Cutting Edge

Issue No 79 | September 2021

Aotearoa New Zealand National Committee

Philippa Mercer
(Chair)

FROM THE CHAIR

Advocacy matters

As I write this article from the comfort of Christchurch in level 2, Auckland and its adjacent provinces of Northland and Waikato are also in Level 3 as COVID-19 crossed the borders. The country has been watching the regular announcements of the positive case numbers and the vaccination rates. We all know someone who lives in those Level 3 areas, or we have family there, and anxiously hope the current COVID-19 outbreak will be eliminated to a degree that allows resumption of normal activities. Across the Tasman, the events in Victoria and New South Wales clearly illustrate the need for us to get our population vaccinated and to stamp out the present outbreak.

The Aotearoa New Zealand National Committee (AoNZNC) recommended that RACS endorse the New Zealand "Doctors Stand Up for Vaccination" letter. Many other organisations and colleges had already added their support and logos. A new College committee, the Health Policy and Advocacy Committee (HPAC), chaired by Mark Frydenberg, enabled the letter to be endorsed and RACS logo added to the list of supporting organisations within a very short timeframe. Mark supported our use of a new "time sensitive" process for making such decisions in a timely way, as the more usual decision-making process within the College for endorsement of an external group's activity can take many weeks or sometimes months. This recent decision was made in 3 days.

I know that many of you endorsed this letter as individual medical practitioners. Thank you for doing that.

We are all working with patients with health conditions other than COVID and are aware that the pandemic is not the only barrier to accessing timely care. Lack of staffing – across many health disciplines – and infrastructure limitations are impacting our access to theatres and beds in many regions. These issues have been raised by the AoNZNC with senior health officials in the Ministry and in the Health Reforms Transition Unit, both directly and collectively through the Council of Medical Colleges.

The governing Boards for the Māori Health Authority and Health New Zealand were announced recently. Dr Curtis Walker, current Chair of the MCNZ, will be known to many of you and he has been appointed as a member of the Health New Zealand Board. The Transition Unit is identifying some areas to trial 'Locality' prototypes early in 2022. Their parameters for selecting these are that they should include at least one with high Māori population & that is iwi or Māori provider led; one with high Pacific population & Pacific provider led; one rural; and one urban with high levels of deprivation. If you are interested in regular updates from the Transition Unit, you can easily subscribe to their regular newsletter if you are not already receiving it. (Weblink is https://www.futureofhealth.govt.nz/news)

Your National Committee has also been involved in supporting compulsory vaccination against COVID-19 for all health care workers. This was discussed locally and by zoom conference with the Council Executive and the Australian State and Territory Chairs. Following this meeting, a RACS statement from Sally Langley,

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FROM THE CHAIR (continued)

President, was issued in full support for compulsory vaccination of health care workers in both our countries. Vaccination of health care workers lessens the risk for our patients, whānau, colleagues, and ourselves; and, as has very recently been decided, is now mandated by our Government. I believe we should be asking/encouraging all our patients and friends who are eligible for vaccination to go ahead and be vaccinated as soon as possible.

Sadly, disparity in vaccination rates still persists between Māori and non-Māori, and Pacifica and non-Pacifica. This reinforces the need for greater work by the MoH and DHBs with Māori and Pacifica leaders and communities and role models in our health workforce to help overcome this inequity and prevent it happening in the future.

At time of writing, we have 58% of over 12-year olds fully vaccinated and an additional 24% who have had just their first dose so far. As surgeons and surgical trainees we understand the science and therefore the importance of vaccination. We can all play a part within our own immediate families, our whānau and our communities to pass on that understanding.

SAVE THE DATE

SURGERY 2022

THURSDAY 1 & FRIDAY 2 SEPTEMBER 2022
Crowne Plaza, Queenstown

Third time lucky (we hope) for Queenstown.

This conference will focus on the very unwell patient.
It will be a hybrid meeting with both in-person and virtual attendance options.

A career dedicated to better outcomes for trauma patients

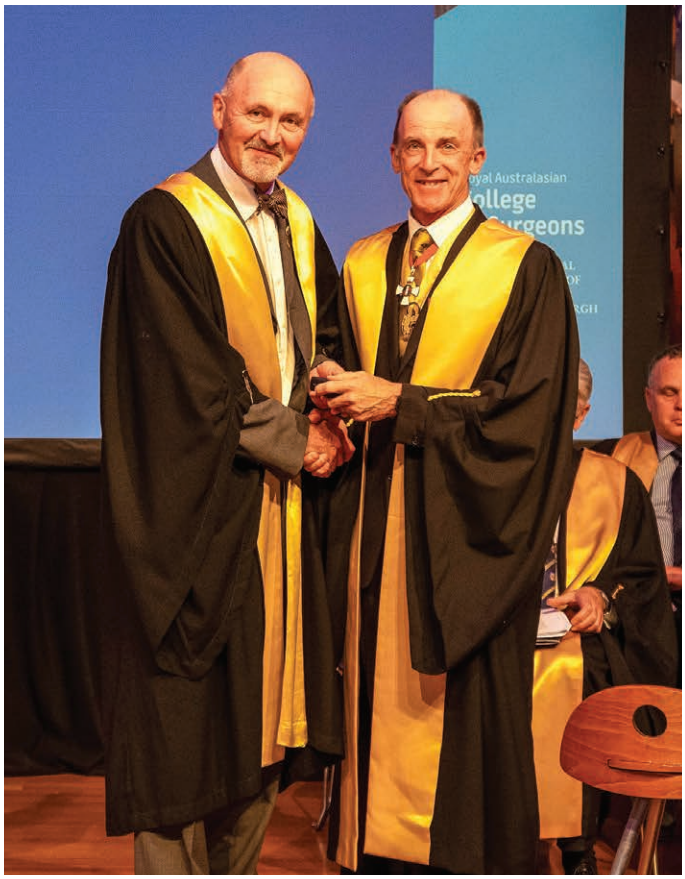
Continuing the *Cutting Edge* series on recipients of awards at this year's Annual Scientific Congress, in this issue we honour Mr Mike Hunter, who received the Gordon Trinca Medal, a prestigious honour that recognises and promotes contributions to trauma care with particular emphasis on trauma education and teaching.

Mike's entire professional career has been dedicated to the provision of trauma education and service to ensure better outcomes for trauma patients. A general surgeon, an ICU consultant and Trauma Medical Director for the Southern District Health Board in Dunedin, Mike has held numerous roles in trauma and trauma education. He took part in the first Early Management of Severe Trauma (EMST) course in Aotearoa New Zealand in November 1989 and went on to become a senior instructor, course director and active member of the EMST committee. He has been an invited speaker at many international scientific meetings on trauma.

Mike says what he loves most about trauma education and teaching is that it enables him and his students to make a difference. "The structured methodology and application of at least some educational science to both ATLS and our Australasian version EMST appealed greatly to me right from the beginning. It meant that even those doctors who had minimal experience in dealing with serious injury were given a systematic approach that led them through the most important early steps if lives were to be saved. You could see them growing in confidence and competence over the course of two and a half days and could observe those in the workplace who had had this training and see how much better they functioned both individually and in trauma teams."

Without a doubt the highlight of his extensive and dedicated career has been "he tangata, he tangata, he tangata" (the people, the people, the people). "I love coming to work most days because I enjoy my patients and their stories, and have a lot of fun with them, even in some pretty challenging situations. I have a strong sense of belonging in the Southern community, and I get a lot of love and respect back from that community.

"I really value most of the people I work with and alongside. When I walk into the hospital a cheery greeting by name from one of the orderlies or security guards or cleaners brings a camaraderie into the day that is worth a lot. I particularly enjoy the young people around me and their thirst for learning knowledge and skills, and their ability to challenge old ideas, and it gives me enormous pleasure to teach. I often get the greatest satisfaction over doing the small things well – a satisfied patient with a sound hernia repair no longer in pain and able to work is but one example. And every so often we get a win in some small way with system change; that is particularly rewarding."



Mr Mike Hunter is presented with the prestigious Gordon Trinca Medal from his trauma surgeon colleague Professor Ian Civil at RACS' Aotearoa New Zealand Convocation and Awards ceremony in May.

Unlike many surgeons, Mike has chosen to practise only in the public hospital sector. "I guess the early example was set by my father who always believed that people should receive health care based on need rather than ability to pay, and it didn't take me long to appreciate that state-run taxpayer-funded systems are not only more equitable but are also considerably cheaper than systems paid for via insurance or out of pocket expenditure.

"That is not to say that working in the public sector doesn't have its share of intense frustrations, indeed it does. Having also served for 35 years in the Defence Force I am acutely aware of the inertia, frustrations and often waste that any large organisation, public or private, inevitably demonstrates to a greater or lesser degree. My response to that has been to strive to improve it, rather than turning my attentions elsewhere."

Museum showcases medical and surgical adaptability

“Plus ça change, plus c'est la même chose”, the French phrase meaning the more things change, the more they stay the same, rings throughout the Cotter Medical Museum, housed at Christchurch’s Hillmorton hospital.

Retired surgeon and museum volunteer, Rob Robertson, says what he loves most about giving his time there is “seeing our history back in a real timeframe and realising how adaptive our forebears were. They were challenged by the diseases that they faced and worked out all sorts of options to help overcome them, a bit like what we face presently.

“Some of the design and engineering was novel and farsighted and we need to be grateful as they have helped us in our modern times to make things a little more certain and straightforward. Reminding ourselves of that and how we are able to adapt helps doctors chart the way ahead.”

Although Rob has been associated with the museum as a trustee on behalf of the Royal Australasian College of Surgeons for many years, retirement has enabled him to spend more time there. “I’m trying to help with sorting and catalogue the surgical instruments in the collection.”

The museum is governed by the Cotter Medical History Trust which was set up in 1998 by the late Mr Pat Cotter, who worked as a general surgeon from the early 1950s to 1985, and his wife, Prue, to take ownership of the enormous collection of medical and surgical items which Pat had collected over the previous 50 years.

Philippa Mercer, Chair of RACS’ Aotearoa New Zealand National Committee who works as a general surgeon in Christchurch, says Patrick Cotter was her first surgical consultant. She visited the museum for the first time recently and was impressed with the collection.

“There are several rooms packed with medical history: nursing, surgical, hospital, community, microscopes, photos, equipment and a significant library. You can easily spend several hours exploring the museum. The team are carefully documenting the thousands of items and displaying them. It is definitely worth a visit and ideally should be a stand-alone museum in the city.”

Paddy Cotter, Pat and Prue’s son and Chair of the Trust, says the Trust was formed with the support of the Canterbury District Health Board (CDHB), Otago Medical School, Royal Australasian College of Surgeons, and the Canterbury Medical Research Foundation.

“The CDHB has provided enormous support for the Trust, accommodating the Trust’s collection, initially in the Nurses’ Hostel on Hagley Avenue and subsequently moving it to its current location at Hillmorton Hospital after the 2011 Earthquakes.

Following the setting up of the Trust and having a base at the Nurses’ Hostel a huge influx of items were donated from a variety of sources, especially from the CDHB and included a huge range of medical, surgical, nursing items and photographs. The Canterbury Medical Library donated the library’s older medical book collection and this is now housed at Hillmorton.

“The most recent item we were given was a 20th Century Oertling Laboratory Balance which was in a case damaged by the Christchurch earthquake. This item was likely used in the Pathology Lab for weighing constituents for making testing compounds The donor also kindly gave a substantial donation to assist with the repairs.”

The Trust now holds an enormous volume of CDHB archival material and it continues to receive material from

RACS AoNZNC Chair Philippa Mercer, third from left, with Cotter Museum volunteers from l-r, Claire LeCouteur, Rob Robertson, Paddy Cotter, Raewyn Turner, Rachel Milner, Cath Smith.

A surgical bag and its contents which belonged to Mr William Cotter, the father of Patrick Cotter.

departments within the CDHB requesting that it hold items that may have historic value.

Paddy says his father, in his later years, started collating information on all medical practitioners who had practised in the Canterbury region. “Currently, there are files on over 1000 people in our collection. This resource is frequently used by relatives researching their family history.

“In 2017, the Trustees asked Te Papa (Aotearoa New Zealand’s national museum) to assess our collection and they assessed it as being a ‘Collection of National and International Significance’.”

Of particular importance is the Clark Microscope Collection. The Trust purchased this collection from Stephen and Margaret Clark. Stephen was a pathologist based in Nelson with a lifetime’s interest in microscopes. These microscopes are now on display at the Ground Floor of the Medical School in Christchurch and at the Cotter Museum. Kerry Swanson has now written a book about the history of the microscope featuring the Clark Collection.

The Trust has facilitated the publication of a number of books relating to the collection and medicine generally in Canterbury. The authors include Claire Le Couteur, Bramwell Cook, John Morton, Kerry Swanson and Stan Darling.

The museum is open from 9am-12 noon Monday, Wednesday and Friday and can open at other times by appointment. If you cannot physically visit the Cotter Medical Museum, you can get a taste of it at www.cottermuseum.co.nz.

The Dancer Binocular Microscope, Paddy Cotter’s favourite item because he thinks it is a magnificent looking piece.

Pacific Island patients need YOU

RACS Specialist Medical Volunteers are the backbone of RACS Global Health programs. Without the extraordinary commitment and skills provided by volunteers, RACS Global Health would not be able to provide surgical and educational support to our Pacific neighbours. In anticipation of the eventual re- opening of the Cook Islands quarantine-free travel bubble, and with talks of quarantine-free travel extending to other Pacific countries, RACS Global Health is seeking expressions of interest from interested Aotearoa New Zealand-based surgeons who would like to participate on upcoming visiting medical team assignments in the Pacific Islands.

While on overseas deployment, all travel, accommodation, transport, pre-trip medical checks and meals will be funded by RACS. RACS has also engaged International SOS to provide health and security advice and support to our volunteers.

A volunteer’s experience

Christchurch-based paediatric surgeon, Professor Spencer Beasley, has volunteered in Vanuatu and Fiji for more than 10 years. He decided to volunteer as he considered it part of his regional responsibility in his specialty. “I was also aware that some of the geographic inequities of outcome could be reduced relatively easily by providing more support to the surgeons in these countries.

“Initially I did most of the surgery with the emerging paediatric surgeons assisting, but with time, I now assist the highly capable local surgeons. The surgery has ranged from simple day case surgery to very complex correction of congenital abnormalities.”

One of the things that Spencer enjoys most about volunteering is seeing the continued improvements in the quality of care and greatly increased local capability with time. “I have got to know well my colleagues in Vanuatu, in particular, and our contact continues well outside the times of the visits, such is our friendship.”

He says volunteering has its challenges. “Clinical and operative decisions need to be made in the context of the country and the resources it has available. This may require some adaptation and moderation of what we do to best fit the local circumstances.”

Application process

Before being accepted as a RACS Global Health Specialist Volunteer applicants must complete a two-stage interview selection process to assess their clinical competency and suitability for overseas deployment. If selected, volunteers will be asked to complete RACS Global Health’s key compliance processes including undertaking a New Zealand Ministry of Justice Criminal Check and completing several online training modules.

For further information on volunteering with RACS Global Health, please refer to the RACS Global Health Deployment Guidebook. This resource provides comprehensive information about volunteering on a RACS Global Health program.

How to apply

If you wish to apply to become a RACS Global Health Specialist Volunteer, please email volunteer@surgeons.org and provide the following:

- Current CV
- Copy of qualifications
- Registration Certificate with the Medical Council of New Zealand
- A short paragraph about why you wish to become a RACS Global Health Specialist Medical Volunteer (previous international experience will be seen as desirable but is not a requirement of the role)

To find out more about RACS Global Health programs, please visit our website.

The Pacific Islands Program (PIP)

RACS Global Health is currently managing nine programs across 13 countries in the Asia-Pacific region, the largest being the Pacific Islands Program (PIP). PIP has been synonymous with RACS Global Health since it was launched in 1995. Funded by the Australian Government through the Department of Foreign Affairs and Trade (DFAT), the last two decades have seen more than 600 volunteer medical teams visit 11 Pacific Island countries, providing over 60,000 consultations and 16,000 procedures.

In 2016, RACS entered into a new five-year grant agreement with DFAT to extend PIP until 2021, with activities covering all specialised clinical services, including surgery, anaesthesia, cardiology, nursing, radiology, nephrology, psychiatry and more. The key to this has been strengthening ties with other Australian, Aotearoa New Zealand and Pacific Island specialist associations and colleges. Program activities seek to support medical education, hospital services, clinical governance, workforce planning, the continuing professional development of clinicians, and the systems and structures that support their function. The overall aim of the program is to ensure that healthcare in Pacific Island countries is affordable, appropriate to local needs, is accessible and of good quality.

RACS Specialist Medical Volunteers play an invaluable role in the development of the Pacific surgical workforce. Since 2016, 178 volunteers from Australia and Aotearoa New Zealand have been deployed to Pacific Island countries to support clinical activities and capacity development. This includes 42 surgeons, 50 specialist nurses, 26 anaesthetists, and 80 clinical specialists in audiology, pathology, radiology, psychiatry, dermatology, and other areas. Their contribution has made a significant impact on the lives of individual patients and clinicians in the Asia-Pacific region.

https://auth.surgeons.org/about-racs/global-health

Louis Barnett Prize Papers

Louis Barnett Prize papers will be presented in a webinar session on

WEDNESDAY 1 DECEMBER

7:30pm – 9:30pm.

From the Edge

HDC reminder about breast biopsies

A reminder for all surgeons, from a recent Health and Disability Commission (HDC) case, that it is vitally important to appropriately work-up any suspicious lumps or lesions where malignancy must be ruled out. For the last 20 years core biopsy for investigation of breast lumps has largely superseded Fine Needle Aspiration (FNA) as a method of gaining a pathological diagnosis. The term triple assessment, a combination of examination, appropriate imaging and biopsy will also be familiar to surgeons. FNA is thought to be controversial, particularly for the diagnosis of possible malignant lesions, as it samples a small amount of breast tissue and has high rates of non-diagnostic or inadequate samples. Its diagnostic accuracy can be improved with appropriate imaging, however, core biopsy is considered to be a more accurate method of gaining a diagnosis for a breast lump with increased sensitivity.

The HDC Commissioner has emphasised the importance of complying with district health board (DHB) protocols and accepted practice with respect to investigating breast lumps, and highlights her concerns about the efficacy of FNA biopsies alone to determine malignancy. She also would like to highlight to surgeons that in 2017 BreastScreen Australia provided guidance to its screening programme seeking to reduce reliance on FNA as a screening tool, owing to the inherent limitations of the technique (including a higher risk of false positives). It recommended that FNA in the screening setting be limited to cysts, lymph nodes, and the rare situations where core biopsy is not possible. Where possible, core biopsy should be the procedure of choice.

What does my annual subscription to RACS actually do for surgeons in Aotearoa New Zealand?

It is a strange paradox that the more successful our College is, the less conspicuous it is. As a membership-based organisation (remember “WE are the College”), it provides us with the support and the means by which we can focus on our clinical practice largely unencumbered by those governance and relationship obligations that reflect the complex health environment in which we work.

There are a number of activities that our College does on our behalf; from advocacy for surgical services, standard setting, through to providing a continuing professional development programme and opportunities like the Annual Scientific Congress and other courses to keep us up to date with modern surgical practice, provide us with new skills and enable networking with colleagues. The range of RACS courses that surgeons can attend is large. They include: understanding yourself and how to communicate better with colleagues through the Process Communication Model; developing leadership skills with the Surgeons as Leaders in Everyday Practice course; developing your understanding of medical education in practice through the Foundation Surgical Skills Education course and the Promoting Advanced Surgical Education course. Gaining a better understanding of cultural competency and cultural safety can be enhanced through the MIHI course. The College also provides opportunities to join webinars such as the Surgical Education regular slots.

Our College does a huge amount of work behind the scenes. In Aotearoa New Zealand it has facilitated the Australian Medical Council accreditation review whose findings are adopted by our own Medical Council. As RACS is recognised as the body responsible for the setting and maintenance of surgical standards it has - through its specialty training boards (some span across both countries) and some specialty societies - been responsible for the selection and training of surgeons. This includes assessment of their progress and the award of Fellowship to those who have met the required standards.

In general, our College is the body to which all jurisdictions approach for advice or input on matters surgical. The College responds directly (usually through the Aotearoa New Zealand National Committee) or refers the issue to the relevant specialty society. For many of these societies and associations it provides additional administrative assistance.

Our College has represented us in discussions with the Transition Unit, developed to to lead the response to the Review of Aotearoa New Zealand’s Health and Disability system, to help ensure that the surgical interests of the community are not forgotten in the frenetic rush of the next 12 months to change the configuration of health care provision across the country.

RACS meets frequently with the other professional colleges (CPMC), ACC, MCNZ and the Ministry of Health, to name a few. Our College is also looking at how it can assist in ensuring sustainable surgical practices as we face the consequences of rapid climate change.

Since 2016 our college has developed a more consistent process for handling enquiries, concerns and complaints regarding surgical behaviour. While it may be imperfect it is being used to reduce the negative effects of discrimination, bullying, and harassment in the surgical setting.

There are many benefits to being a Fellow of the Royal Australasian College of Surgeons and our annual subscriptions help to ensure the smooth running of the College in all its activities. We appreciate the prompt payment of fees by Fellows so that money can be directed to positive action rather than chasing unpaid fees.

Sarah Rennie and Spencer Beasley, Surgical Advisors (Aotearoa New Zealand)

Surgery 2021: Reflecting on practice

Surgery 2021: Reflecting on Practice had to battle against several COVID-19 impacts. It was originally planned as Surgery 2020 in Queenstown but had to be cancelled. It was revised as Surgery 2021 as a face-to-face, again in Queenstown, in early September with a backdrop of snowy mountains. The snap lockdown across Aotearoa New Zealand triggered its second cancellation as a face-to-face conference; but this time we were able to quickly change it to a fully virtual model. Despite all of that, the conference still offered a great programme albeit somewhat shorter than was originally intended. Brief information from some of the presentations is highlighted below.

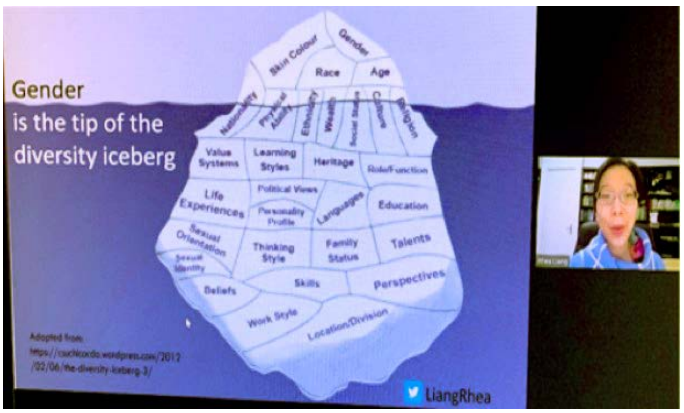
That reduction in time meant we were unable to include all planned presenters. For some, they were unavailable due to demands as a consequence of the lockdown or the interactive in-person style of their planned presentation. We'd like to take this opportunity to thank all those presenters for the time they had spent planning their presentations and hope to hear from them at another Meeting sometime in the future.

Professor Peter Brennan.

Professor Peter Brennan, consultant oral and maxillofacial surgeon at Portsmouth U.K., kicked off the first session as the keynote speaker. His talk on improving patient care by recognising the potential for human error from overwork, fatigue, and other human factors would have resonated with many in the audience who are all too familiar with the impacts of their demanding jobs. Consideration of human factors such as nutrition, hydration and stress can reduce the likelihood of critical errors, and therefore it is imperative to reflect on these personal factors. In his words "we often leave common sense at the front door when we come to work".

Tania Huria and Suzanne Pitama challenged the audience to consider the ten College competencies used to train and educate surgeons and how Hauora Māori could be included in each of those. They are delivering the first of the MIHI (Māori Indigenous Health Institute) courses for surgeons and surgical trainees this year, in which Suzanne says they will "work alongside [participants] to support them [in continuing] to develop their professional development portfolio in this area and give them the confidence to utilise Māori health models within practice". Tania Huria hoped the course would help to "meet [their] goal, which is equity and outcomes. Ongoing equity, not just at one point in time."

Rhea Liang, general and breast surgeon on the Gold Coast in Australia, reflected on anti-discrimination policies in surgical governance and practice. She recalled the 2015 Prevalence Survey of disrespectful behaviours, reiterating that the highest rates of discrimination came from cultural/racist discrimination and sex/gender discrimination. She touched on the policies which followed those results, as well as similar policies implemented internationally (or lack thereof). She outlined the discrimination gaps between policy and practice, and between research prevalence and reported incidents of discrimination, and after which posed the question: "We've still got a way to go…how are we going to bridge these gaps?"

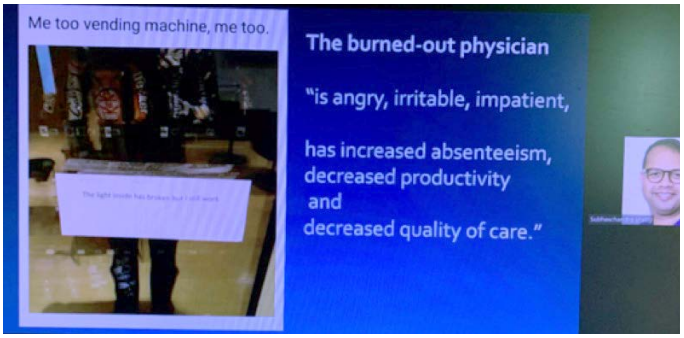


Curtis Walker, Medical Council of New Zealand Chair, spoke on cultural safety in the reflection process and conversations with colleagues. Andrew Hill, Professional Standards and Advocacy Committee Chair, provided information on the new RACS CPD programme and the role of reflection within that.

Day two of the virtual conference covered a number of topics, ranging from an informative talk on Mindfulness and its benefits by Jeremy Rossaak, to a presentation on rural health equity across Aotearoa New Zealand and Australia by Bridget Clancy (Chair, Rural Surgery Section), and then to the startling impact of climate change on practice. Mark Smith left us with two steps to tackle this ever-evolving problem: "Begin the courageous conversation about anaesthetic gas use with anaesthetic colleagues, and secondly, ensure our Superannuation or Kiwisaver isn't financing climate change."

Sarah Rennie, general surgeon and RACS Surgical Advisor, inspired the audience with a brave talk on her experience with changing directions in her surgical career, and the unorthodox path she took to her FRACS, and her FRCS. Sarah Beable, a physician currently working for Snow Sports NZ and previous medical director for Cycling New Zealand, shined a light on the impacts of high-performance sport / highly demanding professions, with specific emphasis on depression and life stress.

Subhash Shetty highlighted the impacts and misconceptions of burnout in a surgical career, describing burnout as a phenomenon that is "contentious and works undercover". He mentioned that in many publications, burnout is considered an individual, personal, problem, solved with "self-help" methods. Subhash challenged that burnout should be addressed also as an organisational responsibility and workplace phenomenon. To quote Subhash, "we must recognise to care is human".



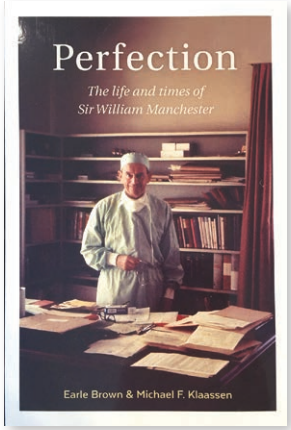
We were privileged to have College President, Sally Langley, give the final presentation with an overview of current College activities and directions.

Finally, many thanks are due to the Convenor for Surgery 2020 and Surgery 2021, Rachelle Love, and the members of the Organising Committee for both years – Philippa Mercer, Jesse Kenton-Smith, Nicola Hill, Andrew MacCormick and Sharon Jay, with Richard Lander for Surgery 2020 and Sarah Rennie for Surgery 2021. It was a long haul but the feedback from participants of the virtual conference clearly reflects its value.

So, what's next? The Louis Barnett Prize papers were unable to be fitted into the abbreviated virtual programme. These will be presented in a webinar session on Wednesday 1 December. Planning for Surgery 2022 is already underway. It will be, we hope, a case of third time lucky so held in Queenstown, most likely as a hybrid meeting with both in-person and virtual attendance options. You can expect to receive further information on both events.

Book Review

By Martin Rees MB ChB FRACS Plastic and Reconstructive surgeon



William Maxwell Manchester (b. 31-10-1913 d.25-12-2001) was born in Waimate, the fifth child and fourth son of James and Martha Manchester. 'Bill' was raised on his father's farm and attended Timaru Boy's High School then Otago Medical School (1933-37) where he excelled academically winning three prizes in Medicine, Gynaecology & Obstetrics, Anatomy and a Travelling Scholarship in Medicine. He was an Anatomy Demonstrator in 1938, developing a 'photographic memory' for anatomy text and diagrams that he used to great advantage for the rest of his academic life.

Bill joined the NZ Medical Corps as a Lieutenant in the 5th Field Ambulance the Second Echelon of the Second NZ Expeditionary Force (22nd Infantry Battalion).

He endured the 'blitz' of London, surviving a 'near miss' by a bomb, and made a good name for himself for the medical care of the troops of his Battalion. He was invited to train in Plastic surgery with Sir Archibald McIndoe at Queen Mary's Hospital in East Grinstead, arriving there in December 1940 as an inexperienced but clever junior surgeon. He had to sleep in the ward with the burnt airmen, initially.

He learned about saline baths and sulphonamides and skin grafting for the treatment of burns and the phasing out of the use of tannic acid on burns. He was promoted to Captain in May 1941, becoming a special guest of the members of the 'Guinea Pig Club' before Sir Harold Gillies then moved 'Bill' to St Albans for further training with Rainsford Mowlem at Hill End Hospital in Hertfordshire, an outpost of St Bartholomew's Hospital 32 km south in London. Here he worked with Benjamin Rank. The two became good friends.

After a little over one year's training in the treatment of burns and maxillofacial injuries Bill was sent to Egypt by ship via South Africa to Port Tewfik in the Red Sea at the southern end of the Suez Canal with Major Gilbert, Dental Surgeon, to set up a burns and maxilla-facial unit

with the 2nd NZ Expeditionary Force at Helwan south of Cairo. They were based in the old Grand Hotel and had 25 beds. By the end of 1943 they had treated 347 burnt troops whose injuries mainly resulted from lighting petrol fires to keep warm on the cold desert nights! Bill again met Benjamin Rank who was at a nearby Australian military hospital.

Seriously injured New Zealand troops were sent home so, with the increasing number of patients being sent to the newly established Plastic and Maxilla-facial Unit at Burwood Hospital, there was a need for help to assist Lt Colonel Joe Brownlee, a general surgeon with an interest in Plastic Surgery.

Manchester, now a Major, left Port Tewfik in January 1944 arriving at Burwood in March to be assistant plastic surgeon to Joe Brownlee and Geoff Gilbert maxillofacial surgeon. There were 36 beds, 80 inpatients and a waiting list of 100 cases.

Bill married Lois Cameron (whom he met at Helwan) on 30 January 1945 and they returned to England so he could do the necessary general surgical training to pass the FRCS exam at the end of 1949. He then returned to Auckland to establish a new Plastic and Maxilla-facial Unit at Middlemore Hospital. He had 30 beds in Ward 6.

He was an expert burns surgeon and an expert in the art of tubed-pedicle skin flaps. He also became an international expert in cleft lip and palate repair and in the use of free iliac bone grafts to reconstruct the mandible following resection of ameloblastoma.

This brief history of Manchester's early career shows how he seized the opportunities offered to him and became 'the right person in the right place at the right time'.

He learned from McIndoe, Gillies and Mowlem how to set up a Burns and Maxillofacial Unit. With his dental colleague Geoff Gilbert he set up another one in Helwan in Egypt, then they assisted Brownlee develop the Burwood Unit.

From small beginnings at Middlemore he created what became the largest Plastic Surgery unit in the southern hemisphere. He helped train another 15 plastic surgeons. The 'Unit' he started now has 20 plastic surgeons, six hand surgeons and the Dental Department has six oral surgeons plus numerous supporting orthodontists, dental technicians and dentists. His first house surgeon and Trainee, Mr John Williams, also became an expert cleft lip and palate surgeon.

Earle Brown, who co-authored this book, was Manchester's fourth Trainee spending most of his professional career as a very versatile and competent surgeon in Manchester's Unit. Earl and Michael are to be congratulated for producing this biography of an extraordinary man in extraordinary times. Bill declined to write his own autobiography, but he left considerable archives, both photographic and written, that chronicled his life.

He became an examiner in Plastic Surgery for the RACS, Professor of Plastic Surgery and received a Knighthood for his services to Plastic & Reconstructive Surgery. I was examined by him and had the privilege of being his last Trainee to complete the then three-year training course under his tutelage. He was a great teacher. I witnessed him creating some of the last 'tubed-pedicle flaps' ever done at Middlemore. I remember well his huge intellect, love of jokes and the absurd, Gilbert and Sullivan operas and rose gardening. He nearly always had a red rose pinned to his suit jacket lapel, or else an orange abutilon. He grew both. He fostered my interest in cleft lip and palate and craniofacial surgery, helping launch my own very satisfying career in Plastic Surgery.

Earl and Michael have written a very detailed and accurate book strong on history and interspersed with amusing stories either told by Manchester (the masterful public speaker) or tales about him. It is also an international 'Who's Who' of world-famous plastic surgeons of Manchester's time. He was a friend and esteemed colleague of an enormous number of them, especially Japan's Seichi Ohmori who sent 15 of his Trainees to learn 'cleft craft' with the 'master'.

This is a fascinating book and the foreword and introduction and his CV at the other end of the book are 'must reads'.

Final quote: *"Perfection in Plastic Surgery is only just good enough".*

PERFECTION, by Earle Brown and Michael Klaassen (Mary Egan Publishing)

Congratulations

Our congratulations to Dr. Sharon Jay who has been elected as the next Chair of RACS Trainees' Association (RACSTA). She takes up that position in January 2022. Sharon is a General Surgery Trainee and, as the Aotearoa New Zealand Representative on the RACSTA Committee, she has also been the Trainees Representative on the Aotearoa New Zealand National Committee. Her input to the National Committee will be missed.

Sharon Jay
RACSTA Representative on NZ National Board

RACS TRAINEES ASSOCIATION UPDATE

The events surrounding the Fellowship examination have dominated in recent weeks. Like those of you that I've spoken with, I'm upset that there has been so much disruption and extra stress on candidates. RACSTA remains your voice and we are working to try and keep communication open and get you the answers you deserve. Kia kaha candidates, look after yourselves and ask for help from your support networks. Looking forward to next year and beyond, COVID isn't gong away and as such RACS President, Dr Sally Langley, has told RACSTA that RACS Council has requested of the Court of Examiners that next years exam have at least a back up virtual plan to avoid cancellations like this. Though for this sitting, the format in some specialties remains unchanged. If you have any questions or need information please contact me or your specilaity reps.

Congratulations to all the finalists selected for the Louis Barnett Research Prize - sadly the move to a virtual Surgery 2021 conference has delayed this award. The good news however is that the presentations are going ahead via zoom and we will all get the opportunity to watch – so mark the date, in the evening of 1 December, in your diaries and further details will be released in due course.

RACSTA is holding the annual SET induction day on October 16th and this is open to new SET trainees. Justin Parr (Aotearoa NZ Plastic and Resconstructive Surgery Rep) has organised this event and, given the current COVID climate, this will again be held virtually. We hope all our new colleagues will attend.

As a way to try and improve contact with each other I've set up a private Facebook group called "Kiwi SET Trainees" for general banter and advertising property at run change-overs or anything to make training life easier. The RACSTA reps can post updates to try and keep you informed with whats happening behind the scenes. There are about 50 members so far and the admin will approve new members and posts, so please jump on board.

Finally, as with the theme of the times, I want to thank and wish our Auckland and Waikato trainees well. With COVID again disrupting our training I know you will be adaptable and leading your juniors in these difficult times. We're all behind you and hope you get through this outbreak safely.

Ngā mihi nui,
Sharon

sharonmjay@gmail.com
Twitter: sharonmjay

Access to Counselling Services

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

Tips for Sustainable Surgical Practice

Below is a list of things that can be done in your hospital clinic.

Stakeholders and Governance

Engage all clinic staff - clerical, nursing, medical;

Establish a Green Team for your clinic area;

Allocate time for the Green Team to meet regularly (monthly);

Clarify reporting lines for your Green Team/Sustainability Working Group.

Energy

Temperature control;

Turn off appliances/computers at the end of the day;

Use computers with energy saving settings;

Consider switching to LED lighting;

Switch off lights when rooms not in use/end of day;

Avoid 'over-lighting'.

Paper

Use recycled paper;

Avoid any unnecessary printing;

Set printers to default double-side printing and 'quick print' to save both paper and ink;

Avoid using exam-table paper unless necessary as it has not been shown to reduce any infection transmission;

Advocate for a move towards an electronic medical record where possible.

Telehealth

Encourage broader adoption of telehealth services, in particular for patients that are required to travel significant distance (particularly air travel).

Electronics

Avoid excess electronics without proven benefit to patient care;

Use a certified sustainable electronics recycling vendor to dispose of old equipment;

When negotiating equipment upgrades/contracts, request vendors take back old equipment for refurbishment and donation, or request vendor use a certified sustainable electronics recycling vendor.

Communication

Identify 'green champions' in your clinic;

Educate staff on local recycling/sustainability procedures;

Celebrate/Promote local initiatives with positive impact;

https://greenhealthcare.ca/wp-content/uploads/2018/04/Green-Office-Toolkit-2018-print.pdf

(Our thanks to Ben Dunne Cardiothoracic surgeon, Melbourne, and The Doctors for the Environment Australia for these tips.)

OBITUARIES

HOWIE KEITH FORBES WILSON
28 August 1929 – 25 January 2020

General and Plastic Surgeon

Keith grew up in Sarsfield Street, Herne Bay, Auckland and attended the local primary school, in Curran Street, then King Preparatory School in Remuera. He had an early introduction to sailing which became a lasting passion. Starting at Auckland Grammar in 1944 he showed his promise as a scholar in the A forms and 6 Science. In his final year, 1948, he played in the rugby First 15, and was appointed a school prefect.

In 1949 Keith was accepted into Otago University Medical School and began his studies in Dunedin, living in Knox College throughout his student years. On 9 December 1954 he was capped MB ChB and commenced work as a House Surgeon in Auckland in the New Year. His first 3 months were at the Thames Hospital working for Mr. K Archer in General Surgery, followed by General Surgery at Middlemore with Mr. J M Clarke, then Eyes, and ENT at Auckland Hospital. In 1956 he completed a further General Surgery run with Mr. F P Furkert, and Orthopaedic Surgery at Middlemore with Mr. W J B McFarland. He gained full registration on the Commonwealth list June1957, with a clear indication that the path ahead led to specialising in surgery.

It was while working in Auckland that he met and fell in love with Barbara, who was nursing, and they married. Barbara was a huge support to Keith as his very busy life developed, with 3 children, much travel, a frantic surgical practice, College of Surgeons commitments, sailing and collecting antique furniture.

For 5 years, in the '50s, Keith studied in London and Edinburgh obtaining his FRCS and FRCSE and returned to New Zealand to take up the position of Surgical Registrar at Waikato Hospital in November 1961. He was admitted to the Royal Australasian College of Surgeons on 21 June 1962. Patrick Beehan was his House Surgeon in 1962, with general surgeons Geoffrey Wynn-Jones, Ellis Dick, Archie Badger, and Allan Lomas. Subsequently, both Keith and Patrick were to establish a successful Plastic Surgical Unit at the Waikato Hospital.

Keith took over Allan Lomas's hospital and private practice when Allan left to train in Radiotherapy in London. The Wilson family house-minded the lovely Lomas home on the lake below Waikato Hospital. They later built their own place nearby, so handy to the hospital, a home well known for its hospitality. In the late 1960s Keith became interested in the new discipline of Plastic Surgery. When Pat Beehan returned from overseas, and Middlemore Hospital in 1971, to a fulltime appointment in Plastic Surgery at Waikato, Keith was able to spend 9 months visiting plastic surgery units in USA, Canada, UK and Thailand. To complete his training Keith spent 1973 at the Middlemore Hospital Plastic Surgery unit under William Manchester.

With the Waikato Hospital Plastic Surgery Unit established in Ward 7, Helen Fahey became charge nurse, and with two well trained surgeons the specialty of Plastic Surgery took off. They shared responsibilities for both elective and acute cases until the mid 80s. A one in two roster was not uncommon at Waikato Hospital at that time as the various specialty units were being established. However, they were reinforced when Peter Widdowson was appointed and later Stewart McNichol and Michael Klaassen. The unit was then recognised as a College training post for Plastic & Reconstructive Surgery.

In his public hospital practice, Keith was a General Plastic Surgeon with a special interest in hypospadias, hand surgery and he made a major contribution to the treatment of burns. He became member of the US Hand Surgery Club. Keith had a very successful private practice in both Plastic and General Surgery, and he never really gave up his General Surgery until the advent of minimally invasive surgery. A cholecystectomy or open prostatectomy would be on his lists much to the chagrin of his General Surgical colleagues. He was one of the last truly General Surgeons.

Keith had a significant role in the development of Braemar Hospital in Hamilton where he worked as a busy surgeon on a regular basis and was involved in the Hospital Management and also the Braemar Charitable Trust on which he served as chairman for many years. During the period of fundamental reforms in medical practice In New Zealand with vocational registration, loss of medical leadership in the public hospitals, and formation of the Senior Hospital Doctors Union (ASMS), Keith became involved in medical politics. He was elected to the New Zealand Committee of the RACS and was elected chairman 1986-1988. Following this he became a member, then became chairman, of the Hospital Officers Medical Advisory Committee (HOMAC) of the New Zealand Medical Association. HOMAC was responsible for the negotiation of the terms of employment and salaries of senior hospital doctors with the Higher Salaries Commission until government implemented the change to negotiation through the adversarial union system. A busy time for Keith which he handled with great aplomb, and with the assistance of his wife Barbara.

Yachting remained an important part of Keith's and his family's life. Armed with his Yacht Master's certificate

he confidently sailed the Hauraki Gulf and to the Bay of Islands where he had an interest in Moturoa Island. His wooden Davidson 1975 ketch RIADA was frequently seen in the Christmas Tall Ships Race in the Bay of Islands receiving line honours on several occasions.

With his retirement he shifted to Devonport and assisted at the Naval Base with minor surgery.

Unfortunately, his last years were blighted by Parkinson's Disease which he bore with great courage and equanimity.

His mentorship of junior colleagues, and his jovial disposition and chuckle, which remained with him to the end, will be fondly remembered by many.

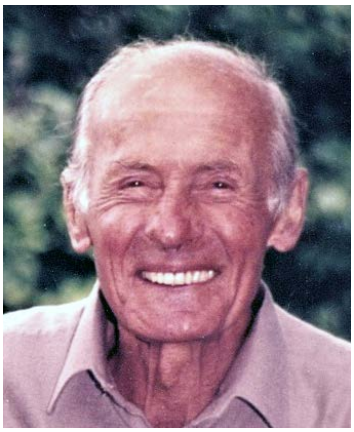
Keith is survived by his wife Barbara and three children, Carolin, Nicola and Jonathon, along with seven grandchildren.

This obituary was provided by Keith's family, Ross Blair FRACS and Patrick Beehan FRACS.

WILLIAM WYBROW HALLWRIGHT

3 January 1918 – 27 May 2021

General Surgeon



Bill Hallwright was an extraordinary Fellow of the Royal Australasian College of Surgeons. Not only did he practice until aged 82 and live 103 years, but he epitomised all the qualities of the complete surgeon. An educator ahead of both his time and the literature, equipped with outstanding technical skills, Bill taught that compassionate care delivered better outcomes for patients and families. He held the utmost respect for people, regardless of race, religion, culture and gender - he simply wanted others to be the best they could be. Anne Kolbe, the first female President of the College, recalls with gratitude how Bill (and Tony Hunter with whom she worked at the time) were instrumental in re-instating her selection as a surgical trainee after this had been revoked some time after being announced. This accorded with Bill's positive attitude, kindness and compassion and his strong belief that doctors should always try to 'walk in the patient's shoes'.

William (Bill) Hallwright was born in Wairoa, to Guy Hallwright, Surgeon-Superintendent at Wairoa District Hospital, and Ethel May Hallwright (nee Piermont), a nurse. He was the second of three boys, with older brother, Matthew, and younger, Guy (known as Pont). Growing up in the small town of Wairoa, they lived in a house by the Wairoa River and enjoyed considerable freedom in making their own entertainment. With his brothers, Bill became a boarder at Huntly Preparatory School in Marton. There he excelled as an athlete holding school records in the 220 and 440 yards and the long distance. Next a boarder at Wanganui Collegiate, Bill played in the 1st XI and won the Shooting Cup at 16 years when still too young to shoot legally. He was academically even more capable, completing his Matriculation examination and achieving eligibility for university entrance at the age of 14 years. A school report card from 1932 reveals A passes in all 10 subjects and the comment by the principal - "Uncommonly Bright Prospects".

Obviously gifted and able to follow any path he wished, Bill, early in life, was booked to be sent to the Royal Academy at Dartmouth to enter the Royal Navy. When asked by his father at age 12 years if he really wanted to go, he said he would rather do medicine, following his father and uncle who were doctors and his mother who was a nurse. Bill commenced at Otago University in 1935, residing at Selwyn College for five years. Reflecting the constraints of the Depression, his father gave him an allowance of ten shillings a month. War broke out during his final year at Medical School but, as medical students did not face conscription, he was able to complete his studies graduating MB ChB in 1940. Top of his class, Bill was awarded travelling scholarships in Surgery and Obstetrics and Gynaecology and the McCallum Medal for Medicine.

Bill spent the next two years as a house surgeon in Wellington, before being called up in 1943 to join the war effort. Based initially in New Zealand, Bill was first tasked with blood-typing 50,000 military personnel, a task expected to take three months. However, with some innovative thinking, enabling the placement of multiple blood samples on a single slide, he was able to successfully complete this task in three weeks. Subsequently he was posted to the 7th Field Ambulance in New Caledonia, later serving at Guadalcanal and Vella Lavella before being returned to New Zealand.

With the ending of war, Bill was finally able to take up his travelling surgical scholarship and in 1947 he sailed to the UK intent on gaining his Fellowship. During the next three years, based at London House, he attended clinics and theatre on the London post-graduate teaching circuit including Guys, Bart's, and St Thomas Hospitals. Passing the Primary Examination was not too difficult, but the Final Examination proved demanding, and he eventually gained his FRCS in 1949. With this, he secured an appointment as resident surgeon at Southend-On-Sea, which was staffed by London visiting surgeons. Amongst them was Rodney Maingot, regarded as an expert in gall bladder

and upper abdominal surgery. There, Bill also became proficient at skin grafting. In 1948 he met Patricia Fligg, of distinguished naval lineage, who worked in the MI5 and they married two years later.

Bill and Pat returned to NZ in 1951 on separate ships, Bill securing his passage as a ship's doctor for the fee of one shilling. Settling in Auckland they had three children – John, Jane and Michael. With an appointment at Auckland Hospital, Bill was initially employed as Tutor Specialist until he obtained a part-time consultant position two years later. RACS Fellowship was awarded in 1958. Bill had perfect technique, controlled and precise dissection, and made his mark as an eminent gall bladder and biliary tree surgeon, managing the few common duct carcinomas or strictures which presented. In 1968, after visiting several hospitals in the United States including the Mayo Clinic, Bill expanded his surgical practice to include breast augmentation and sex change surgery. Fiercely supportive of nursing staff, particularly theatre nurses, he was also extremely gentle with patients suffering terminal illness at a time when Hospice care was but a distant dream.

Bill Hallwright was the senior consultant that all the surgical trainees asked to work with. A very shrewd judge of a trainee's capabilities, he would gently extend their surgical repertoire over their six-month attachment, so they made good progress. An outstanding teacher of technical skills, he was an expert with economy of movement during surgery, shortening operating times. He observed that, although anyone could deliver excellent 'technical' clinical care, what really mattered was personalising care for each patient recognising their particular circumstances. He practised cost-efficient surgical care – 'always know why you are doing a test and how you hope to advance your diagnostic thinking through the answer', 'treat instruments with respect, they are expensive', 'use suture material sparingly, either the government or the patient pays for what you use' The learnings trainees gained would have been adopted for their careers, especially Bill's careful and skilled dissection techniques, and in gall bladder surgery his golden rules, and where no scissors were allowed, the Lahey right-angled forceps being the dissecting instrument of choice.

Ian Civil, Bill Hallwright and Dave Adams on his 100th birthday.

After 15 years at Auckland Hospital, he exchanged this appointment for one at Green Lane Hospital where he teamed with Keith Ewen. Following a 'sabbatical' visit to the USA in the very early 1980s, Bill brought back a full set of the equipment required for colorectal anastomoses, specifically 'anterior resections' of the rectum. This represented a major advance in the treatment of low carcinoma of the rectum, and the surgical unit at GLH led the way in using this technique in Auckland. Bill retired from his public hospital appointment in1983 at the age of 65 years, but continued his private surgical practice, which encompassed a number of hospitals including Brightside and Rawhiti, until age 82 years.

A family bach at Lake Waikaremoana, remarkably built by Bill and brother Pont when they were 15 and 14 years old, was the focus for many family holidays, with camping and fishing being popular pursuits. In his 50s Bill learned to fly and dive. Flying was executed with the same precision as his surgery. Piloting his twin-engined Piper PA 30 Comanche aircraft, and accompanied by Pat, he made regular trips to Norfolk Island where he completed clinics and some surgery. In 1982 Bill and son, John, entered a partnership developing a 40-acre bare block in the Bay of Islands into a productive kiwifruit and persimmon orchard operation. This was a 'hands on' project including the building of a packing shed, from which the produce was exported, and later on a kitset farmhouse. This enterprise was a perfect outlet for Bill's strong skills in engineering and horticulture.

Bill generally maintained excellent health. Despite his ward at Green Lane Hospital being on the 4th Floor, Bill never took the lift and his Team always had to follow up the stairs. Although he contracted TB of the spine requiring surgery even this didn't slow him greatly. He held a driving licence until age 100 years, and at 82 years he took up golf. Aged 101 years he was still walking nine holes Monday to Friday, regularly maintaining par on at least half (and achieving a hole-in-one). Gardening was a further important activity as he maintained the acre family garden, producing large volumes of vegetables and fruit. Sadly, Patricia died in 2010, but Bill continued living independently in the family home with some live-in help necessary in the final months. Bill may have thought he was going to live forever as, aged 98 years, he decided to have solar panels installed on the house roof - observing the payback on his investment to be eight years.

Bill Hallwright lived a remarkable life and he is greatly missed by his children, John and Mike (Jane having died when aged 19) and five grandchildren, Sophie, Lucy, George, Tom and Yulia with whom he developed an incredibly close relationship.

This obituary is based upon Bill Hallwright's memoir and contributions by Mike and John Hallwright, Anne Kolbe ONZM FRACS, David Morris FRACS and Patrick Alley MNZM FRACS

Royal Australasian
College of Surgeons
Te Whare Piki Ora o Māhutonga

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Please email these to:
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