, rather than budget-centred, practice for these areas. We need to ensure that such changes remain part of the 'new normal'. Many of us are now far more comfortable with virtual clinics and Zoom meetings and we are enjoying the benefits of less travel both in terms of our time and the impact on the environment. The New Zealand National Board (NZNB) held special COVID-19 meetings and the most recent planned board meeting by Zoom. As we become more comfortable with teleconferences, I see the meetings becoming more effective each time.

From the start of this crisis, and as New Zealand went into lockdown, one of our key concerns as surgeons was the need for national guidelines around issues such as the allocation of Personal Protective Equipment. This would have saved time and effort of staff at every hospital who needed to devise their own protocols. We communicated with the Ministry of Health (MOH) the need for strong central guidance for DHBs as they moved to recovery and business continuity plans after lockdown. As the recovery plan proceeds, and with significant funds allocated to removing the backlog, the NZNB will be working closely with the MOH and other Colleges to progress innovations and best use of funds. I applaud the MOH for involving the professional Colleges at an early stage and I look forward to working together with them. I hope this can be seen as an opportunity to address not only the COVID-19 backlog, but also longer-term delays in provision of care. The NZNB has been discussing ways the backlog might be approached, including increased

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FROM THE CHAIR (continued)

acute capacity, improving theatre efficiency, extra lists with appropriate remuneration for all staff involved, and outsourcing. I believe there is strong willingness from surgeons to be involved and I would appreciate any of your ideas and feedback we can take to the MOH.

This is my last editorial for Cutting Edge as Chair of the RACS New Zealand National Board. I would like to thank you all for giving me the opportunity to act as Chair. Although it is large, this Board works exceptionally well and this is largely due to the thoughtful and respectful atmosphere previous Chairs have cultivated. The support from the New Zealand Office, especially Justine Peterson and Richard Lander has been outstanding and I also thank all of the New Zealand Office staff. The NZNB and the New Zealand Office undertake a huge amount of often-unseen work in promoting and upholding professional standards for surgery in New Zealand, and I would like to acknowledge this. Thank you to all of you who give feedback on the various and varied issues we cover. I would like to warmly welcome the incoming Chair, Philippa Mercer.

The Queen's Birthday Honours 2020

Congratulations to Professor John Nacey and Mr George Ngaei recognised in the Queen's Birthday Honours 2020 being awarded Companion of the New Zealand Order of Merit (CNZM).

Professor John Nacey - For services to health and education

Professor John Nacey was appointed to the New Zealand Medical Council in 2010 and was elected Chair of the Education Committee.

In this position Professor Nacey led the development and implementation of significant changes to prevocational medical training in New Zealand and chaired seven separate Accreditation Committees to assist the New Zealand District Health Boards reach new standards. He was appointed Chair of the New Zealand Task Force on Prostate Cancer in 2012 and subsequently became Chair of the Prostate Cancer Awareness and Quality Improvement Programme to implement the recommendations of the Task Force. During his time as a lecturer at the University of Otago, he chaired the Faculty Curriculum Committee and oversaw the committee's implementation of structural changes to the oversight and delivery of medical education and the modernisation of the curriculum in the late 1990s. He was Dean of the Wellington School of Medicine for 10 years and supervised a major building programme to improve the school's teaching and research facilities. In 2001 he oversaw the opening of the School of Radiation Therapy on the University of Otago Wellington Campus. He has been one of the leaders of the Wellington Prostate Brachytherapy Group since 2001. Professor Nacey chaired reviews of the New Zealand Cancer Registry in 2010 and 2013.

Mr George Ngaei - For services to health and the Pacific community

Mr George Ngaei has been involved in improving Māori and Pacific health as a practicing general surgeon (Endoscopic and Gastrointestinal) in Invercargill, as well as providing his expertise to work and consult on a wide range of medical issues for those living in the Cook Islands.

Mr Ngaei has returned to Rarotonga at least on an annual basis, at his own cost, to support the medical profession in areas where skills are either not available or are in short supply. He has performed surgeries at the local hospital, often bringing his own team from New Zealand to assist. He has been Chair of the South Island Pacific Providers Collective since 2014 and is a committee member of the Auckland-based Cook Islands Health Network Association. In 2002 he established a Pacific Island Specialist Nursing Service in collaboration with the Pacific Island Advisory and Cultural Trust (PIACT) and has been Chairman of PIACT since 2007. He was a representative for the Royal Australasian College of Surgeons (RACS) on the Southland Medical Foundation from the 1990s until 2018. Mr Ngaei was previously elected to the New Zealand Committee of the RACS and is a member of the Board of the Auckland-based Cook Islands Development Agency New Zealand.

Mr Ngaei was appointed an Officer of the New Zealand Order of Merit, in 2015.

Introducing the Te Rautaki Māori RACS Māori Health Strategy and Action Plan 2020 – 2023

The Royal Australasian College of Surgeons' (RACS) mission is to lead and advocate for surgical standards, performance, education and professionalism to improve patient care in Aotearoa and Australia. RACS is serious about addressing the disparities and inequities faced by Indigenous populations, as stated in our Strategic Plan 2019 – 2021:

"RACS will prioritise Indigenous Health, building workforce and increasing services to better meet the health needs of Māori, Aboriginal and Torres Strait Island people. Focus is also on collaborating effectively with our partners and supporting the communities we serve."

The Māori Health Advisory Group has been instrumental in advancing Māori Health issues, facilitating the development of Te Rautaki Māori and ensuring Māori views and aspirations are reflected throughout the College.

Te Tiriti o Waitangi is articulated in Te Rautaki Māori with the adoption of the principles, tino rangatiratanga (Māori sovereignty), partnership, active protection, options and equity, as recommended by the WAI 2575 Hauora Report. RACS understands the importance of Te Tiriti o Waitangi being the foundation of policy review and development, planning, and building partnerships.

We are a long way from achieving health equity and understand that, in order to make significant change, RACS will need to acknowledge and address the legacy of colonisation processes and the resultant racism and privilege at curricular and institutional levels. Te Rautaki Māori provides the mechanism to implement this.

"Tawhiti rawa tou haerenga ake te kore haere tonu. Nui rawa ou mahi te kore mahi nui tonu"

We have come too far not to go further and we have done too much not to do more

- Ta Hemi Henare No Ngā Puhi, Te Taitokerau.

RACS website is currently being updated, therefore Te Rautaki Maori will be available from the website soon.

National Trauma Symposium 2020

Thursday 29 October 2020
Te Wharewaka O Pōneke, (Te Wharewaka Function Centre), Wellington, New Zealand

Towards Excellence

On behalf of the Organising Committee, I would like to invite you to attend the National Trauma Symposium 2020 to be held at the Wharewaka Function Centre, Wellington, New Zealand on Thursday 29 October 2020.

Our programme will include scientific presentation and debate of the highest level and will attract a wide variety of trauma practitioners from across New Zealand. It represents an excellent forum for discussion and learning.

We are encouraging submissions via a Call for Abstracts for the following areas: Critical Haemorrhage, Trauma Outcomes and Rehabilitation.

We look forward to welcoming you to this exciting conference in 2020.

National Trauma Symposium 2020 Organising Committee
Professor Ian Civil, National Clinical Lead, National Trauma Network Convenor, NTS 2020

For more information and to register visit the conference website www.traumasymposium.nz

Conference Manager: Donna Clapham, Workz4U Conference Management
P: +64 9 917 3653, E: conferences@w4u.co.nz, www.w4u.co.nz

Richard Lander
EDSA (NZ)

EDSA CORNER

Restoring the Joy of Surgery

Why is there a severe shortage of surgeons? Is it because surgery has an image problem?

Not only is there a shortage of individuals choosing a surgical career but there is also limited capacity to train those who would aspire to be surgeons and currently surgical aspirants do not reflect the diversity of the communities they may wish to work in. In many areas surgeons have lost the autonomy in governance and are no longer the masters of their destiny. The surgeon as master and commander is lost.

In many areas of need surgeons are inadequately remunerated and there is, in particular, a reluctance on the part of surgical professionals to work in rural and remote areas. Often those working in the peripheries are not respected by colleagues who work in the larger tertiary metropolitan hospitals. I have heard surgeons in rural regions lament that when they refer patients to larger tertiary centres, they are at times treated like registrars and their judgements are questioned.

Surgery demands long and hard training. There are long working hours, little private life, relatively poor income and considerable high physical demand. These factors have led to a reduced appeal of surgery as a career path.

Surgeons are disproportionately exposed to physical, social, mental and occupational hazards. Surgeons commonly use sharp and complex instruments placing them at risk of injury and are exposed to abnormal postures for extended periods of time predisposing them to musculoskeletal pain. They also spend time in close and prolonged proximity to patients with acute and chronic illnesses some of whom have communicable diseases and as such are exposed to the risk of patient to surgeon disease transmission.

The operating theatre is a dangerous place to work. There are frequent stabs and cuts from sharp objects, specially needles and scalpel blades. Sharp injuries occur on average six times a year per surgeon exposing surgeons to body fluids and blood borne diseases including HIV, hepatitis B and hepatitis C and prions. Scalds and burns occur from hot water and steam used in sterilising equipment, and from machines that supply hot air and water for the purpose of drying. Laser equipment can cause severe burns. Electric shock can ensue from improperly grounded or insulated diathermy and other electrical equipment. Injuries are sustained when slipping on wet floors or tripping over equipment. Acute backpain results from awkward body position during the operation and there can be noise-induced hearing loss from power equipment. Surgeons, especially orthopaedic surgeons, are exposed to ionising radiation from intraoperative X-rays affecting mainly hands but also the thyroid gland and reproductive organs. There is also risk associated with the intraoperative use of radioactive tracers detrimental to the future health of unborn offspring causing congenital abnormalities and childhood malignancies including leukaemia. Inhalation of anaesthetic gases is associated with hepatic, neurological, and mental illness and dysfunction and even infertility. Inhalation of "surgical smoke" in theatres poses a health risk. Surgeons using CO2 laser can become infected with HPV human papilloma virus inhaled in the "surgical smoke" and surgical plumes can carry many pathogens as well as portions of RNA and DNA. Formaldehyde exposure is known to be associated with nasopharyngeal tumours. Contact with skin cleaning chemicals poses high risk for skin irritation. Frequent hand washing with soaps and detergents up to 35 times a day can lead to skin defatting and irritation. Aerosols containing washing and cleaning formulations can lead to irritation of the eyes, nose and throat, and skin allergy can be caused by exposure to latex gloves and glove powder.

Mental stress and burnout in surgeons may result from a feeling of direct responsibility for patient health and the death of patients. Surgeons are stressed due to excessive shift and overtime work and contact with extremely sick patients, especially multiple victims of a disaster or catastrophic event or severely violent patients and their relatives. All these factors can lead to strained personal relationships and failed medical marriages and relationships.

Surgeons are at significantly higher risk for suicide than the general population. Statistics have shown that female physicians are more at risk then male physicians, and 2 ½ times more than women in the general population. Suicide in male physicians is about 70% higher than among men in the general population and surgeons have a greater number of suicides than anaesthetists.

Surgical culture compounds the problem. Many surgeons have a philosophy of "patient first at all costs" and even when injured will ensure that the operation continues. Many become desensitised after repeated injuries such as needlestick and are reluctant to go through the post exposure prophylaxis and its side-effects. Some surgeons are reluctant to report errors in case they are barred or restricted from practice by employers or regulators. Surgeons' compliance is poor for fear of implications that exposure may interfere with personal relationships, future employability and psychological well-being.

How do we restore joy to surgery?

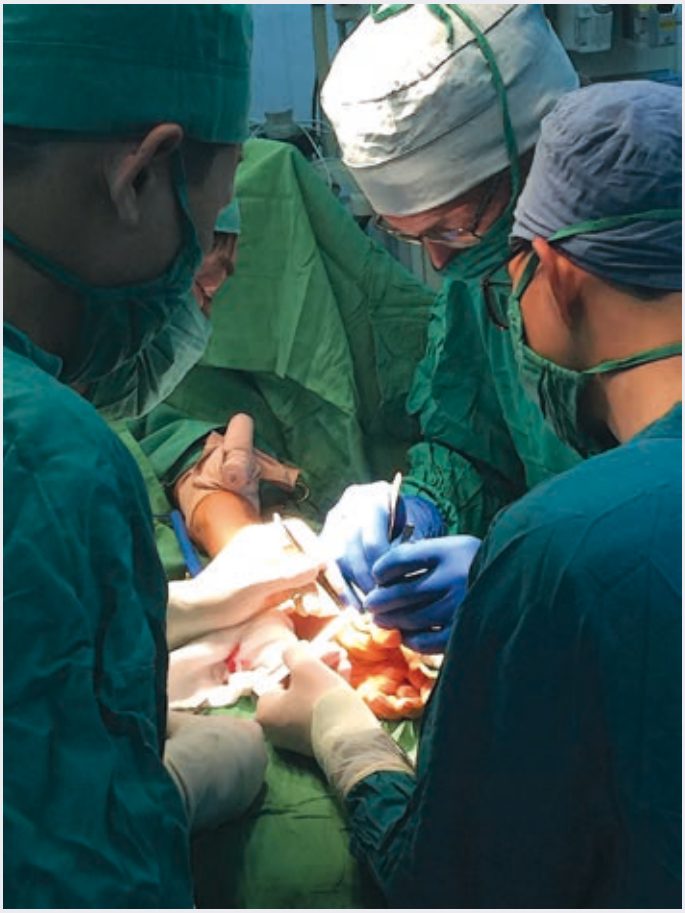
Today there is an urgent need to attract medical and postgraduate students to join the profession. Surgeons must create enthusiasm for surgery by being good role models and mentors. They must create a sense that young surgeons are recognised members of the community of surgeons and that there are prospects for career development. Positive recognition by other medical students, friends, family, nurses and colleagues, surgeons and from patients generates a basic feeling of success and satisfaction.

We can restore joy to surgery with a combination of self-care, focusing on the patient, the task of surgery, teaching and advocacy.

Self-care means knowing who you are and knowing your limits and it is to mindfully take time to pay attention to yourself in a way that ensures that you're being cared for by you. The following are some suggestions on ways you can take better care of yourself:

- Double glove and reduce exposure to transmissible diseases by over 85%
- Immunise against HBV and other transmissible diseases
- Take post exposure prophylaxis and immunoglobulins when indicated
- Be aware of hazards in the operating theatre
- Interact, listen, and communicate with people
- Generate goodwill amongst friends, co-workers, family and community. Nurture these relationships to reap rewards
- Exercise regularly to maintain muscle mass and strength, reflexes, coordination, balance and cardiac endurance
- Maintain adequate serum calcium levels and vitamins
- Eat in moderation; limit red meat, avoid excessive amount of salt, sugar and fat and exercise portion control
- Take generous amounts of water, fruit and vegetables
- Interact with nature, take a keen interest in the natural world
- Deal with negative feelings
- Practise gratitude
- Do volunteer work, helping others helps you
- Give your stress perspective
- Examine your self-talk and self-esteem
- Laugh and play
- Learn to relax and give yourself a behavioural aspirin
- Remember you are human. If overwhelmed, acknowledge it and seek help. You are at high risk of burnout if you don't have enough time for important relationships and self-care.

Recast your role as a surgeon. It may help to divide your "surgeon" time into portions.



One portion as a surgeon: Evaluating difficult patients, making a diagnosis and undertaking difficult and complex operations. Know your limits by recognising difficult patients that you cannot manage and refer them. Supervise the management of the 85% you can manage.

One portion as a trainer or educator: Training doctors, graduate students, general physicians, nonphysician health professionals and the community at large.

One portion as a leader, manager and advocate: Advocating for flexibility in surgeons' training, education and scope of practice. Addressing the systemwide practice that limits access to quality surgical services and the availability of adequate resources. It has been said that one of the penalties for refusing to participate in politics is that you end up being governed by your inferiors. Being at the table means that you are unlikely to be on the menu.

The final portion as a good person: Looking on the bright side of life, greeting everyone you meet, making the world a better place and practising random acts of kindness. Remember the old Chinese proverb: "If you want happiness for an hour, take a nap. If you want happiness for a year, inherit a fortune. If you want happiness for a lifetime, help someone."

Surgery is hard work and exposes surgeons to many physical, chemical, economic, social and mental stressors. Surgical risks can be prevented and/or managed, and the well protected and supportive surgeon provides service better and for a much longer period.

ACTIVITIES OF THE NEW ZEALAND NATIONAL BOARD

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

Clearing the backlog from COVID-19

The move to Covid-19 National Alert Level 1 has brought New Zealand's health system back to its normal activities after more than two months of restrictions. The Government has allocated an additional $280m in the Budget to be spent over the next three years to clear the planned care and elective surgery backlog and to assist more generally with waiting lists. This is to cover the processes from referral through specialist assessment and any required radiological activity to operative care, where required. The Ministry of Health is still working through the details of how this extra funding may be allocated but it will be tied to delivery. The Ministry has reached out to RACS, seeking ideas on how capacity might be increased to enable the backlog to be cleared and improvements made to ongoing delivery. The New Zealand National Board discussed this at its June meeting and the Chair is discussing this further with Ministry officials.

Advocacy activities

While a focus on COVID-19 was obviously very important in recent months RACS has also advocated on behalf of Fellows, Trainees and IMGs on a range of other matters and in different formats:

- Submission to Ministry of Health on its review of the Burial and Cremation Act 1964 and Related Legislation, commenting specifically on potential changes to death certification.
- Written and oral submissions to the Health Select Committee on the Smokefree Environments & Regulated Products (Vaping) Amendment Bill, supporting introduction of controls on vaping, requesting additional restrictions and (at the request of the Committee) providing further comment on labelling.
- Submission to the New Zealand Transport Agency on proposed regulations to improve safety on footpaths and shared paths, with a focus on regulations around e-scooters. The proposed changes were supported and additional restrictions were recommended (such as requirements for helmets, limits on age of users and number of riders, and national rather than local council requirements).

Under consideration at the moment are the Medical Council of New Zealand's proposed revised Statement on Unprofessional Behaviours; and the Ministry of Health's core performance standards for responsible authorities.

The NZNB is also preparing a document to go to all political parties pre-election. This will seek their comments on matters that have been proposed by Fellows as important for the delivery of quality surgical care throughout New Zealand.

Cancer Control Agency (CCA)

Suzanne Beuker FRACS, Clinical Advisor to the CCA, met with the NZNB in June to discuss that Agency's development of Quality Improvement Plans for a range of cancers. Fellows may recall that there were a number of Tumour Guidelines developed 7-8 years ago. While these were available on the Ministry's website, they were never officially adopted. The current process is a development from those Tumour Standards and the intention is to include quality measurements specific to New Zealand systems.

Potential changes to New Zealand rotation dates

One consequence of COVID-19's impact on health services has been changes to, and limitations on, limited training opportunities for medical students, trainee interns, house officers and many registrars while the in-hospitals health services were limited to primarily acute and urgent presentations. This has led to discussions on extending New Zealand's medical training year into January / February. An extension to the 2020 year and a permanent change to New Zealand's training year dates is supported by RACS and all other medical colleges. A key consideration is improving patient safety by not changing teams just prior to the summer holiday period when many experienced team members are on leave. The decision now rests with the District Health Boards as the employers. The Ministry is facilitating a forum for DHBs, unions, medical schools and other stakeholders to discuss this further.

Māori Health

Te Rautaki Māori 2020 – 2023 (Māori Health Strategy and Action Plan, 2020 -2023) was approved by Council earlier this year. This document has now been appropriately formatted for publication. The Māori Health Advisory Group continues to work with the Māori Indigenous Health Initiative (MIHI) at the Christchurch Clinical School, University of Otago on the development of a Māori cultural competence and safety training programme for surgical Trainees and supervisors.

Selections and Examinations

New Zealand's pre-vocational doctors are very pleased that selection for surgical training will be happening this year. General Surgery and Orthopaedic Surgery Trainees ready to sit their Fellowship Examinations (FEX), and

potentially gain Fellowship this year, are equally pleased that this will be possible with FEX to be held in September (writtens) and October (orals and clinicals, in Auckland). All nine specialties will be examined in Australia. There is still uncertainty for final year Trainees in some specialties due to border controls in both countries.

Changing of the guard

Like all good things, Nicola Hill's term as Chair of the NZNB must come to an end on 30 June. Nicola will still be on the NZNB for another year so the NZNB will continue to the reap the benefits of her knowledge, experience and pragmatism. The NZNB thanked Nicola at its June meeting for her leadership through some very challenging times, her deep commitment to equity and the time she has given to NZNB work despite her busy work, family and study commitments.

Welcome to NZNB's new Chair, Philippa Mercer, who will take office from 1 July. Philippa's skills and experience, particularly as current NZNB Deputy Chair and former President of the NZ Association of General Surgeons, will enable a very smooth transition. In that, she will be ably assisted by the other new NZNB office bearers, Andrew MacCormick as Deputy Chair and Jesse Kenton-Smith as Treasurer.

Justine Peterson
New Zealand Manager

Financial Literacy

The NZ National Board has discussed the importance of financial literacy for all Fellows, a matter raised initially by the Plastic & Reconstructive Surgery Representative on the Board.

Such knowledge is important for understanding DHB and departmental financial reports and managing a private practice. The possibility of RACS developing its own course was discussed but, on exploration, it was agreed that there were organisations already providing courses who were better placed in this field.

Fellows, Trainees and IMGs wanting to improve their knowledge in this area could explore options offered by professional organisations such as:

- New Zealand Institute of Directors (Finance Essentials course)
- Institute of Management New Zealand (Finance for non-financial managers workshop)

There are also courses run by private education providers and a google search will no doubt list a number of options.

New Zealand National Board Members

From 1 July 2020

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

SPECIALTY REPRESENTATIVES	
Professor Sean Galvin	Cardiothoracic Surgery and Younger Fellows Representative
Mr Graeme Roadley	General Surgery
Ms Suzanne Jackson	Neurosurgery
Mr Peter Devane	Orthopaedic Surgery
Mr Zahoor Ahmad	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
Dr Maxine Ronald	RACS Councillor

CO-OPTED MEMBERS	
Dame Judith Potter	Expert Community Advisor
Mr Nigel Willis	NZ Censor
Dr Sharon Jay	RACS Trainees Association representative

Sharon Jay
RACSTA Representative on NZ National Board

RACS TRAINEES ASSOCIATION UPDATE

Kia ora koutou, I've recently been elected as the New Zealand Trainee Representative. While all Trainees have specialty representatives, I will represent New Zealand Trainees on RACS Trainee Association (RACSTA) and the New Zealand National Board (NZNB). I take over this role from Bryce Jackson who has been a leader in advocacy around Trainee welfare. I wish him well in his upcoming Fellowship exams and look forward to working with him in his capacity as the national Plastic and Reconstructive Surgery Representative.

I am currently SET 3 in General Surgery at Tauranga Hospital. My surgical journey has not been a traditional one. By this I mean I have experienced challenges, especially with my part one examination, which I have had to overcome. This has allowed me to build resilience, and my experiences have given me a unique position and perspective to where I have compassion for the welfare of Trainees. I'm a big believer in work/life balance and when I'm not at work you can find me trying to get fit at F45 or working in my garden.

Diversity is another area I feel very passionate about. The new tenth RACS competency is one I'm committed to educating myself on. Addressing inequities in Māori health is essential for training surgeons. We are in a powerful position to stand with our Māori colleagues in their training journey as well as making changes in our own clinical practice to address Māori health outcomes. I'm conscious that diversity also includes other minority groups such as women in surgery, LGBT+ and individuals with disabilities. I look forward to working with all groups to allow for transformative change to achieve a more diverse and equitable workforce in order to improve health outcomes for the whole population. The strength of our future is dependent on embracing and encouraging diversity amongst us.

The last few months have been extraordinary and have proven an interruption for our traditional training. But on reflection this generated a new learning opportunity to demonstrate the RACS competencies which are such a vital part of being a surgeon. The communication, advocacy, teamwork and leadership Trainees have shown over this time was reportedly excellent. From organising flexible rosters to upskilling in preparation to work in other departments to providing advocacy and empowering junior staff and maintaining team morale and wellbeing. Congratulations everyone on your leadership and professionalism through this difficult time, I'm so proud of the role we've played together.

In saying that, it's a great relief that Fellowship exam dates have been set. The trans-Tasman crossing for the Vivas for some specialities may yet be an issue, but as we are all aware things are so fluid and this is under ongoing review. Good luck to all those sitting and be kind to yourselves.

The other COVID-19 related issue is the proposed change of the training year dates to align with Australia. RACSTA is in support of this change and no doubt by the time this issue goes to press there will be more information at hand.

Lastly, please be assured I want to hear from you. My passion is Trainee welfare, especially those that are struggling as I've been in that position myself. Please can you get in touch with me as I really want to advocate for you.

Ngā mihi nui,
Sharon

sharonmjay@gmail.com
Twitter: sharonmjay

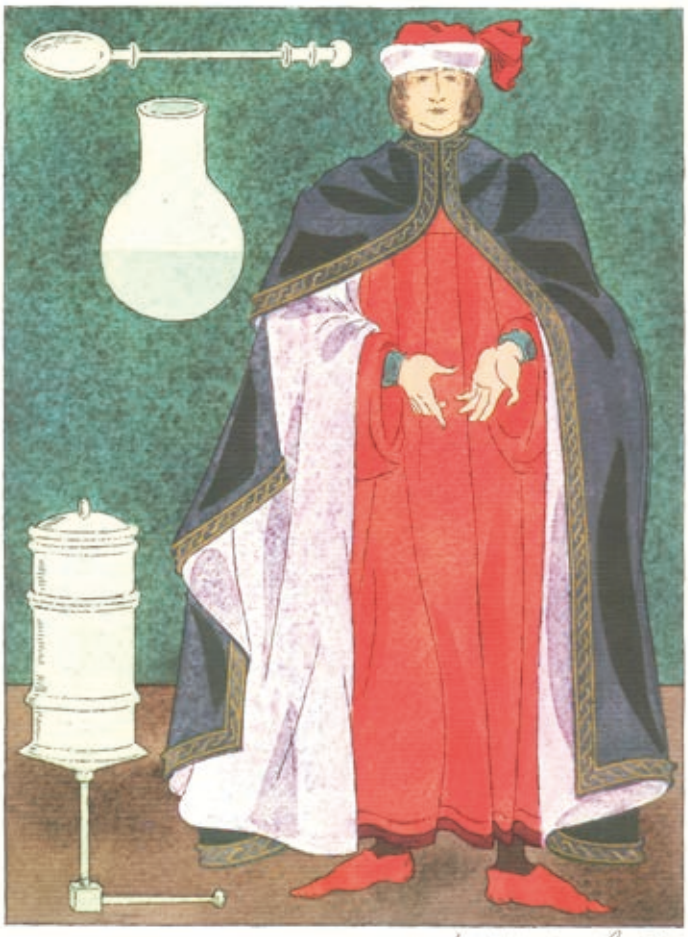
General Surgery Team at Tauranga Hospital dressed up on #CrazySocks4Docs Day Friday 5 June to bring awareness of the mental health of doctors and health professionals. It aims to encourage and normalise the conversation around mental health and create a safe place to do it in.

SURGICAL PIONEERS

Continuing with the historical surgical costume theme from the last Cutting Edge, pictured here are some more illustrations from Swiss artist Warja Honegger-Lavater's series, '2300 years of medical costume'.

The intricate hats, robes, cloaks and footwear represent the clothing of the time in which they were worn.

The series of 12 prints was donated to the RACS New Zealand office by Spencer Beasley on behalf of his late father and devotee of College history, Wyn Beasley.



VIII. PHYSICIAN, 16th CENTURY

X. PHYSICIAN, 17th CENTURY

XII. ARMY SURGEON OF NAPOLEONIC ERA

OBITUARIES

ROBERT GORDON DYKES FRCSEng FRACS
12 November 1925 – 18 February 2020

Orthopaedic Surgeon

Two references written in 1956 for the young Robert Dykes, after he had worked for a year as a Surgical Registrar at Tilbury hospital in London, aptly described him. Mr W. H. Hamer, Consultant Surgeon, wrote - "Mr Dykes...has without any question been the best Registrar we have ever had." The other, by Mr Alan Small, a Harley Street London surgeon stated: "… a quiet unassuming young man of very pleasant personality … It would not be possible for me to speak too highly of Dykes, who, in a short time after his appointment, was regarded with affection and respect by everyone in the hospital. Both in character and judgement he was completely to be relied upon, and we were all more than sorry when his year came to an end." These appropriately described Bob, who retained these characteristics alongside kindness, empathy and a keen sense of humour throughout his life, during which he set up an orthopaedic service for Southland.

Born in Nelson in 1925 to James Gordon Dykes, bank manager, and Adelaide Platt, homemaker, Robert (widely known as Bob throughout his life) was the second of four boys in the family, with brothers Harold, Peter (who also followed a medical career) and John. Bob was a young boy when the family moved to Dunedin, where he attended Musselburgh Primary School and subsequently Otago Boys High School. At high school he achieved well academically, and played cricket, captaining the 2nd eleven, and rugby. Holidays were spent at Taieri Mouth, and when older working on a farm at Saddle Hill. Loving this he wanted to be a farmer, but his father said this was not a good time to go into it, suggesting a medical career would be more secure financially!

Bob commenced at Otago University in 1943 gaining entry to Medical School the following year. Living at home he daily cycled the four kilometres across the city to and from Medical School. With a good level of fitness, he was a keen harrier during this period. Despite not being a trained musician, he enjoyed being a member of the Capping Band for a couple of years and he graduated in 1948. He then worked as a house surgeon in Dunedin where he spent time with Professor Norman Nesbit, an influential orthopaedic leader at that time.

In 1953 Bob travelled to England to pursue a career in surgery. His arrival in London coincided with the coronation of Queen Elizabeth and, living initially at New Zealand House, he obtained tickets to stand right opposite the door entering Westminster Abbey. Besides an obviously successful year at Tilbury Hospital during which he gained his FRCS, Bob secured orthopaedic positions at the Royal National Orthopaedic Hospital in London and at Oswestry. In 1956, through family connections, he met Olwyn Fraser, a New Zealand artist living in London and they married six months later.

Bob returned to New Zealand with Olwyn in 1958 to take up an appointment at Kew Hospital in Invercargill, becoming the first locally resident orthopaedic surgeon. This was a half-time appointment, with the balance given to private practice. The birth of Susan in 1959 and Campbell in 1963 completed the family, who remember weekends, nights and even holidays being often interrupted as Bob headed back to the hospital to provide a thinly staffed acute service. He remained the sole local orthopaedic surgeon for 10 years until joined by Paul Wilson in 1968. He also became FRACS at this time. The appointment of Murray Fosbender in 1981 finally created a service offering a one-in-three roster. In his time in Southland he established the Orthopaedic Department and gave it momentum to develop. Bob served on the New Zealand Orthopaedic Association Executive, the Education Committee (seven years), the Manpower Subcommittee and as Vice-President of the Association 1983-1986. He retired from hospital service in 1991.

In the community Bob served as President of the Crippled Children's Society and President of the Southland branch of the New Zealand Medical association. His Christian faith was very important to him throughout his life and he served as an Elder at the First Presbyterian Church and as an Elder and Session Clerk of St Paul's Presbyterian Church. Bob was also a member of the Council of the Presbyterian Support Services Southland.

With a life-long love of the outdoors, Bob took the family on many trips into the mountains and forests, sharing his considerable knowledge of plant names and habitats. Family holidays were often spent in Queenstown and Stewart Island. Participation in golf and regular dinner parties with friends and family provided the opportunity to unwind and relax.

Always curious about the world around him, in retirement Bob devoted enthusiasm and increasing time to geology, flora and fauna. He spent two years studying and successfully completing examinations in geology and with the associated field trips throughout Otago and Southland the time spent in the outdoors was a highlight. Wood

carving, pottery, gardening, including award-winning Chrysanthemums, and golf were all important activities. He became a respected judge of Chrysanthemums and was still actively judging at flower shows at age 90 years. During 2010 Bob and Olwyn moved to Alexandra to live.

Bob Dykes a thoughtful, kind, caring, supportive, and wise father, friend and colleague is survived by his wife of 64 years, Olwyn, children, Sue, a Clinical Psychologist, and Cam, a Chartered Accountant and five grandchildren.

This obituary is based upon a short one prepared by the New Zealand Orthopaedic Association and developed further by Bob's daughter, Sue.

GRAEME DOUGLAS CAMPBELL FRCSEng FRACS
21 April 1931 – 27 July 2019

General and Paediatric Surgeon

Graeme Campbell was born in Eltham, Taranaki, the youngest of five children of dairy farmer Jack Campbell and schoolteacher, Winifred May Heather. Entering a sports-mad family (particularly rugby, tennis and swimming), he grew up on the family farm. After attending Eltham Primary School, Graeme was a boarder at Nelson College 1944–48. He excelled academically, obtaining scholarship listing in his final year, and with the encouragement of his parents decided to follow a medical career. At school he was an enthusiastic rugby player and boxer.

Graeme travelled to Dunedin, completed Medical Intermediate in 1949 and took up residence at Selwyn College (1950-53) where he was a keen rugby player and boxer until a skull fracture during an Easter Tournament boxing match ended both pursuits (and led to Graeme advocating against boxing as a sport in his later career as a sports medicine specialist). He graduated MBChB in 1955 and was a house surgeon and registrar at Dunedin Public Hospital for the next three years, and there he met Leigh Atchison, a radiographer. They married in 1959 and during this year Graeme worked for a period in Taranaki Base Hospital and completed a GP locum in Marton.

In 1960 Graeme and Leigh travelled to England where Graeme commenced surgical training. Time was spent working in hospitals in South London and Exeter. Importantly for his future career, he secured work at The Children's Hospital, Sheffield under an experimental pioneer of paediatric surgery, Robert Zachary. At that time bold new techniques were being developed for congenital conditions like spina bifida. Graeme became a fellow of the Royal College of Surgeons in 1963. During this period the family expanded with the birth of Douglas in 1961 and Hugh in 1964.

In early 1965 Graeme, Leigh and their two children returned to New Zealand for Graeme to take up a part-time position at Waikato Hospital as a general surgeon with paediatric training. He obtained his FRACS in 1967 and the family was completed the same year with the birth of Phillipa. Graeme believed that children's health needs were different from adults and that they needed to have their own health services. He was instrumental in the development of paediatric surgery as a separate speciality at Waikato Hospital, progressively building a team with paediatric surgery training and skills. Anaesthetist John Moody, a long-term colleague and team member, described Graeme as a commanding and demanding figure in the operating theatre, able to improvise on-the-fly solutions to challenging surgical problems. His culminating career achievement was the separation of conjoint twins at Waikato Hospital in 1987 (along with John Moody, Greg Spark and Stuart Brown). In private practice Graeme had consulting rooms at the family home and operated at Braemar Hospital.

With a love of sport, he volunteered to act as team doctor for the Waikato rugby team in the late1960s (his children recall many days being taken to Rugby Park to sit alongside their father and the St Johns Ambulance crew). At that time there was interaction between enthusiasts in the United Kingdom and New Zealand in the emerging field of sports medicine and, with Noel Roydhouse, Matt Marshall, Dave Gerrard and Chris Milne, he assisted in the formation of the New Zealand Federation of Sports Medicine in 1963. He was President 1977-1981, awarded Fellowship in 1990 and Life Membership in 1996. Graeme was appointed team doctor to the 1974 NZ Commonwealth Games team in Christchurch, the 1976 NZ Olympic Games team in Montreal, and the 1980 NZ Olympic Games team in Moscow. In this role a particularly memorable episode was helping get Dick Quax to the starting line for the 5000m after he had an IV saline drip to rehydrate from gastroenteritis and his subsequent winning the silver medal. Quax talks of Campbell's psychological counselling during an interview (https://www.stuff.co.nz/sport/other-sports/104292952/dick-quaxs-final-interview-from-rock-stars-to-bittersweet-silver-in-montreal). Graeme worked closely with NZ rowing coach Harry Mahon at Karapiro through the 1970s and 80s and was

appointed Chief Medical Officer of the 1978 World Rowing Championships held at Karapiro.

Graeme retired from his public and private practice in 1998 and for the next two years worked at the Church Missionary Society Hospital in Peshawar, Pakistan. A devout Anglican, he and Leigh undertook to reopen a surgical facility at this hospital. American medical staff had been evacuated after the increasing radicalisation of Peshawar had led to the US State Department deciding to withdraw medical personnel. Graeme was considered to be from a neutral country, which was advantageous, but not a total guarantee of safety. (The attempted assassination of Osama Bin Laden in 1998 with cruise missiles launched on the order of President Clinton triggered riots in Peshawar and the hospital went into total lock-down.) Graeme found that there was a large population of teenagers with clubfoot in Peshawar and, with an early grounding in 'bone carpentry' techniques for this situation from his training in the 1950s and 60s, he set up a specialist clinic for the repair of clubfoot. This culminated memorably with the arrival (the day before he and wife Leigh were due to depart to return to NZ) of a man carrying his 14 year old son with clubfoot. They had heard from a relative in Peshawar about the 'miracle-working' doctor from New Zealand, and over three months had journeyed on foot from northern Afghanistan (over 800 km including two mountain passes) to get to the hospital. Graeme delayed his departure to complete the restorative procedure.

In 2000, retired from practice, Graeme and Leigh moved to Lower Hutt. More time was available to devote to the family and church activities. With an undiminished love of rugby Graeme was a regular attender at the World Cup tournament each four years. Leigh died of Parkinson's Disease in 2017 having been cared for by Graeme for the last 8 years of her life.

Graeme Campbell is survived and greatly missed by his children Douglas (Professor of New Testament, Duke University, USA), Hugh (Professor of Sociology, University of Otago) and Phillipa (Policy Manager at Oranga Tamariki); and six grandchildren.

This obituary was compiled with the assistance of Hugh Campbell and other members of the family.

CAMPBELL HEYWOOD MACLAURIN FRCSEng FRACS FRNZCGP

5 November 1926 – 3 December 2018

General Surgeon

Campbell Heywood Maclaurin (known as Cam) was born in Dannevirke to Colin Maclaurin, a general practitioner and surgeon, and Dorothy Mirams, homemaker. With an uncle a general practitioner in nearby Fielding, Cam entered a medical family. He was the eldest of three boys with younger brothers, Jim and Brian. He attended Dannevirke Primary School and then Dannevirke High School, becoming a keen tennis player, also playing the piano and the bagpipes during this time.

On leaving school Cam entered Otago University, residing at Knox College. Successfully completing his medical intermediate year, he gained entry to Medical School graduating MBChB in 1950. Each of his brothers followed this path – Jim becoming a general practitioner and Brian a physician (and associate professor of medicine).

Following house officer jobs for two years in Wellington, Cam travelled to Britain where during the next four years he obtained surgical experience in several of the London regional hospitals. He very quickly gained his FRCS, achieving this just three years post medical qualification. While in the UK Cam married Diana Ward, a nurse, and they had two boys – Simon and Gerald.

Cam, Diana and their two children returned to New Zealand in 1956, when Cam was appointed initially to the fledgling Cardiothoracic Surgical Unit and shortly thereafter full time General Surgeon at Greenlane Hospital. He became FRACS in 1957. In 1958 he secured a position as Consultant Adult and Paediatric General Surgeon to the Auckland Hospital. It was here that lifelong friendships flourished with leading Auckland medical figures of the day, and this had a major influence on the subsequent progress of Cam's career. Following their return to New Zealand, the family increased in size with the arrival of two further boys – Richard and Nigel.

A brief interruption in 1964 saw Cam undertake a twelve-month tour of duty as leader of the NZ Civilian Surgical Team in the South Viet Nam provincial city of Qui Nhon. This was a bold move on his part and involved taking his family into a warring unknown country against both family and professional career advice. In fact, it turned out to be a high point of family life, an extraordinary time for them all and one where, caring for civilians wounded in the war, he was able to make a difference.

Returning from SE Asia to his post at Auckland, Cam's experience and technical skills enabled him to perform New Zealand's first live kidney transplant as part of the new Renal Service. But it was not only for his technical ability that Cam stood out - his encouragement and support of the trainee surgeons who came under his

wing, as well as his patience and encouragement, was legendary. Consequently, there was always competition amongst trainees to work on the "Maclaurin run", where their chief always expected them to offer a possible solution when seeking advice. It was during these years at Auckland Hospital that Cam, with others, was instrumental in establishing the highly successful Auckland-based surgical training scheme, the forerunner of what became the RACS Northern Regional Scheme.

As an educator Cam was tireless, and in 1975 he was appointed Post-graduate Dean of the Auckland School of Medicine. He was subsequently appointed Deputy Dean retaining this post until his retirement in 1992. In this role he championed the establishment of the post-graduate Goodfellow Unit for General Practice, becoming surely the only NZ surgeon elected FRNZCGP. As part of this role he became an advisor to WHO on Continuing Medical Education in Fiji, Papua New Guinea, Singapore and Malaysia. Following his retirement, he also made a number of trips to India, Fiji and Mongolia on behalf of WHO, helping develop post-graduate training.

Cam served terms on the University of Auckland Council, the NZ Medical Association, and the Medical Research Council. He was also a member of the Medical Practitioner's Disciplinary Committee for 5 years. This was frequently a stressful and challenging task, but one he performed with great care and respect for all involved. He also served terms as an executive member of the New Zealand Volunteer Service Abroad National Committee, the Motherhood of Man Committee and the Physiotherapy Board of New Zealand.

Alongside this full and busy professional life, Cam was the devoted husband of Di and father to their four sons spending many happy times, first in camping trips to remote spots all over the North Island and then sailing in their 28 foot keeler yacht which he built with his old friend and colleague Derek North. Like his father before him, Cam was a talented cabinet maker in his spare time and his furniture is still to be found in Di's home and those of other family members.

In retirement Cam and Di spent many happy hours in their delightful garden, and up at their cottage on the Mahurangi Harbour, travelling often to visit family overseas.

Cam is survived by wife Diana and sons, Simon, Gerald, Richard and Nigel, two of whom followed their father into medicine, and eleven grandchildren and one great grand-daughter. He is remembered as a wonderful father, grandfather, surgical colleague, and friend.

This obituary was prepared by Murray MacCormick FRACS and members of the Maclaurin family.

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