SurgicalNews

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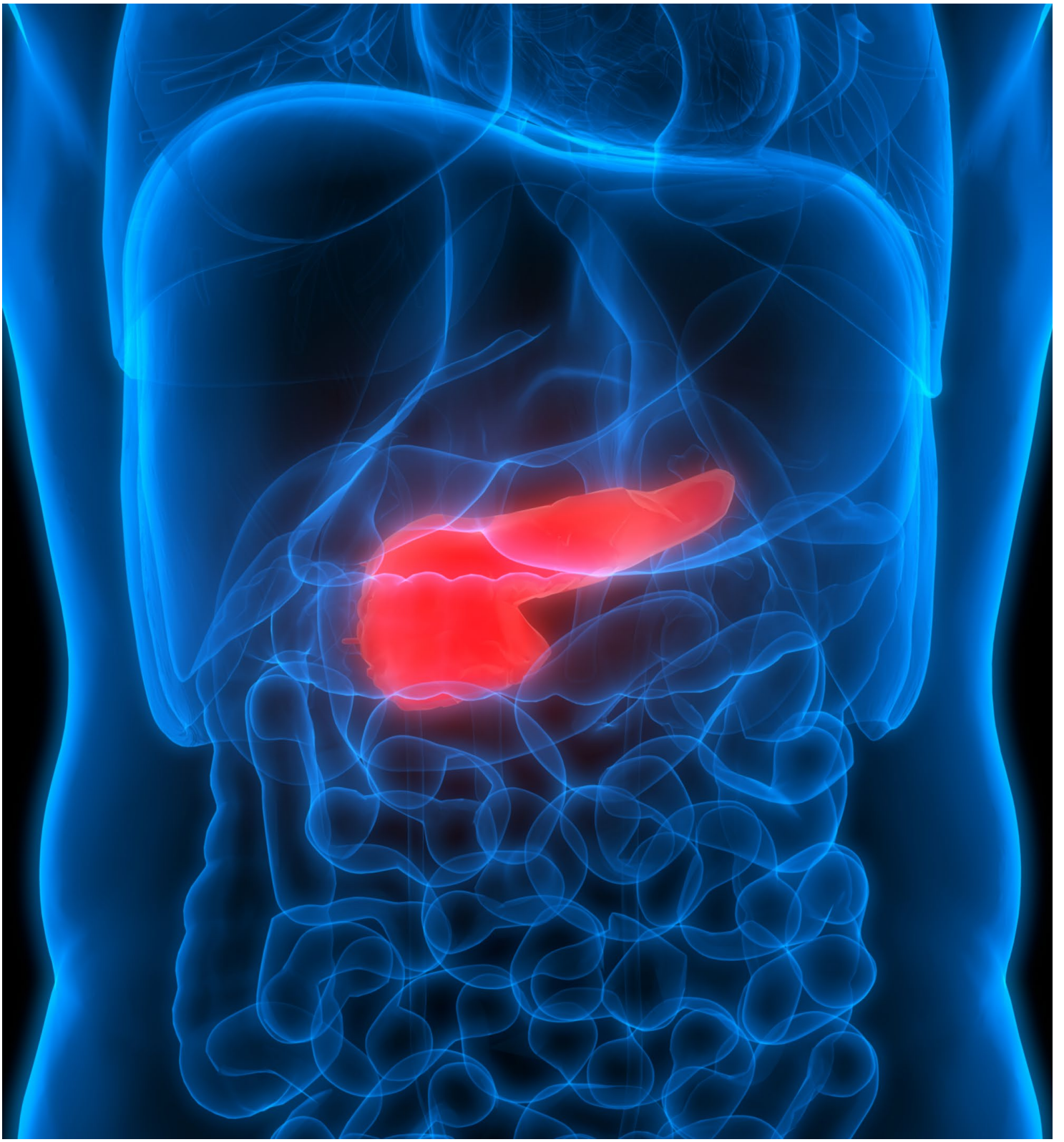
ROYAL AUSTRALASIAN COLLEGE OF SURGEONS



WHIPPLE PROCEDURE

Examining the volume-outcome relationship for high risk surgeries

ASC 2019

All the latest news and updates

TARGET MUSCLE REINNERVATION

Advancements in robotic implants for amputee patients

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IMAGE: Dr Daron Cope FRACS, PIP volunteer, with i-Kiribati health professionals

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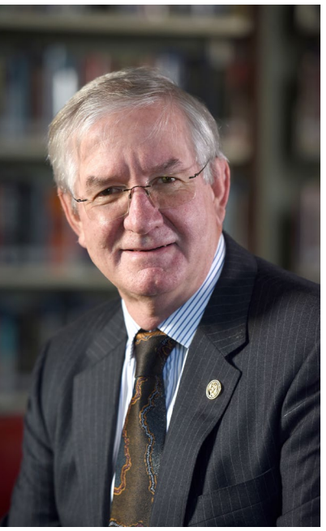
Presidency in perspective



Enhancing the relationship between RACS and specialist societies, promoting cultural change within medicine and working to improve the wellbeing of surgeons, have been the most rewarding aspects of his time in office, according to outgoing RACS President Mr John Batten.

The first Tasmanian surgeon to be elected President, Mr Batten also said he was proud of the advocacy work done by the College to push for equity of access to medical services outside urban centres and the determination of Fellows to improve Indigenous health both in Australia and New Zealand.

He said that the re-accreditation of the RACS training programs by the Australian Medical Council and the Medical Council of New Zealand, which occurred during his time as President, showed that the College was meeting the high standards of educational, medical and social expectations.

Mr Batten said that when he took up the position of President, he committed himself to building strong, respectful relationships with all specialist societies.

“It has always been vital that we have a true partnership with the Societies in the delivery of training,” he said.

“Societies have the content expertise while the College maintains standards, advocates on behalf of our patients and provides resources to enhance the profession and professionalism in surgery.

“I think those relationships have improved during my time in office due to the hard work and commitment shown by many Fellows within both the Societies and the College.”

Mr Batten said there was increasing evidence confirming the link between respectful workplaces and patient outcomes which had helped embed changes promoted by RACS through its *Building Respect, Improving Patient Safety Initiative*.

He said most Fellows and Trainees now understood that patients were best served by surgeons who work as members of dedicated, respectful teams of health professionals to achieve the best outcome.

“The work done by the College through our *Building Respect Initiative* is changing the culture of medicine not just in Australia but in many other countries,” Mr Batten said.

“Colleges from other medical disciplines have adopted our action plan and e-module learning resources as have several surgical colleges in the UK and across south east Asia.

“While we need to remain vigilant and continue to work with our partners across the health system to address problems as they arise, I think the vast majority of Fellows are proud that the College was willing to take a leadership role in this area.

“We have only just commenced the journey towards meaningful cultural change, and recognise that there remain many real or perceived barriers to timely and meaningful change across the legal and ethical domains but to make a real difference, we continue to work with key stakeholders – especially the Medical Board of Australia and the Australian Health Practitioner Regulation Agency, our societies and the jurisdictions in which our training is delivered.”

IMAGE: Mr John Batten attending the ASC in Sydney with Dr John William Corboy medal awardees Dr Kimberly Aitkens (2018) and Dr Grant Fraser-Kirk (2017).

IMAGE: Mr John Batten and Ni-Vanuatu surgeon Dr Samuel Kemuel discussing the management of Congenital Talipes Equinovarus (CTEV). Photographer: Darren James.

Mr Batten said the College also remained committed to addressing the well-being of Fellows following research conducted by leading mental health organisations that showed surgeons suffered higher rates of stress-related mental illnesses than members of the broader public.

He said RACS was addressing the health and welfare of Fellows through its *Do you have a GP?* campaign, the Peer Support Program and through the provision of counselling services to Fellows, Trainees and International Medical Graduates and their families.

“We need to support each other as surgeons, we need to destigmatise mental health problems across medicine, we need to act when we see a colleague in distress and we need to help and encourage them through treatment back to health,” Mr Batten said.

> “I feel greatly privileged to have been asked to serve as RACS President but the achievements made by the College during my tenure were the result of teamwork.”

“We need all Fellows to be the best surgeons they can be and we need to continuously invest in them throughout their careers.”

Mr Batten said RACS was also working to improve access to specialist services across Australia and New Zealand in collaboration with the College of General Practitioners and the College of Rural and Remote Medicine.

“Equity of access to medical and surgical care and health resources remains a major issue confronting Australia and therefore RACS,” he said.

“Surgeons need infrastructure, a collegiate network and facility support to offer surgical services in regional Australia. Broad scope of generalist practice, which crosses surgical disciplines and colleges, is required to provide access to surgical services in rural and regional Australia and New Zealand.

“We have a tyranny of distance, particularly in Australia, and we need to continue to work with state jurisdictions to address this issue while we work to help GPs gain the skills and ongoing support they need to do simple or time-critical surgery for their community.”

Mr Batten described the College Council as an “incredible group of people” who were committed to maintaining the highest professional standards and thanked all officer bearers on the Council, particularly Vice President Dr Catherine Ferguson.

“I feel greatly privileged to have been asked to serve as RACS President but the achievements made by the College during my tenure were the result of teamwork,” he said.

He praised former CEO Ms Mary Harney for her work in helping to modernise the College and acknowledged RACS staff.

“Their work and commitment are part of the reason why surgeons are proud to be Fellows of the College,” Mr Batten said.

“Many people at the College work tirelessly to help us achieve what we seek to achieve, allowing the Council to set and attain its vision and I thank them for their commitment and contribution.”

Karen Murphy
Surgical News journalist

Vice Presidency in review

After serving on the College Council for nine years, Vice President Dr Catherine Ferguson (pictured, below) will step down at this year's Annual Scientific Meeting.

Dr Ferguson is a New Zealand Otolaryngology Head and Neck Surgeon and was the first female Chair of the RACS New Zealand National Board.

During her service to the College, Dr Ferguson was the New Zealand Censor and served as Chair of three RACS committees – Fellowship Services, Professional Standards, and Post Fellowship Education and Training and then as Chair of the Professional Development and Standards Board.

She was one of only two surgeons on the College's Expert Advisory Group (EAG) on Discrimination, Bullying and Sexual Harassment and helped design the RACS' *Building Respect* campaign.

Dr Ferguson has worked assiduously to help the College lead cultural change across surgery and medicine.

Speaking to *Surgical News*, Dr Ferguson said she felt privileged to have been a member of the EAG and involved in the *Building Respect Improving Patient Safety* initiative.

She said that while the EAG process had been confronting for the profession at the time, it had shifted attitudes and behaviours within surgery.

"Fellows should be proud of this work and most of us are now seeing slow but incremental cultural change, not only in surgery but across medicine and the healthcare system," she said.

"More Fellows and Trainees are now talking about and calling out bad behaviour which would not have happened in the past.

"However, we must recognise that creating sustainable cultural change on the scale to which we aspire, is a long-term process and we are still making mistakes along the way.

"The College must continue its work on the *Building Respect Improving Patient Safety* program, particularly regarding our complaints management processes and enhancing the collaborative endeavours we have initiated with our various partners and stakeholders within medicine and the broader health system to ensure that bullying and harassment have no place in surgery."

In an article published in the New Zealand Medical Journal in 2015, Dr Ferguson wrote: "It is well recognised that bullying in the workplace leads to poor performance, anxiety and absenteeism. It creates a poor learning environment, where trainees suffer from a lack of confidence and insecurity in their clinical skills.

"For decades, medical training and surgery in particular, has adopted the apprenticeship model of teaching, and this has been successful in producing surgeons with high levels of medical knowledge and technical expertise.

"However, medical and technical expertise are only two of the nine RACS competencies which also include: professionalism and ethics; communication; collaboration and teamwork; advocacy and judgement; clinical decision-making; scholarship and teaching; and management and leadership.

IMAGE (opposite from top):
Dr Cathy Ferguson with Dr Christine Lai and Dr Maxine Ronald

"The focus must now shift to the effective teaching of these skills. In addition, trainers and Trainees alike need to be educated on how to provide effective and constructive feedback, and the difference between feedback on poor performance and bullying."

"I wish to thank all the College staff that I've been privileged to have worked with over so many years of RACS involvement," she said.

"I have worked across all areas of the College and am indebted to many people in the organisation for their friendship, support and tireless work on behalf of all Fellows, Trainees and international medical graduates – particularly Justine Peterson and all the New Zealand staff, Dianne Brennan (the Vice President's PA), the staff in Professional Standards and Acting RACS CEO, John Biviano, to name but a few."

"The College must continue its work on the Building Respect program, particularly regarding our complaints management processes and enhancing the collaborative endeavours we have initiated with our various partners and stakeholders within medicine and the broader health system to ensure that bullying and harassment have no place in surgery."

Dr Ferguson said she had also dedicated her time on Council to try and ensure that Fellows recognise the professional value provided through the College.

"I feel very privileged to have served the Royal Australasian College of Surgeons over many years," she said.

"It is a proud institution, built on tradition and the hard work of our predecessors over nearly 100 years.

"I hold it in great respect but at the same time I recognise the need for us to move forward – to embrace, acknowledge and celebrate the diversity of our membership and carry our College forward as a vibrant and responsive entity – for the next 100 years!"

She said the most rewarding aspect of all the positions she had held within RACS had been her interactions with RACS staff, Councillors and Fellows and the opportunity to meet so many surgeons from all disciplines across all regions of New Zealand and Australia.

Karen Murphy
Surgical News journalist

RACS: Securing healthy futures

During my term, I have gained a rare insight into your extraordinary generosity through your support of the Foundation for Surgery. We have a long way to go in fulfilling our vision of safe and quality surgical care for all children, families, and communities at home and within our Asia Pacific Region, but I am proud that we are working together to make a significant difference, delivering a long-term social impact and creating sustainable change.

Thanks to you, the Foundation for Surgery is working harder than ever to ensure that those most in need of surgical care have access to it. Your commitment to ensuring long term quality care in disadvantaged communities at home and in our Asia-Pacific Region means there must come a time when RACS steps back and allows local teams to take the reins in continuing to deliver quality surgical care into the future.

Developing surgical skills within local communities is one of the most challenging, yet most important priorities of the Foundation for Surgery's global health work. Our commitment to this crucial goal means that we must begin to hand over our largest lifesaving health program in Timor-Leste to our local teams.

As a proud and long-term supporter of the Foundation for Surgery, I am constantly inspired by the positive impacts its activities have had in communities in New Zealand, Australia and overseas. Our impact on the healthcare system in Timor-Leste has been immense. 12,282 Timorese adults and children have received life-changing procedures, and a further 117,590 consultations have been completed thanks directly to your generosity.

In Timor-Leste alone, one in 12 children dies before the age of five from poor neonatal health and preventable diseases.

Furthermore, a staggering 10,000 Timorese could have their blindness reversed with simple eye operations which our teams across the Pacific, if properly resourced, could perform.

Since 2000, through your generosity, you have helped train and equip local doctors, nurses and health workers, including Timor-Leste's first six general surgeons, to meet the urgent needs of their Timorese communities. This is an incredible achievement, but we must keep going.

Our work to date in Timor-Leste has set the groundwork for a strong, sustainable future for healthcare in this young nation, but so much rests on the next 12 months and how ready our local teams are to carry the program forward.

If we are not ready to hand over the program to local staff by our 12-month deadline, we risk losing many of the gains you have helped achieve. The lives of so many will rest on how robust our largest program is when it graduates to a sustainable local-run entity in 2020.

Foundation for Surgery
Passion. Skill. Legacy.

As my term as Vice President comes to a close, I call upon my colleagues to continue to support the Foundation for Surgery and Pledge-a-Procedure. That is, make a tax-deductible donation of the proceeds from just one of your most common major operations before June 30. Alternatively, giving a one-off donation will make a lasting difference.

Your support will enable the training of more doctors and health workers, so they have the skills to meet the health needs of the nation, as well as family health workers to provide services in remote parts of the country, the provision of specialist medications required to treat disease and infection, and the means to set up a steady supply of pharmaceuticals and equipment.

It would be devastating if these crucial final steps were left untaken or lost for lack of funds. This is an issue that goes right to the heart of our commitment as a profession to care for those in great need and I urge you, my colleagues, to respond with the same compassion you have always shown toward those in need.

As you know, unlike other charities, 100 per cent of all donations to the Foundation for Surgery address critical surgical need, so your support can achieve maximum impact in the community. All costs for administering the Foundation for Surgery are provided for by RACS, so that every dollar of your precious donation can go where it is needed most.

Donating is very simple.

Please go to www.surgeons.org/foundation/ to donate and get an instant tax receipt, or complete and return the flysheet form attached to this edition of Surgical News. This simple act will have an enormous impact on the future of Timor-Leste.

Alternatively, if you would like to make a more substantial personal contribution or even establish your own scholarship, please contact Jessica Redwood, Manager, Foundation for Surgery, ph: +61 3 9249 1110.

Together, let's secure a healthier future for the people of Timor-Leste.

Ms Cathy Ferguson
Vice President

RACS farewells transformational Foundation for Surgery leader

After reaching the maximum term of nine years at the helm of the Foundation for Surgery, current Chair and former RACS President, Professor Kingsley Faulkner AM, is stepping down.

Professor Faulkner and the Board have transformed the Foundation since he assumed the leadership in 2010. In the last three years alone, increasing the number of donors by 423 per cent and donation-based income by 78 per cent.

Now, the RACS philanthropic arm is the largest funder of surgical research in Australasia and arguably the largest per-capita foundation attached to, and generated by, any surgical College worldwide.

The Foundation has focussed its fundraising and funding support on three central areas: Surgical Research and Education, Global Health mainly in neighbouring countries; and Indigenous Health.

Originally initiated by the late visionary, engaging and energetic surgical pioneer Professor Richard (Dick) Bennett to advance surgical scholarships and research, the Foundation for Surgery has provided hundreds of scholarships and fellowships to support ground-breaking research by Fellows and Trainees across all surgical specialities.

In the past decade, Australasian surgeons have made significant contributions to global understandings of the genetic drivers of a range of cancers as well as devising novel methods to inhibit tumour growth.

World-class research has also been undertaken in laparoscopic surgery and robotic technology, haemorrhage control, heart disease, ENT disorders and brain and spinal cord function.

The Foundation for Surgery has also expanded its support of Global and Indigenous health projects during Professor Faulkner's term in office.

From 2010 to 2019 it funded:

- Specialist consultations to more than 80,000 patients across developing countries in the Asia-Pacific region.
- The provision of 18,993 critical procedures in these countries.
- The delivery of more than 200 skills courses to 1,720 local health workers and specialists from low-income countries to help build local healthcare capacity.
- 38 Indigenous medical students and doctors from Australia and New Zealand to undertake specialised educational workshops.
- Long-term planning aimed at achieving better health outcomes for Aboriginal and Torres Strait Islander communities addressing critical needs such as restoring hearing, kidney function and sight as well as addressing the disproportionate rate of road-related injury.
- Educational symposiums engaging almost 1000 Indigenous delegates.

Along with the personal commitment and crucial leadership of Mr Michael McAuliffe FRACS, Professor Faulkner was also instrumental in securing a partnership agreement with the Tour de Cure cancer charity which resulted in one of the largest stand-alone grants ever given to the Foundation to fund on-going cancer research.

The former Head of General Surgery at Sir Charles Gairdner Hospital from 1994-2001, Professor Faulkner grew up on a farm in the Porongurup region in Western Australia and spent a year as a District Medical Officer associated with the Royal Flying Doctor Service in the Pilbara early in his career.

Until the end of 2017 he was a Professor in the School of Medicine, Fremantle University of Notre Dame Australia and remains actively engaged with matters of public health. He is the President of the Australian Council on Smoking and Health (ACOSH) and is Co-Chair of Doctors for the Environment Australia (DEA).

IMAGES (From left): Professor Kingsley Faulkner AM; with Mr Michael Gorton

Speaking to *Surgical News*, Professor Faulkner said the key to the success of the Foundation lay in the support given it by Fellows, and the administrative support provided through the College.

"The fact that we can say to donors that not a single cent is spent on administration makes a huge difference," he said.

"Donors and benefactors know that the money they donate will only go towards supporting those areas of interest to them and they also know that the Foundation's work is fully supported by the College and Fellows.

"Our support for surgical research remains central to the Foundation because when scholarships are awarded to young and promising surgeons, they launch them into a research career which can have a great multiplier effect.

"Foundation funding also makes a real difference, not only to the surgical care we give our patients, but also the assistance we can provide to patients in low-income countries through our surgical team visits and the training and capacity-building provided to local medical staff."

Professor Faulkner said he had greatly enjoyed his time as Chair of the Foundation and urged Fellows to continue their support.

"I believe the objectives of the Foundation are both worthy and being met, allowing the College and Fellows to make important contributions across many medical fields and across the Asia-Pacific region," he said.

"However, I must again pay tribute to Professor Dick Bennett because the Foundation was his vision and remains a wonderful legacy not only to his foresight but to his unquenchable enthusiasm and political skills."

Professor Faulkner said the corpus of funds now available to the Foundation had doubled during his tenure, the majority of which was generated through bequests, thousands of individual donations, the sale of some RACS assets and the careful management of the College's investment portfolio.

He also said that the funds raised through the annual 'Pledge-a-Procedure' campaign had increased each year to the great credit of Fellows.

He said there were many highlights during his time as Chair of the Foundation. They included the provision of trauma care training in Myanmar – a medical discipline which didn't exist when RACS and the Australasian College for Emergency Medicine first arrived – and the long-term collaboration with the surgeons and health staff in Timor Leste.

Professor Faulkner praised the College for the support given to the Foundation to improve Indigenous health through supporting out-reach surgical visits, funding research into Indigenous health and supporting the aspirations of promising Indigenous medical students and young doctors to become surgeons, one of whom was selected as the Rhode Scholar for South Australia in 2017.

"All these projects are worthy in themselves but they also show to the wider community that Australian and New Zealand surgeons have a sincere desire to improve health delivery in our own countries and communities while also helping our regional neighbours."

Upon completing his term as Chair, Professor Faulkner wished to give particular thanks to the Deputy Chair of the Foundation, Mr Michael Gorton, outgoing Board members, Dr Chantel Thornton and Professor John Collins, the other members of the Board including the honorary financial advisors, Mr Brian Randall and now Mr Tony Lewis, the Chairs of the committees making recommendations to the Board, the Foundation Manager, Ms Jessica Redwood and other RACS staff assisting the Foundation.

"All these projects are worthy in themselves but they also show to the wider community that Australian and New Zealand surgeons have a sincere desire to improve health delivery in our own communities while also helping our regional neighbours."

He also thanked the College Council for the generous support given to the Foundation during his time as Chair and all Fellows of the College who had donated or participated in Global and Indigenous Health team visits.

He encouraged colleagues to continue that vital support through donating, setting up a scholarship, considering including a bequest in their will or donating through the College's annual fundraising campaigns.

This year's 'Pledge-a-Procedure' campaign aims to raise critical funds for the RACS East Timor program so that it can be handed over to local governance next year. Professor Faulkner encouraged his colleagues to get involved.

Professor Faulkner is to be replaced as Chair of the Foundation by out-going College President, Mr John Batten.

Karen Murphy
Surgical News journalist

RACS ASC 2019 update

Dear colleagues and Fellows across Australasia and South East Asia,

The Annual Scientific Congress (ASC) 2019 in Bangkok is almost upon us.

This Congress has something for everyone. It provides opportunity to listen and talk about matters that are both directly surgical and within the sphere of surgical influence and experience, to meet with colleagues across a broad range of specialties, catch up with old acquaintances and form new friendships, and of course opportunity to collaborate and stimulate.

We are especially excited that we will be inviting Professor Papaarangi Reid as one of our fellow speakers in the plenary on diversity.

Our College has made significant inroads in the promotion of diversity within our ranks. We are doing much more than paying lip-service to this. A significant number of training boards have already put programs in place to ensure that the full breadth of the community is represented in the surgical Trainees training program. Often when we think of diversity we think of cultural differences, but there are many other differences to be embraced by RACS. The College was founded nearly 100 years ago, and perhaps remains somewhat traditionally entrenched and subject to conscious and unconscious bias, as does any other old organisation.

This is a time to renew and refresh and the plenary sessions will certainly be capable of promoting that.

This year's Syme Oration will be delivered by Professor Sir Malcolm Grant CBE. Sir Malcom is the immediate past Executive Director of the National Health Service of the United Kingdom, having held that post for several years. His other recent roles have included provost and Vice Chancellor of University College London. He was also on the think tank of UK Prime Minister, Gordon Brown, following the financial crisis of 2007. It is a great honour to have been able to secure Sir Malcolm to deliver this oration.

In addition, he will be contributing as the invited speaker for the medico legal section. Sir Malcolm is a Kiwi, having been raised in the Oamaru district. His brother Alastair is an orthopaedic surgeon, his son is the director of the British Cancer Research Institute and his wife is a GP. Hence, he has the unusual perspective of being extraordinarily well connected with the medical community though he originally trained as a lawyer.

For this Congress, we have put together a plenary session with conversations focusing on cutting edge technologies. We are honoured to have Professor Swee Tan, one of our New Zealand Fellows, talking about innovative advances in cancer therapies. In addition, Professor James Kirkland, a world leader in anti-aging medicine, joins us from the Mayo Clinic.

The final speaker will be Professor Alistair Woodward, who is a professor of public health at Auckland University.

Professor Woodward is a contributor to the international panel on climate change and co-author of the latest climate change document. Climate change will affect all aspects of society, including surgery, in ways that we cannot yet imagine and these three speakers, we trust, will open the door on what the future of medicine and surgery may look like.

Another fantastic piece of news is that we have received more than one thousand abstracts for free papers and all sections have allowed ample opportunity for these papers to be delivered.

In an ASC first, we are also offering the inaugural President's Town Hall at midday, Friday 10 May, featuring a two-way dialogue with our President on a wide range of issues.

Registrations remain open and we encourage you to take this opportunity to engage with your surgical colleagues. The Congress in Bangkok, like all ASCs provides a wonderful opportunity to think outside the square and engage with the RACS fraternity as well as the Thai surgical community.

To learn more about the many events and speakers you can find our program on our website: https://asc.surgeons.org/

In addition to the daily scientific sessions there will be social and educational tours on offer each day – including Bangkok jungle on two wheels, the iconic Damnoen Saduak Floating Market and Jim Thompson House – not to mention some of the food tours for which Thailand is renowned.

Post ASC tours are also heading off to Laos, Cambodia, Myanmar, India and Sri Lanka presenting a cacophony of sound, sights and entertainment that will always be remembered. Go to asc.surgeons.org for more information.

On behalf of the Executive and the section conveners we look forward to welcoming you to Bangkok in May 2019. Get on board!

Mr Nigel Willis FRACS,
RACS ASC 2019 Convenor

Mr Craig MacKinnon FRACS,
RACS ASC 2019 Scientific Convenor

Golden Scalpel Games®

The Royal Australasian College of Surgeons Annual Scientific Congress (ASC) in Bangkok on 6 May 2019

In collaboration with the Health Education and Training Institute (HETI), the Royal Australasian College of Surgeons will host the 2019 first international Golden Scalpel Games® at the Annual Scientific Congress (ASC) in Bangkok on Sunday 5 May 2019.

Invitations have been extended to surgical Trainees and registrars from the WHO SEARO and WPRO region to participate in the 2019 Golden Scalpel Games® in Bangkok on Sunday 5 May 2019.

The Golden Scalpel Games® is a major education and training event for Surgical Trainees. It is an exciting competition that gives Trainees the opportunity to showcase their surgical skills, share knowledge and explore new innovations in technology using simulated environments.

For the RACS 2019 ASC, competition teams will be formed from represented countries who will challenge each other to win the Golden Scalpel Games®. Teams will be awarded with trophies and medals at the end of the competition. The 2019 Golden Scalpel Games® will be showcased at 12 noon on Wednesday 8 May where the winning team will be celebrated. The Games are a fun event providing participants with a relevant education and training opportunity.

Each team from participating countries will comprise five to six competitors (up to two mentors can accompany the team) who rotate through a variety of clinical stations in 30-minute bursts. Each skill is completed in the first 20 minutes, with teams being assessed and provided with feedback during the remaining 10 minutes. The stations are re-set once feedback has been provided and teams rotate to the next station.

Further information for the Games can be found at https://asc.surgeons.org/program/workshops/

Prior to the Golden Scalpel Games®, participating teams will be sent a Participant Guide, which will provide details of the skills being tested and what participants can expect from the competition. Whilst the standard from all teams is generally very good, we encourage participating countries to organise a team and support their training in preparation for this event. For more information on the Golden Scalpel Games® please go to www.heti.nsw.gov.au/surgical where you can view a video of the Golden Scalpel Games® from an earlier competition.

If you have any additional questions please do not hesitate to contact the NSW Clinical Surgical Training Council Chair, Associate Professor Kerin Fielding at drkerin@kfo.com.au or the NSW Senior Program Coordinator of Surgical Skills, Toni Vial at toni.vial@health.nsw.gov.au.

2019 ASC Trainees Program

The upcoming RACS Annual Scientific Congress (ASC) 2019 will be held in Bangkok, Thailand from the 6th to 10th of May 2019. It offers the opportunity to catch up with colleagues from our home countries, wider Australasia and further abroad. This year's title is: "The Complete Surgeon: Backing the Future". After a drive to subspecialise by pursuing further training and acquiring skills in narrower areas of expertise; we now acknowledge the importance of generalism within the different surgical specialties.

This year's ASC is also a great excuse to visit beautiful Thailand and provides the once in a lifetime opportunity of experiencing the coronation of the King of Thailand. This event will be happening the weekend before, from the 4th to 6th of May. People are invited to wear yellow to demonstrate support for the monarchy until the King's birthday in July.

There is a comprehensive program that covers updates and the latest developments across the wide range of surgical specialties and different interests. For the Trainee's Section we have presentations by distinguished guests; Professor Karl Bilimoria from Northwestern University (Chicago, USA) who has conducted research into areas of training including hours of duty and burnout; Dr Caroline Reinke, who is an academic and general surgeon from Charlotte, USA, will be presenting on how to balance general practice and academia. Finally, we have the current chair of the New Zealand Medical Council Associate Professor Andrew Connolly MNZM who will be discussing generalists and the regulator's views.

The finalised program for our section is:

Morning session – Tuesday 7 May:

Professor Karl Bilimoria (Chicago, USA)
- o Training and Burnout

Caroline Reinke (Charlotte, USA)
- o Generalist and Academic

Paper presentation

Associate Professor Andrew Connolly (Auckland, New Zealand)
- o Generalists in an increasingly subspecialised world – view of a regulator

Discussion

The Trainee's dinner will have a Thai flavour and will take place the same day of the presentations. For the first time the Senior Surgeons will be joining, as well as the traditional Younger Fellows. The dinner will take place at the beautiful Nai Lert Park Heritage Home – Glass House (http://www.nailertparkheritagehome.com/). Dinner tickets are $160 and include food, drinks and transfers.

Everyone is invited to attend the presentations and subsequent dinner. We expect it will be not only informative, but also a fun and tasty evening afterwards.

See you all in Bangkok.

Dr Roberto Sthory (NZ)
2019 ASC Trainee Convenor

Australian surgeons world leaders in robotic implants for amputee patients

Sydney-based Orthopaedic surgeon Associate Professor Munjed Al Muderis has conducted world-first surgery to treat an Iraqi refugee who lost both arms after a devastating work place injury.

Mr Ghanim Al Shnen suffered massive internal injuries and burns late last year which resulted in the amputation of both forearms after a bar he was holding hit high-voltage power lines.

Rushed to Sydney's Concord Hospital, he was treated by trauma surgeons and a plastic and reconstructive surgical team led by Dr Justine O'Hara.

Once he was deemed strong enough to undergo further reconstructive surgery, he was referred to Associate Professor Al Muderis at the Complex Limb Reconstruction Centre at Macquarie University Hospital (MUH).

In the coming months, Associate Professor Al Muderis will rebuild what remains of Mr Al Shnen's right arm and elbow and insert titanium rods into both forearms in the first of a series of procedures that will eventually allow him to use his mind and muscles to control robotic prostheses.

Speaking to *Surgical News*, Associate Professor Al Muderis said that target muscle reinnervation (TMR) surgery involves transferring residual amputated nerves to reinnervate new muscle targets of nearby muscles.

These reinnervated muscles then serve as biological amplifiers of the amputated nerve motor signals, allowing for more intuitive control of advanced prosthetic arms.

"During this procedure we relocate the nerves in the arm to the muscles in the chest wall," Associate Professor Al Muderis said.

"Along with transferring these nerve sites, several muscles are repositioned to a new location and subcutaneous fat is also removed to improve the sensitivity of the electrodes.

"It can take four months to see the first muscle twitches and twelve months of intensive rehabilitation before patients can contract all four pectoralis positions separately to relearn the motions of the upper limb.

> "It's a very complex, detailed process but at the end of it a signal initiated by the brain, that commands the missing limb, can then be used to drive a motorised prosthetic device which can provide intuitive control of the limb and also restore a sense of touch."

"It's a very complex, detailed process but at the end of it a signal initiated by the brain, that commands the missing limb, can then be used to drive a motorised prosthetic device which can provide intuitive control of the limb and also restore a sense of touch."

Once Mr Al Shnen has undergone further surgeries to implant the titanium components, he will be fitted with a myoelectric prosthesis which uses sensors placed into the prosthesis to receive electrical signals transmitted by the muscles in his residual limbs.

While Associate Professor Al Muderis said he has conducted more than 30 TMR procedures, Mr Al Schnen was the first patient he had treated who had lost both arms.

"This has been a very complex case because of the severity of Mr Al Shnen's injuries and the damage suffered to his muscles and nerves," he said.

"He lost all the tendons in his forearms, he had restricted movements in both arms and shoulders because of burn contractures, one ulna had completely burnt away and he had only 75 degrees of flexion in his right elbow.

"The Plastic and Reconstruction team at Concord did a wonderful job but we still had quite a lot of work to do before we could even begin the TMR process."

Associate Professor Al Muderis said Australia was now leading the world in TMR surgery and that surgeons from many countries were now seeking and receiving Fellowships to fund their travel to Sydney to learn from the Complex Limb Reconstruction Unit at MUH.

There, they also conduct world leading osseointegration surgery in which a titanium rod is inserted into the amputated residuum of people who have lost a limb which allows for a seamless connection to the external prosthesis.

Associate Professor Al Muderis has conducted 600 osseointegration surgeries to treat trauma victims, wounded soldiers, victims of war and people born with limb deficiencies and deformities. He has also designed the osseointegration implants and established the Osseointegration Group of Australia, which he said was the most recognised centre worldwide for this technology.

"Osseointegration has emerged over the last two decades as a dramatically different approach for the treatment of limb amputations which involves direct attachment of the prosthesis to the skeletal residuum," he said.

"After conducting hundreds of such procedures, we can say that it reduces the often-disabling socket-interface problems associated with the old socket prosthesis including pain, skin ulceration and bone degeneration in favour of gaining greater balance, movement and proprioception.

"We have established an independent registry to analyse outcomes of these procedures and a recent study conducted by Bristol University found that while osseointegration carries higher risk than fitting patients with socket prostheses, it also has the capacity to dramatically improve people's lives."

Associate Professor Al Muderis said all such surgical procedures involve associated risk calculation against the potential benefits but that the overall revision rate of osseointegration procedures done at MUH is approximately two per cent which he said was on par with standard joint replacement procedures.

He said the experience of the Complex Limb Reconstruction team at MUH in osseointegration has helped them advance their world-leading work in TMR surgery and the use of robotics.

Eventually, Associate Professor Al Muderis hopes to fit Mr Al Shnen with prostheses that replicate movement as closely as possible to normality, starting with simple grip, and then developing sensory feedback processes that may re-establish a sense of touch.

"There are only five other centres in the world performing comparable work but we are the leaders in terms of the development of TMR surgery and I think we should be proud as Australian surgeons to have created an entirely new discipline in limb reconstruction and robotic prostheses," Associate Professor Al Muderis said.

"I'm particularly pleased that this work is based at MUH because they embrace innovation and we have strong collaborations between the surgical team, researchers and world-leading scientists and engineers.

"While the myoelectric prosthetic arms do provide additional functionality, we still face challenges in that the signals are susceptible to noise introduced by the environment, cross talk between multiple muscles and movement between the sensor and the skin.

"This is a work in progress because the underpinning technology is still in its infancy across the globe," Associate Professor Al Muderis said.

Karen Murphy
Surgical News journalist

Supporting Trainee-led surgical research

Twenty years ago, *The Lancet* editor Dr Richard Horton, questioned the value of surgical research in an editorial entitled – *Surgical research or comic opera: questions but few answers*. In this opinion piece he made the provocative statement – "Surgical research is an oxymoron!" While many academic surgeons were horrified by this view, others kept quiet and simply agreed. Whatever you might think about this, we cannot deny that much of the research surgeons undertake, and the papers they publish, end up having little impact on clinical practice. Retrospective reviews of case series fill the pages of our journals, and surgical Trainees undertake studies targeted primarily at meeting the requirements of their training board. Do current research training requirements improve the quality of information available to inform our surgical practices, or are we just inoculating a generation of Trainees against pursuing a meaningful academic career?

A decade ago, UK based Trainees in the Birmingham region had an epiphany, and realised that if they worked together and collaborated across their region, they could collectively make a much stronger contribution to research in their field of surgery. These Trainees banded together to develop studies that could be run across multiple hospitals in their training region, and as they rotated from hospital to hospital they were able to hand the studies over to the next Trainee, and then the next, until enough data were collected for meaningful analysis. By working collaboratively, Trainees delivered prospective data and very large cohorts, collectively completing very large studies, including randomised trials, that actually impacted and informed practice.

From small beginnings, Trainee trials networks developed and spread across the UK, and now cover all surgical specialties and all regions. In 2016, 238 UK hospitals participated in 40 national surgical research collaborative trials, with 26 additional trials under development at that time. More than 20,000 patients were entered into UK studies from 2011-17, and outcomes have been published in leading journals, including *The Lancet*. UK Trainee trials networks have been leading a bottom up revolution, with Trainees engaged in the UK trials networks enthusiastically embracing the opportunity to develop, lead and participate in high quality, practice changing research. UK Trainees now participate in far more meaningful research training than that delivered a decade earlier.

CTANZ seeks to inspire current and future Trainees to make a difference by incorporating research into its day-to-day practice. It is applying a broad approach to supporting Trainees and seeks to be inclusive of SET and prevocational Trainees, as well as medical students aspiring to a career in Surgery. CTANZ is developing and supporting Trainee driven and led surgical research networks using a bottom up approach to clinical research and clinical trials.

Our current situation in Australia and New Zealand is similar to the UK a decade ago. Most of our Trainees have limited exposure to meaningful research during training. Trainees spend 6-12 months on clinical units, and research opportunities are commonly limited to retrospective case note reviews which have little impact on clinical practice, and if published it is often in a low quality, poorly cited journal.

Two years ago at the RACS Annual Scientific Congress in Adelaide, many were inspired by presentations from the UK which informed us of the successes of the UK Trainee trials networks. Work followed by the Section of Academic Surgery to encourage similar networks in Australia and New Zealand. A working group was established and ably led by Professor John Windsor and Associate Professor Tarik Sammour, with foundations laid for CTANZ – Clinical Trials Network of Australia and New Zealand. Seed funding was secured for a Clinical Director and executive support, and Professor David Watson succeeded Professor Windsor as the CTANZ Clinical Director in November 2018, supported by Dr Lorwai Tan (Coordinator, CTANZ).

IMAGE:
Founding CTANZ Clinical Director Professor John Windsor (L) being presented with a thank you gift from newly appointed Clinical Director Professor David Watson (R) at the CTANZ Annual November Workshop, Sydney 2018.

CTANZ seeks to inspire current and future Trainees to make a difference by incorporating research into their day-to-day practice. It is applying a broad approach to supporting Trainees and seeks to be inclusive of SET and prevocational Trainees, as well as medical students aspiring to a career in surgery. CTANZ is developing and supporting Trainee driven and led surgical research networks using a bottom up approach to clinical research and clinical trials.

Australia and New Zealand are different to the UK. Collectively we are a smaller population spread across a very large geographic area. However, CTANZ is confident that the Trainee driven model can be adapted to the peculiarities of our countries. In less than two years much has been achieved. Bi-national networks have been successfully established in specialities such as Vascular and Paediatric Surgery, with work well advanced in Plastics, Neurosurgery and Breast Surgery. Regional General Surgery networks have been formed in Queensland, New Zealand, Hunter and Central Coast regions of NSW, and the Austin Hospital training network (including Tasmania and Alice Springs), with opportunities progressing in Adelaide and Perth. A regional Orthopaedic Surgery network is also developing in New Zealand.

Across these networks, Trainee leads, supported by specialty leads (consultant mentors), have been identified, and early successes have included completed locally developed studies, as well as major contributions to UK Trainee initiated international studies. Examples include the international IMAGINE Study (Ileus Management International) which was completed in 2018. General Surgery SET Trainees, prevocational doctors and medical students enthusiastically contributed to this study across several regions, and preliminary results have been presented at the European Society of Coloproctology in Nice, France. In Vascular Surgery and Paediatric Surgery, ANZ driven studies have been completed for publication and presentation at specialty meetings later this year.

The challenge for CTANZ is to ensure that future Trainee participation in multi-centred collaboratives is recognised towards research training requirements during SET – some Training Boards are already rising to this challenge! Recognition of each Trainee's contribution within publications has also been assured, with the development of publication models that ensure all contributors are recognised as part of PubMed listed citable group authorships.

With early runs on the board, the challenge for CTANZ is to support the growth of Trainee driven trials networks across Australia and New Zealand, by both increasing the size and engagement of existing networks, as well as growing new networks to broaden geographic and specialty coverage to all surgical specialties and regions. CTANZ will only achieve this with the engagement of Trainees from all disciplines, and the support of their mentors and supervisors. CTANZ believes Trainees can lead the way with practice changing surgical research in Australia and New Zealand. It seeks to inspire current and future generations of surgical Trainees to engage with and lead practice changing research, and to equip these Trainees with critical research skills that will allow them to meet the challenges of future surgical practice. We want to hear from Trainees and surgeons who share this vision and want to engage.

Please contact us at CTANZ@surgeons.org so we can support you.

Professor David Watson
Clinical Director CTANZ

RACS Premier Joint Academic Meetings

RACS is committed to supporting surgeons in pursuing knowledge for improving surgical practice through surgical research. One of the key ways is through the RACS Premier Joint Academic Meetings, held each year over two days in November.

These meetings are an opportunity to hear first-hand about the latest research undertaken by distinguished surgical researchers from Australia, New Zealand and the USA. The location for the meetings rotates between Adelaide, Melbourne and Sydney. Another great two-day meeting is planned for 2019 which will be held at the RACS office, Melbourne, 7-8 November and we look forward to seeing you there.

The highly successful 2018 Joint Academic Meetings were held at the University of Technology Sydney in the architecturally impressive Dr Chau Chak Wing Building which complemented an equally impressive two-day programme.

Day one focussed on professional development and the importance of lifelong learning as tools to realise our full potential as an academic surgeon. The morning session consisted of presentations on topics ranging from "The ikigai of academic surgery – finding your balance" to "Leading and managing change". In the afternoon, two concurrent workshops were held on the topics of "Clinical innovation" and "Creating institutional vision with academic excellence".

Proceedings ended with an interactive session led by a presentation from the Hon Brad Hazzard, New South Wales Health Minister on "Priority areas for research in NSW from a Government perspective". Following his presentation, there were pitches for research funding from three renowned NSW scientists. Their aim was to convince the judges (Ms Mary Harney and The Honourable Brad Hazzard) and audience that their proposal would provide the greatest benefit to medicine and as such was worth the financial investment.

Positive feedback from the day included "*outstanding content*" and "*great meeting*", indicating not only a thoroughly enjoyable day but importantly the value that delegates received by attending this event.

We would like to thank convenors Mr James Lee, Associate Professor Cherry Koh and Associate Professor Payal Mukherjee for putting together an outstanding programme for this day.

Day two was the Surgical Research Society of Australasia conference. This featured two international guest speakers from the USA; from the Association Academic Surgeons, Dr Melanie Morris, a specialist in colon and rectal surgery who is dedicated to improving surgical outcomes and surgical education, and from the Society of University Surgeons, the past President, Dr Rebecca Minter, who has an interest in the management and treatment of benign and neoplastic diseases of the pancreas. Professor David McGiffin, an internationally acknowledged Australian cardiothoracic surgeon, now based in Melbourne, gave the Jepson Lecture.

It was an honour to host three inspiring guest speakers, each of whom gave captivating presentations in their field of expertise, but relevant to all fields of surgery. Importantly, this event provided an opportunity for RACS Fellows, Surgical Trainees and medical students to present their research. The diversity of the subjects and the quality of the research and the presentations made for an exceptional meeting. The most outstanding presentations were awarded with prestigious and highly sought-after prizes which included funding the attendance to the combined Annual Scientific Congress of the Association of Academic Surgeons and the Society of University Surgeons of the USA; and funding attendance at the 2019 Developing a Career and Skills in Academic Surgery Course, along with travel grants.

Save the date for this year's meeting in Melbourne, 7-8 November 2019.

Further information can be obtained by contacting academic.surgery@surgeons.org

Professor Mark Smithers
Chair, Academic Surgery Committee

Professor Marc Gladman
Chair, Surgical Research Society

IMAGE: Professor Mark Smithers, Professor David McGiffin, Dr Melanie Morris, Dr Rebecca Minter and Professor Marc Gladman.

Harnessing momentum in ear health

Win for Aboriginal and Torres Strait Islander Health Research and ramping up ear health in the Pacific region

On 27 February, Minister for Health, Greg Hunt, announced that $160 million in funding would be made available over 10 years for the Medical Research Future Fund (MRFF) Indigenous Health.

Ending avoidable deafness has been flagged by Minister Hunt as one of three flagship priorities for the Fund, which is designed as a national research initiative to improve the health of Aboriginal and Torres Strait Islander people.

Ear disease and hearing loss are significant public health issues and their global importance is recognised by the World Health Assembly Resolution (WHA70.13) for the Prevention of Deafness and Hearing Loss, as agreed in 2017. If left untreated, ear infections can lead to more serious complications – including mastoiditis, perforation of the eardrum, and hearing loss – causing developmental delays in children.

As part of RACS pledge towards reconciliation with Aboriginal and Torres Strait Islander peoples, we are committed to championing healthcare development. This announcement follows sustained and increasing advocacy led in partnership with the Australian Society of Otolaryngology, Head and Neck Surgery, National Aboriginal Community Controlled Health Organisation, Australian Indigenous Doctors' Association, Australian Hearing Services, Queensland Aboriginal and Islander Health Council, Deadly Ears Program (Queensland Health), Telethon Kids Institute, the Hunter Medical Research Institute, the University of Sydney, the University of Melbourne, University of Newcastle and a growing consortium of key stakeholder groups who have advocated for increased government support to:

- Halve the incidence of otitis media in Aboriginal and Torres Strait Islander children
- Halt the prevalence of hearing loss and improve life opportunities for Aboriginal and Torres Strait Islander people
- Reduce the negative influence of hearing loss on Aboriginal and Torres Strait Islander people through family and community healthcare delivery and technology integration.

See *RACS EarHealthForLife* booklet and Aboriginal and Torres Strait Islander Research Roadmap Proposal for more information, available on RACS website.

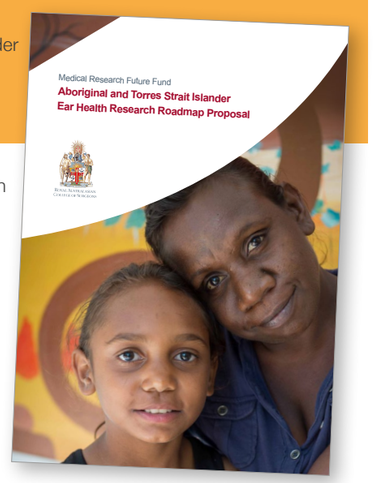


IMAGE: Dr Daron Cope FRACS (left) and Dr Kabiri Tuneti Itaaka open the new Kiribati ENT Clinic

In our region, RACS is ramping up support for Pacific-led ear health initiatives. This momentum follows the 3rd Pacific Ear, Nose, Throat & Audiology Group (PENTAG) meeting held in Nadi, Fiji on 7 March.

The PENTAG Meeting is a platform for dialogue between Ear, Nose, Throat and Audiology experts.

The Pacific Community (SPC) facilitated the PENTAG meeting in partnership with the Royal Australasian College of Surgeons (RACS), the University of Auckland and dedicated New Zealand based ENT Surgeons and Audiologists, with ENT doctors and nurses from Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu at the table.

Twelve ENT surgeons, nurses and other ENT specialists from the six Pacific Island Countries highlighted the alarming number of ENT cases, the need for basic equipment and the lack of a dedicated specialised workforce to address this bourgeoning health issue. Stakeholders took the opportunity to review regional progress at the meeting and mapped out a plan for the future development of ENT and audiology services in the region.

A medium-term plan for the region has been developed which focuses on estimating the burden of disease in countries and the region; the resources needed to address it, and gradually strengthening country capacity and systems to provide and monitor ENT and audiology services.

In the region, RACS has already been hard at work in this area, working closely with the Kiribati Ministry of Health and Medical Services in supporting the establishment of a Kiribati Ear Health and Hearing Clinic in 2018-2019 through the Australian Government's Australian NGO Cooperation Program (ANCP) at Tungaru Central Hospital. The need to establish the nurse-led ear clinic was a clear priority given:

- Nearly 90 per cent of people with hearing loss live in low and middle-income countries (LMICs)
- 1 in 4 primary school children suffer from mild to moderate hearing loss in Kiribati
- Over 25 per cent of all case presentations at Tungaru Central Hospital in Kiribati are ENT-related.

Aligned with the regional ear health plan, RACS is dedicated to supporting ear health in Samoa in 2019 and beyond. Dr Sione Pifeleti, General Surgeon from Apia, Samoa presented alarming statistics at the PENTAG meeting, with the number of ear infection cases between 2017 and 2018 having almost tripled in Samoa.

"Despite the limited resources we have in our ENT Clinic, I have seen 2,225 cases and 42.9 per cent of that were ear infections last year," Dr Pifeleti said.

Dr Pifeleti has a renewed sense of hope after the 3rd PENTAG meeting and believes that the problem can be tackled effectively through solid partnerships with Pacific Island Countries and other partners, together with knowledge exchange.

The RACS Samoa Ear Health Program planning process has been spearheaded by RACS Global Health ENT Specialty Coordinator A/Prof Bernard Whitfield, with the new ENT programs across the Pacific also involving New Zealand Fellows Mr PJ Faumuina and Dr Murali Mahadevan.

For more information on Ear Health in the Pacific, please email global.health@surgeons.org

Dr Annette Holian
Chair, Global Health Committee

Dr Maxine Ronald
Chair, Indigenous Health Committee

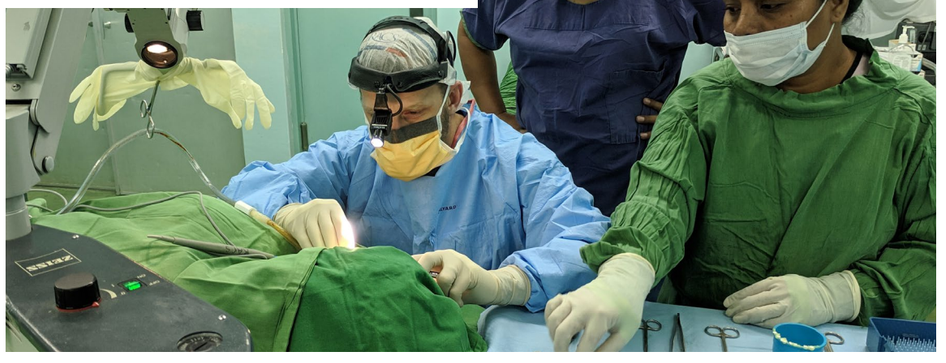


IMAGE: Dr Daron Cope FRACS, PIP volunteer, with i-Kiribati health professionals

Thank you for your feedback

In our January/February issue, we asked for feedback on the publication schedule for *Surgical News*.

We greatly appreciate the feedback we received. In addition to commentary around the preferred number of issues, we received requests for *Surgical News* to be made available in a digital format and ideas for future articles.

All feedback is helpful as we plan ahead to ensure *Surgical News* is providing fresh and engaging content for our readers.

We are also exploring other communications channels including a revamp of FaxMentis to make it more user friendly. These should offer more communication opportunities in a variety of ways to suit the expanding needs of our audiences.

Thank you for your feedback and we are pleased to hear that you value *Surgical News*.

RACS welcomes Queensland State Committee Chair

RACS welcomes paediatric surgeon Adjunct Professor Deborah Bailey to the position of Chair of the RACS Queensland State Committee.

Adjunct Professor Bailey is a paediatric surgeon with generalist practice covering congenital surgical and neonatal surgical conditions, burns and Paediatric Urology. Previously Chair of the RACS SET Board of Paediatric Surgery, she has a strong interest in paediatric surgical training and is Adjunct Professor at Bond and Griffith medical schools.

While she felt honoured to be asked to be State Chair, Adjunct Professor Bailey said she had wondered if it would be practically possible, due to living and working on the Gold Coast.

"A 200km round trip makes it difficult to meet in person at short notice with the Health Minister or Director General of Health. This and other necessary work associated with the role has meant that the Queensland Chair has always been based in the capital.

"But as the second largest state in area and the state with the most widely separated major regional health hubs (1800km from Cairns and Brisbane) – with 45 per cent of surgeons living outside of Brisbane, I decided to take on the challenge of making RACS state committee genuinely representative of the concerns of Queensland surgeons; by harnessing technology, improving the quality and frequency of audio-visual communications and improving networking between state committee members and regions," she said.

Adjunct Professor Bailey said she looked forward as Chair to focussing on "developing concrete pathways for support for regional surgeons in career development, educational support, seamless quaternary/tertiary transfers and outreach." She also added that a key focus is to "Advocate for surgeons throughout Queensland in their concerns to deliver best surgical care – both to jurisdictions and with our college; and improve communication synergies between the Health department, jurisdictions, surgeons and RACS council via the members of the Qld State Committee."

Having graduated from the University of Queensland Medical School in 1982, Adjunct Professor Bailey completed surgical training in Brisbane, Melbourne and Bristol. She was the only female Trainee at Royal Brisbane Hospital at a time when there were just three female consultant surgeons in practice in Queensland.

Since 2014 she has been Clinical Director of Surgical Anaesthetic and Procedural Services for Gold Coast Health Services which provide tertiary surgical, anaesthetic and procedural services to one million people in northern New South Wales and the Gold Coast.

She is also a Speciality Fellowship Examiner, Paediatric Surgery Minicourt; Member Safety Culture Safety Culture Measurement Expert Advisory Group ACSQHC and previous member of RACS Professional Development and Standards Board.

Other interests include education in professional skills and credentialing and safety for children's surgical services. With these interests she is an instructor for Non-Technical Skills for Surgeons (NOTSS), Training in Professional Skills (TIPS), Foundation Skills for Surgical Educators (FSSE) and Operating With Respect (OWR) face to face, and Chaired Clinical Services Capability Framework and Clinical Prioritisation and Children's Surgical Advisory Groups for Queensland Health.

Adjunct Professor Bailey takes up her position as Chair on 1st May 2019 for a period of two years.

– With Sarah O'Brien, Communications Officer.

Medico-legal areas of interest

Within the ever-changing medico-legal realm, it is important that our Fellows are kept up to date as to the evolving terrain which lies before us. In recent months changes to mandatory reporting, debt recovery and digital platforms have been on the horizon. Since the proposed legislative amendments of our National Law in 2018, mandatory reporting as it relates to defining risk and impairment, has been a hot topic. The quality, safety and care of our patients is without a doubt our primary objective, but this can be greatly advanced with quality care of our Fellows' mental wellbeing.

After intensive consultation with our specialty societies and associations, RACS presented submissions to the National Registration and Accreditation Scheme (NRAS) Review Implementation. Queensland is the testing ground for the Council of Australian Governments (COAG), possibly due to its unicameral system and quicker passage for change.[i] The Queensland parliament passed their amendments and other states (except for Western Australia) may soon follow. In principle, RACS is in favour of Western Australia's approach where a unique statutory exemption for a treating practitioner from mandatory reporting has existed.[ii]

In WA, only a "reasonable belief" is required which provides an open avenue for a treating practitioner to utilise their professional judgement in the form of a discretionary decision. However, when concerning an impaired practitioner, the final Queensland amendments shifted its focus from "has placed" to "is placing the public at substantial risk of harm."[iii] A sense of urgency may ensue for the treating practitioner when compounded by the doubling of penalties from $30,000 to $60,000 for medical practitioners allegedly *holding out*. This might inadvertently create a punitive regime over which RACS will keep a close watch.

The Government also announced, at the May 2017-2018 Budget, the introduction of legislation to improve Medicare compliance.[iv] Called the Medicare shared debt recovery scheme (SDRS) the aim is for Government to "recover more of the funds overpaid due to incorrect claiming, inappropriate practice and fraud."[v] Medical practitioners in relation to SDRS may have to consider contractual arrangements with their medical practices with "respect to splitting of billings" if they are subject to any Medicare audits which will entail them being asked to provide more documents. Changes will commence from 1 July 2019.

An Australian Competition and Consumer Commission (ACCC) enquiry[vi] is underway looking into the effects of digital platforms like Facebook and Google and their dominance of the digital advertising industry. It aims to review privacy and consent issues,[vii] and the likely competitive effects of a merger or acquisition.[viii] Feedback from some MDOs suggests an area of interest for their members is the erasure of adverse Google searches after three to five years. However, it may not include official records i.e. AHPRA or MBA findings and disciplinary tribunal hearing outcomes.

i *Health Practitioner Regulation National Law and Other Legislation Amendment Bill* 2018 QLD

ii *Health Practitioner Regulation National Law (WA) Act 2010* s4(7) Application of Health Practitioner Regulation National Law, http://www5.austlii.edu.au/au/legis/wa/num_act/hprnla201035o2010496/s4.html

iii Queensland Parliament., "Summary of differences between the current National Law provisions, Queensland's provisions and the provisions in the Bill" Last accessed 23 November 2018 https://www.parliament.qld.gov.au/documents/committees/HCDSDFVPC/2018/HealthPractRegNLAOLAB18/tp-12Nov2018.pdf

iv Department of Health Commonwealth., 'Guaranteeing Medicare – improving safety and quality through stronger compliance' 8 May 2018 http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2018-factsheet04.htm

v Department of Health Commonwealth., 'Shared Debt Recovery Scheme - public consultation' 31 January 2019 https://consultations.health.gov.au/compliance-systems/sdrs-consultation/

vi ACCC., *Digital platforms inquiry* https://www.accc.gov.au/focus-areas/inquiries/digital-platforms-inquiry

vii Australian Competition Law., ACCC Inquiry into digital platforms Final Report Due 3 June 2019 https://www.australiancompetitionlaw.org/reports/2017digitalplatforms.html

viii *Competition and Consumer Act 2010* s50(3) Prohibition of acquisitions that would result in a substantial lessening of competition http://www5.austlii.edu.au/au/legis/cth/consol_act/caca2010265/s50.html

Miss Ruth Bollard, **Chair,**
Fellowship Services Committee
Fellowship elected Councillor

Chesney O'Donnell ,
Manager, Policy and Standards, Fellowship Portfolio

Academic surgeon trials genetic mutation test for thyroid cancer

Victorian General and Endocrine Surgeon Mr James Lee (pictured, above) has created a multicentred collaboration to improve the pre-operative diagnosis of thyroid cancer by developing a genetic mutation panel using next generation sequencing (NGS).

The 2017 and 2018 recipient of the RACS Foundation for Surgery Senior Lecturer Fellowship, Mr Lee has used the time made available to him through the attached stipends to lay the foundation for his research, obtain grants to fund the research and engage in other academic pursuits.

Already, he has obtained a $198,256 grant from the Perpetual IMPACT Philanthropy Program, $220,000 in research grants from the Aftershock Foundation and a $50,000 grant from the Epworth Research Institute.

These funds have allowed Mr Lee to develop scientific collaborations with the Pathology Research Laboratory at the Peter MacCallum Cancer Institute, the Stromal Immunology Laboratory at Monash University and the Australian and New Zealand Thyroid Cancer Registry.

He is also in the process of establishing Victoria's first thyroid and adrenal tumour bank through the Monash Medical Central branch of the Victorian Cancer Bank.

Mr Lee said while there were several commercialised, proprietary thyroid mutations panels available to patients in the US, he was unaware of plans for them to be introduced into Australia or New Zealand.

He said that meant patients here with a thyroid tumour wanting such a pre-operative genetic mutation test were now required to send tissue samples to the US at a cost of up to $6000 and a wait of up to five weeks.

He said that while cytology from fine needle aspiration (FNA) of thyroid nodules was currently the most accurate pre-operative diagnostic technique, such testing was unable to differentiate between benign adenoma from cancer in up to 25 per cent of cases.

Overlaying cytology with testing against genetic mutations could dramatically enhance the ability to identify those malignant tumours requiring prompt and more extensive surgery, he said.

"The incidence of thyroid cancer is on the rise and currently affects approximately 13 people in 100,000 in Australia and New Zealand," Mr Lee said.

"The problems with diagnosis arise because while thyroid cancer is considered a rare cancer, between 30 to 60 percent of the adult population will develop thyroid nodules.

"The vast majority of these nodules are benign with patients feeling no effects over the course of their lives.

"However, between five and ten percent of such nodules are malignant requiring prompt specialist treatment.

"Clinical, sonographic and cytological findings are crucial in diagnosing these malignant tumours yet approximately 20 to 25 per cent of FNA cytology tests yield indeterminate results because the small number of cells analysed cannot provide enough information.

> "The goal is to provide personalised treatment recommendations to patients with thyroid nodules so that we minimise the risk of undertreating malignant tumours while avoiding unnecessary surgery in appropriate cases."

"In view of the current shortcomings of cytological diagnosis, the use of molecular testing as a preoperative adjunct has gained momentum but it has yet to be integrated into routine clinical practice, and we are working to develop a clinically useful test with application guidelines which are evidence-based.

"The goal is to provide personalised treatment recommendations to patients with thyroid nodules so that we minimise the risk of undertreating malignant tumours while avoiding unnecessary surgery in appropriate cases.

"We are now working to establish a mutation panel which will allow Australian and New Zealand patients to access tests which are cost-effective and with a clinically applicable turn-around time.

"The tests will be clinically assessed and based on our own population to maximise their diagnostic value while next generation sequencing will allow us to add more mutations as they are identified."

Mr Lee said trials commenced this year in which FNA samples were being collected and tested against the genetic mutation panel. Patients will then be treated based on current diagnostic techniques combining clinical, sonographic and cytological findings and then followed up to measure outcomes against the genetic mutation testing.

"The advent of NGS has stimulated a paradigm shift in the way various cancers are managed and in thyroid cancer, it is now possible to simultaneously test for hundreds of genetic alterations," Mr Lee said.

"This offers us the potential to improve preoperative diagnosis which could reduce the need for 2nd-stage completion thyroidectomy while also reducing unnecessary surgery for benign nodules, reducing patient anxiety and improving the way we spend limited health resources."

Mr Lee said he hoped the genetic mutation panel could have clinical validity within three to five years.

Mr Lee works out of the Alfred, Monash, Epworth and Knox hospitals and is a Senior Lecturer at Monash University Central Clinical School's Department of Surgery. He has a PhD from the University of Sydney for his research on thyroid cancer, has published more than 40 peer-reviewed papers for medical and scientific publications and has written three book chapters.

Mr Lee, who has a strong commitment to educating the next generation of surgeons, has also used the stipend attached to the Senior Lecturer Fellowship to establish a RACS-accredited course to help junior doctors attain their surgical research aspirations.

Called the Surgical Research Essentials Course, Mr Lee said it was the only accredited course specifically designed for junior surgical researchers. (www.SuREcourse.org)

"Since I established the course in 2016, a number of graduates have presented their research at both national and international surgical meetings, been awarded research prizes, and been published in peer-reviewed journals which is hugely satisfying," he said.

Mr Lee thanked the College for its support.

"The support of the College and Fellows has been invaluable, particularly at this point in my career, both in terms of financial assistance and the mentorship offered through the Section of Academic Surgeons. I am thankful to have this support in addition to the ongoing mentorship of my PhD supervisors and my current colleagues," he said.

"I believe it is crucial that academic surgeons, in this age of rapid scientific advancement, work as a bridge between the laboratory and patients. We know the gaps in knowledge, we know the questions to ask and we can understand the scientific studies, all of which allows us to improve the care of our patients.

"This Fellowship has helped me gain crucial external funding, gain on-going research support from Monash University and given me the time to focus on educating the next generation of surgeons."

ACADEMIC HIGHLIGHTS

- 2019 – The Aftershock Foundation Research Grant Award - $100,000
- 2019 – RACS Younger Fellows Leadership Exchange Recipient at the Annual Academic Surgical Congress, Houston, USA
- 2018 – RACS Foundation for Surgery Senior Lecturer Fellowship
- 2018 – Perpetual IMPACT Philanthropy Application Program - $198,265
- 2018 – The Aftershock Foundation Research Grant Award - $120,000
- 2017 – RACS Foundation for Surgery Senior Lecturer Fellowship - $132,00 per annum for two years
- 2018 – RACS Surgical Research Society representative at The Society of University Surgeons Academic Surgical Congress, Jacksonville, USA
- 2017 – Epworth Research Institute Development Grant - $50,000
- 2016 – Founding of the Surgical Research Essentials (SuRE) Course

Karen Murphy
Surgical News journalist

Meet the Academy of Surgical Educators recognition awardees

The Educator of Merit awards, presented by the Academy of Surgical Educators (ASE), acknowledge and recognise surgical educators' dedication and excellence. Congratulations to the recipients of the Educator of Merit who feature in this issue of *Surgical News*.

Professor Peter Anderson

Educator of Merit: SET Supervisor/ IMG Supervisor of the Year (South Australia)

Fellow since 2005, in Plastic and Reconstructive Surgery

Why is surgical education important to you?

I believe surgical education is vital if we as surgeons are going to learn the techniques and skills to enable us to become more effective teachers to our surgical Trainees. With the reduction in training time, not only do Trainees need to be diligent, but we as trainers have to be more effective as teachers to maximise the use of the limited time available for training.

Describe a memorable moment as a surgical educator

Hearing I'd been given the award – completely unexpected!

How has the Academy of Surgical Educators impacted you as a surgical educator?

The Academy, through its regular Educator Studio Sessions, has helped broaden my understanding of issues relating to surgical education, at a time and pace I can absorb.

Professor Peter Friedland

Educator of Merit: SET Supervisor/ IMG Supervisor of the Year (Western Australia)

Fellow since 2010, in Otolaryngology Head and Neck Surgery

What inspired you to pursue surgical education?

I have always strongly believed that education is an inseparable part of being a medical professional. Like everyone else, I have witnessed excellent, stimulating surgical teaching from committed and dedicated colleagues and peers, and regrettably poor, disinterested, and sometimes disempowering 'educational' interactions.

Over the years I have learned that students, residents and Trainees always follow what actions you actually do and not those that you tell them about. They will emulate the authentic behaviour and actions of an inspiring and humble role model but also unfortunately those poor professional behaviours in an influential consultant. For example, if the educator does not treat patients or Trainees with genuine respect and dignity, we cannot expect more from the student. Surgical education is a way of paying it forward for our future generations of Surgeons just as was done for us and it is a unique opportunity to contribute one's own knowledge and keep learning simultaneously.

In your opinion, what does the future of RACS surgical education look like?

The present RACS surgical education has already undergone a paradigm shift. We have become accustomed to the abundance of social media, e-learning and YouTube remote didactic content.

RACS education in the future will need to adapt to the rapidly changing younger Trainee and his/her generational expectations. These include a more focussed and prepared educator and supervisor, better skilled to deal with mental health issues and workplace related scenarios. Although the didactic content is available, our role is to focus on more face-to-face personal interactions and supervision to give vital context, understanding and perspective to patient and collegial interactions, surgical skills and patient management.

What advice do you have for health professionals who are passionate about surgical education?

Surgical education can be time consuming and at times exhausting. It takes effort, preparation, unconditional giving, at times without appreciation, and commitment to staying up to date. Do not become disillusioned at the majority of your colleagues and peers if they are disinterested and refuse to contribute. You can make an enormous difference to students, residents and Trainees as a role model and make a significant impact on their education and future care of their patients. In turn, the personal reward you experience will keep invigorating you.

How would you describe being a recipient of the Academy of Surgical Educators Recognition Award?

I am both humbled and honoured to receive this award. Surgical education is giving without expecting anything in return. As such, this award was totally unexpected but gratifying and inspires me to continue.

Dr John Preston

Educator of Merit: SET Supervisor/ IMG Supervisor of the Year (Queensland)

Fellow since 1999, in Urology

What is your proudest moment as a surgical educator?

We are privileged to encounter an intelligent, skilled and enthusiastic cohort of Trainees focused on honing their surgical skills and management to the best of their capabilities. But occasionally, just occasionally, you will meet someone who has expanded their horizon beyond the mechanistic domains of surgery which allows for truly meaningful exploration of physics and philosophy, of equity and equality, from the molecular to the theological, and for that fleeting moment you both may glean a greater understanding of your existential role in the universe. These exceptional people stay with you forever.

Any advice for new surgical educators (SET Supervisors/ IMG Supervisors/Facilitators/Instructors)?

Supervising Trainees who may only be a year or two behind you can present a challenging dynamic to young consultants. There is always the uncertainty of role – friend, colleague, mentor, trainer. Operatively my advice would be, "If you don't think it is right, it probably isn't", and then intervene.

Outside the operating theatre the challenge is to understand the distribution of intelligence, ability, diligence and confidence across the population of Trainees. Young consultants tend to judge Trainees by the standards they set themselves. Different standards may need to be applied to understanding others. Achieving satisfactory surgical outcomes often takes some time to realise.

In your opinion, what does the future of RACS surgical education look like?

In my opinion, the challenge in surgical education in the future is managing the transition from a collegiate mentorship program to a more corporate purchased program. Recognition that training is expensive and the corporate model of cost recovery has led to high training fees. Trainees then have an expectation of 'value for money' from a pro-bono workforce. Maintaining enthusiasm, engagement and sense of recognition among the trainers, current and future, has to be a priority. In this context, it was personally reaffirming to receive this award.

Dr Sally Langley
Chair, Academy of Surgical Educators

With Grace Chan, Academy Program Coordinator, RACS.

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Mandatory courses

With the release of the RACS Action Plan: Building Respect and Improving Patient Safety, the following courses are mandated for Fellows in the following groups:

- Foundation Skills for Surgical Educators course: Mandatory for SET Surgical Supervisors, Surgeons in the clinical environment who teach or train SET Trainees, IMG Clinical Assessors, Research supervisors, Education Board members, Board of Surgical Education and Training and Specialty Training Boards members.
- Operating with Respect one-day course: Mandatory for SET Supervisors, IMG Clinical Assessors and major RACS Committees.

Foundation Skills for Surgical Educators course (FSSE)

18 May 2019	Brisbane	QLD
20 May 2019	Sydney – Western Suburbs	NSW
25 May 2019	Auckland	NZ
31 May 2019	Melbourne	VIC
1 June 2019	Adelaide	SA
7 June 2019	Gold Coast	QLD
10 June 2019	Perth	WA
17 June 2019	Wellington	NZ
29 June 2019	Newcastle	NSW

FSSE is an introductory course to expand knowledge and skills in surgical teaching and education. The aim of the course is to establish a basic standard expected of RACS surgical educators and will further knowledge in teaching and learning concepts. Participants will look at how these concepts can be applied into their own teaching context and will have the opportunity to reflect on their own personal strengths and weaknesses as an educator.

Operating with Respect course (OWR)

18 May 2019	Sydney	NSW

The OWR course provides advanced training in recognising, managing and preventing discrimination, bullying and sexual harassment. The aim of this course is to equip surgeons with the ability to self-regulate behaviour in the workplace and to moderate the behaviour of colleagues, in order to build respect and strengthen patient safety.

Academy of Surgical Educators Studio Sessions

30 April 2019	Sydney	NSW
22 May 2019	Adelaide	SA
12 June 2019	Melbourne	VIC

Each month, the Academy of Surgical Educators presents a comprehensive schedule of education events curated to support surgical educators.

The Educator Studio Sessions are presented around Australia and New Zealand and deliver topics relevant to the importance of surgical education and help to raise the profile of educators. They provide insight, a platform for discussions and an opportunity to learn from experts.

All sessions are also simulcast via webinar. Register here: www.surgeons.org/studiosessions

Advanced Feedback in Surgical Education (AFSE)

21 May 2019	Royal Adelaide	SA
18 June 2019	Royal Perth Hospital	WA

New for 2019, the AFSE course is for Surgeons who'd like to get better results from the feedback they give. You'll learn all steps of the feedback process and how to give negative feedback to challenging Trainees. The course will be an evening session at a range of hospital locations across Australia and New Zealand.

Surgeons as Leaders in Everyday Practice

Friday 7 to Saturday 8 June 2019	Gold Coast	QLD
Friday 21 to Saturday 22 June 2019	Perth	WA

Surgeons as Leaders in Everyday Practice is a one and a half day program which looks at the development of both the individual and clinical teams' leadership capabilities. It will concentrate on leadership styles, emotional intelligence, values and communication and how they all influence their capacity to lead others to enhance patient outcomes. It will form part of a leadership journey sharing and gaining valuable experiences and tools to implement in the workplace. All meals, accommodation and educational expenses are included in the registration fee. The evening session will involve an inspirational leadership speaker.

Process Communication Model Seminar 1

Friday 21 to Sunday 23 June 2019	Melbourne	VIC

Patient care is a team effort and a functioning team is based on effective communication. PCM is a tool which can help you to understand, motivate and communicate more effectively with others. It can help you detect early signs of miscommunication and thus avoid errors. PCM can also help to identify stress in yourself and others, providing you with a means to re-connect with those you may be struggling to understand.

Before the Introductory PCM course each participant is required to complete a diagnostic questionnaire which forms the basis of an individualised report about their preferred communication style.

Comcare: Difficult Cases

Wednesday 5 June 2019	Sydney	NSW

This workshop informs medico legal practitioners as to the level of impairment suffered by patients. This assists with determining their patients' suitability to return to work. While the guidelines are extensive, they sometimes do not account for unusual or difficult cases. This evening workshop provides surgeons involved in the management of medico legal cases with a forum to discuss their difficult cases, the problems they encountered and the strategies employed to solve them. Cases will be circulated beforehand. This workshop complements the accredited Comcare Guideline Training Courses.

Clinical Decision Making

Saturday 13 April 2019	Sydney	NSW

This four-hour workshop is designed to enhance a participant's understanding of their decision making process and that of their Trainees and colleagues. The workshop will provide a roadmap, or algorithm, of how the surgeon forms a decision. This algorithm illustrates the attributes of expert clinical decision making and was developed as a means to address poor clinical decision making processes, particularly as a guide for the supervisor dealing with a struggling Trainee or as a self improvement exercise.

Please contact the Professional Development Department on +61 3 9276 7440, PDactivities@surgeons.org or visit the website at www.surgeons.org and follow the links from the Homepage to Activities.

PROFESSIONAL DEVELOPMENT WORKSHOP DATES: April – June 2019

NSW		
Foundation Skills for Surgical Educators	7 April	Sydney
Clinical Decision Making	13 April	Sydney
Academy of Surgical Educators Studio Sessions	30 April	Sydney
Foundation Skills for Surgical Educators	20 May	Sydney – Western Suburbs
Comcare: Difficult Cases	5 June	Sydney
Foundation Skills for Surgical Educators	29 June	Newcastle
NZ		
Foundation Skills for Surgical Educators	25 May	Auckland
Foundation Skills for Surgical Educators	17 June	Wellington
VIC		
Advanced Feedback in Surgical Education	2 April	Melbourne
Foundation Skills for Surgical Educators	31 May	Melbourne
WA		
Foundation Skills for Surgical Educators	10 June	Perth
Advanced Feedback in Surgical Education	18 June	Perth
Surgeons as Leaders in Everyday Practice	21 June	Perth
SA		
Advanced Feedback in Surgical Education	21 May	Adelaide
Academy of Surgical Educators Studio Sessions	22 May	Adelaide
Foundation Skills for Surgical Educators	1 June	Adelaide
QLD		
Foundation Skills for Surgical Educators	18 May	Brisbane
Foundation Skills for Surgical Educators	7 June	Gold Coast
Surgeons as Leaders in Everyday Practice	7 June	Gold Coast

Register online

For more information phone **+61 3 9276 7440**, email **PDactivities@surgeons.org** or visit our website **http://www.surgeons.org/for-health-professionals/register-courses-events/professional-development/**

Skills training courses 2019

RACS offers a range of skills training courses to eligible medical graduates that are supported by volunteer faculty across a range of medical disciplines. Eligible candidates are able to enrol online for RACS Skills courses.

ASSET: Australian and New Zealand Surgical Skills Education and Training

ASSET teaches an educational package of generic surgical skills with an emphasis on small group teaching, intensive hands-on practice of basic skills, individual tuition, personal feedback to participants and the performance of practical procedures.

EMST: Early Management of Severe Trauma

EMST Edition 10 has launched! EMST teaches the management of injury victims in the first hour or two following injury, emphasising a systematic clinical approach. It has been tailored from the Advanced Trauma Life Support (ATLS®) course of the American College of Surgeons. The course is designed for all doctors who are involved in the early treatment of serious injuries in urban or rural areas, whether or not sophisticated emergency facilities are available.

CCrISP®: Care of the Critically Ill Surgical Patient

CCrISP Edition 4 has launched! RACS has officially launched Edition 4 of the Care of the Critically Ill Surgical Patient (CCrISP®) course across Australia and New Zealand. The CCrISP® Committee has extensively reviewed materials provided by the Royal College of Surgeons of England (RCS) – resulting in an engaging new program which is highly reflective of current Australian and New Zealand clinical practice and standards in management of critically ill patients.

CLEAR: Critical Literature Evaluation and Research

CLEAR is designed to provide surgeons with the tools to undertake critical appraisal of surgical literature and to assist surgeons in the conduct of clinical trials. Topics covered include: Guide to clinical epidemiology, Framing clinical questions, Randomised controlled trial, non-randomised and uncontrolled studies, Evidence based surgery, Diagnostic and screening tests, Statistical significance, Searching medical literature and decision analysis and Cost effectiveness studies.

TIPS: Training in Professional Skills

TIPS is a unique course designed to teach surgeons-in-training core skills in patient-centred communication and teamwork, with the aim to improve patient care. Through simulation participants address issues and events that occur in the clinical and operating theatre environment that require skills in communication, teamwork, crisis resource management and leadership.

SKILLS TRAINING COURSE DATES
APR - JUN 2019 | *Available courses

ASSET	www.surgeons.org/asset
Friday, 5 April – Saturday, 6 April	Adelaide
Friday, 17 May – Saturday, 18 May	Melbourne
Friday, 24 May – Saturday, 25 May	Sydney
Friday, 14 June – Saturday, 15 June	Brisbane
Friday, 21 June – Saturday, 22 June	Melbourne
CCrISP	www.surgeons.org/ccrisp
Thursday, 16 May – Saturday, 18 May	Auckland
Friday, 17 May – Saturday, 19 May	Melbourne
Friday, 24 May – Saturday, 26 May	Sydney
Friday, 31 May – Saturday, 1 June	Brisbane
Friday, 14 June – Saturday, 16 June	Adelaide
Friday, 21 June – Saturday, 23 June	Sydney
CLEAR	www.surgeons.org/clear
Friday, 26 April – Saturday, 27 April	Brisbane
Friday, 17 May – Saturday, 18 May	Melbourne
Friday, 21 June – Saturday, 22 June	Sydney
EMST	www.surgeons.org/emst
Friday, 5 April – Sunday, 7 April	Melbourne
Monday, 29 April – Wednesday, 31 April	Melbourne
Friday, 17 May – Sunday, 19 May	Sydney
Friday, 17 May – Sunday, 19 May	Perth
Friday, 24 May – Sunday, 26 May	Auckland
Friday, 24 May – Sunday, 26 May	Brisbane
TIPS	www.surgeons.org/tips
Friday, 24 May – Sunday, 26 May	Adelaide
Friday, 14 June – Sunday, 16 June	Brisbane

**Courses available at the time of publishing*

Contact the Skills Training Department

Email | skills.courses@surgeons.org
Visit | www.surgeons.org - Click on Education and Training then select Skills Training courses

Yellow and black

Too many free radicals and in need of antioxidant, free radical scavenger?

Suffering from inflammation, perhaps with stiffness, joint pains, autoimmunity, growing cerebral plaques of Alzheimer's disease, depression and/or anxiety? Are you challenged by a growing waist line, living in fear of developing metabolic syndrome's hypertension, hyperlipidaemia, insulin resistance, type 2 diabetes and obesity? Read on.

Your colleagues, Drs Tu Cox and Jen Lox, are worried about free radicals. Tu Cox had a most unusual presentation of an inflammatory arthritis, complicating a large Baker's cyst, resulting in a swollen painful calf. It's perhaps poetic injustice that Tu Cox is an orthopaedic surgeon, in whom the diagnosis was not considered for some time until DVT had been excluded, and after consulting a rheumatologist. I must admit that Tu Cox and I were stumped. The arthritis was treated with traditional anti-inflammatories including steroids but reducing free radicals and promoting free radical scavengers became part of the maintenance therapy. Jen Lox, though fit and healthy, is very busy balancing her career with caring for her elderly demented mother in rotation with her siblings. She doesn't smoke, drinks moderately, and exercises excessively. She has no apparent cardiovascular disease, normal thyroid and parathyroid function, has good mental health but is afraid of developing dementia over the next three decades.

Amongst many other strategies, I also asked both Tu Cox and Jen Lox, have you considered curcumin? Curcumin is derived from the rhizomatous turmeric plant, Curcuma longa, cultivated mostly in India and SE Asia. It is the yellow colour of turmeric and has potent anti-oxidant, anti-inflammatory, metabolic and anti-cancer properties. It is a poorly absorbed plant polyphenol but its absorption can be improved 2000 per cent by piperine, the main ingredient of black pepper – hence the title of this article, not written in support of any Wasps (Coventry, Rugby Union) or Tigers (Richmond AFL or West Sydney Rugby League). Alternatively, it can be combined with soy lecithin to improve GIT absorption.

Its anti-inflammatory properties are associated with an ability to downregulate transcription factors promoting inflammatory gene products, particularly inhibiting nuclear factor-kappa B activation. Those genes affected are the ones responsible for free-radical producing enzymes such as cyclooxygenase-2 (COX2), lipoxygenase (LOX) and inducible nitric oxide synthase (iNOS). These genes also transcribe pro-inflammatory cytokines such as interferon gamma, tumour necrosis factor and interleukin 1 & 6.

Another potential benefit is its ability to alter nuclear signalling pathways required for cancer cell survival, particularly in inflammation induced cancer. It is known to inhibit tumour cell proliferation and invasion, and to inhibit metastatic spread in vivo. A notable five year response in myeloma previously uncontrollable was reported a couple of years ago in the BMJ. Its neurotrophic actions may reduce chemotherapy-induced neuropathy.

For those of us who are middle-aged, caring for elderly parents with dementia, and/or worried about what will be our own aged future, studies are underway to examine its ability to slow down the deposition of β amyloid (Aβ) plaques and the intracellular accumulation of tau-containing neurofibrillary tangles. In vitro studies confirm that Aβ metabolism is altered by curcumin, whilst animal studies have suggested it may improve brain function and onset of dementia. These effects are based on its anti-inflammatory, antioxidant and Aβ metabolism altering functions. Curcumin is unlikely to dissolve established Aβ plaques, but it may slow or prevent their deposition.

Because it is a polyphenol, randomized controlled trials have shown curcumin is effective in improving lipid profiles in the obese, as well as reducing inflammation. It protects against diabetes, its cardiovascular complications. Its neurotrophic actions may be beneficial in diabetic neuropathy.

Turmeric powder contains only about three per cent curcumin. Though safe in humans at doses of 6g/day for four to seven weeks, it may, like many spices, cause gastrointestinal upsets. In India, an average dietary intake is 60-100mg per day. WHO recommends daily doses of 0-3mg/kg is safe. Higher doses have been used shorter term in trials (two to three months), of 500mg-700mg three times daily to treat conditions such as arthritis, pruritus, or high cholesterol. For absorption, curcumin with piperine (bioperine) is advised.

Turmeric has been termed the golden spice. It may be time for some of us, worried about free radicals, lipids, neuropathy or inflammation, to go for gold.

DR BB-G-LOVED

Whipple procedures: How many are enough?

There is ongoing debate around the volume-outcome relationship for high risk surgeries such as pancreaticoduodenectomy. But does a true relationship exist, and what other factors should we consider when designing health services for low volume procedures?

Pancreaticoduodenectomy, commonly referred to as the Whipple procedure, is a complex surgical procedure carrying a mortality risk ranging between 2 per cent and 16 per cent,[1,2] which can differ between low-volume and high-volume centres.[1] Debate exists around whether volume thresholds should be used to qualify hospitals to perform complex operations like the Whipple procedure; however, the interaction between volume and outcomes is not well established.

As part of the Royal Australasian College of Surgeons (RACS) and Medibank's ongoing investigation into clinical variation, we recently conducted a systematic literature review into the volume-outcome relationship for Whipple procedures. Specifically, we sought to answer the following key questions:

1. How does the volume of Whipple procedures influence surgical outcome?
2. What can be done to improve surgical outcomes of the Whipple procedure?

To answer these questions, ASERNIP-S conducted a systematic review involving our researchers, a working group of RACS Fellows and clinical representatives from Medibank. In this article, we present the findings of the review and highlight important recommendations for change.

How does the volume of Whipple procedures influence outcomes?

A total of 42 studies were identified that addressed the key research questions. From these studies, five broad categories of surgical outcomes were investigated in the evidence base: mortality, length of stay, complications, readmission and reoperation.

Procedure volume brackets of hospitals and surgeons were defined variably in the evidence base, meaning that a 'high-volume' hospital or surgeon in one study could be classified as 'low-volume' in another. Common thresholds to qualify a hospital as 'high-volume' ranged between 20 to 40 cases per year, whereas 'low-volume' hospitals performed less than 10 procedures per year.

Mortality was the most commonly reported outcome by 33 studies of which 23 found a statistically significant correlation between higher hospital procedure volume and lower mortality. When comparing the highest and lowest volume hospitals, the in-hospital mortality reduction for Whipple procedures was as large as six-fold. However, most of the studies did not adjust for potential factors such as patient demographics, co-morbidities and hospital-related factors. Also, the high-volume benefits seemed to dissipate when the length of mortality observation extended from in-hospital death to long-term survival.

For length of stay, complications, readmission and reoperation rates, a greater number of studies reported statistically significant association between higher procedure volumes and better patient outcomes, but the findings were also based on heterogeneous volume cut-offs and varying definitions.

Although most of the included studies seemed to support the notion that higher procedure volumes (for both hospitals and surgeons) can provide better surgical outcomes for Whipple procedures, this finding seemed to be restricted to the specific context of each study due to substantial inconsistencies in volume brackets, different levels of adjustment and diverse study designs. The limitations in the included studies suggest that procedure volume may not be a reliable measure of quality of care for the Whipple procedure. A few of the most well-performed studies reported that, when all factors were accounted for, volumes of Whipple procedures may no longer be a good indicator for surgical outcomes. Better clinical outcomes seemed achievable in centres with relatively low procedure volumes. Therefore, it might be more useful to investigate what other factors drive better outcomes of the Whipple procedure, and whether they are transferrable from high performing centres to others.

What can be done to improve surgical outcomes of the Whipple procedure?

To understand what could be done to improve clinical outcomes for the Whipple procedure, we further investigated the common features in high volume centres. A number of initiatives to improve the outcomes of Whipple procedures were identified in the literature in the box below. They can be broadly categorised into four levels: patients, surgeons, hospitals and governance.

Concluding remark

The volume-outcome relationship is complex and is influenced by patients, healthcare providers and hospitals. With adequate support for hospital staffing and facilities, successful Whipple procedures should be achievable without primary dependence on volume. Despite some limitations in the evidence base, the Review Working Group agreed and recommended that a minimum volume for hospitals should be proposed to ensure the quality of care for the Whipple procedure in Australia. The consensus is that six Whipple procedures per year for a hospital **that is appropriately resourced** is more likely to be associated with good surgical outcomes. However, further research is warranted to verify this minimum threshold in the Australian clinical context.

Key recommendations

Patient perspectives

1. Utilise evidence-based patient risk triaging tools to deliver appropriate care pathways for patients who undergo a Whipple procedure.
2. Provide education to patients to promote better clinical practices.

Surgeon perspectives

3. Provide surgical training on the Whipple procedure in high and low-volume centres by expert surgeons.

Hospital perspectives

4. Promote the standardisation of perioperative care including Enhanced Recovery After Surgery (ERAS).
5. Establish systems, processes and resources for effectively supporting the care of patients undergoing complex surgery, including the capacity for identifying and rescuing the deteriorating patient.
6. Focus on root-cause identification for adverse outcomes and improving identified system issues.
7. Utilise non-volume key hospital performance indicators.

Clinical governance perspectives

8. In the absence of any agreed minimum volume, all jurisdictions are recommended to implement the WA model of centralisation[3] at designated centres of excellence.
9. Promote high-low-volume hospital partnerships.
10. Establish high-level guidelines to ensure hospitals providing the service have the capability for surgeons to operate within the Scope of Practice of the organisation.
11. Establish and utilise data from clinical audits and registries at a national level to inform guidelines.

Review Working Group

- Prof Guy Maddern, Surgical Director, Research and Evaluation Inc. ASERNIP-S, RACS
- A/Prof Wendy Babidge, General Manager, Research, Audit and Academic Surgery, RACS
- Prof David Fletcher, Deputy Chair, Advocacy Board, RACS
- Chesney O'Donnell, Manager, Policy and Standards Fellowship & Standards Division, RACS
- Dr Stephen Bunker, Clinical Research Advisor, Medibank
- Dr Simon Fraser, Clinical Director – Clinical Governance & Product Excellence, Medibank
- Prof Robert Padbury, Divisional Director of Surgery, Flinders Medical Centre
- Dr Adrian Anthony, Director of Clinical Training, The Queen Elizabeth Hospital

For further information please visit: http://www.surgeons.org/policies-publications/publications/surgical-variance-reports/, www.surgeons.org/HTA or contact college.asernip@surgeons.org

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Professor Guy Maddern
Surgical Director of Research and Evaluation incorporating ASERNIP-s

Surgeon finalist in NSW Premier's Woman of the Year Award

When ENT surgeon and Deputy Chair of the RACS NSW State Committee, Associate Professor Payal Mukherjee, first heard she was one of four finalists for the 2019 NSW Premier's Woman of the Year Award, she was hugely surprised and felt the selection to be a great and unexpected honour.

The award is given to women deemed to be exceptional achievers who have made a significant contribution to the state while acting as role models for other women. Associate Professor Mukherjee is a clinical Associate Professor at the University of Sydney, an adjunct Professor at the University of Wollongong, the ENT Research lead at the Institute of Academic Surgery at the Royal Prince Alfred Hospital and a consultant at the Sydney Adventist Hospital.

Nominated by the CEO of the Sydney Adventist Hospital, Associate Professor Mukherjee was selected as a finalist not only for her work as a surgeon and academic but for her advocacy around gender equity in surgery, trauma secondary to domestic violence and her support for girls to take up STEMM (science, technology, engineering, medicine and maths) careers.

After becoming a Fellow of the Royal Australasian College of Surgeons (FRACS), Associate Professor Mukherjee undertook subspecialty Fellowship training at the John Radcliffe Hospital, Oxford, and the National Hospital of Neurology and Neurosurgery, London, specialising in treating diseases affecting the middle ear and mastoid, the skull base and Cochlear implantation.

She is at the forefront of using new technologies including bioprinting and 3D printing to transform medicine and is currently completing a PhD thesis on disruptive technologies in ENT surgery with a focus on global translation of Australian innovation in biotechnology.

Through this research, she has also become a campaigner for surgeons to play a central role in the introduction of new technologies into the health system.

Speaking to *Surgical News*, Associate Professor Mukherjee said that once she got over her initial shock at becoming a finalist, she decided to use it as an opportunity to raise issues of significance to both surgery and society.

They include gender equity and respect within surgery, changing cultural understandings within surgery relating to domestic violence and encouraging more girls and young women into the profession.

"Women make up only 12 per cent of all surgeons in Australia which shows how far we have to go to become truly reflective of the community we serve," Associate Professor Mukherjee said.

"Along with other women on the NSW state committee, I have supervised and mentored a medical student, Sarah McLain, who has conducted research into the hidden barriers that discourage women from pursuing a career in surgery, which was presented at last year's Annual Scientific Congress (ASC). She found that a central issue was not only the lack of female role models but the lack of women title holders within surgery and academia.

"Many women perform amazing research, undertake long hours of teaching and contribute on several committees, yet that work can go unrecognised without appropriate and merited academic status.

IMAGE: Payal Mukherjee (right) with other Women of the Year finalists. Copyright Salty Dingo.

"It means that when we are designing academic programs and scientific meetings we can inadvertently miss out on important research because we simply don't know the work is being done by some women.

"This then feeds back into the lack of role models for young women aspiring to become surgeons and scientists.

"I thought a great deal about how to overcome this barrier. While we work within RACS to increase diversity in academia, I believe that it is also important to think outside the Fellowship. I decided, among other things, to step outside the profession and connect with girls in both primary and secondary school, because that is often when these gender-based career preconceptions are formed.

"I encourage them to pursue careers in STEMM subjects in the hope that more representation from women in these areas will allow for more visibility and equal recognition of their work."

To promote academia in surgery, Associate Professor Mukherjee has organised several multidisciplinary events through the RACS NSW state committee to help overcome barriers in surgical research and innovation.

Associate Professor Mukherjee said that as a female member of the RACS Section of Academic Surgery, she was very encouraged by the proactive steps currently being taken by the Section in addressing gender equity and exploring ways that women members can be formally recognised for their significant academic contribution via affiliations with their local universities.

Alongside all of this, Associate Professor Mukherjee also campaigns to change attitudes towards domestic violence within surgery.

At last year's ASC, she designed a program featuring keynote presentations from Dr Barbara Bass, President of the American College of Surgeons, who lost a colleague to domestic murder, and Dr Angela Jay, a Trainee Obstetrician who was brutally attacked by a former partner.

"I am particularly proud that I represent a college where such initiatives are supported from the top down and am particularly grateful for the support of trauma convenor Dr Jeremy Hsu, my co-chair Dr John Crozier and the leadership of RACS," Associate Professor Mukherjee said.

The aim of the program was not just to raise awareness that domestic violence can happen to anyone, but also to try to help surgeons become more comfortable dealing with the issue both as doctors and colleagues.

"Many of us, in our various specialties, have had to treat patients with injuries that we know were caused by violence but many of us are uncomfortable about raising such matters with our patients," Associate Professor Mukherjee added.

"As doctors, we need to know the high risk of mortality from subsequent assaults if there is a history of strangulation – yet as an ENT surgeon, even I don't know of any systemic clinical pathways of risk assessment for victims of domestic violence who present with evidence of assault to the head and neck such as a perforated ear drum or facial bruising.

"More work is required to develop such clinical pathways because the head and neck region is a particular target for domestic violence related assault.

"I have been working at the University of Sydney to come up with educational resources to teach medical students and Trainees a range of strategies to allow them to better help patients injured through domestic violence.

"We are now in the process of up-dating our policy paper on this issue that is making its way through RACS various committees, specialty societies and Council."

Tracey Spicer AM was named the NSW Premier's Woman of the Year at the Awards event in Sydney on 7 March 2019.

Karen Murphy
Surgical News journalist

RACS celebrates International Women's Day

International Women's Day (8 March) was celebrated across the Australian states, territories and New Zealand this year with a series of events.

ACT

RACS ACT held an inaugural International Women's Day breakfast in conjunction with Women in Surgery. The event was well supported with over 22 Fellows, Trainees, registrars and medical students in attendance.

Guest speaker Sue Packer, Senior Australian of the Year, told many humorous stories and recounted some considerable challenges faced as a young surgeon with three children. Sue reflected on her first superannuation fund, recalling the category as "Women and incapacitated men". She also suggested more focus needed to be put on the needs of the family unit when interviewing for training posts and that considering family support networks is not and should not be gender specific.

New South Wales

On Friday 8 March, the RACS Sydney office hosted a special cocktail evening event to celebrate International Women's Day 2019.

Dr Pecky De Silva, member of the NSW State Committee and Women in Surgery Committee invited Ms Louise McCann, National Head of Healthcare at Westpac, as our guest speaker. Speaking on the topic "Women is her Superpower", Ms McCann shared her view on leadership in a new era of financial services which harnesses the strengths of women (as our superpower), and how her own personal journey to career satisfaction came from finding a greater balance between career and community.

Western Australia

RACS WA, in collaboration with UWA Women in Surgery, had a huge turnout of more than 70 Fellows, Trainees and medical students at their inaugural International Women's Day Women in Surgery Cocktail Evening held on Wednesday 6 March in Perth CBD.

West Australian urological surgeon, Dr Jessica Yin, along with Women in Surgery representative and local medical student, Emma McCormack, were the speakers for the evening. They shared their experiences, goals and their future endeavours in celebrating and pursuing progress in this field.

The evening was enjoyed by all in attendance and guests were also treated to a gift bag filled with luxury treats donated by local suppliers, organised by event sponsor, Avant Mutual.

New Zealand

The RACS New Zealand office hosted a special breakfast to celebrate International Women's Day 2019.

Nicola Hill, New Zealand National Board Chair, told guests that International Women's Day was an opportunity to reflect on the wonderful moral and professional support women colleagues give each other every day

South Australia

The South Australian office marked International Women's Day with a dual celebration.

During the day, staff from the state office and the Research, Audit and Academic Surgery (RAAS) division came together for a celebratory afternoon tea in the state office boardroom.

While during the evening, close to 30 Fellows, Trainees and medical students met at Stone's Throws in Adelaide's eastern suburbs for a relaxed gathering. Among the guests were RACS Councillor Dr Christine Lai and President elect Mr Tony Sparnon.

Tasmania

Launceston celebrated International Women's Day with a breakfast event kindly sponsored by Avant Mutual, held on 6 March at the Medical School. An open invitation was extended to medical students, interns, registered medical officers, registrars and consultants from the Launceston General Hospital with around fifty people attending.

IMAGES (from top) : Dr Mary Theophilus (MC for the evening), with Speakers Emma McCormack and Dr Jessica Yin; Dr Kim Rooney address the WiS function for International Women's Day.

Three speakers recounted their medical journeys. Kim Rooney (Director of Launceston Clinical School), Katie Flanagan (Infectious Diseases Consultant LGH) and Nishanthi Gurusinghe (General and Colorectal Surgeon LGH) each discussed the need for balance and how elusive this can be in medical life and the unique challenges they faced as women navigating medicine in 'their time'. All speakers acknowledged the support and influence of their male peers during their careers when there were no female role models to emulate.

Victoria

Victoria hosted a cocktail function in the RACS Melbourne office courtyard on Thursday 7 March. An open invitation was sent to all Victorian Fellows, Trainees, IMGs and Junior doctors with around 40 attending on the evening.

Dr Amy Touzell and Dr Alison Taylor spoke about their experiences through training and Fellowship and the challenges of balancing work and life and attendees enjoyed the opportunity to network.

The evening was kindly supported by Macquarie Financial.

– With Katherine Walsh, Victorian State Manager

IMAGE (right): President John Batten, WiS Member Dr Amy Touzell (MC for the evening) and Speaker Dr Alison Taylor at the Melbourne Cocktail function.

RACS inaugural Women in Surgery essay competition winner announced

Born from the desire to encourage women studying medicine into a surgical career, the Women in Surgery (WIS) Section Committee held a medical student essay competition earlier this year.

The prize – a trip to Bangkok to attend the 2019 Annual Scientific Congress – proved a hit with young medical students as entries started to pour in from October through to late January. The theme 'Are surgery and social media incompatible' resonated with the female medical student cohort as RACS received a staggering 76 essays. The selection panel, made up of members of the WIS committee, spent many hours reading through the essays as well as deliberating over the final shortlist. One panel member remarked there were "so many high-quality essays – it was so difficult to choose".

Monash University medical student, Jessie Zhou, won the competition with her essay *'Are surgery and social media incompatible? The impact of social media on Surgery in our Brave New World.'*

Ms Zhou said she entered the competition because she believes social media has not only transformed how we conduct our day-to-day lives, but has also significantly impacted how we deliver person-centred care.

"Given that social media will invariably be a part of modern surgical and medical practice, I hope that bringing awareness to this issue will prompt much needed conversation regarding how the "viral" power of social media should be utilised by surgeons and healthcare professionals alike, to be "influential" rather than "influenza".

"However, beneath the appeal of the incredible technologies that drive social media and the future of surgery such as 3D printing, robotic surgery and augmented reality, I truly wanted to be involved in the advocacy work championed by the Women in Surgery team, towards reducing the considerable gender imbalance in the surgical workforce," Ms Zhou said.

"As a current medical student who has an interest in surgery, I feel very grateful and honoured to have been chosen as the inaugural winner of the Women in Surgery essay competition and have the absolute privilege of attending the RACS ASC in Bangkok this year. I hope my experiences will change how medical students view career opportunities in surgery, which should no longer be limited by our gender, sexual orientation or race.

"Amazing opportunities don't come every day, so when they do it's important to make the most of it!", Ms Zhou added.

To read Jessie's winning entry, please visit the Women in Surgery Section page of the RACS website.

– With Sarah O'Brien, Communications & Advocacy Department

RACS welcomes three new Councillors

Dr Sarah Coll: New Councillor to represent regional surgeons and women in surgery

The second woman in Queensland to become a Fellow of Orthopaedic Surgery, Dr Sarah Coll also became the first surgeon in Cairns to sub-specialise in arthroscopy and upper limb surgery after she arrived in Far North Queensland in 2005.

A member of the Australian Hand Surgery Society and the Shoulder and Elbow Society of Australia, Dr Coll has a full-time private practice and works out of the Cairns Private Hospital and Cairns Day Surgery.

Born in Western Australia, she graduated from Medicine at the University of Western Australia before moving to Queensland to undertake her Orthopaedic training.

She is a Board Member and Councillor for the Australian Medical Association of Queensland (AMAQ), President of the Queensland Medical Women's Association and a member of the Academy of Surgical Educators.

Married with two children , Dr Coll said she put her name forward for election to Council to represent regional surgeons, solo private practitioners and women in surgery.

Dr Coll is also the President of the Far North Medical and Legal Society which aims to build rapport between the legal and medical fraternities.

She said she was keenly interested in governance, accountability and the proper representation of organisational members.

"I joined the AMAQ to represent regional specialists and I hope to bring that experience to the College Council," Dr Coll said.

"I think regional specialists have a great deal to contribute but they can sometimes become invisible because of where and how they work.

"I am passionately interested in finding out the issues of importance to the members of all the organisations I belong to and representing those interests to the best of my ability."

More specifically, Dr Coll said she was interested in issues surrounding the management and mentorship of International Medical Graduates (IMGs) working in regional areas and the support offered to struggling Trainees or Fellows either through College processes or more informal networks.

"Almost 60 per cent of IMGs are located in regional areas and I believe the College needs to have more interaction with them," she said.

"We need to hear their concerns and experiences and find a way to offer them more support, guidance and mentorship so they become the best surgeons they can possible be.

"Regional patients deserve the best specialist care available and if RACS can help achieve that, then we should."

Dr Coll said her interest in how best to identify and support struggling colleagues came, in part, from her own experience as a Trainee. She said that as one of the first women to enter the Orthopaedic training program in Queensland she had been bullied in the early years of her training, an experience which had a profound effect on her mental health and confidence.

She said she would like to see the College develop protocols to help surgeons address the issues raised by colleagues who were struggling with mental health issues.

"A complaint should be seen as a sentinel event in that if it is ignored, the problem will get worse," Dr Coll said.

"If a colleague is under stress, depressed or has a drug or alcohol problem we need to address it – not only for reasons of patient safety but as a matter of collegial support.

"I'd like to see the development of surgeon-specific educational tools that might help us get better at detecting problems while giving us possible suggestions around how to best approach a colleague in distress and deal with the situation.

"I think this will add to the cultural change that is already happening in the profession while also helping us to care for each other more."

Dr Coll thanked Fellows for supporting her election to the College Council.

Dr Lawrence Malisano: Governance skills to drive change and improve professional relationships

Dr Lawrence Malisano, former President of the Australian Orthopaedic Association (AOA) and former RACS Councillor, has been re-elected to Council.

Dr Malisano is a Senior Orthopaedic Consultant at the Royal Brisbane and Women's Hospital, Medical Director of the Brisbane Orthopaedic and Sports Medicine Centre and operates out of the Brisbane Private Hospital.

He served on the College Council from 2012 to 2018 during which time he became Chair of the College's Professional Standards Committee.

As President and Vice President of the AOA, Dr Malisano assisted in developing the AOA Ethical Framework and Diversity and Inclusion Policy, both of which were established to transform and modernise Orthopaedic surgery in Australia.

Dr Malisano is a strong supporter and advocate of AOA's internationally-acclaimed National Joint Replacement Registry and associated reconstructive and trauma registries. He has an interest in pelvic ring and acetabular fractures, and lower limb arthroplasty and is a Foundation member of the Arthroplasty Society of Australia. He is also a member of the Australian Orthopaedic Trauma Association, the Australian Society of Orthopaedic Surgeons, the Academy of Surgical Educators, the College's Court of Examiners and the Australian Medical Association, and is a senior lecturer at the University of Queensland.

After receiving his FRACS in 1989, Dr Malisano gained post-Fellowship training through an appointment in Hip and Knee Arthroplasty at the Royal National Orthopaedic Hospital, London; a Trauma Fellowship at the University Hospital in Bochum, Germany; and a Reconstruction and Trauma Fellowship at the Sunnybrook Health Sciences Centre in Toronto, Canada.

Dr Malisano is particularly committed to surgical education and training, a commitment which has included formal education programs across a broad platform of healthcare professions, including General Practitioners and Orthopaedic Trainees, and through presentation at local and international forums. This has also included training for orthopaedic nursing staff and physiotherapists in both public and private settings.

A Fellow of the Australian Institute of Company Directors, Dr Malisano said he had a keen interest in governance, leadership and institutional efficacy.

He said he was delighted to have been re-elected to the College Council and looked forward to representing Fellows across all surgical specialties.

"I strongly believe in the on-going need for the College and surgical societies to continually strive to improve communication and cooperation and build on the important work that has occurred in recent years," Dr Malisano said.

"We have to actively promote the importance of these relationships so that all Fellows feel part of the decision-making process and that their voices have been heard."

Dr Malisano said he hoped to use the skills he had learnt as a member of the Australian Institute of Company Directors for the good of all surgeons.

"My interest in governance was a great asset when I was working as a member of the leadership team at the AOA. We established a number of strategies and mechanisms designed to drive change and I hope to use those skills and knowledge on Council to ensure the College, as an institution, is effective, responsive, diverse and inclusive.

"We need to strengthen our relationship with surgeons in rural and regional settings, we need to continue to drive cultural change within the profession and we need to insist that Fellows maintain the highest possible professional standards.

"The staff at RACS are fantastic and the Council is made up of extraordinary, committed people who want the best for the surgical profession, the health system and the wider community.

"It is a wonderful institution and I feel greatly honoured to have been given another opportunity to serve as Councillor.

"I particularly look forward to working with my fellow Councillors to help implement the 2019-2021 Strategic Plan." ▶

Professor Henry Woo: New Councillor seeks to maintain the momentum of change

Professor Henry Woo, a pioneer in the development of minimally invasive therapies for benign prostate disease and an international leader in the management of prostate cancer, has been elected to the RACS Council.

Professor Woo is the Director of Uro-Oncology and Professor of Robotic Cancer Surgery at the Chris O'Brien Lifehouse Comprehensive Cancer Centre, Head of the Department of Urology at the Sydney Adventist Hospital and Professor of Surgery at the University of Sydney.

Actively involved in clinical research since he gained his FRACS in 1993, he has published more than 170 peer-reviewed scientific papers and several book chapters. He is an associate editor of the journal *Prostate Cancer and Prostatic Diseases* and serves on the editorial boards of *European Urology, BJUI, World Journal of Urology, Prostate International, Asian Journal of Urology, World Journal of Men's Health and PLOS One*.

He has served in many positions with the Urological Society of Australia and New Zealand and is currently appointed as the Scientific Convenor of the Urological Association of Asia Congress 2021, which marks the first occasion that this meeting will be held in Australia.

Professor Woo serves as a Board Director on the Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP) as well as the charitable Australasian Urological Foundation (AUF).

Away from Urology, Professor Woo has particular interests in professionalism in surgery, surgical education and the role of social media in learning and health advocacy.

Professor Woo's election makes him one of only a small number of surgeons of non-European descent to have ever sat on the College Council. He said he believed this represented a change in attitudes to diversity amongst the Fellowship.

As a Fellowship elected Councillor, he said that he considered serving on Council to be a privilege and opportunity to represent the interests of all Fellows and not just those of his craft group.

"RACS has always been a very traditional organisation and while improvements have been made in recent years, we still have some way to go in terms of diversity and inclusion and meeting social expectations," Professor Woo said.

"We clearly need to do more to attract and retain women in surgery, for instance, given that while half of all medical graduates have been women for decades, they still only represent about 30 per cent of surgical trainees.

"To its great credit the College has begun the process of change – particularly through the *Building Respect* initiative. New Councillors coming onto Council have a responsibility and mandate to ensure that there is no loss of momentum."

Having studied and published on the use of social media in teaching and health advocacy, Professor Woo said he believed the College should strive to become more proactive rather than reactive in its engagement with broader society.

He said he would like to see RACS develop a social media strategy to drive its responses to public issues.

"We can be slow in our response at times, particularly in relation to negative press, but in an era of social media, silence can come across as disinterest or even arrogance," Professor Woo said.

"When we handle bad press badly, we erode public confidence and trust in us which can be very hard to regain.

"I understand how social media platforms work and how we can use them to promote the profession of surgery to our advantage and I look forward to having the opportunity to contribute to Council using that knowledge and experience."

Professor Woo said he was also keen to pursue his concerns about professionalism in the private sector, including unreasonable billing practices and participation in clinical governance.

Karen Murphy
Surgical News journalist

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

IN MEMORIAM

Our condolences to the family, friends and colleagues of the following Fellows whose deaths have been recently notified.

Roger Chambers (NZ)
John Herron (QLD)
Campbell Maclaurin (NZ)
Michael Moreny (QLD)
Hugh Williams (ACT)

Informing RACS

If you wish to notify the College of the death of a Fellow, please contact the manager in your regional office:

ACT: college.act@surgeons.org
NSW: college.nsw@surgeons.org
NZ: college.nz@surgeons.org
QLD: college.qld@surgeons.org
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In memoriam

RACS publishes abridged obituaries in *Surgical News*. We reproduce the opening paragraphs of the obituary. Full versions can be found on the RACS website.

Professor Richard (Dick) Clayton Bennett
24 September 1930 - 2 October 2018

Professor Richard (Dick) Clayton Bennett AM, FRACS had been a Fellow of this College since 1960 and a graduate of the University of Adelaide. As a surgeon in practice, he was based at St Vincent's Hospital, Melbourne from 1966 to 1990.

Professor Bennett was admitted to the Court of Honour in 1987 and was prominent in affairs of the College, serving as the College Honorary Treasurer from 1979-87. He became Chairman of the Editorial Board of the Australian and New Zealand Journal of Surgery and was awarded the Sir Hugh Devine Medal of the College for "meritorious service to surgery and the College" in 1986. He was subsequently appointed by the University of Melbourne as the Hugh Devine Professor of Surgery.

Professor Bennett served three times as the Convener of the Scientific Program and General Scientific Meetings of the College and in 1981 conceived the Younger Fellows Forum.

An extraordinary career, but one of Professor Bennett's greatest achievements was starting the Foundation for Surgery. A legacy that will live on in his memory.

Full obituary can be read at https://www.surgeons.org/member-services/in-memoriam/richard-(dick)-clayton-bennett/

Neil Francis Bright FRACS OAM
General Surgeon
5 December 1955 - 28 October 2018

Neil Francis Bright OAM was born in Melbourne on 5 December 1955. He was the oldest of six children, growing up in Yarraville, attending local schools, and was able to enter medical school in the early 1970s thanks to the Whitlam Government's new tertiary education scheme. After graduating from Melbourne University Medical School in 1979 he trained at St Vincents and Prince Henry's Hospitals in Melbourne. After gaining valuable experience in the UK, Neil then spent the remainder of his career in Albury Wodonga.

He built up a busy general surgical practice with a particular interest in the diagnosis and treatment of breast cancer, oesophageal cancer, melanoma, and thyroid disease. He was a foundation member of BreastSurgANZ, and at the time of his retirement was Designated Surgeon at SouthWest BreastScreen. He died on 28 October 2018, just over one year after he was diagnosed with pancreatic cancer.

Full obituary can be read at https://www.surgeons.org/member-services/in-memoriam/neil-bright/

"We are not a team because we work together. We are a team because we trust, respect and care for each other,"

Vala Afshar

An update from South Australia

Life in the Adelaide CBD's north-western corner has undergone a dramatic transformation in recent years. The area, once home to a rail yard, a skate park, and little else, has made way for the development of an impressive $3.6 billion medical precinct. The precinct includes the new Royal Adelaide Hospital (RAH), the South Australian Health and Medical Research Institute (SAHMRI), and two high-rise medical research facilities belonging to the Universities of Adelaide and South Australia.

A second SAHMRI building is planned for the site, and the Government has also proposed to build a new Women's and Children's Hospital adjacent to the RAH, complete with an air bridge allowing direct access between the two hospitals. While the development represents a tangible sign of progress for the state, it is also symbolic of the broader technological innovation that is changing the nature of medicine.

The SAHMRI building is particularly distinctive for its striking design and futuristic architecture. Built to resemble a pinecone, reminiscent of a spaceship, and affectionately dubbed 'the cheese grater', the site is home to some of the world's leading medical researchers. Just as the design of the building has divided public opinion, so too has the discussion about the evolution of technology and what impact this will have on surgeons and other healthcare professionals.

In September this year, the stunning coastal town of Port Lincoln will play host to this discussion, as surgeons from Western Australia, South Australia and the Northern Territory gather for their Annual Scientific Meeting, centred on the theme 'Robots in Surgery – Tsunami or just the next wave?'

Just as Port Lincoln has come a long way, since being named by Matthew Flinders in 1802, settled in 1839, and then developing into the 'tuna industry led millionaire capital of Australia', robots and other computer-aided technologies have rapidly gained a foothold in our modern surgical practice. They have been riding a wave of enthusiasm of tsunami proportions, and threaten to swamp the tried and tested techniques handed down from previous generations of 'manual' surgeons.

The meeting will analyse whether we are in danger of replacing the traditional qualities associated with being a good surgeon, those being the eye of an eagle, the heart of a lion and a delicate hand, with technology such as a GPS localisation device, the logic of an Intel processor and a claw with seven degrees of freedom?

The question will also be asked – what can we learn from our mistakes of the past, when we dived head first into laparoscopic surgery, only to discover that "to he with a hammer, not everything he sees is actually a nail!"? How should these new technologies be learnt, taught, introduced, evaluated, funded and regulated?

Among the keynote speakers at the event will be Dutch cardiologist Dr Johan Verjans. Dr Verjans now resides in Adelaide after taking up exciting research opportunities spread across SAHMRI and Adelaide University, while also continuing clinical work at the RAH. He has subsequently become a Deputy Director at the newly established Australian Institute for Machine Learning.

The decision to relocate with his family was not an easy one. But the ambition of the city, as reflected by the investments in the biomedical precinct, along with the offered pathway to leadership in a physician-scientist role, convinced Dr Verjans to come to Adelaide.

Another factor in his decision was Adelaide's reputation for artificial intelligence (AI) research.

"The computer science group is world leading, particularly in machine learning; although I didn't realise that in terms of publications the Adelaide based Australian Institute for Machine Learning has been among the top three in the world.

"I think the AI and other technologies, such as augmented reality, won't take over the work of surgeons any time soon. It is too difficult to emulate what a surgeon does, particularly when things go wrong."

"It is different for imaging specialists, as their job will definitely undergo some change in the coming five years. This will take a bit longer for surgeons. But we are really getting towards helping or augmenting surgeons, not only with artificial intelligence, but also in virtual reality and using 3D printing.

"There is a lot of buzz and investment surrounding all of these technologies. It could really assist the surgeon and guide them with training, planning their surgery, and also in terms of safety and helping to prevent mistakes."

Dr Verjans said that so far the expectations across medical professions has been mixed.

"Some people can be a little bit naïve and not expect anything to change, and then the change occurs a lot faster than they think. Then there is the other side which thinks everything will change overnight, but that is not likely either.

"I recently presented at a College of Radiologist conference, where there was great attendance and interest. It really got people talking, and I think possibly scared a few people. I am looking forward to meeting with surgeons as well, and am very interested in sharing ideas and hearing what they have to say."

All Fellows, Trainees, IMGs, medical students and other interested parties from across Australia and New Zealand are encouraged to register for the event which will be hosted by the SA, WA and NT state offices.

So please join us in Port Lincoln, the seafood capital of Australia, as we explore the impact of these new technologies on surgery as we know it – or should that be 'as we knew it'?

For more information on the Tristate ASM including registration details, please visit the South Australian page of the RACS website, or contact the SA Office via email college.sa@surgeons.org

Opposite:
The sun sets on Port Lincoln (Photo credit: the South Australian Tourism Commission)

Phil Worley
Chair of SA Regional Committee

With Mark Morgan Policy and Communications Officer.

Become a Clinical Examiner

The Faculty of Clinical Examiners is looking for new members to join the team as the Clinical Exam (CE) transitions from within SET training to the prevocational space this year. Fellows from all specialties from anywhere in Australia and New Zealand are encouraged to apply.

As a Clinical Examiner you will gain valuable CPD points and meet with colleagues from all over Australia and New Zealand. You will be involved with the assessment of SET Trainees, and of prevocational doctors wishing to apply to SET training, and be reimbursed for travel expenses incurred in doing so.

If you feel that you are ready to apply your experience and knowledge to clinical assessment, the RACS Clinical Examination Sub-Committee would be pleased to hear from you.

For additional information visit the RACS website https://www.surgeons.org/for-health-professionals/become-a-clinical-examiner or contact examinations@surgeons.org.

The Windsor dynasty and their surgical legacy

The word clan is derived from the Gaelic clann meaning "children" or "progeny"; and applicable to either Irish or Scottish descendants.

The story of the Windsor surgical clan from Queensland had its genesis following a television program in late October 2018 recounting the 50th Anniversary of the first heart transplant in Australia. This successful procedure was completed in October 1968 by Dr Harry Windsor at St Vincent's Hospital, Sydney. Harry Windsor had graduated in Medicine with Honours at the University of Sydney in 1939, after having commenced his science degree at the University of Queensland.

When I contacted Morgan Windsor Jnr about my plans to write some reminiscences of the Windsor clan and their surgical contributions, he remarked that the television program, commemorating the first heart transplant in Australia, was the only notable public reminder of the event, even amongst the surgical fraternity.

The initial Barnard transplant was in December 1967 at Cape Town (where a museum commemorates the event) – with that patient living for 40 days; the American Standford patient lived only a few days whereas Harry Windsor's patient, Mr Pye, lived for 42 days.

Harry Windsor's father, the late Granfel Windsor (known as Henry), was known to be loving and kind and lacking any pretentious personality traits. He graduated in Medicine in 1909 from Glasgow University, obtaining his FRCS in 1956. He was subsequently granted the Australian Fellowship in 1962 and his three sons, Harry, Morgan and Clem (the eldest dying in WWII) went on to become eminent surgeons. This has a similarity to the Mayo story and warrants comment.

William Mayo came from Lancashire in England and was appointed as a Military Draft Surgeon during the American Civil War in early 1864. His two sons William and Charles grew up in Rochester and after graduating, helped their father attend to the ongoing afflictions of the surgical casualties of the Civil War. They established a hospital at Rochester which became a non-profit organisation in 1920. The Mayo Clinic is now a leader in clinical and research developments, employs 5,000+ medical personnel and some 60,000+ ancillary staff and is reputed to be one of the best hospitals in the United States.

My early association with the Windsor family began in my teenage years. I was fortunate enough to accompany my late father, Norman Behan, when he assisted Mr Clem Windsor to repair a hernia in one of my father's private referrals at the Mater Hospital in Brisbane. I must relate a little interlude to this surgical exposé.

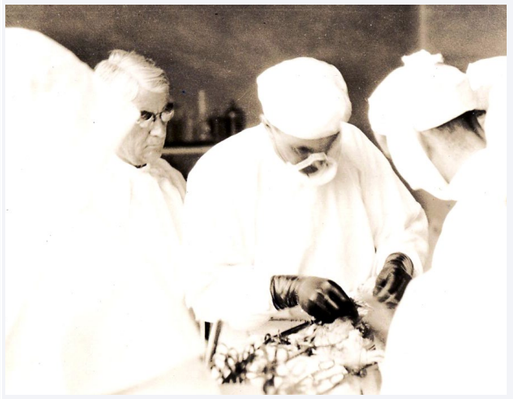
OPUS LVI (56)

When I ventured over to the patient as the dressings were being applied, I observed Dr Clem Windsor asking the theatre sister for his scalpel which he then used to cross-hatch the closed wound. My innate curiosity had me asking 'Why?' Clem's response was explicit and precise – he remarked that recently somebody at the Mayo Clinic had been the focus of surgical litigation. The patient sued the doctor because the cross-hatch marks were not in alignment and the legal assumption was that if the wound was poorly closed then the procedure below could likewise be substandard. And we all know that if the wound looks well this usually reflects the quality of the procedure.

Dr Windsor said to me, "Felix, this is one way of achieving a satisfactory outcome eliminating the possibility of any litigation factor – just mark the skin afterwards". This manoeuvre was reflective of his astute mind and ability to keep out of trouble, mirroring his experience, knowledge and wisdom.

Such quickness of mind on another occasion was brought to my attention when I began my post graduate training at Westminster in Head and Neck surgery with Charlie Westbury (whom I have discussed in the past). I have never forgotten that Westminster story – when someone was carrying out a nephrectomy in an adjacent theatre, a tear occurred in the inferior venacava, causing catastrophic blood loss.

Those with less experience may attempt to repair a hole in the depths filling with blood. Following resuscitation, the Senior Consultant on the day, showing his *sangfroid*, asked the theatre sister for a large abdominal pack. He firmly plugged the defect manually, saying to his assistant, "It is now your job to guard the fort, I am off to the tea-room to allow the thrombus to develop". This clever manoeuvre reflected sound clinical experience. On subsequently returning to the theatre and with sagacious application of technique, he removed the pack discreetly, with the venacava seriatim now repaired.



IMAGES
Left: Last picture of whole Windsor Family 1941. Back row: Gerard, Clem, Mary and Harry. Front row: Morgan, Biddy and Granfel.
Above: William Mayo (left with glasses) and Hugh Devine operating.

Now back to historical recollections and Clem Windsor. He worked in Leicester General Hospital, gaining his English and Scottish Fellowships in the 1950s. As noted by the late Neville Davies in the panegyric painted following Clem's death in 1987, quick decision processes were a feature of his personality. He specialised in Gastroenterological surgery amongst other surgical exploits while altruistically serving with surgical teams in Vietnam in 1968 and in the United Arab Emirates in 1991.

My next exposure to the Windsor clan was with the Thoracic Surgeon, Morgan Windsor, with whom I worked as a Registrar at the Royal Brisbane Hospital in 1968, undertaking bronchoscopes as preliminary investigations before major surgery was contemplated. On another thoracic surgical tack in London, at the same Westminster Hospital, I used the very operating table taken to Buckingham Palace when King George VI had his Pneumonectomy by Mr Price Thomas in 1951. A plaque indicated its historical patronage and regal lineage – this is the closest I got to royalty!

The final eminent member of the surgical group was Harry Windsor Jnr. (1914-1987) who served with the AIF from 1941 to 1946. He obtained his FRACS in 1994, flying from New Guinea to sit the exam, at the time yellowed with Atebrin. He commented facetiously that the examiners must have felt sorry for him to grant him the Fellowship. However, the family trait of long hours of discipline and sacrifice resulted in this surgical emergence, and his wartime experiences awakened his interest in thoracic surgery.

Assoc. Professor Felix Behan
Victorian Fellow

Foundation for Surgery

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