



**Philippa Mercer
(Chair)**

FROM THE CHAIR

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Welcome to the Board

The year 2020 has been a strange one for the world and New Zealand. The COVID-19 pandemic has changed many of our plans. The evolving medical crisis, the need to adapt medical systems, closure of the borders and damage to the economic structure of countries will continue for some time.

In July 2020 I took on my role as Chair of the New Zealand National Board (NZNB) of the Royal Australasian College of Surgeons (Te Whare Piki Ora o Māhutonga). Nicola Hill was Chair for the previous two years and has shown great leadership and skill in this role.

When it was announced I had taken up the Chair I received a phone call from Rob Davidson (Mr JRM Davidson). Rob congratulated me and informed me he was the Chair of the NZ Board in the early 1980s. Rob was my consultant surgeon when I was a fourth-year medical student at Christchurch Hospital. Others have also called to congratulate me but a number have asked what is the NZNB and what is its role? So I felt a brief explanation of the Board would be ideal for my first newsletter.

The NZNB is the governance group that represents the interests of RACS members in New Zealand and comprises the Chair, Deputy Chair Mr Andrew MacCormick, Honorary Treasurer Mr Jesse Kenton-Smith, seven other members elected by New Zealand-based Fellows and nine surgical specialty representatives. The Specialty Representatives are nominated by their specialty group and, where there is a New Zealand society or association, that person is most often the President. Co-opted members of the Board are an expert community advisor, Dame Judith

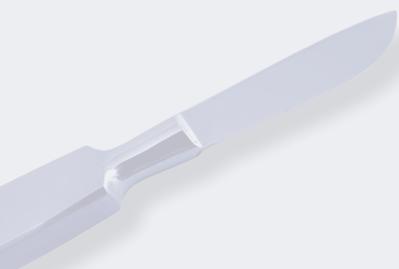
Potter, the New Zealand Censor, a RACS Trainees Association representative, and the New Zealand Younger Fellows' representative. All New Zealand-based members of RACS Council are ex-officio members. The current New Zealand Councillors are Professor Andrew G Hill, Dr Sally Langley, Dr Maxine Ronald and Ms Souella Cummings (the New Zealand Community Advisor to Council). The NZNB is supported by the New Zealand Manager, Justine Peterson, the Executive Director for Surgical Affairs (soon to be retitled "Surgical Advisor"), Mr Richard Lander, and other staff in the Wellington office.

The Board has a formal link with the Māori Health Advisory Group, chaired by Dr Pat Alley, and comprising also Professor Jonathan Koea, Dr Maxine Ronald, Dr John Mutu-Grigg, Dr Benjamin Wheeler, Dr Benjamin Cribb, Dr Rachele Love, Dr Alison Scott and Dr Jaclyn Aramoana-Alridge. Rachele Love currently carries a dual role of being that link and also an elected member of the NZNB.

The NZNB sits directly below Council and provides advice to Council on New Zealand issues and makes recommendations to Council. RACS is a bi-national College and this means the National Board is integral to RACS and critical for representing New Zealand views, New Zealand Fellows, Specialist International Medical Graduates (SIMGs) and our Trainees.

The NZNB representations to Council cover a range of issues. Recently, for example, we proposed to Council that we change the name of the College to the Royal Australian and New Zealand College of Surgeons, which would better reflect

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FROM THE CHAIR (continued)

New Zealand's role as a bi-national partner. A working party was set up to consider the change of name but has been delayed due to COVID-19. We have also made representations to Council to create a simpler pathway for SIMGs to become Fellows. SIMGs make up approximately 15% of the surgical work force in New Zealand, meaning that in some regions or specialties almost the whole department consists of SIMGs, which makes it difficult to appoint supervisors of training under current rules. Training positions are being lost because of this. Unlike Australia, a RACS Fellowship is not the only qualification required for vocational registration in New Zealand.

As we are a National Board and not a State or Territory Committee we deal with our national issues - including health equity, surgical training and the surgical workforce - and national stakeholders. We regularly meet with and advise the Minister of Health and Ministry, the Medical

Council of New Zealand (MCNZ), ACC and other statutory organisations. The MCNZ regularly updates its policy statements and we always contribute to these processes. This being election year, we have written to the major political parties, outlining some of our concerns and asked for their position on these. Media regularly contact the NZNB for comment on health stories of the day and we contribute where appropriate.

COVID-19 caused the cancellation of our Annual Surgeons Meeting, Surgery 2020, but plans are well on track for the Surgery 2021 meeting in Queenstown on 2-3 September. Many of the leading speakers from 2020 are still available even if they may have to record or give virtual presentations. Please place this meeting in your diary for next year. All the talks create great discussion and it is an excellent forum for meeting new and old friends.

Be in to win the Louis Barnett Prize

The Louis Barnett Prize researchers have always presented their papers at the New Zealand Annual Surgeons Meeting. Surgery 2020 was cancelled due to COVID-19; but the New Zealand National Board has decided to hold a special session this year with virtual presentation of all selected papers. So the call for abstracts is now open.

The Louis Barnett Prize commemorates Sir Louis Barnett CMG, the first New Zealander to become President of RACS. The Prize is valued at \$2,500 and application is open to:

- New Zealand based surgical trainees, in all nine specialties
- New Zealand Fellows within 5 years of gaining their Fellowship as of 31 October 2020.

Closing date for abstracts is 9am Monday 2 November. Those whose abstracts are to be presented will be advised of that no less than three weeks before the presentation date, which will be Thursday 3 December. The exact time is yet to be finalised but it will most likely be in the evening.

More information can be found on the New Zealand page of the College website.

Be a voter in RACS Council elections

Voting is open until 12 October 2020 for representatives on the Council of the Royal Australasian College of Surgeons – the governing body of the College.

Members of the RACS Council are elected to represent all Fellows and all surgical specialties, across New Zealand and Australia. Council members also join a number of boards and committees that report to the Council and are responsible for the diverse work of the College.

All New Zealand Fellows are strongly encouraged to be voters. It is imperative for New Zealand / Aotearoa Fellows to have input into who the voices are around the Council table so that you can be assured that important issues on this side of the Tasman will be heard and addressed.

Check your email inbox for voting details.

SURGERY 2021: REFLECTING ON PRACTICE

THURSDAY 2 & FRIDAY 3 SEPTEMBER 2021

Queenstown

E ngā rata, e ngā iwi, e ngā tauwiwi o te motu, tenā tātou katoa.

Nau mai, haere mai ki Tāhuna Queenstown for the RACS New Zealand Annual Scientific Meeting - Surgery 2021: Reflecting on Practice, on Thursday 2 and Friday 3 September next year.

The countdown has begun and an exciting programme is being developed, featuring a range of inspiring speakers from both Aotearoa / New Zealand and overseas. The organising committee is delighted to confirm that Professor Peter Brennan, MD, PhD, FRCS Consultant Maxillofacial Surgeon and internationally renowned expert in human factors and patient safety will be a keynote speaker. Whether he will be with us live in Queenstown or be attending via Zoom, is still to be determined. Fingers crossed for the former.

One of the topics Peter will speak on is 'Human Factors in Surgical Decision Making'. Awareness and understanding of human factors including several personal factors such as nutrition, hydration and stress, particularly during critical moments, can reduce the likelihood of us making poor decisions and lead to better team working.

Peter has a special interest in the synergies between the role of human factors in aviation and surgery, and he has worked closely with a range of human factors experts including training captains at British Airways and staff at National Air Traffic Services in the United Kingdom.

Make the most of Queenstown

If you can't travel to Queenstown ahead of Surgery 2021, then you should definitely stay on for the weekend and experience the wonders and delights of New Zealand's top adventure and skiing region.

At the time *Cutting Edge* went to print, there were very reasonable deals on flights in and out of Queenstown in early September, so block out your calendar and book your flights now.

There will be more details about Surgery 2021 in the December issue. Until then check the RACS website, <https://www.surgeons.org/surgery-2021>



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

Taking a positive approach to conflict

One of my roles as EDSA has been to manage interpersonal conflict between members of the College. This has been a challenging part of my role.

Interpersonal conflict involving two or more people is a natural outcome of human interaction. When you work or interact with someone who doesn't share your opinions or goals, conflict can result. People have different personalities, values, expectations, and attitudes toward problem-solving. It's not always easy to address interpersonal conflict, especially when the people involved have different ideas.

Conflict isn't always serious nor is it always negative. Learning how to recognise and work through interpersonal conflict in a productive, healthy way is an important skill in day-to-day life.

When conflict inevitably happens, respectful communication is the key. You may not always agree with everyone. Polite words and an open mind can help you to resolve or come to terms with peoples' differences more effectively.

Whether conflict occurs between friends, co-workers, or partners, it's normal. When you approach conflict with flexibility, respect, and willingness to listen and consider others' perspectives, you will have a better chance of successfully collaborating to find the best solution for everyone.

Conflict and Restorative Justice in Practice

Whenever conflict occurs, there may be damaged relationships and a loss of trust, resulting in the safety of the environment becoming compromised. It is not unusual to hear the term "toxic environment" being used.

Restorative practice is a process whereby all parties affected by conflict come together to collectively address and resolve the issues related to the event and their implications for the future. The overarching aims of restorative practice include maintaining the dignity of the individuals involved, healing relationships and restoring psychological wellbeing. Restorative practices give all parties an equal voice, and their accounts become something that can be told, shared and learned from.

Restorative practice is founded upon the principle that what happens after the event is as important as what happened prior to the event. It is imperative that all involved can talk about their experience with the people directly involved in an environment of open disclosure where they are truly heard. Often their experience is that their voices become lost and the harm is extended

by multiple, lengthy processes over which they have little meaningful control. Restorative practice provides a framework for genuine apology to occur, the opportunity for all to be heard in a safe environment.

"Before you judge a man, walk a mile in his shoes"

Empathy is the ability to sense other people's emotions, coupled with the ability to imagine what someone else might be thinking or feeling. In essence, empathy is the ability to accurately put yourself "in someone else's shoes" to understand the other's situation, perceptions and feelings from their point of view and to be able to communicate that understanding back. Empathy is one of the values of leadership.

Empathy can be developed by cultivating curiosity about others and by challenging your own and others' prejudices. Ask an unscripted question of your patient, friend, family member or colleague. Challenge yourself to discover commonalities between you and others you make contact with. Try another person's life in practical terms by volunteering, for example, in a soup kitchen or volunteering your services in a third world country. Listen to what others have to say and, if need be, inspire social and cultural change. Develop your imagination of what it is like to be someone else and then walk in their shoes.

With empathy comes collegiality. Collegiality is mutual trust, respect and knowledge of each other's expertise, skills and responsibilities. Collegiality is a sense of mutual collaboration, openness, transparency, a common focus on the patient and compassion and support.

We are all different and we are the same. Let us all treat each other with respect and kindness.

College's responsible approach to alcohol consumption

The Royal Australasian College of Surgeons has a commitment to maintaining a respectful and safe working and learning environment and therefore has a commitment to the responsible management of alcohol service and consumption by all staff, Fellows, Trainees and SIMGs, some of whom choose not to consume alcohol. RACS has an obligation to protect RACS "peoples" from alcohol related harm. There are expectations of employees and Fellows with respect to the service and consumption of alcohol while on RACS premises and while performing duties for RACS or representing RACS at outside events. RACS has therefore developed guidelines and a policy on alcohol consumption¹.

RACS is taking a 'whole of workplace' approach that will apply to all RACS people including employees, surgeons performing RACS business whether in a paid or unpaid capacity, contractors/consultants, program volunteers, sub-contractors involved in program delivery, Council and committee members, and Trainees, SIMGs, junior doctors, invited speakers and guests, including course attendees and faculty.

Employers have a duty of care under occupational health and safety legislation in both Australia and New Zealand to protect all RACS people from any known physical and mental health and safety risks.

RACS requires that people take reasonable precautions for their own health and safety, and that of other staff or guests and refrain from any conduct which could adversely affect professional performance or the safety and well-being of themselves or others, including alcohol or substance abuse or misuse. All must engage in conduct that is respectful of difference and does neither discriminate, nor be reasonably perceived as harassing, intimidating, overbearing, bullying or physically or emotionally threatening.

Social functions, dinners, ceremonial events and all other RACS-related events are sufficiently work-related to fall under a range of legislation and RACS policies including occupational health and safety legislation, discrimination legislation and the RACS Workforce Conduct Policy. This means that inappropriate conduct at an event can lead to legal liability and prosecution, just like conduct in the workplace.

To minimise the risk of alcohol related harm RACS will therefore, at events where alcohol is to be provided:

- Observe all relevant regulatory requirements of the jurisdiction in which the event occurs;
- Conduct a risk assessment before each event and identify a senior Fellow and senior member of staff to act as 'event managers';
- Permit the responsible service of alcohol in an environment that is free of inducement and social pressure to consume it;
- Clearly define the start and finish time for each event and alcohol will only be served during these specified hours;
- Ensure that low alcohol and no alcohol beverages are available and are as equally or more accessible than alcoholic beverages;
- Ensure that water is provided (at no cost or at a lower cost) than alcoholic beverages;
- For ticketed events, a 'no alcohol package' option should be provided at a lower cost;
- For social events of more than two hours in duration, ensure that a range of substantial food options are provided;
- Cease alcohol service should cease during speeches and formalities;
- Charge staff and Fellows for any alcoholic drinks, whether at a bar or from a room's minibar, outside the dinner / event period;
- Serve no alcohol during the formal business component of any meeting or educational event. The end of the business meeting will be clearly signalled before any social component commences.

RACS recognises that events and ceremonies are an important part of celebrating special occasions, commemorations and maintaining working and social relationships. When managed safely and responsibly, alcohol can be viewed as part of these celebrations and traditions and can contribute to a successful event or occasion.

¹ Responsible Approach to Alcohol Policy, August 2020

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 Specialist IMGs in the MOPS programme. Some of the NZNB's activities and interests since the previous *Cutting Edge* are commented on below.

The NZNB met recently to discuss a range of matters relevant to surgery in New Zealand. There have been many discussions and conference presentations in recent years on unconscious bias and systemic racism. It can be very easy to overlook and not consider other perspectives unless these are brought directly to our attention. The NZNB agreed to a request from the Māori Health Advisory Group to support a proposal for Māori representation on all Surgical Training Boards. The Chair will be writing to the Boards, and to BSET, with that proposal, the rationale for it and the advantages this would bring to each Board.

The Louis Barnett Prize for young researchers has been a part of the surgical scene in New Zealand for many decades now. It is awarded during the NZ Annual Surgeons Meeting following presentations of selected abstracts. Like many other practices, COVID interrupted this year's award but it has brought about a reconsideration of the regulations for this Prize. NZNB has agreed that presentations will no longer have to be in person, and that the research presentations could all be made virtually. As you will read elsewhere in this *Cutting Edge*, the process for awarding this Prize in 2020 has been reinstated with abstracts being called for and a virtual presentation of research to occur before the end of this year.

Most of the Australian and the bi-national medical Colleges in Australia wrote recently to the Australian Prime Minister promoting a health focus on COVID recovery, identifying the importance of climate change with its catastrophic health impacts being a key central consideration in that process. NZNB is aware that Ora Taiao is considering a similar letter to the New Zealand Prime Minister and the NZNB is keen to be part of promoting that message.

ASC 2021

RACS Council has approved a hybrid process for next year's Congress, with a combination of virtual and in-person attendances. New Zealand and each State and Territory in Australia is being asked to hold separate Convocation ceremonies and to consider having a hub where the plenary sessions and perhaps a selection of the Sections programmes could be viewed in real time in-person with colleagues. NZNB has set up a Working Group to progress this. Having a Convocation in New Zealand ensures new Fellows will have this graduation opportunity (COVID willing, of course) and for New Zealand recipients to receive RACS awards. A local ceremony will also allow more family members to attend.

Court ruling on 'ordinary consequence'

In a High Court Judgement related to an ACC claim, the Judge described an ordinary consequence as it related to treatment injury was "a consequence that was more probable than not". That is, had a 50% or greater chance of occurring. ACC and the NZNB have discussed the impact of this ruling several times, with surgeons expressing concern for what this meant to potential outcomes of surgical treatment. ACC asked the Appeal Court to consider whether the High Court was correct in its description. The Appeal Court's decision was released in July and quashed the High Court description, preferring instead to determine what is not an ordinary consequence as "an outcome that is outside of the normal range of outcomes, something out of the ordinary which occasions a measure of surprise".

Advocacy activities

In recent months RACS has commented to the Medical Council of New Zealand on several professional Statements that MCNZ is revising. These include the "Statement on unprofessional behaviour: How it impacts patient safety and team based care", the "Statement on Telehealth" and, most recently, the "Statement on ending a doctor-patient relationship". It is important for RACS to provide input to these review processes as the standards within MCNZ's Statements are used by the Health & Disability Commissioner, the Health Practitioner's Disciplinary Tribunal and the MCNZ itself as the benchmarks against which all doctors are measured.

National Board has also ensured the RACS support for the proposals to move the start of the RMOs training year to early February has been heard by All District Health Boards. Food Safety Australia and New Zealand has proposed pregnancy health warning labels on all alcohol products. Recognising the considerable impact of alcohol on individuals and our health system, the National Board has asked the Minister for Food Safety, Hon Damien O'Connor, to support this proposal.

In preparation for the upcoming national election, political parties have been asked to describe their intentions on several issues identified as being important:

- A single Electronic Health Record
- More collaboration amongst District Health Boards
- Separation of health service and health policy leadership responsibilities
- The adequacy and stability of our health infrastructure
- Meeting the challenges of pandemics

Their responses are being collated and that document will be emailed to Fellows and trainees and vocationally registered SIMGs for their information prior to the election.

Selections and Examinations

Keeping the workforce pipeline moving has been a more complex process under COVID conditions. However, selections for the four specialties that have NZ-specific training programmes have recently been completed; and the bi-national selections are well underway. There will be two 'sittings' of the Fellowship examinations held in

October in Auckland. That unusual arrangement is to ensure NZ-based candidates who would have travelled to Australia for their speciality are able to present and potentially complete their training this year.

Justine Peterson
New Zealand Manager

Leading the way for women in the Bay

Have confidence in your team to do their jobs and be kind to everyone.

These were the key messages taken away by a group of about 20 house surgeons, registrars and surgeons who attended an inaugural Bay of Plenty Women in Surgery Leadership evening held at the end of July.

The messages were delivered by the evening's keynote speaker, sports physician and former Silver Ferns and All Blacks doctor, Deb Robinson. Dr Robinson moved to the Bay of Plenty in 2017 after working in sports medicine in Christchurch for about 25 years.

Sharon Jay, co-organiser of the event and a General Surgery Trainee currently based in Tauranga, said Dr Robinson gave an inspiring talk about her career and her time with the All Blacks in particular. She talked about her life and working in a male dominated field, touching on leadership, bullying and personal development.

The idea for the event was hatched from a discussion Sharon had with her Tauranga colleague and co-organiser, Dr Nicola Davis, about their careers and influences and how they could support more women in the career that they enjoy.

"The inspiration was really just to make women surgeons more visible and to create mentoring opportunities for students and junior doctors that encourage and support women into surgery."

Nicola says currently in New Zealand, females make up just 11% of the surgical consultant workforce, but 60% of medical school graduates and 45% of registered doctors overall. "This implies that surgery is not attracting female candidates and the worry with that is, we will end up missing out on some of the best and brightest doctors.

"RACS is actively trying to address the discrepancy between numbers of male and female consultants. A recent study suggested that one of the reasons for the low number of females was lack of exposure to female role

models and lack of exposure to the 'women in surgery' section of the College. The evening we had was to help address that a little bit and is something I hope to make a regular event," explains Dr Davis.

Sharon said the success of the evening was also due to generous sponsorship of the event from Medtronic.



Co-organiser Sharon Jay speaks at the BoP Women In Surgery Leadership evening.



Foreground L-R: Sharon Jay, Dr Deb Robinson and Dr Nicola Davis surrounded by Bay of Plenty District Health Board house surgeons, registrars and surgeons who attended the inaugural Bay of Plenty Women in Surgery event.



Sharon Jay
RACSTA Representative on NZ National Board

RACS TRAINEES ASSOCIATION UPDATE

Tenā koutou,
It's Surgical Education and Training (SET) interview time of the year and it's over this period I'm reminded of how important we are as mentors for our junior colleagues. A recent Australian publication stated that in 2019 the success rate for application to RACS SET was 36.2% and with the increased prerequisites and eligibility criteria for the application process it's harder than ever to get onto training. We're important to give guidance and support to those not only whom are successful, but to those who don't get selected.

I was recently involved with the inaugural Bay of Plenty Women in Surgery Leadership event and it was fantastic to see an opportunity for networking and mentoring between students, house surgeons, registrars and consultants. I still remember my early mentors in surgery who had such an impact on my career choice and development and I'm so grateful for their advice and guidance. By

being enthusiastic about being good role models we can have an unmeasurable effect on our students and junior colleagues. It also helps foster a positive culture and working environment for all of us and the wider surgical community and by extension our patients.

With the end of year date shifted to 1 February 2021 if anyone is disadvantaged by this in terms of Fellowship/ time off training etc. please get in touch. See my contact details below.

Finally, with the Fellowship clinicals coming up in mid-October, all the best to those sitting. You've done the mahi, you've got this and we're all cheering for you!

Ngā mihi nui,
Sharon

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OBITUARIES

BARRY WILLIAM OLIVER PARTRIDGE MNZM FRACS FRCSEng

9 August 1934 – 21 June 2020

General And Vascular Surgeon

Barry Partridge was born in 1934 to Annie Louisa Johnson, a secretary, and Cyril Partridge, a builder. With a younger sister, Margaret, he spent the first 4 years of his life on the family farm in Ngaere, Taranaki. The family moved to Te Puke when he was four and he attended Te Puke Primary and High Schools. Barry was keenly interested in music, learning to play the violin and continuing to play through his life.

Never eager for school life, Barry left at the age of 15 years to start a building apprenticeship with his father. Commencing his Compulsory Military Training when aged 18, he spent three years in the Medical Corps and this stimulated his following a medical career. While finishing his carpentry and joinery apprenticeship, he began studying for university entrance exams through Hemingway's Correspondence School – majoring in music and history. Successfully gaining University Entrance in 1955, he attended Auckland University to complete Medical Intermediate and gain entry to Medical School in Dunedin.

Barry married Maybelle Garratt, a student nurse, in 1960 and they spent their first year together in Dunedin, as Barry completed his 5th year with Maybelle working in support. He graduated with his MB ChB the next year, being awarded the David Whyte prize in surgery along the way. Barry and Maybelle lived in Hamilton during the next four

years where, following two years as a house surgeon, he became a surgical registrar.

In 1965 Barry, Maybelle and their three boys - Durham, Ashton and Leighton (born in 1961, 1962 and 1965 respectively) set sail for the UK so Barry could pursue surgical

training. The next year he passed his Primary FRCS in Edinburgh and then 3 weeks later in London he obtained his FRCSEng. From there, the family moved to Leamington Spa where Barry worked the next two years on the Southern Birmingham circuit in Warneford, Warwick General and Stratford-on-Avon Hospitals. During this time, experience was gained in both general and vascular surgery.

In 1968, Barry, Maybelle and their family returned to New Zealand where Barry had secured a position as Tutor-Specialist at Wellington Hospital. Obtaining his FRACS in 1970, he applied for and was appointed to a consultant position at Tauranga Hospital. There he was one of a team of three surgeons providing general surgery services for



a large regional population. In addition, he progressively developed a vascular surgery service for the region. He became Clinical Director of Surgery in Tauranga holding this position until his retirement in 2004 and was instrumental in the development of the regional surgical service. He was elected to the RACS New Zealand National Committee and served for 8 years.

By nature, humble and considerate, Barry was committed to the provision of public hospital service. Already an encouraging teacher, who loved operating, he became a mentor to numerous young doctors as they commenced surgical training. He had excellent technical skills and, one of the generation of General Surgeons who before the now established sub-specialties became the norm, seemed to have expertise in a wide range of fields being equally adept at doing a craniotomy or cracking open a chest and doing an emergency lobectomy, performing a hysterectomy, nephrectomy, or whatever was necessary. He was an avid reader of surgical journals and when traveling in his car, would listen to surgical audio tapes and then discuss them with colleagues.

In 1979 the family split, Ashton remaining with his father in Tauranga, and Maybelle, Durham and Leighton moving back to Wellington. Barry devoted his energies to patient care, and in 1981 married Marlene Kilmister, the charge nurse of the A&E Department. Both Barry and Marlene

shared a commitment to health care and an interest in music and travel. Marlene died in 2012 leaving an emptiness in his life that was never filled.

A wonderful clinician, Barry lived for surgery, and was highly respected in the community. On retirement he received the MNZM in recognition of his contribution to services to medicine. He compiled a book titled "The History of Vascular Surgery at Tauranga" and presented this to the Vascular Society of New Zealand in 2009. In 2013 he joined Rotary in Tauranga and until the time of his death, was a very active participant both as a committee member and through contributing many hours to the annual book sale. He was also a member of a U3A music group and just before his death had led the group in a practical talk on modern classical musicians. But, as his brother-in-law pointed out, medicine was so much his life that even in old age it tended to colour all his conversations.

Barry Partridge is survived by his three sons, Durham, Ashton and Leighton, step-children Tracy, Todd and Brendon, sister Margaret, and nine grandchildren, four step-grandchildren and two great-grandchildren.

This obituary is based on one published in the Bay of Plenty Times, 24 June, with subsequent assistance from Rob Cable FRACS, Margaret Walls and Ashton Partridge.

ALEXANDER STEVEN DONN FRACS

8 August 1957 – 24 October 2019

Otolaryngology Head & Neck Surgeon

Steven was a much-loved father, grandfather, partner, friend and brother and the family remember him for his wicked sense of humour, his work ethic, organisational skills, and his strength and stoicism. Outside his professional life, Steven was a keen gardener, guitar player and sportsman. He enjoyed all things active, but his greatest passion was surfing, the beach was his nirvana and he treasured his final years living in Ohope.

Alexander Steven Donn, known by his second name throughout his life was born in Devonport, Auckland. The eldest child of Hamish Donn, an engineer and Shirley Harris, a kindergarten teacher, he had two sisters. He attended Campbell's Bay Primary and Murray's Bay Intermediate schools. Aged twelve, riding to school on a new bike, Steven was hit by a truck laden with gravel, the wheels passing over him. Following emergency surgery, a stint on life support in ICU and a long period of hospitalisation he recovered well, but with extensive abdominal scarring which he would later explain was caused by a shark attack. The care that Steven received following his accident is what later inspired him to become a surgeon. Secondary schooling was at Westlake Boys High School where he excelled academically and at sport. A member of the 1st fifteen, he rowed as part of a Mardi Cup winning crew and was a very keen surfer.

On completion of his school years Steven purchased a Combi van with money saved through a variety of after-school and holiday jobs which included bagging and selling horse manure, work at KFC and the door-



to-door selling of velvet paintings. With independent means of transport, he headed off with a group of friends to spend a year surfing at Mount Maunganui. The following year he moved to Dunedin attending Otago University and gaining entry to Medical School. During this time he pursued his love of music, singing and playing the guitar as a member of a rock band. His final year of study was spent in Wellington during which he spent three months in San Francisco – attracted by the surfing culture. There he met a young French fellow-traveller, Genevieve Dupont, and a strong friendship was quickly established, such that Steven's trip back to New Zealand was by way of Genevieve's family home in France. Six months later Steven was joined in Wellington by Genevieve and, through attending night classes, he quickly

became fluent in French. 1982 proved memorable with their marriage and Steven completing his MB ChB.

The couple quickly headed overseas again; this time spending a year travelling through Western Europe, in large part prompted by Steven's interest in language, anthropology and early history. Although able to converse readily in French and offered employment in a hospital in Lyon, Steven could not obtain medical registration in France. Registrar positions were obtained in Gloucester and subsequently on Jersey where daughter, Louise, was born in 1986. Work in research in Lyon followed – along with an increasing interest in luxury cars through the purchase of a Daimler Sovereign. Returning to New Zealand in 1987 with Genevieve and Louise (and the Daimler Jag), Steven initially obtained work at Middlemore Hospital and their second child, Matthew, was born. At this time, he began training in Ear, Nose and Throat surgery in Auckland, obtaining his FRACS in 1992.

In January 1993 Steven and the family moved to Rotorua, where he commenced a part-time appointment as ENT surgeon providing care at Rotorua and Taupo Hospitals. Later the same year the family was completed with the birth of Joshua. Steven worked as a sole ENT specialist for the Lakes Health Board for a year before being joined by Wilfred Wong-Toi in 1994. Working in the Lakes area in both public and private practice between 1993 and 2006, Steven was part of a team that provided timely ENT services to those in Rotorua, Taupo, Turangi, Mangakino and at times Kawerau and Murupara. For many years he was part of a 1-in-2 or 1-in-3 roster. While he appeared initially reserved, behind this image was an interested, caring and witty person. A surgeon who “liked to operate”, he believed people should be very much responsible for their own health/well-being.

After settling into life in Rotorua Steven's irresistible love of the sea, and the surf in particular, soon resulted in the

purchase of a bach overlooking the harbour at Ohope. This provided the base for many happy weekends and holidays on the beach enjoying surfing, windsurfing, fishing and boating in a dinghy. He was a keen gardener and DIY exponent and always had a project under way. In addition, numerous summer holidays were spent in France with Genevieve's family. The family also fondly recall their visits to Pacific Islands where Steven undertook voluntary work. Steven's love of cars was maintained through ownership of a string of brightly coloured Ford Falcons, a Mazda MX5 and a midnight blue Aston Martin.

In 2006, seeking a better balance in his lifestyle, he ceased his employment with Lakes DHB to work solely in private practice. He moved to Ohope in 2014 and continued in part-time locum work until ill-health intervened.

After the last of the children had left home Steven and Genevieve parted ways amicably, retaining a good friendship. Steven found a new partner in Sharon and started the next phase of his life leaving Rotorua to live in Ohope. Sadly, shortly afterwards Steven was diagnosed with oesophageal cancer requiring surgery and subsequently repeated cycles of chemotherapy and radiotherapy. During the next five years, despite the discomfort and limitations experienced, he showed incredible strength and stoicism while continuing to undertake locum work, travel and lead an active life. His final days were spent overlooking the ocean with hot pink painted toenails and surrounded by Sharon and the family, supported by the wonderful hospice, oncology and district nurses.

Steven Donn, survived by his sisters and friend Genevieve, is greatly missed by his partner Sharon, and children Louise, Matthew and Joshua and two grandchildren.

This obituary was prepared from the eulogy provided by Louise Donn with contributions by Wilfred Wong-Toi FRACS, and Steven's family.

PATRICK HUGH SPENCER FRACS

30 August 1931 – 19 April 2019

Otolaryngology Head & Neck Surgeon

Patrick Hugh Spencer (known as Hugh) was born in Auckland, the son of Edwin Patrick (Pat) Spencer, a General Practitioner, and Dorothy (Dot) Eleanor Noakes. He had a younger brother John, who became a dentist. He attended Meadowbank Primary School and subsequently King's College, where he enjoyed sport, including rugby (a member of the 1st XV), tennis, boxing, gymnastics, and shooting. Introduced to sailing through model yachts, he progressed to the real thing, a Z-class which he sailed regularly at Red Beach where the family had a bach

Deciding to seek entry into Medical School, Hugh commenced at Auckland University, then transferred to Otago University where he successfully gained entry to medical training. His sixth year was completed in Auckland and marked by marriage to Mary Isobel (known

as Marybel) Dye, a schoolteacher, with whom he had grown up at Red Beach. 1958 was a memorable year with the award of his MBChB and the birth of their first child, Jane. Hugh remained in Auckland as a house surgeon and while completing his final run in ENT at Greenlane Hospital, Pat Eisdell Moore suggested he should consider a career in this work.

In 1961, after completing GP locum work for three months, Hugh began work as an ENT registrar at Greenlane. After



the birth of their second child, Peter, the following year, Hugh travelled alone to London to a registrar position at the Royal Ear Nose and Throat Hospital in Gray's Inn Road in preparation for the Diploma in Laryngology and Otology (DLO) examinations. With Part 1 successfully completed, Hugh went back to New Zealand for a short period before returning to England with Marybel and the children, including their third child, Robert (Bob). Travelling by sea, Hugh worked as the ship's doctor. He returned to Gray's Inn Road and subsequently worked at St James in Balham. After he had successfully completed the final DLO examination the family returned to NZ in 1964 – again by ship.

Hugh initially worked as Tutor Specialist at Greenlane ENT Dept. Over the next two years it became apparent to him that there was unlikely to be a consultant position available in Auckland and so in 1966 he took up a newly created position at Rotorua. This was a part-time consultant role, but with a large workload providing services initially in Rotorua and later extended to clinics in Whakatane and Taupo. Acute cover was shared in part with the general surgeons. Consulting rooms had to be found and established in town and as there was no resident audiologist a student was sent off to Melbourne to complete the necessary training – returning to provide a local service which became increasingly important. The work was rather dominated by the needs of many Māori children with discharging ears - this remaining a major ENT and health issue until the development of the caravan mobile ear clinic, which resulted in a very significant reduction in this work. Hugh Litchfield observed Hugh Spencer to be an earnest, enthusiastic, always pleasant surgeon, who was a good teacher. Exceptionally busy, he served his district very well and established and maintained strong relationships with the larger ENT departments at Waikato and Greenlane Hospitals.

Hugh remained the sole ENT specialist for the region until 1976 when he was joined by Geoffrey Van den Dreisen. Unfortunately, Geoffrey was lost to Australia after just two years and it was 1987 before a further consultant took up residence in Rotorua. Travelling to Taupo regularly for a clinic had some consequences. There was an early and advantageous decision to purchase land and have a family bach built on the shores of Lake Taupo. Less happy was the occasion when, running a little late in making the trip,

Hugh lost control of his near new Ford Falcon on a section of icy road. After rolling a couple of times the car came to rest in a ditch, whereupon Hugh extricated himself, thumbed a lift and proceeded to his clinic.

Hugh became a member of the ORL Society on his return to New Zealand and served on its executive. He played a major role hosting three highly successful international conferences, two in Rotorua (1981 and 1989) and one in Wairakei (1983). At that time, the Convenor had a major hands-on role, unlike today with professional conference organisers. The last (in Rotorua) with more than 400 delegates was immense by standards of the time. Hugh & Marybel could open any door (or golf course) in Rotorua and were instrumental in the organising of venue, social and sporting components. He became FRACS by election in 1986.

In the late 1980s Hugh was issued a diplomatic passport to work in Niue and Rarotonga as part of a New Zealand aid package to the islands. He was grateful to have the opportunity to provide aid work and humbled by the reception he was given by the local communities there.

Hugh & Marybel and family regularly holidayed on the Taupo lakeside. A 19-foot Pelin Day craft became the basis for numerous holidays and fishing expeditions. Hugh fished both lakes successfully and was always in great demand as a host for overseas speakers because he was so good at helping them catch trout. He tended to provide a rather rugged NZ outdoor experience. For many, going fishing with Hugh was the highlight of their NZ visit - drinking water straight from the lake, sleeping on the boat etc.

Hugh retired in 1992 and four years later he and Marybel moved to Auckland so they could spend time with their children and grandchildren. He spent his spare time teaching computer skills to retirees and in his woodworking workshop, turning out fine furniture.

Patrick Hugh Spencer is survived and greatly missed by his wife Marybel, children Jane, Peter and Robert (Bob) and 6 grandchildren.

This obituary is based upon Hugh's recorded memoirs, with additional assistance from Ron Goodey FRACS, Hugh Litchfield FRCS and members of the Spencer family.

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**Please email these to:
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