Surgical News

THE ROYAL AUSTRALASIAN COLLEGE OF SURGEONS **MARCH 2012**

More than $1.5 million worth of scholarships inside!

The College of Surgeons of Australia and New Zealand

Improving the health of our *colleagues*

The MBA is working to improve avenues for those who need help

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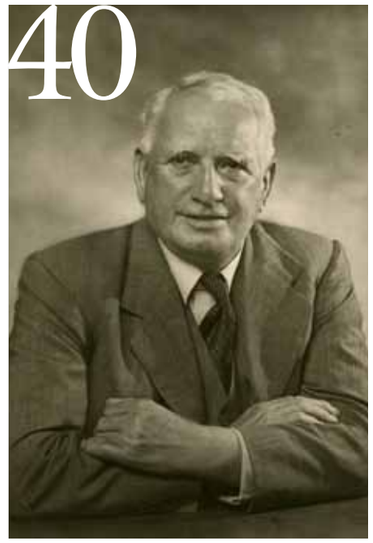

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President's Perspective

The marks we leave

This is being penned as Council prepares for its meeting in the last week of February. I am very conscious that it will be my last full meeting of Council as President with only two Executive meetings prior to the Annual General Meeting. After nine years on Council and many years of involvement with College committees I will move to the next phase of my career. As is sometimes quoted: "To make an end is also to make a beginning".

So in my nine years on Council, in the hectic nature of our day to day activities and challenges, what have been the important and significant compared to the urgent issues?

In the Annual Report I focused particularly on the contribution of our Fellows not only to the College and their various Specialty Societies, but also to the national and international community. Last year, I attended the funeral of Rowan Nicks and after such a long and distinguished career the praise for his outstanding contributions was enormous.

Rowan had raised himself and the profile of our profession beyond the hectic and the day to day to recognise and support important issues. In particular this focused on the nurturing of safe and effective surgical services in countries which are still developing and still struggling to bring education, infrastructure and political will together for the benefit of their populations. He lived the ethos of cooperation between countries for the good will and benefit to all.

In the recollections of Rowan's career it made me even more aware of the growing activities between this country and Myanmar. Again, as a country starts to bring together education, infrastructure and political will to improve the health system and health of their people this College's contribution can be significant.

In a country with limited out-of-hospital care, limited transport or emergency services this College can work with other like-thinking Colleges and committed Fellows to provide educational services and Fellowship support at a level that can be implemented appropriately and recognised as worthwhile by the local medical groups. Rowan knew this.

He committed much of his life to the support, the training and the bringing together of committed individuals. In many ways he personifies much of what I would regard as one of the most important and significant roles for the College. In the hectic world our individual professional capacity to meaningfully contribute is something the College always needs to support.

The getting of Wisdom

Following February Council, there will be conjoint meetings between this College, the Royal Australasian College of Physicians and the Royal College of Physicians and Surgeons of Canada. This continues initiatives that have now spanned a number of years where there has been joint work on educational programs, in-training assessments and professionalism.

The third day of the meeting is particularly looking at professionalism which many would say has been the 'buzz word' in the health sector in the past decade. In many ways this is true and it continues into this decade. Whether it is a core value or specific competency for the medical and surgical professions is still being debated.

However, it is often cited as the core concern where issues come 'unstuck' in the health sector. We can more easily measure and train for technical competence and even clinical decision making. However, professionalism is more and more being recognised as the core of our competencies. As highlighted even by Aristotle, "We are what we repeatedly do. Excellence, then, is not an act, but a habit." So how do we monitor and improve this in our Trainees and also our Fellows over their professional careers? An important issue which takes me to the final reflection for this perspective.

We spend up to six years gaining our medical degrees, spend a number of years gaining hospital experience before being selected into surgical practice and then spend up to another six years before graduating with the diploma of the College to practice as a Specialist Surgeon.

Over the 30 or more years of our professional practice, how do we ensure that our competence is maintained and we practice at a high level, perhaps what even has been described as 'wisdom'?[1] This goes far beyond our Continuing Professional Development (CPD) requirements, but it is built on that.

Society, in many parts of the world, is now demanding an objective measure, be it robust CPD or revalidation, to ensure the surgical practitioner they see is competent, professional and performs at a high level. This is an issue of substantial importance. It is appearing now as perhaps the next big issue that the surgical profession in Australia and New Zealand will need to not only confront, but champion to ensure changes and measures are meaningful and effective.

Well, maybe not a new beginning for the College but certainly an importance, a profile and a prominence that will be critical.

Mr Ian Civil
President

1. Gruen, R.L., D.A. Watters, and M.J. Hollands, Surgical wisdom. Br J Surg. 99(1): p. 3-5.

Australia and Waitangi Day Honours

New Zealand New Year Honours

Knight Companion of the Order (KNZM)
Mr John Desmond Todd (Member of the Court of Honour)

Companion of the Order (CNZM)
Dr Osmond Bruce Hadden

Officer of the Order (MNZM)
Dr John Stuart Simpson

Australia Day Honours

Officer of the Order (AO)
- **The Reverend Father William James Uren** (Ethics Committee member)

Member in the General Division (AM)
- **Dr John Michael Buckingham (posthumous)**
- **Professor John Frederick Forbes**
- **Associate Professor Brian John Miller**

Medal in the General Division (OAM)
- **Dr Robert John Black RFD**
- **Dr Francesco Incani**
- **Dr Stuart Barrington Porges**
- **Mr Brian Charles Randall (Hon Financial Advisor)**
- **Dr John Stanislaus Roarty**
- **Mr Thomas Victor Roberts**
- **Dr Ian Flett Robertson**
- **Assoc/Professor Peter Frederick Thursby**

Nominations for election to College Council have now closed and I am delighted to report that a large and very strong field of candidates have made themselves available for election.

Given that these Fellows of the College are prepared to give up valuable time to serve on Council, time that might otherwise be spent in their practices or, more importantly, spent with family and friends, I think we owe it to them to take an interest in the future of our College and participate in the forthcoming ballot.

On March 1 the College mailed out election material for your consideration. This included a booklet containing the curriculum vitae of all candidates for election to Council. If you have not already done so, I urge you to examine these carefully, comparing the strengths of the various candidates and asking what they can bring to the Council table to enhance the future of surgery and surgeons in Australia and New Zealand.

There are 13 candidates for election to three vacant positions as a Fellowship Elected Councillor. You can vote for any candidates you choose, irrespective of their surgical specialty or place of residence. But you can only vote for three candidates – your vote will be invalid if you vote for more or fewer than three candidates.

Those Fellows practising in the General Surgery and Otolaryngology Head and Neck specialties will receive an additional ballot paper. This is because you are also required to vote for a Specialty Elected Councillor.

A reply paid envelope has been provided for the return of your ballot paper/s. It is important to ensure that you post your ballot paper/s in time for them to arrive at the Melbourne office of the College, or in the case of New Zealand Fellows, the Wellington office, no later than 5 pm on Thursday, April 5.

Counting of the votes will occur on April 12, with candidates informed of the results of the count on that day. On Wednesday, May 9, at the time of the College's Annual General Meeting at our ASC in Kuala Lumpur, the new Councillors will take office.

I would like to take this opportunity to remind you of some interesting features of your Council.

In addition to those elected to Council by Fellows, there are co-opted Councillors. These include Councillors appointed if an Australian state or New Zealand does not produce an elected Councillor through the election process. This ensures broad geographic representation on Council. In the event that a state or New Zealand is not represented on Council, the Regional Committee or New Zealand National Board is invited to nominate a Fellow to ensure the Fellows of that region have a voice at the Council table.

"I urge you to examine these carefully, comparing the strengths of the various candidates and asking what they can bring to the Council table"

Another co-opted Councillor represents the Royal Australasian College of Surgeons Trainees' Association, ensuring the voice of future surgeons is heard.

And two non-surgeons with a distinguished record of public service are co-opted to serve as Expert Community Advisors (ECA).

The ECA are carefully selected by Council. We seek individuals with attributes such as integrity, curiosity and courage and a genuine interest in the College and its business. These people perform a remarkably valuable role, ensuring the College doesn't lose sight of what the community expects of us.

Co-opted Councillors have precisely the same voting rights at Council table as elected Councillors, except for the right to elect or be elected to office bearer positions.

No Councillor can serve more than nine years on Council. This ensures that new Councillors with fresh ideas and new approaches are regularly elected to Council.

To further augment this, I recently proposed several changes to the office holder arrangements which were accepted by Council. Most importantly, office holders can generally hold office in the same portfolio for no more than three years without the specific permission of Council.

This will ensure that a Councillor doesn't get 'pigeon-holed' into a particular portfolio, but can make a broader contribution to Council and the College while on Council. It also ensures that Council, and by connection the College, is regularly exposed to new approaches to governance and committee leadership.

And of course, the position of President is limited to two years by our Constitution.

But irrespective of the constitutional and other arrangements that govern its activities, Council can only be as effective as the people serving on it.

That is why I again urge you to exercise your right as a Fellow to decide who represents your interests and those of your colleagues and patients, on College Council and promptly return your ballot paper in the envelope provided.

Keith Mutimer
Vice President

Clinical Director
(0.3 FTE, 10.5 hrs/wk)

Victorian Audit of Surgical Mortality (VASM)

This part time position will be responsible for the clinical direction and support to the Victorian Audit of Surgical Mortality (VASM). VASM is a collaboration between the Victorian Government's Department of Health, the Victorian Surgical Consultative Council and the Royal Australasian College of Surgeons. VASM is a state wide, peer reviewed and voluntary process for auditing surgical mortality. The review process identifies areas of clinical management which can be improved. The VASM project is funded by the Victorian Department of Health. The College manages VASM through the Melbourne head office.

The initial appointment is for a period of 15 months with the possibility of renewal.

As an experienced and respected Fellow of the Royal Australasian College of Surgeons, you will work with the VASM Project Manager to establish the surgical program within Victoria through liaison with surgeons, hospitals and DHS as well as providing project oversight and acting as Chair of the VASM Management Committee.

A demonstrated ability to meet deadlines and excellent organisational and time management skills are required, as are superior verbal and written communication skills.

Remuneration will be at the appropriate senior specialist level (pro-rata).

Position descriptions can be obtained by email from **careers@surgeons.org** or visiting our website: **www.surgeons.org**

Applications should be addressed to **Professor Guy Maddern**, Chair, ANZASM and sent by email to **careers@surgeons.org**

Enquiries:
Dr Wendy Babidge, Director, Research and Audit, RACS ph: **+61 8 8219 0900**
Applications will close: **Friday, 23 March 2012**

More advice on DePuy

Britain's Medicines and Healthcare products Regulatory Agency have upgraded their advice on artificial hip replacements following a joint investigation from the BBC and the *British Medical Journal*. Australia's medical regulator are now reviewing the advice on the concern of the long-term effects of metal modules in the blood. The damaging joints were withdrawn in 2009. Australian Orthopaedic Association president Graham Mercer has said current guidelines recommended monitoring and annual assessment of the hips and blood tests if pain or other symptoms were detected. ***The Australian,*** **1 March**

Return to public health

Legislation for means testing of the private health insurance rebate has passed despite much contention on the topic. The Royal Australasian College of Surgeons claim that any increase in people would put only further pressure on an already strained public health system. RACS Vice President Keith Mutimer said the means testing would "lead to people abandoning private health."

Sunday Mail Adelaide**, 12 Feb**

Balcony safety for children

NSW Fellow Brian Owler has called for more safety restrictions in apartments and homes with balconies after a number of child injuries. He claims that each year in NSW about 50 children are admitted to hospital after falling from a balcony or window. The National Construction Code will be modified from May, 2013, to ensure windows can only open to 100 millimetres when needed, however this only applies to new buildings.

Sydney Morning Herald, **16 Feb**

"We need to mandate that all windows in residential dwellings on the first floor and above the ground have safety features to prevent falls," Mr Owler said

Mouthguard key to depression

A new mouthguard will give more information of the effects of brain injuries through sport. The guard is made to measure impacts to the head and may help explain the long-term effects of concussion and whether there are proven links with depression.

Fellow neurosurgeon Professor Jeffrey Rosenfeld said the $150 mouthguard could lead to a significant breakthrough.

"They can pick up the force on the head during the game, and record how many hits the player suffered and the angular forces in the head, the linear forces, the acceleration, the deceleration," "Concussion might be one element (to depression)… It might just be that the guy can't play properly, he's not kicking the goals he normally kicks, so he gets depression."

Adelaide Advertiser, **1 March**

New Library resources

The Library just keeps getting better

How do you make an already good library service even better? Just add new library resources, that's how! On advice from the specialty representatives on Council, additional funding for new Library resources has been provided. The new titles are now available as full text content in your Online Library. Why not visit the library and check out these great new resources?

New subscriptions

> European Journal of Cardiothoracic Surgery
> Burns (journal)
> Total Burn Care (e-book by Herndon)
> American Journal of Rhinology and Allergy
> International Journal of Pediatric Otorhinolaryngology
> Surgical Anatomy of the Face (e-book by Larrabee)
> The Spine Journal
> European Journal of Paediatric Surgery
> Principles and Practice of Pediatric Surgery (e-book by Oldham)
> Grabb's Encyclopedia of Flaps
> European Urology
> Journal of Endourology
> Seminars in Vascular Surgery
> Textbook of Medical Physiology (e-book by Guyton)

Trainee resources

Trainees, the Online Library supports your training and exam preparation. Online references with full illustration and search facilities to help you include:

> Guyton 's Textbook of Medical Physiology
> Robbins and Cotran Pathologic Basis of Disease
> Ganong's Review of Medical Physiology
> Current surgical therapy (Cameron)
> Operative surgery manual (Khatri)
> Sabiston textbook of surgery: the biological basis of modern surgical practice (Townsend)

Anatomy resources for Trainees include Aclands Video Atlas of Human Anatomy. The Atlas shows the structure of the human body in its natural beauty, as well as moving structures, muscles, tendons and joints, making the same movements that they make in life. In each part of the body, the bones are shown first, then joints and their movements, then the muscles, and then the blood vessels and nerves.

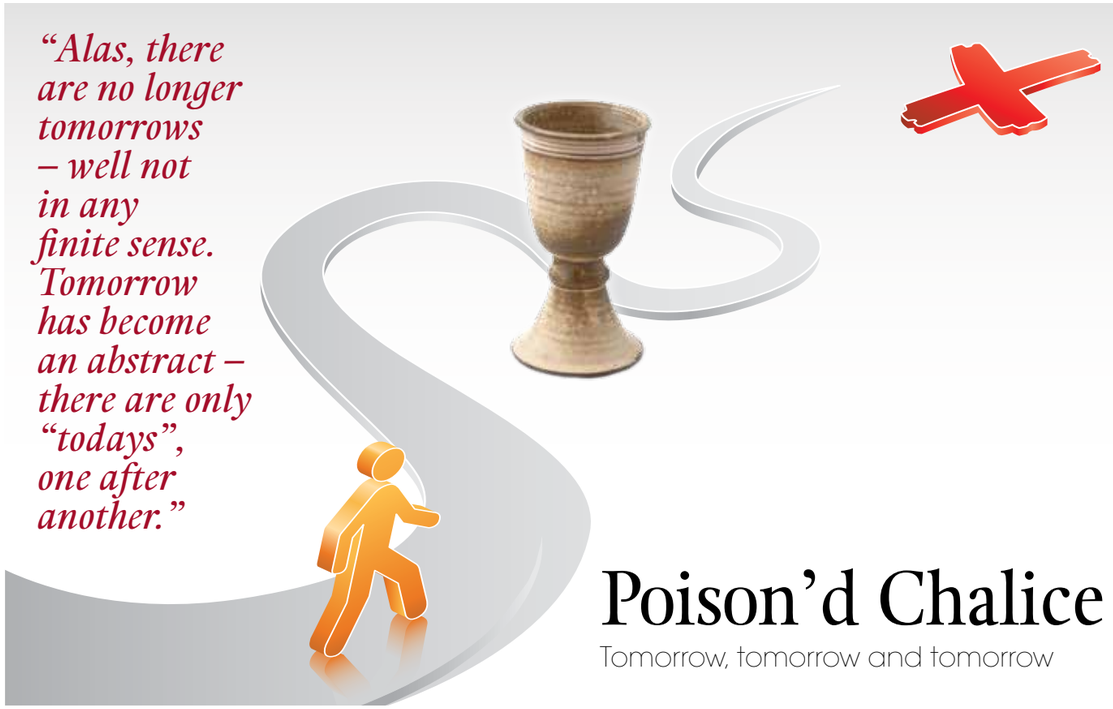
Throughout each program there are brief review sections that let you test yourself on what you have seen in the preceding 10-15 minutes. The Video Atlas content is searchable and you can start, stop and pause at any time while viewing a video.

Requesting a new Library resource

The Library can be even better with your help. More books and journals are becoming available with the right kind of licence, so even if a title wasn't available in the past, that situation can change. To request a new title or provide feedback, email College.Library@surgeons.org or use the feedback form on The Online Library web page.

If you aren't already using the wealth of resources available in the Library, contact our friendly staff to find out more.

Cathy Ferguson
Chair, Fellowship Services Committee



Poison'd Chalice

Tomorrow, tomorrow and tomorrow

A new year is beginning. Of course, the hospital year seems to begin the first week of February, not January 1. What with rotating leave of senior doctors and administrators, it is virtually impossible to get anything done and impossible to settle into any kind of routine. With February here, the regular meetings are beginning to resume.

My resolutions for improvements, made in the quiet reflective solitude of my own leave, are already beginning to dissipate under the unrelenting inertia of any big organisation combined with the imperatives of immediacy prompted by innumerable mini crises (each of which has to be solved yesterday).

In what seems a former life, I used to console myself that what I couldn't do today could be attended to tomorrow. In fact, some of my favourite lines from Shakespeare's Macbeth had been:

"Tomorrow, and tomorrow, and tomorrow,

Creeps in this petty pace from day to day

To the last syllable of recorded time."

Alas, there are no longer tomorrows – well not in any finite sense. Tomorrow has become an abstract – there are only 'todays', one after another.

But things are changing. For one, there are new faces everywhere – a new batch of wide-eyed medical students, new RMO's and registrars. It is impossible not to be re-invigorated by the innocence, the hunger, the expectation, the enthusiasm and the ambition.

I see it as one of my most important roles to protect and develop these still naked aspirations of the young doctors of tomorrow that I am fortunate enough to interact with. The benefits are not one-way – I am inspired as they aspire.

Perhaps I am remembering my own early days – they do not seem all that far away. I remember the trepidation, the fear, the satisfaction and I remember the 'giants' that I worked with and for. Some of these are patients of mine now – can they sense the gratitude that I feel I owe them?

Of course the newcomers will make mistakes – some may even be devastating to a patient and to them personally. My challenge is to allow them the freedom to learn yet minimise the risk to all. And, of course, to be there to pick up the pieces and reassemble them if necessary.

My better half, who truly is my better half, has taken to querying my involvement with the public hospital system of recent times. Undoubtedly she is motivated out of concern for the frustrations, the helplessness and the setbacks that she sees me endure for no apparent reason. "You don't need to work in that silly hospital!" And yet I continue to do so. It isn't for the money – that's for sure. And the frustrations are real.

But when I stop and think about it, a major reason that I continue is because of those medical students, those RMO's and registrars. The other reason is my colleagues – the feeling of a camaraderie that is missing in private practice. And of course I believe that the society in which I live is best served by a strong public hospital system. Then again maybe I am simply a brain-washed, indoctrinated masochist.

These thoughts and more swirl around in my brain. I reflect again on my New Year Resolutions and the words of my friend who quotes T.S Eliot as I quote Shakespeare.

"For last year's words belong to last year's language and next year's words await another voice. And to make an end is to make a beginning."

Ah, beginnings and voices... I will tell them of the challenges that they will face and the best way to rise to such challenges. I will tell them of our enthusiasm for their successes. But I will also tell them of the voices they will hear, the possible stumbles on a well-trodden path, of the shoes they will need to fill to ensure the footsteps are preserved.

Yes, it is a new beginning.

Professor U.R. Kidding

In Memoriam

Our condolences to the family, friends and colleagues of the following Fellows whose death has been notified over the past month:

Geoffrey White, NSW
General surgeon

Paul Kitchen, Vic
General surgeon

Percy Pease, NZ
Paediatric surgeon

We would like to notify readers that it is not the practice of *Surgical News* to publish obituaries. When provided they are published along with the names of deceased Fellows under In Memoriam on the College website **www.surgeons.org** go to the Fellows page and click on In Memoriam.

Informing the College

If you wish to notify the College of the death of a Fellow, please contact the Manager in your Regional Office. They are

ACT: Eve.edwards@surgeons.org
NSW: Beverley.lindley@surgeons.org
NZ: Justine.peterson@surgeons.org
QLD: David.watson@surgeons.org
SA: Susan.Burns@surgeons.org
TAS: Dianne.cornish@surgeons.org
VIC: Denice.spence@surgeons.org
WA: Angela.D'Castro@surgeons.org
NT: college.nt@surgeons.org

Smoking clogs the arteries

In *Surgical News* of October 2011, I read the article entitled "College supports moves for plain packaging". Over the years I have read many journals and newspapers, and seen statements on television trying to persuade people not to smoke cigarettes. However, I have not seen any explanation of how it is that smoking is so dangerous to arteries.

When I was a school boy, I had an excellent physics teacher – Charlie Cameron. One of the many things I remember he said was that the flow of liquid through a tube is proportional to the fourth power of the radius which means if the radius is reduced by half, the flow is reduced to:

½ x ½ x ½ x ½ = 1/16

He also talked about streamlined flow which is illustrated in Figure 1, (below).

Figure 1

When a person smokes a cigarette the resulting toxic chemicals in the blood passing through the lumen also damage the interior of the arteries causing them to degenerate and ulcerate resulting in the flow of blood changing from streamlined to turbulent – thus predisposing cholesterol to be deposited inside the lumen and hence causing further narrowing.

A doctor friend of mine told me that he had attended a conference on heart disease, during which a film was shown of a man having a coronary angiogram whilst the man began to smoke a cigarette. He said it was amazing to see how quickly and severely the coronary arteries became narrowed.

Thus, physics shows us that with significant narrowing of the lumen and the flow of blood being changed from streamlined to turbulent, results in the disastrous consequences of diminished blood supply to the:

Brain – predisposing to stroke
Retina – predisposing to blindness
Kidneys – predisposing to renal failure
Penis - predisposing to erectile dysfunction
Lower limbs - predisposing to gangrene and amputation

If the College, as well as strongly endorsing the Federal Government's plans to introduce plain packaging of tobacco products (which has really frightened the tobacco industry, indicating how effective they believe it will be), could also help with the wording on tobacco containers explaining how it is that smoking not only damages the blood vessels, but severely reduces the blood flow to the above mentioned areas, then hopefully more people will stop smoking.

Hugh Hadley FRCS, FRACS
Victorian Fellow

News from the ACT

A successful ASM was a good lead into the new year

First I have to thank my predecessor Dr Carolyn Cho for her tireless work in the past two years. The ACT Regional Committee has a wide representation from general surgery and other subspecialties, with a high proportion of members representing Younger Fellows.

The ACT Regional Annual Scientific Meeting (ASM) was held on 5 November, 2011. This year's meeting was convened by Mr Frank Piscioneri with the theme of the meeting, "The delivery of acute surgical services in Rural and Metropolitan Australian Centres".

The 2011 ASM also hosted the Henry Windsor Lecture. Mr Gregory Keogh, FRACS, from the Department of Surgery, Prince of Wales Hospital was invited to deliver the lecture which was an up-to-date and informative talk on "Acute General Surgery".

The meeting was a successful event with presentations from Fellows, registrars and ANU medical students. The prize for the best Registrar's paper was awarded to Dr Connor O'Meara for his paper on "Diannexin reduced Tissue Factor positive Microparticles, Microvascular Obstruction and Endothelial and Myocyte necrosis, in Cardiac Ischemia Reperfusion Injury".

A Certificate of Commendation was awarded to Zackariah Clement, ANU medical student, for his paper on "Lightweight versus heavyweight mesh in laparoscopic totally extraperitoneal inguinal hernia repair: a meta-analysis of randomised controlled trials".

It is encouraging to see the continued involvement of the ANU medical students at our ASMs and we will continue to develop this relationship in the coming years.

We were grateful for the attendance of the College Vice-President Mr Keith Mutimer. Our thanks also must go to Mr Piscioneri who did a great job organising the event, with the indispensible help, as always, from the ACT Regional Manager, Eve Edwards.

In discussions with Professor David Hardman we would be looking at supporting the ANU medical student surgical club under the college umbrella. Medical student support and guidance in surgery is to be nurtured from early on in their career. Mentorship by fellows should be encouraged from early days to identify those students with surgical interests and guide them into the different surgical programs.

If we are able to identify our future Trainees from medical school level it will make for easy transition into SET training and beyond.

Last year we had discussions with Dr Sivakumar Gananadha, FRACS, regarding the commencement of laparoscopic skills training for registrars. We felt that this kind of endeavour should be supported at the college level. The dry lab laparoscopic training will improve the skills of the junior Trainees and enable quicker and safer progress in clinical work.

New treatments

Prostate cancer is on the rise and each year there are 20,000 patients diagnosed with the disease. Early detection has led to a significant number of patients undergoing curative treatment and one per cent of patients have incontinence that requires surgical treatment.

In the past, the only choice was an artificial urinary sphincter which is invasive and not suitable for all patients.

In July 2011, I had a unique opportunity to operate in Vienna with Dr Bauer the inventor of ATOMS a hybrid sling for male incontinence. The ATOMS sling is an adjustable device that has been successfully used in Europe for a number of years with good results.

In November 2011, I was fortunate to do the first ATOMS procedure in Australia with Dr Bauer. I believe that this new treatment for male incontinence will lead to improvement of quality of life in men post-prostate surgery.

I hope that 2012 is going to be a great year for all Trainees and Fellows; after all it is the year of the Dragon.

Hodo Z. Haxhimolla
Chair, ACT Regional Committee

2012 Annual Scientific Congress

Kuala Lumpur Conference Centre, 6 – 10 May
Online registration and program updates: asc.surgeons.org

As with the Annual Scientific Congress (ASC) held in Hong Kong, the 2012 Congress in Kuala Lumpur is shaping to be an unforgettable meeting in all its aspects. Off-shore conferences for the College are infrequent and this is the only third in the past 30 years; the last Kuala Lumpur ASC was in 1978!

The Sydney conveners are to be congratulated on completing such an outstanding educational program. They have invited an international faculty of 45 international luminaries in addition to 20 surgical leaders from Malaysia. A total of 27 programs have been convened ranging from one day programs (such as the International Forum and the dedicated Trainees program) to programs that cover the four days of the meeting, such as General surgery and Trauma surgery. It you miss a session, check out the content of the Ansell Virtual Congress.

A record number of research abstracts have been received – over 700, a record for the Annual Scientific Congress. The conveners are applying themselves to the difficult task of selecting the very best for presentation. In the face of such strong competition, if a paper is selected for presentation, delegates can be sure it is of the highest standard. All delegates are encouraged to attend and to participate in these sessions which show how surgery will progress in your area of interest. Most programs will again feature a research prize for the best presentation from a Trainee.

Convocation and Welcome Reception – Sunday 6 May

Attendance at the Convocation and the Welcome Reception is included at no additional cost when you register for the meeting. Twelve senior members of the profession will be acknowledged for their contributions to surgery and to the College. Four non-Fellows will be honoured with Honorary Fellowships including Dr SK Lum (Malaysia) and General Nopadol Wora-Urai (Thailand).

Culinary and Cultural Event – Monday 7 May

When you book your attendance, do not forget to register for the Monday night Culinary and Cultural Event at the Conference Centre. The view from the Centre across to the Petronas Towers is unforgettable and the evening will likewise be memorable. The highlight will be the three distinctive cuisines of Malaysia, each representing a thread that makes Malaysia – Malay, Chinese and Indian. As you select your choice of food, prepared by the outstanding chefs at the Conference Centre, select a glass of wine and take in the various cultural activities dotted around the venue. Full details are in the Program, dress is casual and a camera is essential. Please register on the conference website.

Trauma surgery program

The Trauma program is convened by Zsolt Balogh. The trauma surgery program of the 2012 Annual Scientific Meeting aims to address the major determinants of trauma mortality. The latest developments in severe head injury, major blood loss, coagulopathy and multiple organ failure will be covered in several combined sessions to maximise exposure for delegates. Led by Professor Chris Pape, Professor of Trauma at Aachen University, this year's program will cover complex orthopaedic trauma in detail, an area representing the bulk of operative challenges in major trauma patients, victims of natural disasters and combat casualties alike.

Professor Pape has published widely on both polytrauma and major orthopaedic trauma, including damage control orthopaedics. Professor Gene Moore (The Editor-in-Chief of The Journal of Trauma), as the general surgery program visitor, will also be contributing with lectures and master classes. The master classes on damage control surgery and complex pelvic fractures are of particular significance, being relevant to many surgical specialties.

Cardiac and Thoracic Surgery program

The cardiothoracic program returns to the Annual Scientific Congress in Kuala Lumpur and the conveners, Paul Bannon, Brian McCaughan and Tristan Yan have invited an outstanding faculty of presenters. Paul has indicated that the themes are an exciting shift in focus for our craft group. The meeting will focus on:

- Major Aortic Surgery;
- Innovative Thoracic Surgery;
- Surgical Training.

Our visitors include Professor Scott Le Maire of Baylor College of Medicine, Professor Alexander Patterson of Washington University, Dr Valerie Rusch of Memorial Sloan Kettering Cancer Centre and Dr William Walker of the Royal Infirmary of Edinburgh. There will be a Masterclass on Thoraco-Abdominal Aneurysm Surgery and Minimally Invasive Pulmonary Resection.

"The convenors have invited an international faculty of 45 international luminaries in addition to 20 surgical leaders from Malaysia"

The benefits of different ways of training will be debated, Open versus Hybrid versus Endovascular Repair will be discussed and the experts will show us how to perform Lung Resections through small incisions and discuss whether or not we should. The visitors and local contributors bring a wealth of experience and a strong evidence based approach. All this in beautiful Kuala Lumpur is not to be missed.

Endocrine Surgery Program

Mark Sywak has convened the Endocrine Surgery program in which will feature outstanding national and international speakers, Masterclasses in thyroid surgery and retroperitoneoscopic adrenalectomy, and multidisciplinary sessions to explore developments in the management of thyroid cancer and neuro-endocrine tumours.

Professor Jonathan Serpell from Monash University will lecture on the anatomy and physiology of the recurrent laryngeal nerve. Our International visitor, Professor Gerry Doherty from the University of Michigan is the surgical representative on the American Thyroid Association Taskforce which wrote the premiere guidelines for the management of Differentiated Thyroid Cancer. The program will include sessions on thyroid cancer diagnosis and treatment with a keynote lecture from Professor Doherty on the evolution of the ATA Thyroid Cancer Guidelines.

Two master classes will focus on surgical techniques for managing the difficult thyroid as well as techniques in laparoscopic adrenalectomy with a presentation from our distinguished Malaysian visitor, Datuk Dr Noor Hisham Abdullah on the retroperitoneal approach.

An interactive session on interesting cases in Endocrine Surgery lead by Professor Leigh Delbridge (University of Sydney) will allow delegates to discuss challenging cases with a panel of world renowned experts in the field and the T. S. Reeve Prize to be awarded to the best clinical or basic science research paper from a Trainee. Mark Sywak notes that the program will provide delegates the opportunity to catch up with old friends and make new acquaintances at the Section Dinner in the world famous Petronas Towers.

*By **Philip Truskett** (Congress Convener) and **Raffi Qasabian** (Congress Scientific Convener)*

Malaysian Airlines

Fellows are aware from information in the Provisional Program that MAS is the official airline for the KL conference. We have a discount option for delegates flying with them (coupon code RACSKL). However, as explained in the Program, the discount applies to the full fare for the relevant class of travel selected. On any given day, MAS may of its own accord release discounted tickets that are equivalent to the discounted fare. This is indicated on the website when this is the case.

malaysia AIRLINES

Trainees at the ASC

What's on for trainees at the 2012 Kuala Lumpur ASC?

The 2012 Annual Scientific Congress (ASC) will be held from 6 to 10 May, this year at the Kuala Lumpur Convention Centre. The ASC provides an opportunity for Trainees to catch up on the latest research in each of the surgical specialties and to broaden our surgical perspective in wide-ranging areas including surgical education, transplantation, trauma surgery and medico-legal matters. The organising committee has put together an excellent program for Fellows and Trainees in the vibrant capital of Malaysia.

Two workshops are provided for surgical Trainees on 6 May (Sunday). The Developing a Career in Academic Surgery (DCAS) course is a collaborative course between the Association for Academic Surgery and RACS Section of Academic Surgery. The faculty consists of highly regarded enthusiastic and successful academic surgeons from Australia, New Zealand and the United States. Surgical Trainees interested in research and academic careers are encouraged to attend the workshop. The General Surgery Association will host a trainee day for all general surgery Trainees to cover a range of specialty specific topics.

The plenary sessions, presented by distinguished international and local surgical leaders, are centred on the theme of "The Making of a Surgeon". The issues of communication, collaboration, professionalism and teamwork are core essentials of a competent surgeon. It is essential for surgical Trainees to recognise and develop these skills early in training.

The master-class program began in 2005 and continues to be one of the most popular components of the ASC. In Kuala Lumpur, 35 master-classes are available across the specialty spectrum, many of which will be convened by combined specialties. The master-class programs are free for Trainees and Trainees are strongly encouraged to register and attend the master-classes.

The surgical Trainee program will be held on Monday, 7 May. We are delighted to have a number of international visitors and senior College Fellows to contribute to our program. The program is divided into two sessions. The first session, "training in pursuit of excellence", will focus on the development and acquisition of technical, professional and academic skills during training. Professor Daniel Anaya (Houston, US), Professor London Ooi (Singapore), Professor Spencer Beasley (Christchurch), Professor Allan Tsung (Pittsburgh, US) and Professor Bruce Barraclough will provide an interactive session for Trainees to explore these surgical essentials.

The second session, "Development of Career Pathway", is designed for senior Trainees and aims to explore issues such as tips and pitfalls of applying for overseas fellowship, setting up a successful private practice, appraisal of new technologies and trends in surgery, and issues with work-life balance. Professor Gregory Kennedy (Madison, US), Dr Joseph Lizzio (Sydney), Professor Michael Grigg (Melbourne) and Professor Andrew Hill (Auckland) will share their experiences in these areas with fellow trainees.

The Younger Fellows and Trainees Dinner, supported by ASC platinum sponsor Johnson and Johnson, will be held on Tuesday, 8 May, at Tamarind Hill. Trademarked for its rustic-luxe Thai-Burmese dining experience since 1999, Tamarind Hill's new environment on a hilltop makes the restaurant an escape within the city. Aside from an extraordinary culinary experience, this is also an excellent opportunity to socialise with colleagues in a relaxed and tranquil ambience. There will be live music for the partygoers among us and it will be a guaranteed night not to be missed. Tickets are limited so book early.

We look forward to seeing you in Kuala Lumpur ASC.

Dr Sally Ng
Section Convener
Trainees' Program

NOTICE TO RETIRED FELLOWS

Thank you to

Mrs Anne Royal for the donation of her late husband Mr Geoffrey Royal's gown to the College.

The College maintains a small reserve of academic gowns for use by Convocating Fellows and at graduation ceremonies at the College. If you have an academic gown taking up space in your wardrobe and it is superfluous to your requirements, the College would be pleased to receive it to add to our reserve. We will acknowledge your donations and place your name on the gown if you approve.

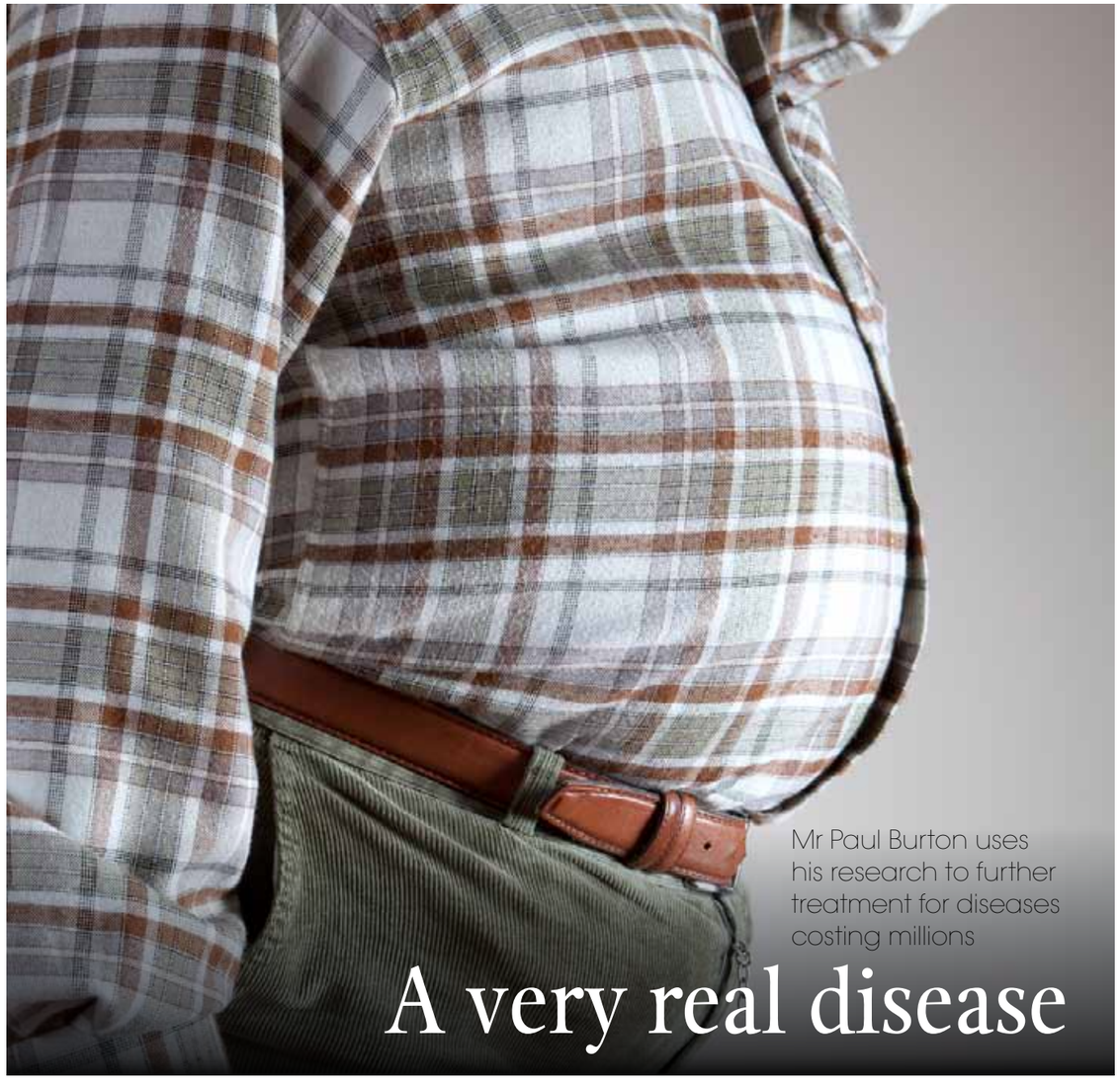
If you would like to donate your gown to the College, please contact Katie Fagan on +61 3 9249 1248.

Alternatively you could mail the gown to Katie Fagan c/o Conferences and Events Department. Royal Australasian College of Surgeons. 250-290 Spring St, EAST MELBOURNE, VIC 3002

Salamat datang ke Malaysia -
Welcome to Malaysia

Kuala Lumpur (ASC)

3-5 May Younger Fellows Forum
6 May Keeping Trainees on Track
6 May SAT SET Course
6 May Non-Technical Skills for Surgeons
9 May Training in Professional Skills



Mr Paul Burton uses his research to further treatment for diseases costing millions

A very real disease

Upper GI Surgeon Mr Paul Burton is using the funds attached to the RACS' prestigious Foundation for Surgery Research Fellowship to further his PhD research which redefined much of the physiology and pathiophysiology of adjustable gastric banding, including demonstrating that the procedure works by switching off appetite rather than mechanically restricting food intake.

Working as a Senior Research Fellow in the Centre for Obesity Research Education (CORE) at Monash University, Mr Burton is conducting trials to discover how the bands affect the peripheral satiety mechanism in an endeavour to improve both the devices and surgical or endoscopic intervention.

He said that with obesity now the biggest and most costly health issue confronting first world countries such as Australia, the need to understand the physiology of appetite was vital.

"Obesity has now become one of the worst diseases confronting first world countries and is a rapidly increasing problem throughout the developing world," he said.

"It underlies the development of Type 2 diabetes, it is a known driver of cancer, particularly oesophageal cancer which has had an incident rate rise of 400 per cent in the last 25 years, and on a practical level makes every other surgery more technically difficult and risky.

"Bariatric surgery has now been proven to be the only effective long term treatment for obesity with studies now providing incontrovertible evidence that it not only prolongs life, but induces remission in a multitude of diseases, as well as translating to savings in health care costs.

"It is essential therefore to devise treatments that are more specific to a particular patient and more widely accessible for now we don't even come close to operating on one per cent of patients with the disease."

Better obesity care

Mr Burton said that while his initial PhD research found that adjustable gastric bands work to switch off the appetite, the neural and endocrine pathways that create the effect were still unknown.

"We know that the physiology of the bands work as a satiety reducing procedure not a mechanically restrictive procedure, but we don't know why," he said.

"We need to know how the band could be stimulating nerves so that we can see if that can be achieved a better way or through a less invasive process.

"This in turn will mean an improvement in the care of the obese patient, a better selection process to determine those candidates who are likely to gain the most benefit, and hopefully allow us to link the surgery to improved future therapies."

Mr Burton completed his original PhD research with the support of a RACS' Surgeon Scientist Scholarship in 2008-2009 along with a NHMRC postgraduate scholarship and his work has been published in 13 journals.

He was the recipient of the Monash University Vice Chancellor's Commendation for Doctoral Thesis Excellence and the Monash University School of Public Health Doctoral thesis award and was a dual winner of the Young Investigator Award as chosen by the Obesity Surgery Society of Australia and New Zealand. His work was included in the best of DDW. Importantly, discoveries have been translated to several new diagnostic tests and the production of educational videos and literature for clinicians and patients.

Mr Burton's training included a Fellowship and Consultant position in the oesophago-gastric centre at Addenbrooke's Hospital in the UK in 2009/10 and in 2010 he was invited to give a 45 minute presentation of his work at the 13th annual Obesity Annual Symposium at the Laval in Quebec.

He is conducting his research in collaboration with his PhD supervisors, Associate Professor Wendy Brown and Professor Paul O'Brien, work which combines with his clinical practice in which he conducts almost 150 bariatric surgeries each year.

He is also involved in randomised control trials looking at better defining the role of surgically induced weight loss in disease states such as Type 2 diabetes as well as focussing on the triangle of the inter-related diseases of obesity, reflux and oesophago-gastric cancer.

Mr Burton said the College's support of academic surgeons was of great importance to the profession given that the NHMRC remains biased towards the basic sciences with the clinical sciences such as surgery being greatly under-represented in funds distributed.

He said that with surgical research receiving less than one per cent of the total NHMRC budget, many gifted surgeons were forced to disengage from their research interests.

"Australia has some of the best surgical clinicians in the world, but there is little support for surgical research and I think the challenge facing our health and medical authorities is to find a way to keep surgeons involved in research after completion of a higher degree as well as ensuring clinicians have the opportunity to contribute to research efforts; which they are almost all prepared to do" Mr Burton said.

"In the UK, for example, there are more formal combined clinical and research pathways where trainees undertake a PhD during training while maintaining their clinical commitments within the hospital structure.

"Both the US and UK also have funded hospital departments which have a research focus yet in Australia we have no integrated hospital-based system wherein clinicians can contribute to research and a combined scientific effort without being forced to lose their clinical focus."

Mr Burton also said his research could not have been undertaken without the on-going support of the College given the entrenched discrimination still directed towards obese patients with many people both within and outside medicine and research-funding organisations still believing it to be a character-based issue rather than a disease.

"There still appears to be a uniformly held view that obesity is entirely the patient's fault, which is why the support of the College has been so crucial to my ability to undertake this research," he said.

"The disease has now been estimated to be costing up to $4 billion per year in Australia and while there is very powerful data to prove that bariatric surgery saves money and extends life, there are still a great number of health professionals who do not believe surgery to be the solution.

"I don't think there would be another group of patients who face as much discrimination as those suffering obesity, but with statistics showing that up to 25 per cent of the Australian population is now in the obese weight range, with more than 60 per cent being overweight, we need to dismantle that discrimination if we are going to have any hope of tackling this disease."

-With Karen Murphy

profile

More research into banding

> Awarded Vice Chancellor's Commendation for doctoral thesis excellence

> Awarded Monash University School of public health

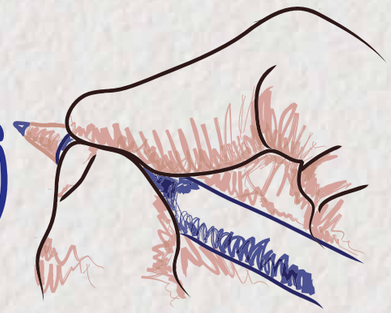
> Dual winner of OSSANZ

> Work presented in the distinguished abstracts plenary at Digestive Diseases week and included in the best of DDW

> Practical perspective: developed several new diagnostics tests, and developed educational tools and animations for patients and clinicians

Poor *handwriting*

Does it lead to medical error?



Although the advent of computerised medical records and prescriptions has largely decreased the incidence of medical mismanagement due to illegible doctors' notes and instructions – the importance of clear, accurate, detailed and contemporaneous record keeping remains as essential as ever. Many modern practices are essentially paperless, but especially within both public and private hospitals, the clinical records remain largely handwritten. Outside the hospital system, handwritten communication is decreasing, but still remains a trap for the ill-equipped, careless or unwary.

In a 1997 research study conducted at a US hospital, 20 per cent of the medication orders and 78 per cent of doctors' signatures were illegible or legible with effort.[1] These results indicate there is a significant problem with the system, highlighting the risk for medication errors and patient harm. Several research studies have also noted the correlation of illegibility with poor patient outcome.[2]

An obligation to keep legible and clear medical records is recognised in the Australian Medical Board of Australia's Code of Conduct for Doctors in Australia under clause 8.4. This Code emphasises the importance of maintaining clear and legible medical records. Repeated failure to meet the standards of the Code may have consequences relating to medical registration, and a potential finding of professional misconduct or unprofessional conduct.

The risks associated with miscommunication of handwritten instructions both between doctors, and from doctors to pharmacists, allied health and others, are obvious. The doctor may understand their own handwritten records or prescriptions. However, the issues arise when other parties become involved. For example, pharmacists and nurses rely on and interpret the doctor's prescription to dispense and administer the correct medication to patients, and in the event that a prescription is misinterpreted the consequences can be catastrophic.

An example of a potential serious consequence is outlined in the recent NSW court case of Hirst[3]. This case related to the birth of a child who suffered from severe disabilities including cerebral palsy. It was alleged that the child would have been better off had an ultrasound been ordered at 36-37 weeks into her mother's pregnancy.

Proceedings were initiated in relation to the reading of one unclear word in a handwritten consultation note written by the obstetrician. The illegible word disputed was believed to have read either "seen" or "scan". The obstetrician claimed the word written was "seen", however, this was not accepted by the Court. The judge settled on a finding that the child would have been 20 per cent better off, had she been treated at the time the scan was initially contemplated by the obstetrician.

In a 1999 US case Vasquez v Albertson,[4] the patient died after a pharmacist misread a hand written prescription for heart pain medication written by the patient's cardiologist. Not only did the patient receive the wrong drug, but was instructed to take the drug at eight times its recommended maximum daily dosage.

As a result of the cardiologist's negligence in this case, a number of American states have subsequently passed legislation making doctors' illegible handwriting a fineable offence. Whilst no such explicit penalties exist in Australia, the Victorian Civil and Administrative Tribunal has made compulsory counselling sessions for practitioners to address the legibility and content of medical records.[5]

Medical defence funds continually implore doctors to keep legible, accurate, detailed and contemporaneous medical records. Despite this, it is one of the most common problems faced by defence teams if medical negligence proceedings are instituted. No matter how careful a doctor's conduct and verbal communication skills, the clarity of his or her notes will always be a key element in proving innocence.

Handwritten notes are often produced as evidence in medical malpractice cases and incomplete and illegible notes may be a source of weakness in a doctor's defence.[6] As highlighted by the decision in the 2011 NSW case, King v Western Sydney Local Health Network,[7] evidentiary weight of detailed, legible, contemporaneous records is almost always favoured over contradicting oral evidence between patient and doctor.

In an audit conducted at an Australian hospital in 2008, 190 operative surgical notes were audited for patient identity details, preoperative diagnoses, operation details, postoperative instructions and the author of the note.

Results suggested that only 92 of the initially audited notes were complete and entirely legible.[8] These results provide material evidence that handwritten surgical notes can generate potential errors, and may lead to confusion when notes are to be reviewed for further follow up or produced as evidence in a legal dispute.[9]

Regardless of the emergent use of computerised medical records and prescriptions, the concerns of unclear or illegible notes remain of fundamental importance. Collective efforts and awareness raising are essential to reduce the incidence of disastrous consequences.

(Michael Gorton AM is a member of the Agency Management Committee of AHPRA)

Michael Gorton,
College Solicitor

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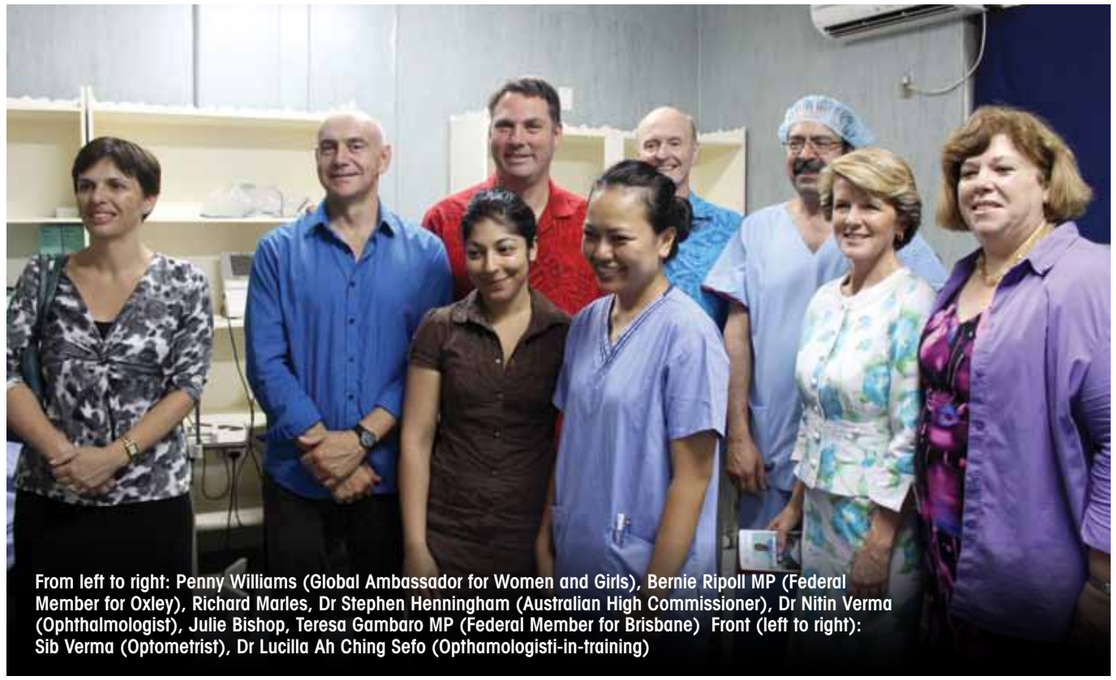
Homestay Accommodation for Visiting Scholars

Through the RACS International Scholarships Program and Project China, young surgeons, nurses and other health professionals from developing countries in Asia and the Pacific are provided with training opportunities to visit Australian and New Zealand hospitals. These visits allow the visiting scholars to acquire the knowledge, skills and contacts needed for the promotion of improved health services in their own country, and can range in duration from two weeks to twelve months.

Due to the short term nature of these visits, it is often difficult to find affordable accommodation for visiting scholars. If you have a spare room or suitable accommodation and are interested in helping, please send us your details. We are seeking individuals and families who are able to provide a comfortable and welcoming environment for our overseas scholars in exchange for a modest rental and eternal appreciation.

If you would like to be contacted by the College if the need for accommodation in your area arises, please register your details by contacting the International Scholarships Secretariat on the details below. We are currently seeking accommodation in Melbourne (near Royal Melbourne Hospital and The Alfred), Brisbane (near Princess Alexandra Hospital), Sydney (near Westmead Hospital) and Adelaide (near Royal Adelaide Hospital) for visits in 2012. We would love to hear from you.

International Scholarships Secretariat
Royal Australasian College of Surgeons
College of Surgeons' Gardens
250 - 290 Spring St
East Melbourne, Victoria 3002
T: + 61 3 9249 1211
F: + 61 3 9276 7431
E: international.scholarships@surgeons.org



From left to right: Penny Williams (Global Ambassador for Women and Girls), Bernie Ripoll MP (Federal Member for Oxley), Richard Marles, Dr Stephen Henningham (Australian High Commissioner), Dr Nitin Verma (Ophthalmologist), Julie Bishop, Teresa Gambaro MP (Federal Member for Brisbane) Front (left to right): Sib Verma (Optometrist), Dr Lucilla Ah Ching Sefo (Opthamologisti-in-training)

Eye care for Samoa

Essential eye care is being delivered with College help

The College is now in the process of assisting the Pacific Island nation of Samoa to develop and implement an eye care project similar to the extremely successful East Timor Eye Program.

With more than half the population in Samoa now considered obese and with the prevalence of diabetes estimated by the World Health Organisation to be as high as 23 per cent among the adult population, eye diseases such as diabetic retinopathy are becoming increasingly widespread.

Cataracts, estimated to affect up to 70 per cent of the older population, and refractive error along with diabetic retinopathy are now the main contributors to avoidable blindness in Samoa.

The proposed program, estimated to cost $800,000 over five years, aims not only to treat the vision impaired but, as in East Timor, also to train local eye care professionals, provide outreach services to the scattered population and support the continuing education of a local ophthalmologist.

The plan to establish such a program followed a December visit to Samoa by an ophthalmology team led by Dr Nitin Verma. Also part of the team was Dr Lucilla Ah-ching Sefo, a trainee ophthalmologist who is expected to finish her studies this year and return to Samoa.

During the week-long visit the team conducted 200 consultations and 106 operations, including cataract surgery and treatment for glaucoma while oculoplastics surgery, pterygiums as well as laser surgery was also performed.

Dr Verma said the number of patients presenting with bilateral cataracts was an indication of the lack of ophthalmic services in the country.

"There were no specific presentation trends except all diseases seen were in an advanced stage and this indicated that screening programs are not in place and the outcomes of treatment are less favourable than if the disease had been detected and handled earlier," he said.

"This is an issue not only of access to eye care but an issue of distance, given how scattered the population of Samoa is and people only come to the capital for treatment for cataracts, for instance, when their second eye is about to go.

"There are no local ophthalmologists in Samoa now and eye-care service delivery is dependent on visiting teams yet while we want this dependence on teams to stop, that cannot happen until we have an ophthalmologist on the ground.

The work from the eye team can change the lives of locals.

"It is quite clear that there is a pressing need for ophthalmic services in Samoa and time is of the greatest essence as there are a large number of people going needlessly blind every day which can easily be prevented."

Dr Verma said part of the College's assistance to the people of Samoa had also been the on-going support provided in the training of Dr Lucilla to help her complete her Diploma in International Ophthalmology and her Masters in International Ophthalmology at the University of Sydney.

He said her return to Samoa following that training, would make an enormous difference to the eye care able to be provided.

Dr Verma met members of a visiting Australian parliamentary delegation while in Samoa and said he put the proposal for the Samoan eye project to the Parliamentary Secretary for Pacific Island Affairs, the Honourable Richard Marles MP, who gave informal support to the plan.

In a report following the December visit, Dr Lucilla Ah-ching Sefo wrote of the great value provided, not only in the care of patients but also for the skills transfer provided.

"There are many valuable things that Samoa has gained from the visit," she wrote.

"It has changed the quality of life of many of our people by removing their cataracts, pterygiums and altering the course of their diabetic retinopathy.

"(But) this visit is also a blessing to our staff as we often feel helpless that we do not have the skills to help our patients so these visits offer a service that is lacking in Samoa and greatly improves the knowledge and practice of the local staff so that we are able to help our people.

"I am currently undergoing my Diploma in Ophthalmology and scheduled to finish by the end of 2012.

"At the moment there is no ophthalmologist for Samoa and I cannot express enough how great the need is for this specialist service and we would be grateful for any help we are able to receive."

The team visit took place from 11 to 17 December at the Eye Clinic in Apia. Other team members were Dr Michael Haybittel, ophthalmologist, Ms Surabhi Verma, optometrist, Mrs Jennifer Hodder, nurse, Mrs Andrea Schuurmans, nurse, and volunteers Dr Shreya Verma, Dr Anu Verma, Mrs Jane Haybittel and Mr Derek Haybittel.

With Karen Murphy

AusAID has provided funding for the College's International Development work in the Pacific for more than a decade, with a current contribution of more than $2.3 million from 2010-1012 and with more than $8 million provided for the RACS' co-ordinated services in the region since 2007. The Honourable Richard Marles MP is the Federal Parliamentary Secretary for Pacific Island Affairs. Late last year, during a visit to Samoa, he met members of a visiting Australian eye team. He talks to Surgical News about the trip and the role of the College and Australian surgeons in helping the people of the Pacific.

Hon Richard Marles MP, Federal Parliamentary Secretary for Pacific Islands Affairs

Was the timing of the trip to Samoa planned so that you could see the work done by the Australian eye team?
No, the timing was a happy coincidence. I was leading a bipartisan parliamentary visit to strengthen relations in the region and discuss gender issues. During our visit to Samoa we were fortunate to have the opportunity to see, first hand, the work of the visiting eye team.

How important do you believe such surgical team visits to be not only in treating the sick in countries without specialist surgical services but also in terms of Australia's role in the region?
Australia is a good neighbour and international citizen and this is one of the ways Australia demonstrates its commitment to improving health in the region. The specialists' visits complement the work the aid program is doing to save lives by helping Pacific governments improve the quality and coverage of health services. The visiting specialist programs are important initiatives that provide medical treatment and services where there are major gaps. It is a real challenge for health services to reach the small and highly dispersed populations that exist in many Pacific countries and the visiting surgeon programs are one of the ways that Australia is helping the region to meet this challenge.

Do you believe the role of the College in coordinating and staffing such visits will change in the future as some countries become more self-sufficient while others continue to need Australian surgical support?
Yes. AusAID is working with the RACS, the Fiji School of Medicine and others to assist Pacific Island countries to become more self-sufficient where that is feasible. AusAID is supporting the Fiji School of Medicine to improve the co-ordination of visiting specialist programs across the Pacific. As part of this the College is also doing vital work with the Fiji School of Medicine to improve coordination, identify opportunities for skills transfer with local counterparts and to support local capacity building. In East Timor, Australia is committed to providing specialist surgical and clinical services in line with the targets outlined in the Government of East Timor's Strategic Development Plan 2011-2030.

What do you think of the surgeons who are willing to leave their practices to take time out to offer their skills to the people of the region?
All Australians can be proud of the work our health professionals are undertaking in the Pacific. Their patients and medical counterparts in the region, as well as the Pacific Island governments, are very grateful for the contribution of the visiting Australian surgeons and their teams.

How much AusAID money goes toward foreign medical assistance and is this likely to decrease within an environment of budgetary constraints?
In 2011-12, health will be the second largest sector in Australia's aid program. We expect to spend more than $750 million on health assistance to developing countries, accounting for 17 per cent of Official Development Assistance. Of this, approximately $177 million will be focussed on the Pacific, including Papua New Guinea. Under current projections, the amount of funding spent on health, including medical services, is likely to increase as we scale up the aid program to 2015.

What was the highlight of your trip to Samoa?

There were many, many highlights but one to mention was meeting a gentleman who had his sight restored after he received cataract surgery from the Australian ophthalmologists. He happened to be at the hospital for a check-up while I was visiting. He said the surgery had restored his sight and changed his life. I think it is fantastic that the assistance work we do as a nation can have such an immediate and overwhelming impact on someone's life.

The Honourable Teresa Gambaro is the Federal Shadow Parliamentary Secretary for International Development. As a member of a Bipartisan Parliamentary Delegation, she travelled to Samoa late last year and met members of a visiting Australian eye team. She talks to Surgical News about the role of the college and the generosity of surgeons in helping our neighbours in the Pacific.

Hon MP, Federal Shadow Parliamentary Secretary for International Development

What was the purpose of the visit to Samoa?
Becoming acquainted with the fine work being done by the Australian Ophthalmological team in Apia was a highlight of the visit I undertook to Solomon Islands, Federated States of Micronesia (FSM), Tuvalu and Samoa. The visit to these countries reinforced my appreciation of the strength and depth of Australia's relations with our Pacific neighbours. Meetings with these nations' leaders and aid program personnel have strengthened my understanding of the value of continued Australian engagement in addressing the region's development challenges.

Did you meet members of the team and the patients they were treating?
On December 15, we visited the Australian Ophthalmology Specialist Team at the Tupua Tamasese Meaole Hospital. We met with patients and observed the work being done in the out-patients clinic. The dedication and expertise of the team is absolutely inspiring, not only are they restoring, but also saving the sight of their Samoan patients.

How important do you believe such surgical visits to be not only in treating the sick in countries without specialist surgical services but also in terms of Australia's role in the region?
The programs developing the medical knowledge and skills of Pacific Island health workers are vitally important. The generous contribution by Australian medical specialists is enabling our neighbouring nations in the Pacific to deliver a range of primary, secondary and tertiary health services to their populations. Clearly, the Royal Australasian College of Surgeons' role and contribution is a critical and significant factor in improving the clinical health outcomes of people in Pacific Island countries and neighbouring nations. Since the visit, I have written to the Foreign Affairs Minister to reinforce my support for the work being undertaken in these Pacific nations, and requesting that consideration be given to increased funding being made available through AusAID in future budgets.

What do you think of the surgeons who are willing to leave their busy practices to take time out to offer their skills to the people of the region?
Australia is blessed to have among its citizens such selfless surgeons who are so generous in sharing their knowledge, skills and time for the benefit of others. The commitment of these surgeons has made such a profound and beneficial difference to so many people's lives, the majority of whom may never had had the opportunity to access such advanced medical attention. We can't acknowledge and applaud these surgeons' work enough.

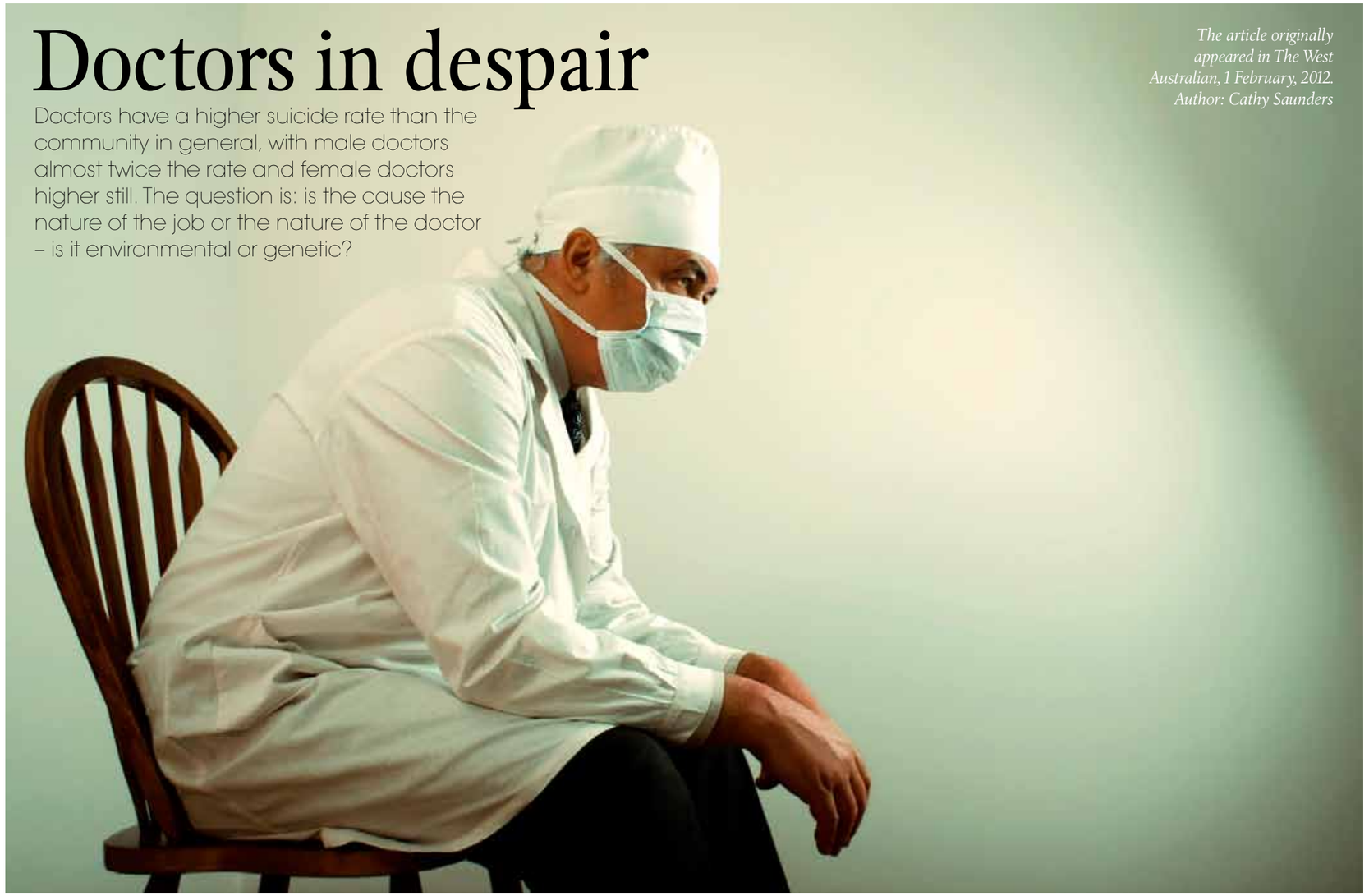
Would the Coalition foresee a time when a greater percentage of the AusAID money given to medical assistance might be spent more on bringing trainee surgeons to Australia for training rather than sending teams over to the country in need?
My view is that our approach should be a balance between the two options. I am hopeful that in the future additional places for medical specialist training will be made available in Australia as part of our foreign aid program. I believe that specialist training should also continue to occur in the countries of need. The flow-on effects of this on-site training are the secondary, but important benefits of the training of local support staff such as nurses.

What was the highlight of your visit to Samoa?
The highlight for me was the opportunity to observe and learn first-hand from the country's leaders about Samoa's progress and its Government's sustained commitment to development and reform including improved health services. The visit to Samoa allowed me to meet again with Prime Minister Tuilaepa Sailele Malielegaoi who is the Pacific's longest serving leader. I was particularly impressed at how quickly and effectively Samoa has recovered from the September 2009 tsunami, with support from Australia and other donors. At the peak of the response, 108 Australian emergency and medical personnel were in action. They performed life saving work including 101 surgical operations, 171 field medical treatments, 1,061 emergency department presentations and 33 public health village assessments.

Doctors in despair

The article originally appeared in The West Australian, 1 February, 2012. Author: Cathy Saunders

Doctors have a higher suicide rate than the community in general, with male doctors almost twice the rate and female doctors higher still. The question is: is the cause the nature of the job or the nature of the doctor – is it environmental or genetic?



Geoff Riley, a psychiatrist and Professor of Rural and Remote Medicine at the University of WA, put it this way: "Do we say doctors are fundamentally flawed or do we say the job is so stressful that doctors are killing themselves?"

Professor Riley, who has been a mentor for many years for doctors and medical students in crisis, said the answer was probably a bit of both, with an interaction between a doctor's personality and demanding job.

"One common personality of doctors is obsessionality, which, in small doses, makes for good citizens... who are likely to do the right thing, be organised, be in control of what they are doing, be thorough and reliable and conscientious," he said.

"But when the trait is strong, it's dysfunctional and what you've got is the classic control freak who can get inappropriately obsessed and paradoxically out of control. Those people are prone to depression.

"That might be part of the explanation of the suicide rate of doctors."

A dysfunctionally obsessive person was generally a bit mean-spirited, dour and humourless, inflexible, controlling, unable to delegate and excessively concerned about punctuality, tidiness and cleanliness.

Another less common personality trait in doctors was dependency. These doctors were prone to using their patients to make themselves feel good.

This might involve inappropriate relationships with patients, causing trauma to those affected. It could also lead to depression, Professor Riley said.

However, only about 15 per cent of doctors fell into those categories of character disorders.

Serious depressive illness that was biologically driven and genetically determined was the biggest predictor of suicide and was common in doctors.

"There is the tradition that it is the disease of the learned," he said. "You do see the introspective, thoughtful person become melancholic."

It is estimated that 20 per cent of doctors will have a depressive episode at some stage of their lives.

Professor Riley, who is also head of the WA Rural Clinical School, said other doctors at risk were those who were isolated, whether ethnically or geographically or without collegial networks. Women doctors, young doctors in big hospitals, single doctors and those in solo practice were also at risk of being isolated and needing help.

The other big factor was the job.

"It is a very demanding mistress," Professor Riley said. "It requires meticulous, highly responsible, effective people. It's easy for these conscientious people to be consumed by it, to worry about it and become completely entrained by it.

"And it can break families."

Substance misuse, often associated with stress and to which doctors were particularly prone, was also a precursor to depression.

The ever-present threat of medico-legal action was another big trigger for mental distress and even leaving the profession.

Professor Riley said doctors had a higher suicide rate than other professionals.

"We glibly say that lawyers drink and doctors kill themselves and there is probably some truth in that."

One of the factors was that doctors had easier access to means of suicide. "But it also comes down to the idea that other people are more likely to get themselves treated whereas perhaps doctors don't."

Professor Riley said doctors were ashamed of admitting mental illness in themselves.

"They are all very happy to be on the right side of the desk and treat, and help, and be compassionate and empathic about it, but they are not really that good at acknowledging it as a possibility in themselves. They are ashamed of not coping.

"It is not about losing patients, but losing esteem as much as anything, in the community and personally."

Having been high achievers all their life, they could not believe it could happen to them.

Professor Riley said though doctors had higher than community rates of suicide, the overall numbers were still low.

Psychiatrist Paul Skerritt, former head of the WA branch of the Australian Medical Association, said the major mental illnesses such as schizophrenia and depression tended to run in families, but were triggered by personal circumstances. For that reason, family or a history of mental illness was the best predictor of future mental health problems.

Doctors tended not to seek help partly because they were loath to admit there was a problem and partly from fear of losing their job if they were seen not to be coping. "Doctors tend to like to feel they are bulletproof," he said.

The eventual trigger to ask for help was often a realisation that their practice was in danger of becoming impaired.

Sometimes the Medical Board will refer an impaired doctor to a psychiatrist – including Dr Skerritt in WA – or make successful rehabilitation a condition of their continuing registration.

Reasons for seeking help ranged from mental illness, gambling, being bullied, alcohol and drug abuse to relationship and financial problems and stress from being the subject of litigation by patients.

"And the very particular one that doctors have and other people don't have is what we refer to as 'boundary violations'," he said.

This refers to the transgression of having a sexual relationship with a patient.

"You don't have that with everybody else; you can sleep with your customers in other branches of the workforce," Dr Skerritt said.

"Sometimes depression is mixed up in it.

"Sometimes people do things that we call 'suicidal equivalents' when you do something that you know is going to be damaging to yourself more than anybody else."

Although not common, cases of boundary violation do come before the Medical Board.

For psychiatrists, any sort of sexual relationship with anybody who has ever been a patient is not permitted, even if they marry.

Drugs are also a problem because doctors have greater access to them.

Some doctors had been de-registered for years because of an inability to rehabilitate, Dr Skerritt said.

The ever-present threat of medico-legal action was another big trigger for mental distress and even leaving the profession.

Improving help for our colleagues

The issue of doctors' health is becoming more prominent due to some growing numbers of practitioners under stress

Cover Story

The Medical Board of Australia (MBA) last month launched a consultation process seeking submissions from medical professionals and health organisations to determine attitudes towards a proposal to increase medical registration fees to fund a nation-wide doctors' health program.

With statistics now indicating a rise in the number of medical students and doctors suffering stress or depression and with suicide rates now known to be higher in the medical profession than in the general community, the MBA is seeking to understand if there is professional support to establish a federal program similar to the Victorian Doctors Health Program (VDHP).

While there are a range of services in all states and territories which aim to support medical practitioners and medical students with health concerns, the VDHP is the only one funded by the Medical Practitioners Board of Victoria via registration fees.

Established in 2001 with the strong support of the AMA Victoria, the program provides a confidential service for doctors and medical students suffering stress, mental illness or substance abuse problems.

It does not provide direct medical care to participants, but acts as an assessment and triage service to link distressed doctors with appropriate care professionals. It also invites at-risk participants to commit to a voluntary agreed care plan and to undertake drug tests if necessary. In the case of non-compliance, the treating doctor and/or VDHP must report the impaired doctor to the Medical Practitioners Board.

Currently costing an estimated 55 cents per week per registered doctor, the VDHP also undertakes research to better understand the health issues confronting the medical profession.

Dr Kerry Breen, a specialist physician who was instrumental in establishing the program while serving as President of the Medical Practitioners Board of Victoria, has written to the RACS and other medical colleges, schools and councils urging surgeons, specialists and educators to participate in the consultation process.

He stressed that while the MBA was not simply seeking to replicate the VDHP, a nation-wide program was needed to allow all distressed or impaired doctors and students easy and confidential access to treatment.

"The existing Doctors Health Advisory Services in the other states and territories do a very good job in supporting and advising distressed doctors despite limited resources," Dr Breen said.

"They could do an even better job and could be more involved in preventive measures, early intervention, rehabilitation and re-entry, education and research if they were adequately funded.

"There is ample research to demonstrate that doctors as a group are very inclined to deny their own health issues and avoid seeking help when it is clearly needed," he said.

"Unless appropriate measures are taken, this denial is likely to continue unaltered and while medical schools now strive to address this topic in their curricula, more needs to be done in the post graduate years and this will need funding.

"No medical graduate is immune from the risk of illness and impairment while prevention, early intervention and, where needed, rehabilitation carry workforce benefits and contribute to the protection of the community."

Substance abuse

In the 10 years since its introduction, the VDHP has assisted more than 1,000 doctors and doctors in training from across Victoria.

The workload statistics from 2001 to 2008 indicate a dramatic fall in the number of doctors seeking assistance for substance abuse from 58 per cent of all consultations in 2001 to 13 per cent in 2008, while the number of doctors in training seeking help from the VDHP increased dramatically along with the proportion of participants seeking help with stress related problems.

A proportion of participants, particularly those with substance dependency issues or a serious mental illness, were asked to sign a comprehensive care plan which can include breath, urine and hair testing as appropriate, a process that resulted in the majority of the impaired doctors regaining their health and returning to work.

The major mental illnesses affecting doctors or doctors in training assisted by the VDHP included depression, bi-polar disorder or schizophrenia.

Dr Breen said the VDHP worked on the basis of a doctor approaching the VDHP – either voluntarily or through the encouragement of colleagues or management. The doctor then had a confidential consultation with a specialist staff member with expertise in either psychiatry or addiction medicine. Referrals were then made to specialist practitioners familiar with the majority of issues confronting doctors. Participants were strongly encouraged and helped to find their own general practitioner. Depending upon the nature of the health problem, some doctors were directed not to work during the course of treatment, but were returned to work following a successful outcome.

He said the program worked on a more sensitive and effective level than in the past, when ill doctors were often obliged to appear before the Medical Practitioners Board to explain their illness or difficulties.

Dr Breen said that any program design as decided by the MBA needed to focus on early intervention, not only for patient safety but because it represented the best chance of distressed doctors being able to get back to work.

"Many young people go into medicine thinking they are going to cure all who come before them or that only other people get sick, so that if or when they become ill they find it very hard to accept," he said.

"They are more likely to present late, they are less likely to have their own GP and they are more likely to see their own health issues as a sign of weakness.

"Studies are now showing that up to 20 per cent of doctors could expect to have a depressive event at least once in their life and there is a great deal of research also linking depression with stress which remains an issue confronting most medical professionals.

"There is also research that suggests that many doctors who tend to find themselves in difficulties are often the most empathetic and caring and therefore deserve all the help the profession can provide."

Dr Breen said he would like to see the MBA convene a national workshop or conference to bring all stakeholders and interested parties together, with international experts invited to discuss the doctors' health programs already in place in countries such as the US and Canada.

With Karen Murphy

Examiners workshops

Where the real work gets done

Candidates (and some Fellows) probably have little idea of the amount of preparation that goes on behind the scenes by each specialty court before the Fellowship examinations. In the past, examiners often conducted vivas 'on the run'; this applied particularly to the clinical vivas.

Obviously, the written papers had to be prepared well beforehand, and some examiners brushed up their anatomy before an exam so they could be more certain that they recognised whether the candidate had identified structures correctly! But the other vivas tended to be pretty 'random' in content and how they were conducted.

Examiners relied on their intuition to determine whether a candidate met the required standards, and it would be fair to say that while intuition proved to be a reasonable tool for many years, in these days of transparency of process, it would be hard to defend if it were to come to appeal.

We live in different times now. There is an expectation that we can identify the standards we require, and can demonstrate that we have a reliable and validated examination to assess them. The examination itself needs to fit in with the overall requirements of the SET programs.

To achieve this, all specialty courts go through a process of blueprinting to ensure the scope of the exam is comprehensive in breadth and depth, and that the questions are pitched at the correct cognitive level for an exit examination.

Standard setting and developing marking descriptors for each question takes time, but is necessary to remove some of the previous variability and inconsistency of the exam, and together with some other refinements, increases its reliability and validity. Many courts rely heavily on being able to import multiple radiological images, videos and other types of clinical information which they then use in the structured vivas and this too takes time to prepare.

Consequently, every February, the nine specialty courts meet for two to four days to prepare their examinations. These are intensive workshops to which all examiners attend. Although they commence with a more formal business meeting, the bulk of the time is spent actually preparing material for the following year. It is demanding and exacting work, but rewarding.

At times discussion between examiners can be intense. This is the time when the questions for the written papers are proposed, scrutinised and refined. But overall, preparation of the papers constitutes a relatively small part of the total preparation that occurs at the workshops: most of the time is spent preparing for the vivas. These are much more structured than they used to be and are deliberately designed to more closely resemble the situations seen in actual clinical encounters, in the information that is provided and the clinical decisions that need to be made.

One of the demands is that the examiners have to be clear what level of understanding constitutes a pass for each question or segment, and to do this they develop marking descriptors to help them better judge the quality of the answers given by the candidates. This improves the reliability of the examination. New examiners acquire the skills to do this at the Examiners Training course, so they can function competently and to a high level from the start.

In the past decade the examination workshops have come a long way and the demands on the examiners have increased significantly. Fellows might like to reflect on the huge commitment in time and effort that their examiners put in at these workshops.

Spencer Beasley
Chair, Court of Examiners

Australian & New Zealand Post Fellowship Training Program in Colon and Rectal Surgery 2013

Applications are invited for this two year Program. The program is organised by a Conjoint Committee representing the Section of Colorectal Surgery, Royal Australasian College of Surgeons and the Colorectal Surgical Society of Australia and New Zealand

For details & eligibility criteria of the Training Program, please see **www.cssanz.org**

Closing Date:
Friday 11 May

Please include -
1. A covering letter
2. Curriculum Vitae
3. The names and addresses (including email addresses) of three referees.

Please email to:
Professor Frank Frizelle
Chairman, Training Board in Colon & Rectal Surgery
E: secretariat@cssanz.org
P: +61 3 9853 8013

Commercial and financial interactions

The College takes Code of Conduct issues very seriously

A situation arose recently which caused concern for Trainees, supervisors and examiners. The situation was that some Trainees were invited to a social function during which commercial matters were discussed in precise details and offers made to Trainees to join commercial arrangements, which involved surgeons in that discipline, some of whom were in positions of making training assessments and examination assessments of the Trainees who attended.

While it is not the role of the College to be at all involved in commercial dealings involving surgeons, it is the role of the College to ensure that the Code of Conduct is observed, with respect to the principles of commerce and how it may influence dealing with patients and others.

Furthermore the College has an obligation to its Trainees, supervisors of training and examiners to ensure appropriate interaction and processes are followed to allow for and to promote the best learning environment. This environment must be free of prejudice, bias, harassment, bullying or coercion; or the perception of any of the above.

The exact details of the function and meeting of Trainees is of lesser importance than the College's attitude towards interaction with Trainees under its influence, in training programs conducted by the Specialist Societies, as agents for the College under the Australian Medical Council (AMC) and New Zealand Council (NZMC) accreditation. Conflict of interest is a particularly difficult area and almost all interactions that surgeons engage in have some conflict of interest involved. The duty of the professional is to manage this appropriately and to not allow matters involving conflict of interest influence judgement or treatment.

Noting that there is no specific reference in the College Code of Conduct pertaining to this situation, it has nonetheless been brought to the College's attention. Despite

"While it is not the role of the College to be at all involved in commercial dealings involving surgeons, it is the role of the College to ensure that the Code of Conduct is observed"

the lack of specific reference in the Code of Conduct, it must be noted, however, that it is unacceptable to the College to allow what could be or be seen to be, a situation that may affect or be perceived to affect, the training, progression of training or examination outcomes of our Trainees. This does not relate to normal arrangements related to surgical assisting in the course of training.

In general terms then, it should be noted that it is not acceptable for trainers, supervisors or examiners to enter into commercial financial arrangements with Trainees. Any such arrangements could be seen in an unfavourable light by the public or by the law, if a challenge was mounted arising from assessments.

Furthermore, other Trainees and/or other supervisors of training might view such matters in a similar unfavourable light. Therefore it is the strong recommendation of the College to all Training Boards that no commercial or financial dealings or arrangements are made between Trainees and any person, or group who is in a role of assessing the Trainee's progress. Likewise, any activities that could be perceived to affect an assessment whether this is an in training assessment or examination, must be avoided.

John M Quinn
Executive Director, Surgical Affairs Australia

Workshops & Activities

Life long learning through professional development can improve our capabilities and help us to realise our full potential as surgeons as well as individuals.

Non-Technical Skills for Surgeons (NOTSS) *NEW*

30 March Adelaide, 6 May Kuala Lumpur (ASC)

This new workshop focuses on the non- technical skills which underpin safer operative surgery. It explores a behaviour rating system developed by the Royal College of Surgeons of Edinburgh which can help you improve your performance in the operating theatre in relation to situational awareness, communication, decision making and leadership/teamwork. Each of these categories is broken down into elements or behavioural markers that can be used to identify a superior or substandard performance. Through a series of interactive exercises you will better understand how these markers can be used to reflect on your own performance and that of the surgeons you work with.

Keeping Trainees on Track (KToT)

2 April, Sydney; 21 April, Launceston; 6 May, Kuala Lumpur (ASC)

This 3 hour workshop focuses on how to manage trainees by setting clear goals, giving effective feedback and discussing expected levels of performance. You can also find out more about encouraging self-directed learning at the start of term meeting.

Introduction to the Process Communication Model (PCM)

26-28 April, Brisbane

Patient care is a team effort and a functioning team is based on effective communication. PCM is one tool that you can use to detect early signs of miscommunication and turn ineffective communication into effective communication. PCM can also help to detect stress in yourself and others, providing you with a means to re-connect with those you may be struggling to understand. The College is investigating how PCM can assist surgeons to improve their communication skills.

Occupational Medicine: Getting patients back to work

27 April, Melbourne

This workshop focuses on the knowledge of task adaptation and communication strategies that will enhance patients' successful return to work. A tour of ALCOA and Godfrey Hirst Carpets are being planned. Interstate visitors are most welcome.

Strategy and Risk for Surgeons *NEW*

8 June, Brisbane

This practical whole day workshop is divided into two parts. Part one gives an overview of basic strategic planning and provides a broad understanding of the link between strategy and financial health or wealth creation. Part two focuses on setting strategy; formulating a strategic plan, the strategic planning process, identifying and achieving strategic goals, monitoring performance and contributing to an analysis of strategic risk.

DATES

QLD
29 May, Brisbane
SAT SET Course
26 – 28 April, Brisbane
Process Communication Model

SA
30 March, Adelaide
Non-Technical Skills for Surgeons (NOTSS)

TAS
21 April, Launceston
Keeping Trainees on Track (KToT)

VIC
27 March, Melbourne
Keeping Trainees on Track (KToT)
27 April, Melbourne
Occupational Medicine
27 April, Melbourne
Non-Technical Skills for Surgeons
30 April, Melbourne
SAT SET Course

WA
14 June, Perth
SAT SET Course
22 June, Perth
How Well Do You Know

Contact the Professional Development Department on +61 3 9249 1106, by email PDactivities@surgeons.org or visit www.surgeons.org - select Fellows then click on Professional Development.

Award in honour of Fellow

Sydney academic Kate Curtis received award named in honour of trauma surgeon Frank McDermott

A Sydney academic whose 2001 research led to a fundamental shift in hospital-based trauma care across Australia and New Zealand was late last year awarded the inaugural Frank McDermott Award by the National Trauma Research Institute.

Associate Professor and trauma nurse Kate Curtis from Sydney Nursing School, University of Sydney, and St George Hospital received the award for her research into the role and benefits of Trauma Nursing Case Management in which a dedicated trauma nurse specialist co-ordinates patient care from resuscitation to discharge.

The research showed the model to be so successful in reducing in-hospital complications and length of hospital stay that it is now used in most trauma centres across Australia and New Zealand.

Associate Professor Curtis received the award in November last year which is given in recognition of research completed and published in the past 10 years and judged to have led to the greatest improvements in the care of severely injured patients in Australia.

Her work, which was conducted at St George Hospital in Sydney, demonstrated that:

Trauma Case Management greatly improves the time taken for patients to progress to physiotherapy and social work consultations;

decreases the occurrence of in-hospital complications such as deep vein thrombosis;

reduces length of stay particularly in the paediatric and 45-65 year age groups;

resulted in significantly fewer pathology tests; and

saved 819 bed days.

Association Professor Curtis said her research developed after she began a project at St George Hospital collecting data on trauma cases during which she became aware of problems and inefficiencies that could be rectified with dedicated patient oversight.

Fellow Professor Russell Gruen, Award winner A/Professor Kate Curtis and Fellow Professor Frank McDermott at the presentation ceremony.

"We found that patient care by a trauma nurse specialist results in significant health benefits to the trauma patient and their families and financial savings to a hospital and the health system," she said.

Improves care

"The nurses who take on this role need to have extensive trauma experience and preferably a Post-Graduate Degree in Critical Care and Trauma to allow them to act as liaison between nursing staff, physicians and allied health providers to guide the patient through the hospital from resuscitation to discharge.

"Not only does this model save money and time, it improves patient care and the patient's experience which is why most of us chose to become nurses."

Associate Professor Curtis has been an invited speaker to a number of conferences to outline the benefits of the patient care model, including trauma conferences in Australia and New Zealand, England, Hawaii and Canada.

She said she was greatly honoured to have received the award which was named in honour of Professor Frank McDermott who, as a surgeon at The Alfred Hospital in Melbourne, conducted research in the 1980s and 1990s which directly contributed to lowering the Victorian road toll and which subsequently led to the development of the Victorian State Trauma System.

"It was an honour to have our work recognised and acknowledged to have made a difference, particularly given that the award is named after Professor McDermott who has achieved more within the field of trauma care than anyone in this country," she said.

"It is encouraging and validating to know that your work is valued and does make a difference particularly because there is so much wonderful research now being conducted in Australia and New Zealand."

The Frank McDermott Award was established by the National Trauma Research Institute (NTRI) in association with the RACS' Trauma Committee and the Australasian Trauma Society.

Director of the NTRI Professor Russell Gruen said the award was established to recognise the enormous contributions some of the region's brightest minds have made to advancing trauma care.

"The NTRI works with clinicians, researchers, governments and other stakeholders to improve care of the injured through more effective treatments, higher quality care and better trauma systems," Professor Gruen said.

"The best possible trauma care requires partnerships for excellent and innovative research, as well as knowledge and experience to assist trauma systems to deliver the best patient outcomes.

"Associate Professor Curtis' research is a living and breathing example of research that has, over time, been shown to have a significant and lasting impact."

Associate Professor Curtis is now leading a collaborative research group with members from the George Institute for Global Health and the University of Sydney's Faculty of Health Science which is investigating the causes of major injury, patient groups and the costs associated with their care.

"Part of this project will be focussed on looking at how much trauma costs per trauma hospital in both Australia and New Zealand because no-one really knows," she said.

"There are no specific codes for trauma patients even though hospitals now have code-based funding models so we are trying to determine how much it costs to be a trauma centre to determine if there is a hidden financial penalty associated with being a major trauma hospital."

With Karen Murphy

The year in review

ASERNIP-S has released the Annual Report with many achievements

The ASERNIP-S 2011 annual report is now available to download as a pdf or e-magazine (requires Flash Player) from www.surgeons.org/asernip-s/publications

Our key achievements include:

- Relocation of the ASERNIP-S project into new offices adjacent to the local headquarters of the Royal Australasian College of Surgeons. The new facilities are an outstanding work environment and enable more effective working relationships between the various departments and the College.
- Successful and timely completion of the Simulated Surgical Skills Program (SSSP). The SSSP was established to assess the feasibility of a curriculum for simulation training in Australia for laparoscopic surgery. Various aspects were studied in detail regarding type of simulator, length and frequency of training, maintenance of skills, training site, mode of training, effect of fatigue and the potential to use non-surgeon trainers. This primary research has produced a number of statistically significant and important results that can guide the use of laparoscopic simulation training as part of the surgical curriculum in Australia.

Additionally, the SSSP trialled the use of a Mobile Simulation Unit (MSU) as a teaching modality. There has been considerable interest from hospitals and industry in the MSU, which has been requested at conferences and other meetings in Perth, Adelaide and Launceston.

- Continued collaboration with international health technology assessment agencies. Professor Maddern holds the position of Secretary HTAi and Associate Professor Wendy Babidge is Chair, International Network of Agencies for Health Technology Assessment (INAHTA). Associate Professor Babidge and Professor Guy Maddern presented several ASERNIP-S research outputs at the eighth annual Health Technology Assessment International (HTAi) conference in Rio de Janeiro.
- Development of a centralised Research, Audit and Academic Surgery (RAAS) Project Office. The Project Office manages all aspects of research projects undertaken by the Division throughout their lifecycle, from the bid management stage through to close-out and post-implementation reviews of completed assignments. Additionally, the Project Office is a central resource for the provision of administrative, editing and legal support to the Division, and acts as a principal point of contact with the College's Finance Department.
- Continued commitment to producing high-quality, accessible consumer information. An article outlining the many roles of consumers in the RAAS Division, entitled 'Consumer perspectives in surgical research and audit', was published in the consumer issue of the International Journal of Technology Assessment in Health Care. Additionally, articles were prepared for publications targeted at surgeons (Royal Australasian College of Surgeons Surgical News) and consumers (newsletters of Australian Health Insurance Association, Consumers Health Forum and Health Consumers Alliance).
- Development of the ANZGOSA (Australian and New Zealand Gastric and Oesophageal Surgical Association) Audit. This audit collects clinical and pathological details of patients undergoing surgery for oesophagogastric cancer or gastrointestinal stromal tumour in Australia and New Zealand and has now achieved one year of data collection.

Please contact the ASERNIP-S office if you would like a free copy of the annual report on CD or in print. Email: asernips@surgeons.org or call +61 8 8219 0900.

Quality assurance

A recent signing of quality assurance reaffirms ANZASM for another five years

The Australian and New Zealand Audit of Surgical Mortality (ANZASM) is the framework of regionally based mortality audits designed to provide an external peer review of surgically related deaths. Through the process of audit, the analysis of collected data may potentially identify clinical events, system and process errors and trends which may impact upon the saftey and quality of surgical care.

ANZASM currently operates under a quality assurance declaration at a Commonwealth level. Declaration of a quality assurance activity under Part VC of the Health Insurance Act 1973 (Cth) provides specific protection to health care professionals participating in the activity. The aim of providing this protection is to encourage health care professionals to fully participate in quality assurance activities. I can now confirm that the Minister of Health has recently signed a new, five year declaration for ANZASM, valid until 2016.

The rationale behind the quality assurance provisions is to encourage participation by ensuring that information received by the Audit, is protected against use in civil proceedings. This protection is commonly referred to as qualified privilege. That is, qualified privilege provides two main areas of protection for specific quality assurance activities. These areas are:

1. Confidentiality of information that identifies individuals:– Declaration of a quality assurance activity protects the confidentiality of information that identifies individuals that becomes known solely as a result of declared quality assurance activities by:

> making it an offence to make a record of that information or to disclose that information to another person or to a court; and
> specifying that a person cannot be required to disclose, or produce documents containing, such information to a court except in certain limited circumstances.

2. Assessment of other health care providers:– A declaration offers protection from civil proceedings (apart from those relating to the breach of rules of procedural fairness) to people who participate in activities that involve the assessment or evaluation of the quality of health services provided by others. This protection applies if:

> the relevant person is engaged in the review process in good faith;
> the review process adversely affects the rights or interests of a person who provides health services;
> the relevant person participates in the review process as a member of a committee for the purpose of making an evaluation or assessment of the services provided by a health care practitioner;
> all or a majority of the members of the committee are health care professionals belonging to the same health care profession as the person who provides health services.

The College believes that the internal promotion and ownership of the audit process optimises the contribution and participation of its Fellows and promotes its audit activities as an important element of its Continuing Professional Development (CPD) Program. Non-Fellow Medical Practitioners and International Medical Graduates (IMGs) currently practicing surgery in hospitals are also invited to participate in the audit program.

In the current Continuing Professional Development Triennium, participation in the Audits of Surgical Mortality has become a mandatory element of CPD maintenance for College Fellows. The plan is to maintain the mandation of participation in the Audit of Surgical Mortality well into the future.

There is significant value to the Australian health consumer community at large in the audit continuing as a Quality Assurance activity in order to maintain the forthright participation of surgeons and in order to grow and enhance the existing data on surgical mortality.

Guy Maddern
Chair, ANZASM

Travel and research scholarship opportunities for 2013

The Board of Surgical Research invites Fellows, Trainees and other eligible applicants to apply for the following Scholarships, Fellowships and Grants for 2013.

Please note:
> The availability of the advertised scholarships and fellowships is subject to funding.
> The successful applicant will be required to procure 25% of the value of the scholarship from his/her research department for the following research scholarships and fellowships.
> These advertised opportunities are to be used as an initial guide only. Please consult the College website from 1st March 2012 for detailed information, including relevant application forms, scholarship conditions and important general information.
> Applications for scholarships and fellowships below must be received by 4.00pm on Thursday 26th April 2012
> Where applications are open to all SET Trainees, then applicants to surgical training are also eligible to apply in anticipation of their acceptance into the SET Program. They must be accepted into the SET Program by 1 August in the year prior to the commencement of the scholarship in order to take up the award.
> The values of these scholarships are all in $AUD, unless otherwise stated.

Research Scholarships and Fellowships - Foundation for Surgery Funded

Surgeon Scientist Scholarship
Open to Fellows and SET Trainees enrolled in or intending to enrol in a PhD. Gross value **$70,000** comprising **$60,000** stipend plus **$10,000** departmental maintenance. Tenure is for up to 3.5 years.

Foundation for Surgery John Loewenthal Research Fellowship
Open to Fellows and SET Trainees enrolled in or intending to enrol in a higher degree. Gross value **$60,000**, comprising **$55,000** stipend plus **$5,000** departmental maintenance with a 12 month tenure.

Foundation for Surgery Research Fellowship
Open to Fellows of the College. Preference will be given to academic surgeons early in their career. Gross value **$60,000**, comprising **$55,000** stipend plus **$5,000** departmental maintenance with a 12 month tenure.

Foundation for Surgery New Zealand Research Fellowship
Open to Fellows and SET Trainees enrolled in, or intending to enrol in, a higher degree. Applicants must be a New Zealand citizen currently residing in New Zealand. Gross value **$60,000**, comprising **$55,000** stipend plus **$5,000** departmental maintenance with a 12 month tenure.

Foundation for Surgery Research Scholarship
Foundation for Surgery Catherine Marie Enright Kelly Scholarship
Foundation for Surgery Reg Worcester Research Fellowship
Foundation for Surgery ANZ Journal of Surgery Scholarship
Open to Fellows and SET Trainees enrolled in, or intending to enrol in, a higher degree. Gross value **$60,000**, comprising **$55,000** stipend plus **$5,000** departmental maintenance with a 12 month tenure.

Foundation for Surgery Peter King Scholarship
Open to Fellows and SET Trainees enrolled in, or intending to enrol in, a higher degree with the topic relevant to the practice of surgery outside of metropolitan areas. Gross value **$60,000,** comprising **$55,000** stipend plus **$5,000** departmental maintenance with a 12 month tenure.

Foundation for Surgery Scholarship in Surgical Ethics
Open to Fellows, SET Trainees and members of the public with a special interest in ethical issues of modern surgery. Lay applicants must be sponsored by a Fellow of the College. Applicants must be enrolled in or intending to enrol in a higher degree with a topic relevant to ethical problems confronting surgery. Gross value **$60,000**, comprising **$55,000** stipend plus **$5,000** departmental maintenance with a 12 month tenure.

Foundation for Surgery Louis Waller Medico-Legal Scholarship
Open to Fellows, SET Trainees and Law Graduates. Applicants must be undertaking, or intending to undertake, doctoral research on the topic of medico-legal risks and the related law. Lay applicants must be sponsored by a Fellow of the College. Gross value **$60,000** per annum, comprising **$55,000** stipend plus **$5,000** departmental maintenance. Tenure is for up to 3.5 years.

Fellowship in Surgical Education
The Royal Australasian College of Surgeons and the Southeastern Ontario Academic Medical Organization, Queen's University, Kingston, Ontario, Canada, are offering a joint Fellowship to fund Fellows and SET Trainees wishing to undertake a Masters in Surgical Education at the Faculty of Health Sciences, Queen's University, Canada. The successful applicant will only pursue the educational activities involved in the Masters program. The Fellowship is for a period of up to two years subject to satisfactory performance after 12 months. It is valued at AU**$70,000** stipend per annum with the Queen's University providing funding for tuition.

Research Scholarships and Fellowships - Bequest, Donation and Sponsor Funded

John Mitchell Crouch Fellowship
The John Mitchell Crouch Fellowship of $150,000 is awarded to an individual, who in the opinion of the Council, is making an outstanding contribution to the advancement of surgery, or to fundamental scientific research in this area. The Fellowship commemorates the memory of John Mitchell Crouch (pictured), a Fellow of the College who died in 1977 at the age of 36. The Council of the Royal Australasian College of Surgeons invites applications or nominations for the above Fellowship.
Applicants must meet the following criteria:
> The applicant must be working actively in his/her field.
> The award must be used to assist continuation of this work.
> The applicant must be a Fellow of the Royal Australasian College of Surgeons who is a resident of Australia or New Zealand.
> Applicants must have obtained their College Fellowship or comparable overseas qualification within the past 15 years (1997 or later)
> The successful applicant is expected to attend the convocation ceremony at the next Annual Scientific Congress (ASC) of the College for a formal presentation. The Fellowship recipient must also be prepared to make a 20-25 minute oral presentation at the ASC on their research work including the contribution arising from the award.
> The successful applicant is to produce a report in the format required at the end of their Fellowship for inclusion in the John Mitchell Crouch book, which is published every five years.

There is no formal application form. A new application must be made for each year of application. Applications must include the following:
> A brief statement about current research work and future plans.
> Detailed curriculum vitae, including a list of publications. Included must be a list of what they consider to be their five most important publications as well as the five most important national or international lectures they have been invited to deliver.
> Important publications must also state impact factors and the impact range for their sub-speciality.

Paul Mackay Bolton Scholarship for Cancer Research
This scholarship was established by Harry Bolton in memory of his late son, Paul. Professor Paul Bolton was a distinguished surgeon, teacher and researcher who died from colorectal cancer in 1978, aged 39. The applicant's research topic must focus on the prevention, causes, effects treatment and/or care of cancer. Applicants must be currently working in Queensland or Tasmania. Young researchers, who are relatively early in their careers and show promise, will be given preference over more senior established researchers. Preference will also be given to projects which are likely to have clinical relevance within a relatively short period of time, as well as to applicants who are enrolled in or intend to enrol in a higher degree. Gross value **$60,000**, comprising **$55,000** stipend plus **$5,000** departmental maintenance with a 12 month tenure.

Eric Bishop Scholarship
Open to Fellows and SET Trainees enrolled in, or intending to enrol in, a higher degree. Gross value **$60,000,** comprising **$55,000** stipend plus **$5,000** departmental maintenance with a 12 month tenure.

WG Norman Research Fellowship
Open to Fellows and SET Trainees, resident in South Australia and enrolled in, or intending to enrol in a higher degree. Applicants must be resident in South Australia, with their research being conducted in South Australia and the topic should have a trauma focus. Gross value **$60,000,** comprising **$55,000** stipend plus **$5,000** departmental maintenance with a 12 month tenure.

Sir Roy McCaughey Surgical Research Fellowship
This fellowship was established as a result of a bequest to the College from the late Sir Roy McCaughey. Open to Fellows and SET Trainees enrolled in or intending to enrol in a PhD. The research must be conducted in NSW. Gross value **$60,000,** comprising **$55,000** stipend plus **$5,000** departmental maintenance. Tenure is for up to 3.5 years.

Francis & Phyllis Thornell-Shore Fellowship
Open to Fellows and SET Trainees enrolled in, or intending to enrol in, a higher degree. Gross value **$60,000**, comprising **$55,000** stipend plus **$5,000** departmental maintenance with a 12 month tenure.

Brendan Dooley and Gordon Trinca Trauma Research Scholarship
Open to Fellows, SET Trainees and Medical Scientists who are conducting a research topic relating to the prevention and treatment of trauma injuries in Australia and New Zealand. This scholarship offers a stipend of **$10,000** with a 12 month tenure.

Research Scholarship in Military Surgery *TBC
Open to Fellows and SET Trainees with an interest in Combat Casualty Care Resuscitation Research. This scholarship is to be undertaken in Maryland, USA and offers a stipend of **$US40,000** with a 12 month tenure. *Please note that this scholarship is still to be confirmed – please contact scholarships@surgeons.org for more information.

Foundation for Surgery Richard Jepson Research Scholarship *TBC
Open to Fellows and SET Trainees enrolled in, or intending to enrol in, a higher degree. The gross value will be **$60,000**, comprising **$55,000** stipend plus **$5,000** departmental maintenance, with a tenure for up to 3.5 years. *Preference will be given to SA applicants. For further information, please contact scholarships@surgeons.org.

More than $1.5 million on offer!

Raelene Boyle Scholarship Proudly sponsored by The Sporting Chance Cancer Foundation

The Raelene Boyle Scholarship, sponsored by the Sporting Chance Cancer Foundation, is offered for the value of **$60,000** comprising **$55,000** in stipend and $5,000 in departmental maintenance, with a 12 month tenure.

The scholarship is expected to draw interest from Fellows or SET Trainees of the College working within either a university or hospital research unit, involved in cancer research that is expected to make a notable impact. Preference will be given to research projects with a focus on prostate cancer.

Applications for the Scholarship are open to Fellows and SET Trainees enrolled in, or intending to enrol in, a higher degree. Applicants to surgical training are also eligible to apply for a scholarship in anticipation of their acceptance into the SET Program. They must be accepted into the SET Program by 1 August in the year prior to the commencement of the scholarship in order to take up the award.

The successful applicant will be required to procure 25% of the value of the scholarship from his/her research department.

CONROD-RACS Trauma Fellowship Rehabilitation Medicine

A grant from the Motor Accident Insurance Commission matched by Foundation for Surgery funds has enabled the College to offer annual research funding for research into trauma to the amount of **$50,000.**

The 12 month Fellowship is open to Fellows and SET Trainees. Proposed research may be in any of the following areas: epidemiology, prevention, protection, rehabilitation or immediate or definitive management in trauma. A single Fellowship of up to **$50,000** will normally be awarded but more than one Fellowship may be made to a total of **$50,000** in any one year. The Fellowship may be used for either or both salaries and expenses. It is not a requirement of this Fellowship that the research be conducted in Queensland but it must be shown that the potential benefits flowing from the research will assist the people of Queensland.

Travel Scholarships, Fellowships and Grants – Bequest and Donation Funded

Murray and Unity Pheils Travel Fellowship

The Murray and Unity Pheils Travel Fellowship was established following a generous donation made by the late Professor Murray Pheils. The Murray and Unity Pheils Travel Fellowship has a value of **$10,000** and is awarded to a Trainee or recent Fellow of the College to assist him/her to travel overseas to obtain further training and experience in the field of colorectal surgery. Similarly, overseas graduates wishing to obtain further training and experience in a specialist colorectal unit in Australia or New Zealand are also eligible to apply. Applicants must not have commenced their travels prior to the closing date for applications. The Fellowship is open for 12 months.

Stuart Morson Scholarship in Neurosurgery

The Stuart Morson Scholarship in Neurosurgery has been established following a generous donation by Mrs Elisabeth Morson in memory of her late husband. The Scholarship is designed to assist young neurosurgeons within five years of obtaining their Fellowship of the College (2007 or later) or neurosurgical Trainees to spend time overseas furthering their neurosurgical studies by undertaking research or further training. The Scholarship is also open to exceptional young surgeons who are registered to practice neurosurgery in Australia or New Zealand but are not Fellows of the College. From time to time, the Scholarship may also be applied to assist overseas surgeons to spend time in Australia or New Zealand to further their training and/or research in neurosurgery. Overseas applicants cannot have commenced travel prior to applying for the scholarship. The value of the Scholarship is **$30,000** and is intended to assist the recipient to meet the costs of undertaking further training and / or research work in neurosurgery. This scholarship is for six months, with minimum program duration of three months.

Hugh Johnston ANZ ACS Travelling Fellowship

The Hugh Johnston ANZ Chapter American College of Surgeons Travelling Fellowship has been established to support an Australian or New Zealand Fellow of the College to attend the annual American College of Surgeons (ACS) Congress in October 2013, which is to be held in Washington DC, USA. It forms part of a bi-lateral exchange with the ACS and is open to Fellows who have gained their College Fellowship in the past 10 years (2002 or later). Applicants are expected to have a major interest and accomplishment in basic or clinical sciences related to surgery and would preferably hold an academic appointment in Australia or New Zealand. The applicant must spend a minimum of three weeks in the United States of America. While there, they must:

> Attend and participate in the American College of Surgeons Annual Clinical Congress
> Participate in the formal convocation ceremony of that congress
> Visit at least two medical centres in North America before or after the Annual Clinical Congress to lecture and to share clinical and scientific expertise with the local surgeons.

Applicants must not have commenced their travels prior to the closing date for applications. This Fellowship is valued at AU**$8,000.**

Hugh Johnston Travel Grants

The Hugh Johnston Travel Grants arose from a bequest of the late Eugenie Johnston in memory of her late husband, Hugh Johnston. These Grants for **$10,000** are designed to assist needy and deserving Fellows and Trainees of the College to gain specialist training overseas. Applicants must not have commenced their travels prior to the closing date for applications.

John Buckingham Travelling Scholarship

This scholarship has been established to encourage international exchange of information concerning surgical science, practice and education, as well as to establish professional and academic collaborations and friendships amongst Trainees. It is open to current SET Trainees to enable them to attend the ACS Annual Clinical Congress held in October in the year of application. This scholarship is valued at **$3,000.**

Margorie Hooper Scholarship

The Margorie Hooper Scholarship has been made possible through a bequest from the late Margorie Hooper of South Australia. The Scholarship is for SET Trainees or Fellows of the Royal Australasian College of Surgeons who reside in South Australia. The Scholarship is designed to enable the recipient to undertake postgraduate studies outside the State of South Australia, either elsewhere in Australia or overseas. It is also available for surgeons to travel overseas to learn a new surgical skill for the benefit of the surgical community of South Australia. Preference will be given to the latter. This scholarship is for 12 months. The stipend is **$65,000** and there is provision for accommodation and travel expenses upon application.

Morgan Travelling Scholarship

The Morgan Travelling Scholarship was established to fund a Fellow of the College to travel overseas to gain clinical experience or to conduct research for a period of approximately one year. To be eligible, the surgeon must have gained his/her Fellowship in the past five years (2007 or later). The scholarship is open to a Fellow from any specialty. The scholarship must be the only College funding secured by the Fellow but the candidate is permitted to obtain alternative external funding concurrent with the Morgan Travelling Scholarship. The duration of the scholarship is 12 months. The value of the scholarship is **$10,000.** Applicants must not have commenced travels prior to closing date.

James Ramsay Fellowship for Provincial Surgeons

The James Ramsay Fellowship was established through a bequest following donations made in 1986 and 1993 by Mr James Ramsay, AO, and subsequently through the generosity of Mrs Diana Ramsay, AO. This Fellowship is only available to provincial surgeons in Australia or New Zealand and is designed to enable such surgeons spend time developing their existing skills or acquiring new skills away from their provincial practice.

These Fellowships are open for travel in 2012 and can be taken for a period of eight weeks (value **$20,000**); a period of four weeks (valued at **$10,000**); a period of two weeks (valued at **$5,000**); a period of one week (valued at **$2,500**); or a combination of the above.

The Fellowship grant is intended to contribute substantially to:

- Return airfare to city (cities) of choice;
- Daily living allowance (travel, meals, accommodation, ongoing practice costs)

No additional amounts are payable for travel or accommodation for family, locum costs, insurance, or any other unspecified costs.

The Fellow must spend a major part of each week at the appropriate institution and give a guarantee to continue in practice in his local area on completion of the Fellowship. There is no application form. A letter of application should be forwarded to the Scholarship Program Coordinator, including the following details:

- The intended Fellowship duration;
- An outline of the experience or skills you aim to gain through the Fellowship and how this will benefit your current practice / hospital;
- The locations to be visited in order to achieve your aim;
- A written confirmation from the institution/s where you are to gain your skill or experience.
- A brief outline of the costs associated with acquiring the skills and experience.
- Two written supporting references.

Ian and Ruth Gough Surgical Education Scholarship

The Ian and Ruth Gough Surgical Education Scholarship, valued at **$10,000**, was established by Ian and Ruth Gough to encourage surgeons to become expert surgical educators. Applicants must be Fellows or SET Trainees, with permanent residency of Australia or New Zealand. Tenure is for one year. Please read the important general information and the scholarship conditions prior to submitting your application. There is no application form.

For further information, please contact the Scholarship Program Coordinator, Mrs Sue Pleass, Royal Australasian College of Surgeons, 199 Ward Street, North Adelaide SA 5006.
Tel: +61 8 8219 0900;
Fax: +61 8 8219 0999;
Email: scholarships@surgeons.org .
Applications close 4:00pm Thursday 26th April 2012.

Towards Imperial Unity

Reflections from the 2011 Sir Arthur Sims Commonwealth Travelling Professorship

Arthur Sims was born in England and ultimately retired there, but it was in New Zealand that he was raised, from the age of three. Fame first came to him as an international cricketer, sharing the world record 8th wicket partnership for first class cricket, at 433, which still stands and outscoring WG Grace in their last innings together, with 127 not out. In the course of his cricketing career Sims captained teams in England, Australia and New Zealand.

His business success came later in the meat packing industry. Ultimately, his business interests spread to Australia and the UK, where he also became a financier. He was feted with three honorary fellowships, an honorary LLD and finally a knighthood in 1950.

Among the many philanthropic contributions of his later years was the establishment of the Commonwealth Travelling Professorship which bears his name. It is administered through the Royal College of Surgeons in England (RCSEng), while an Advisory Board comprised of the current Presidents from the major Royal Colleges (England, Canada, Australasia and South Africa) and chaired by Sir Peter Morris, past President (RCSEng), selects a nominee.

When the letter arrived to say that I had been selected as the Sir Arthur Sims Commonwealth Travelling Professor for 2011, there was little information about its history, standing or purpose. Google unearthed an incomplete list of previous notable recipients, a veritable parade of surgical knights of the realm. I read news articles and reports of prolonged voyages and exhausting itineraries, one including visits to 41 institutions.

While the early recipients were selected principally from the UK, more recently the list includes those from many other Commonwealth countries.

John Windsor (right) at the graduation of the College of Medicine of South Africa at the University of Capetown, with Professor Del Kahn. Inset: Sir Arthur Sims became an honorary Fellow of the College in 1954.

For me, at least, it was pleasant to find that Sir Douglas Robb was awarded this professorship in 1960. He was my father's first Head of Department at the Cardiothoracic Surgical Unit at Greenlane Hospital and he was the founding father of the School of Medicine at the University of Auckland where I am now employed.

Objective and duties

My readings also uncovered the objectives and duties of the Professorship. One noted objective was to encourage 'Imperial unity'. I wondered how that would go down in India, where in the year after the professorship was founded in 1946 the British were overthrown and the leaders replaced imperialism with the largest democracy in the world.

The other objectives were more timeless, if a little daunting. It was to 'establish closer links between scientific workers in the Dominions and in the older seats of learning and centres of research'; and it was to 'benefit thereby the people of all nations'.

The duties stated that the professor is required 'to travel from the country normally resident (UK, Australia or NZ) to any other Dominion of the British Commonwealth', for the purpose of 'assisting in the advancement of medical science by lecturing, teaching or engaging in research'. The duties are 'ambassadorial and academic'.

The duration, centres and itinerary were to be determined by the Professor's own 'interests, aptitude and individual commitments'. Annual and other important meetings are sometimes arranged to coincide with the visits.

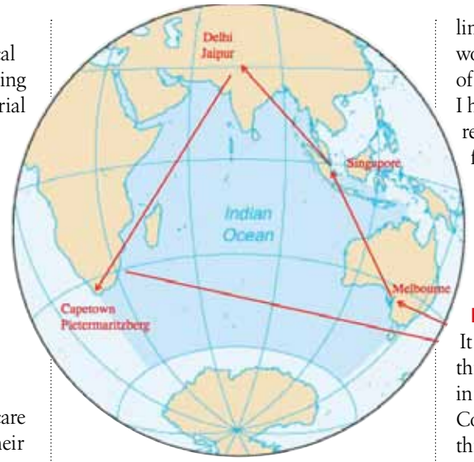
His biographer records that Sir Arthur's 'only additional stipulation was that the professors should be accompanied by their wives, and that care should be taken to see that they had their week-ends left as free as possible so that they might not be over-worked, but have an opportunity of relaxing and enjoying their surroundings'. Alas, I went alone.

Itinerary

It was a challenge to put together an itinerary that met the requirements to visit Commonwealth countries, engage with surgical colleges, and contribute academically to conferences and institutions. In the end I circled the Indian Ocean, counter-clockwise, by visiting Australia, Singapore, India and South Africa.

I had official visits with the Colleges of Singapore and South Africa, and had considerable dialogue about the inauguration of the College of Surgeons in India. There were also plenary and invited lectures at the Congress of the Asia-Pacific HPB Association in Melbourne, the Asia-Pacific Digestive Week in Singapore and the National meeting of the Indian Association of Surgical Gastroenterology in Jaipur. These were interspersed with visits to hospitals and institutes that involved teaching rounds, multi-disciplinary meetings, case presentations, lectures and other activities.

My visit to the University of Cape Town was fortuitous as the Department of Surgery was running the final Fellowship examinations at the time. Impressions included the wide range of candidate



performance, the relative absence of women and the broad range of ethnicities. It was a pleasure to join the official stage party for the graduation against the backdrop of the beautiful Table Mountain.

Themes

The principal theme for the professorship was 'developing academic surgery' since this is the main focus of my involvement in our own College. The other two themes of the professorship were in relation to the role of simulation in surgical training and aspects of acute pancreatitis research. Our focus in this research relates to novel aspects of the pathophysiology of acute pancreatitis, a new classification of severity and the development of less invasive approaches to treating necrotizing pancreatitis.

General reflections

It would be fair to say that this trip exceeded my hopes and expectations. I gained so much, not least through meeting wonderful colleagues in four countries, all of whom I now count as friends. The high quality of surgical work, often under very demanding conditions, was notable wherever I went.

The challenges of surgery are similar around the world, including resource limitations, workforce shortages, clinical workload, but in India and Africa they are of an order of magnitude greater than any I have ever had to face. This was a salient reminder that much can be achieved with few resources. They keys to success, no matter what the setting, are motivation, attitude, perseverance and wisdom, according to one Buddhist colleague.

Ambassadorial reflections

It was of great interest to interact with three colleges in three different countries in three very different situations. Our College, by way of comparison with all three, has a very wide remit, provides strong programs and is a unifying force for surgery in Australia and New Zealand.

In Singapore the College is well constituted, but appears to have a limited role despite considerable potential.

In India, there has never been a College of Surgeons, and the traditional functions are performed by a number of bodies, sometimes competing with each other. It was a surprise to discover that a College of Surgeons was to be inaugurated the day after I left the country. It was even more of a surprise to discover that many of the leading surgeons whom I met did not know of it. Time will tell whether the College of Surgeons of India will be truly representative, and become well constituted and influential.

In South Africa the impression was that the College of Surgeons, because it was one of more than 20 Colleges within the umbrella of the College of Medicine, was somewhat constrained. But there was strong leadership and a will to continue to develop surgery, taking it forward within a country committed to full transformation.

My interactions with the office bearers from each of these Colleges was very positive and constructive. The importance of invigorating training programs, developing better assessment processes, and how best to promote research were all grappled with.

I am aware of a debate within our own College about the extent to which the RACS should develop relations and contribute to sister Colleges, particularly those beyond the Asia/Pacific rim.

The Professorship showed me that the RACS has much to learn from other Colleges. We are in a global workplace and we stand to learn from each other, and when the stakes are high, innovative solutions to largely generic challenges are readily spawned in developing and transitional nations.

The Professorship also reminded me that the RACS has much to offer, especially through its mature policies and programs. From my formative years I hear someone saying that 'to whom much is given, much is required'. And so it is that our College will be enriched if we demonstrate our professionalism, collegiality and empathy, and seize opportunities to help, where ever possible and even when our means are tested.

Academic reflections

Opportunities to contribute academically were many and varied, and exhausting. It struck me that there are two great impediments to academic progress in India and Africa. First is the sheer weight of clinical work, which leaves little time to think and reflect, to audit and research.

The second impediment is that aspect of culture whereby leaders and those in authority are not traditionally questioned. The status quo is rarely challenged and opportunities for improvements in systems and outcomes languish. At times I felt that the evidence pyramid was upside down with the professor's 'expert opinion' (level 5) sometimes over-riding that healthy scepticism which needs to be encouraged. In cultures within which deference has been engrained, where surgeons are revered as teachers and leaders, it is difficult for nursing staff and junior colleagues to question and to participate in flat team structures.

It was interesting to see how this has created difficulties for the full introduction of the surgical safety checklist, for instance. Surgeons need to take the lead in this instance, encouraging active participation.

The abundance of clinical cases and the difficulty of finding time for research means that different employment models need to be considered, to ensure protected time for research and improvements in care. The heads of institutions need to endorse the long-term benefits of research by the way of modified contracts.

Conclusion

It has been an honour to travel and contribute as the Sir Arthur Sims Commonwealth Travelling Professor for 2011. The objectives and duties allowed great freedom in the design of a full and rewarding program. The hospitality and response from those I met has been humbling, and I came away feeling that I gained much more than I contributed. Although there is no way of measuring whether 'Imperial unity' was encouraged, I know that surgery as a whole can only benefit from such opportunities.

John A. Windsor
University of Auckland

Sims Travelling Professors through time

Name	Year	FRACS	Country
Hugh William Bell Cairns (First Sims Travelling Professor)	1948		Australia/UK
Harold Robert Dew	1953	FRACS	Australia
Benjamin Rank	1958	FRACS	Australia
George Douglas Robb	1960	FRACS	New Zealand
Edward Stuart Reginald Hughes	1965	FRACS	Australia
John Loewenthal	1970	FRACS	Australia
Barrie Russell Jones	1972	FRACS	Australia
Tran Sri GB Ong	1977	Honorary FRACS	Hong Kong
Graham Douglas Tracy	1978	FRACS	Australia
David George Pennington	1981	FRACS	Australia
James May	1987	FRACS	Australia
John Philip Chalmers	1989	Honorary FRACS	Australia
Geoffrey IanTaylor	1993	FRACS	Australia
Ian Jeffrey Constable	1994	FRACS	Australia
Andrew Henry Kaye	1997	FRACS	Australia
Wayne Allan Morrison	2000	FRACS	Australia
Guy John Maddern	2005	FRACS	Australia
John Albert Windsor	2011	FRACS	New Zealand

Promoting medical careers

College hosts meeting of the Committee of Presidents of Medical Colleges (CPMC) Australian Indigenous Health Subcommittee

In late January the College was pleased to host the meeting of the CPMC Australian Indigenous Health Subcommittee. The meeting coincided with the recent appointment of Dr Netra Khadka as Senior Project Officer for the CPMC's National Aboriginal and Torres Strait Islander Medical Specialists Framework Project. Dr Khadka, while working under the direction of the subcommittee, will be based for the next two years at the RACS Melbourne Office.

The College, through the Chair of the Indigenous Health Committee, has been represented on the subcommittee since its inception, and is honoured to be hosting this position, so please make Dr Khadka feel welcome. Dr Khadka will assist the subcommittee, in partnership with AIDA, to advocate and support the implementation of the Framework by CPMC member colleges.

The subcommittee is comprised of representatives of each of the medical colleges, the Australian Indigenous Doctors' Association (AIDA), the National Aboriginal Community Controlled Health Organisation (representing Aboriginal Medical Services), as well as the Medical Deans of Australia and New Zealand (MDANZ) and the Commonwealth Department of Health and Ageing (DoHA).

Background to the CPMC Project

In 2010 the Committee of Presidents of Medical Colleges endorsed the National Aboriginal and Torres Strait Islander Medical Specialist Framework. The Framework outlines 19 strategies for action and reform in vocational graduate medical education in Aboriginal and Torres Strait Islander (ATSI) health, including curriculum reform to reflect Indigenous health perspectives, the recruitment and retention of Indigenous medical graduates in specialist training programs, and engaging in partnership with the Aboriginal and Torrs Strait Islander community.

The Medical Specialist Framework complements the Indigenous Health Curriculum Framework developed in 2004 by the Committee of Deans of Australian Medical Schools (CDAMS). Both together will facilitate the vertical integration of Indigenous health in Australian medical curriculum.

The CPMC Australian Indigenous Health Subcommittee met at the College's Melbourne headquarters in January.

RACS and the Medical Specialist Framework

In 2009 the College Council endorsed the RACS Indigenous Health Position Statement, which outlines our commitments to the health of Indigenous communities in Australia and New Zealand and the associated strategies. Developing the Indigenous medical specialist workforce and partnering with the Indigenous community in heath projects, are listed as priority actions for the College in its Strategic Plan for 2010-2013.

The Committee, in consultation with AIDA, has initiated a program to promote and support ATSI medical students and doctors interested in surgical training. The Committee is also working with the Foundation for Surgery to identify surgical-related projects, for fund-raising efforts, that will deliver better health outcomes for Indigenous people.

The College has also been active in the development of Indigenous health curriculum. With funds from the RHCE program, the College has updated its E-learning modules in Aboriginal and Torres Strait Islander health, cultural learning and cultural safety. The College is also leading a collaborative project between the medical colleges to establish a portal to link and share educational activities and resources in Aboriginal and Torres Strait Islander health and cultural learning.

Kelvin Kong,
Chair, Indigenous Health Committee

For further information about the medical specialist framework project please contact Netra.Khadka@surgeons.org. For further information about the RACS Indigenous Health Committee please contact the secretariat at indigenoushealth@surgeons.org

Developing a Career in Academic Surgery

Kuala Lumpur Convention Centre, Malaysia
Sunday 6 May 2012

Provisional Program

7:00am Registration and Breakfast
7:15am Welcome . . . *Ian Civil (RACS President)*
Introduction . . . *Melina Kibbe (Chicago, USA) and Andrew Hill (Auckland)*

SESSION 1: STARTING AND PLANNING YOUR RESEARCH CAREER
Moderators: Scott LeMaire (Houston, USA) and Arthur Richardson (Sydney)

7:30am Why every surgeon can and should be an academic surgeon . . . *Mark Smithers (Brisbane)*
7:50am Research pathways: Outcomes, Translational, Educational, Basic science – which one is right for you? . . . *Allan Tsung (Pittsburgh, USA)*
8:10am Where do good ideas and research questions come from? . . . *Russell Gruen (Melbourne)*
8:30am Critical ethical issues in medical and surgical research . . . *Timothy Pawlik (Baltimore, USA)*
8:50am Understanding statistics for clinical research and trials . . . *Lillian Kao (Houston, USA)*
9:10am Panel discussion and questions from the floor . . . *Moderators and speakers*
9:30am MORNING TEA

SESSION 2: PRESENTING YOUR WORK TO PROGRESS YOUR CAREER
Moderators: Timothy Pawlik (Baltimore, USA) and Raffi Qasabian (Sydney)

9:50am Writing an abstract, choosing your journal . . . *Malcolm Brock (Baltimore, USA)*
10:10am Submitting and revising your manuscript . . . *Melina Kibbe (Chicago, USA)*
10:30am Delivering an effective research presentation . . . *Greg Kennedy (Madison, USA)*
10:50am Networking and building academic collaborations . . . *Daniel Anaya (Houston, USA)*
11:05am Building a research group/program (who is right for the roles and how to manage them) . . . *Leigh Delbridge (Sydney)*
11:20am Panel discussion and questions from the floor . . . *Moderators and speakers*
11:50am **KEYNOTE LECTURE: Training, academic surgery and private practice** . . . ***Michael Solomon (Sydney)***
12:20pm LUNCH – faculty at tables with registrants as small group discussions

CONCURRENT SESSIONS:

SESSION 3: EARLY ACADEMIC CAREERS
Moderators: Melina Kibbe (Chicago, USA) and Julie Howle (Sydney)

1:00pm Building a career pathway: opportunities, obstacles and getting past them - *Daniel Anaya (Houston, USA), Erica Jacobson (Sydney)*
1:20pm Timing research projects – how much time is right, and when to fit it in? - *John Windsor (Auckland)*
1:40pm How do I get started as an academic surgeon- *Michael Vallely (Sydney)*
2:00pm Why a trainee should consider doing fulltime surgical research - *Zoe Wainer (Melbourne)*
2:20pm Panel discussion

SESSION 4: CAREER PATHWAY DEVELOPMENT
Moderators: Greg Kennedy (Madison, USA) and Russell Stitz (Brisbane)

1:00pm How do Post-graduate degrees lead to promotion? Choosing a pg degree, nil v Masters v Doctorate *Guy Maddern (Adelaide)*
1:20pm Why should surgeons be into genomics? – the essentials *Andrew Biankin (Sydney)*
1:40pm Writing a successful Ethics application *Jane Young (Sydney)*
2:00pm Building and presenting an academic CV/ promotion as an educator - *Andrew Hill (Auckland)*
2:20pm Panel discussion

SESSION 5: WORKSHOPPING CURRENT RESEARCH PROJECTS
Moderators: Diane Simeone (Michigan, USA) and Marc Gladman (Sydney)

1:00pm Study design workshop to brainstorm current issues – attendees to bring current research and study challenges for discussion - *Allan Tsung (Pittsburgh, USA), Timothy Pawlik (Baltimore, USA), Cas McInnes (Melbourne), Jonathan Serpell (Melbourne)*

SESSION 6: GRANT WRITING WORKSHOP
Moderators: Malcolm Brock (Baltimore, USA) and Robert Thomas (Melbourne)

1:00pm *Scott LeMaire (Houston, USA), Sue Stott (Auckland), Wayne Morrison (Melbourne)*

2:40pm AFTERNOON TEA

SESSION 7: PLANNING A SUSTAINABLE CAREER
Moderators: Lillian Kao (Houston, USA) and Andrew Hill (Auckland)

3:00pm Doing an overseas Fellowship – how to choose wisely . . . *Warren Hargreaves (Sydney)*
3:15pm Putting it all together and remaining sane – observations from outside the club . . . *Richard Hanney (Sydney)*
3:30pm Questions from the floor to all faculty
3:45pm The future of academic surgery, and closing remarks . . . *John Windsor (Auckland)*
4:30pm CONVOCATION AND SYME ORATION followed by ASC Welcome Reception

Presented by:
Association for Academic Surgery
in partnership with the
RACS Section of Academic Surgery

AAS Association for Academic Surgery

Royal Australasian College of Surgeons, Section of Academic Surgery

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Cost: $175 (GST N/A).
Register on the ASC registration form or online at asc.surgeons.org
Further Information: E: dcas@surgeons.org T: +61 3 9249 1273

Program correct at time of printing, however the Organising Committee reserve the right to change without notice.

Enhance your academic surgical activity

Join a valuable program at the ASC

Come along to the inspirational 2012 Developing a Career in Academic Surgery course in Kuala Lumpur, at which you can sharpen up your academic skills and enhance your competency as a scholar and teacher.

This year's course, to be held on Sunday May 6 (the day before the ASC begins) has 34 invited internationally academic surgical faculty providing advice and recommendations based on their own enviable track records. Registrants over the past three years have found this one day course truly stimulating with its practical advice and high faculty to participant ratio.

Favourite core topics relevant to all surgeons such as "Why all surgeons can and should be academic surgeons", "Submitting and revising your manuscript", and "Delivering an effective research presentation" will again be presented with a fresh perspective. Other sessions will address issues relevant to trainees, including advice on career pathways, timing of research projects and reasons why Trainees may want to consider a period of fulltime research.

Focused sessions will cover topics such as writing successful ethics applications, the essentials of genomics, selecting journals for submission of work, networking and building an effective CV. If you bring with you a question related to your current or planned current research projects, these can be addressed during the popular workshop session, where elite faculty sit down with you to brainstorm such questions during the otherwise deadly after lunch period.

For the first time, experts from Australia, New Zealand and the US will provide a workshop session on writing successful grant applications. Each of these experts has been involved in the relevant grant-allocating bodies of the NH&MRC, the HRC and the NIH – so this valuable advice couldn't be any more from the proverbial horse's mouth.


The DCAS faculty at the Younger Fellows dinner, Adelaide ASC in 2011

Above all else, this course has proven to be dynamic and hands on. The faculty range from Trainees to senior surgeons, all with a passion for excellence and the goal of helping registrants streamline their own career pathways.

The course is aimed at Fellows, Trainees and medical students. Presented by the Academic Section of the College, the current President of their partners in this project, the Association for Academic Surgery, describes an academic surgeon as "any surgeon that plays some active role in educating others or in conducting research of any type...not if they are only involved in clinical care". This inclusive definition describes most Fellows and Trainees of the College.

The course seeks to provide Fellows and Trainees with sharpen skills they all have, while challenging them to use them effectively and further resourcing the smaller but growing number of committed full time academic surgeons within the College.

Generously subsidised by a substantial non-aligned educational grant from Johnson and Johnson, at $175 for the one day course it is difficult to imagine better value from a RACS program.

Organisers have again reached out to interested medical students, offering a limited number of complimentary registrations. These have been vigorously and fully subscribed. Applicants have been keen to benefit from this inclusive day which engages like-minded individuals at all career stages, providing the opportunity to find and bond with inspirational mentors.

Come along – tell us if we can do it better!

Richard Hanney
Course Convenor

Enquiries to dcas@surgeons.org or register on the ASC Registration form.

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Friday 13 April 12pm

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In remembrance

A post-ASC trip has been organised to remember the Fellows of our College who were Prisoners of War under the Japanese military

During World War II, 22,000 Australian military personnel became prisoners of war under the Japanese military. Over three and a half years, 8,000 died in captivity, in desperate conditions of forced labour, disease and starvation. Many of those who returned home after the war attributed their survival to the 106 Australian medical officers imprisoned alongside them. These doctors varied in age, background and experience, but they were united in their unfailing dedication to keeping as many of the men alive as possible [1]. This year, it will be 70 years since the fall of Singapore. More than one quarter of those doctors (29/106) were Fellows of our college. 17 of the 29 worked on the Burma-Thai Railway. Some are well known such as Weary Dunlop and Albert Coates; others are less known.

Following the ASC in Kuala Lumpur (from Thursday, May 10 to Sunday, May 13, 2012) there is a wonderful opportunity for you to visit the Thai-Burma railway, including Hell Fire Pass, Kanchanaburi and the River Kwai, to become aware first-hand of what actually happened. A fascinating itinerary has been organised with invited speakers and surprise guests.

An experience not to be missed! These Fellows must not be forgotten.

Please contact Kellie Frank, Event Coordinator, HRG Australia on +61 (03) 9604 3481 or by email kellie.frank@hrgworldwide.com for details. Places are limited.

1. Rosalind Hearder. Keep the men alive. Crows Nest: Allen & Unwin, 2009.

Name (26)		Rank	Unit	Awarded Fellowship
ANDERSON*	Bruce Hunter	Major	HQ 8th Div1	2/1948 O & G
BURNSIDE	Kennedy Byron	Major	2nd Aust. Mob. Bact. Lab	06/1948
CAHILL*	Francis Joseph	Captain	2/9th FA	12/1945
CAHILL*	Richard Lloyd	Captain	2/19th BN	06/1961
COATES*	Albert Ernest Sir	Lt. Colonel	10th AGH	09/1929
DREVERMANN*	Earnest Barclay	Captain	13th AGH	1969 (by election)
DUNLOP*	Ernest Edward Sir	Lt. Colonel	2/2nd CCS	01/1948
EADIE*	Norman Basil Menzies	Lt. Colonel	HQ Java	01/1928
EDDEY	Howard Hadfield	Major	13th AGH	04/1941
FAGAN*	Kevin James	Major	10th AGH	12/1945
FARMER	Adrian Ward	Major	10th AGH	02/1932
HAMILTON*	Thomas	Lt. Colonel	2/4 CCS	03/1929
HEINZ	Ian Conrad	Captain	10th AGH	06/1949
HOBBS*	Alan	Major	2/4th CCS	03/1939
HOGG*	Tulloch Graham Heuze	Captain	13th AGH	02/1958
KRANTZ *	Sydney	Major	2/4th CCS	03/1938
MILLS	Frank Harland	Major	10th AGH	12/1948
MOON*	Arthur Alexander	Major	2/2nd CCS	01/1956 ?O & G
NAIRN	Bertram William	Major	13th AGH	09/1940
OSBORN	Charles Harwood	Lt. Colonel	13th AGH	01/1928 (on Council 1958-62)
PHILLIPS	Henry Anthony	Major	10th AGH	02/1934
STEVENS*	Roy Halford	Major	2/12th FA	03/1938 ENT
SUMMONS	Hedley Francis	Lt. Colonel	2/9th FA	09/1938
WATSON	Heyworth Alexander	Major	13th AGH	09/1938
WOODRUFF	Michael Francis Addison	Captain	10th AGH	06/1955
SHEEDY*	Redmond Stuart Parnell	Sergeant	2/3 MG Battalion	04/1973 did medicine after the war
ANAESTHETISTS (3)				
BRAND*	Victor	Captain	2/29th BN	08/1952
CRANKSHAW*	Thomas Pilkington	Major	13th AGH	08/1952
GRENVILLE	Ronald Wellesley	Captain	2/5th Field Hygiene Sect.	06/1957

**Indicates worked on the Burma-Thai Railway*

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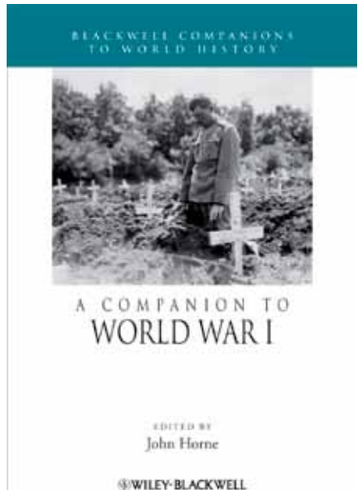

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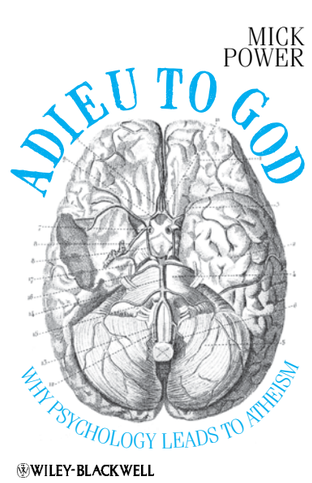

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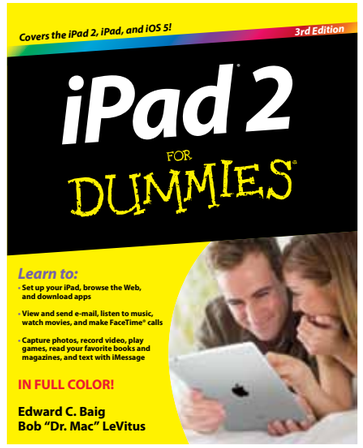

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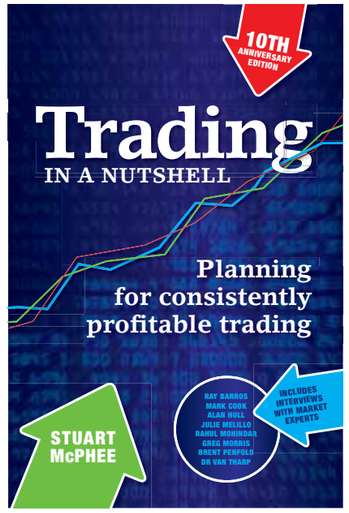

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