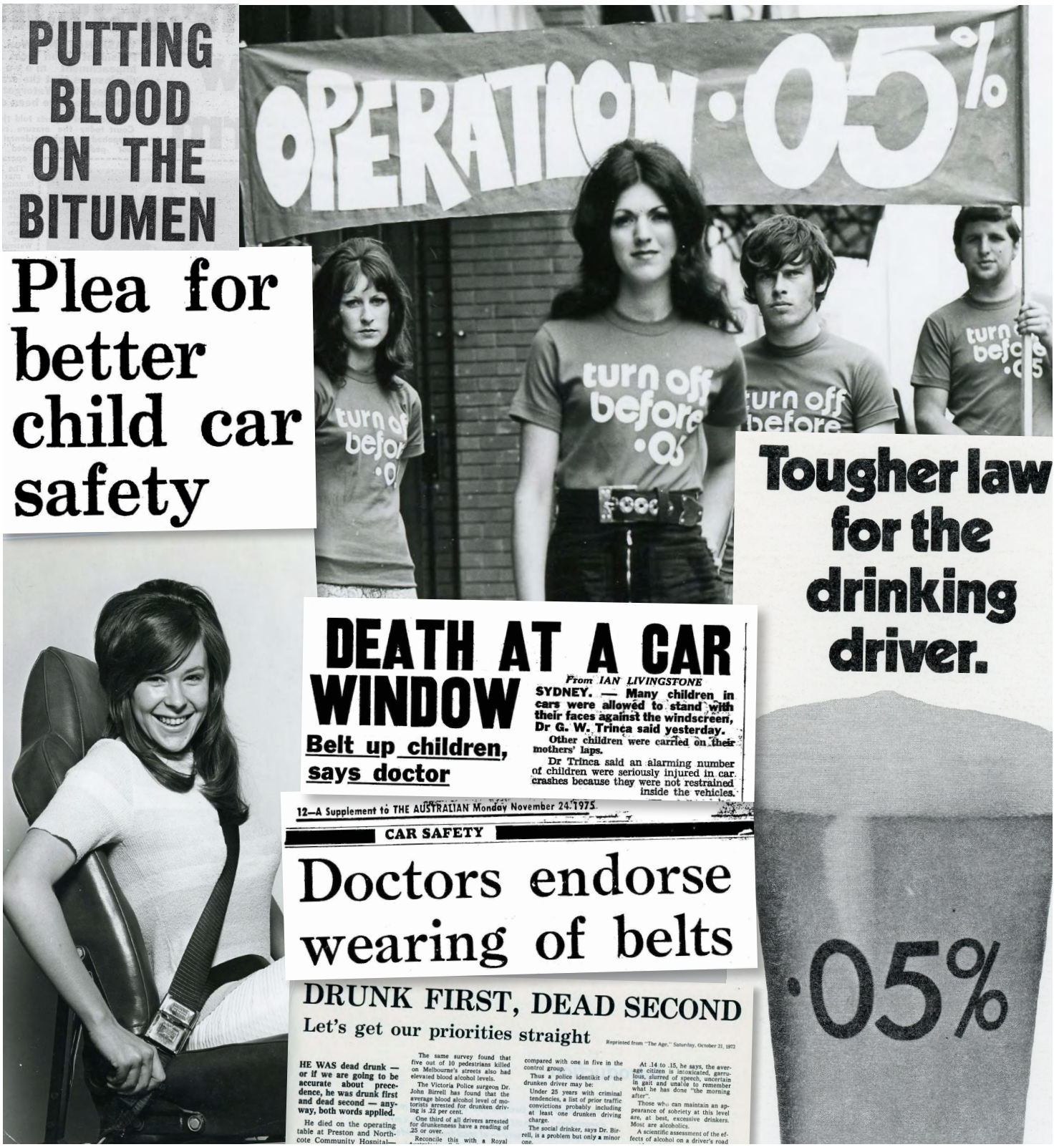
SurgicalNews

www.surgeons.org | November-December 2019, Vol 20, No 6

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS



TRAUMA

Fellows drive change

GLOBAL HEALTH

Joyful reunions in PNG

ENQUIRING MINDS

2020 scholarship and grant recipients

Thanks to the generous support of you, our donors, the Foundation for Surgery supports critical global health and indigenous health projects, as well as ground-breaking research to forge greater access to safe and quality surgical care.

Please act now and help children, families and communities in our region access the vital surgical care they need, when they need it most.

Donate online at www.surgeons.org/donations/ or via your annual fee payment before 25 December 2019.

Alternatively, contact Jessica Redwood, Manager, Foundation for Surgery, about making a more personal contribution to the future of surgical care, please call +61 3 9249 1110 or email foundation@surgeons.org

Foundation for Surgery

Passion. Skill. Legacy.

For the love of humanity

www.surgeons.org/foundation

RACS leadership

President's perspective 4
Contribute to improving the greatest health challenges of our time 6

Trauma issue

History of RACS and road safety 8
Trauma advocacy highlights 10
Trauma verification – the Australian and NZ experience 14
Dr Shakerian discusses trauma on ABC Radio Melbourne 16
Trauma – good listening and reading 17

Articles of interest

Post-traumatic stress 18
Professor Ray Sacks on giving back 26
RACS Fellows performing world-class Aesthetic Plastic Surgery 28
J.B. Murphy, Surgeon Extraordinary 30
Addressing Indigenous health inequities 42
The evolution of general, emergency and rural surgery 49
A surgical enigma – the Gillies needle holder 60

Research

Case note review 54
Medical Research Future Fund awards $782,256 to the Clinical Trials Network ANZ 58

Education & development

RACS 2020 Annual Scientific Congress 24
Lifelong learning 2020 62

Global Health

Teamwork, friendships and joyful reunions in Papua New Guinea 22
Solomon Islands mourn the loss of a great friend and health advocate 50

Scholars

Searching for a new AAA screening tool 35
Poate Family travel grant opens new opportunities for Trainees 37
Enquiring minds – 2020 scholarship and grant recipients 38

Cover images: photos from RACS Archive

Correspondence and letters to the editor for *Surgical News* should be sent to: surgical.news@surgeons.org
Editor: Abderazzaq Noor | T: +61 3 9249 1200 | F: +61 3 9249 1219
Contributing writer: Sharon Lapkin
www.surgeons.org

ISSN 1443-9603 (Print)/ISSN 1443-9565 (Online).

Published for the Royal Australasian College of Surgeons by RL Media Pty Ltd. ACN 081 735 891, ABN 44081 735 891 of 129 Bourverie St, Carlton Vic 3053.

FSC www.fsc.org MIX Paper from responsible sources FSC® C007821

The Royal Australasian College of Surgeons supports green printing initiatives. Surgical News has been printed on FSC certified paper using vegetable based inks by Printgraphics Printgreen under ISO 14001 environmental certification. Surgical News is fully recyclable.

President's perspective

It has been a busy few months and even though the year is about to end, I find that things aren't slowing down much.

We have many initiatives that we started this year that will keep us busy in 2020. I am proud to announce that RACS Council approved new branding that portrays the College as progressive, reflects its history and incorporates our Aboriginal, Torres Strait Islander and Māori motifs. We will have a contemporary look that can be used to brand the College's various activities. Fellows can use the FRACS logo and the coat of arms will be used for ceremonial purposes. The new brand will be introduced in phased manner.

RACS Council has been discussing ideas around what effective governance structures and systems are needed to serve us in a world where change is occurring at an exponential rate and disruption is a certainty. One decision that we have made is to support the Northern Territory and Tasmanian committees to ensure that surgical training and care is not compromised in these regions. We will do this by advocating to relevant governments to address the impacts of insufficient health funding on surgical care, surgical training, surgeon and Trainee wellbeing, as well as workforce retention and support for International Medical Graduates.

We are also looking at the Australian College of Rural and Remote Medicine's revised Rural Generalist Curriculum Framework and the Australian and New Zealand College of Anaesthetists' statement on rural proceduralists with a view to aligning RACS' statement.

We also committed to holding three forums a year for our state, territory and New Zealand (STANZ) representatives to discuss with the Board of Council issues of concern to Fellows in New Zealand and the Australian states and territories. These meetings will be in addition to the opportunity for the STANZ chairs to provide regular reports to Council. I look forward to sharing more information once we have worked this out.

In 2019, we continued to prioritise our commitment to Indigenous health across all RACS business critical endeavours as part of our 2019-2021 strategic plan. In August, I attended a pilot cultural safety training program developed and delivered by the Australian Indigenous Doctors' Association (AIDA). We are now working with AIDA and investigating options for surgeons starting in early 2020.

In October, we voted to ensure that Indigenous voices are heard at Council and for the Indigenous Health Committee to report directly to Council in future. In late November, the RACS' Māori Health Advisory Committee hosted its second *hui* (meeting) with key stakeholders from across the New Zealand health system. I look forward to sharing more about the meeting.

I was delighted in October to represent RACS at the Royal Australasian College of Medical Administrators (RACMA) 2019 Conference in Adelaide, with a focus on the latest technology and robotics research shaping the world of medical management and leadership. I also attended the Queensland Audit of Surgical Mortality Seminar at Townsville Hospital, with discussion centred around improving surgical care in regional Queensland.

In November, we held a Trauma Symposium that focused on pedestrian safety as we know that we have an unacceptably high number of pedestrians dying each year. This is a timely event as we near the end of the year where road safety and the subsequent trauma have become a constant source of tragedy.

(L-R) Cardiothoracic surgeon Prof. Cliff Hughes (who was awarded an Honorary Fellowship), Urology surgeon Prof. Vilis Marshal (who presented the Langford oration) photographed with RACMA's President Assoc. Prof. Alan Sandford and RACS President Mr Tony Sparnon.

(L-R) Townsville Neurosurgeon Dr Eric Guazzo and Rowan Nicks Scholarship holder Dr Esther Apuahe from PNG, with RACS President Mr Tony Sparnon at the Queensland Audit of Surgical Mortality Seminar held at Townsville Hospital.

The symposium brought together experts in education, public health and urban planning to explore the scope of the problem, look at risk factors, prevention strategies and to work out a way forward.

I would also like to bid farewell to some of our outgoing Council colleagues – Garry Wilson K StJ, our New Zealand Expert Community Advisor, and Imogen Ibbett, Chair, Royal Australasian College of Surgeons Trainees' Association (RACSTA). Garry has been on RACS Council for nine years and Imogen has finished her one year term as a co-opted Councillor representing our Trainees.

We also had Tony Lewis retiring as Honorary Financial Adviser after 15 years of pro bono service to RACS.

I would like to extend my heartfelt thanks to Garry, Imogen and Tony for their diligent service to the organisation and our members. Tony Lewis and Garry Wilson have also been awarded the RACS Honorary Fellowship, which will be presented to them at the Convocation of the 2020 Annual Scientific Congress in Melbourne.

I also wish to congratulate our new Fellows. Welcome to the College. We are here to support you as you endeavour to establish your practice. I urge you all to follow our Code of Conduct by demonstrating objectivity and compassion, placing your patients' interests first and keeping your medical knowledge and technical expertise as current as possible.

As we near the end of the year, I would like to remind you all to take some time off to relax and enjoy the festive season and stay safe. Merry Christmas and a happy new year.

Mr Tony Sparnon
President

A new look for RACS in 2020

We are so proud to introduce our new brand which has evolved to better reflect our progressive, approachable, compassionate and diverse qualities.

Council recently approved the new RACS and FRACS brand which now portrays the College as contemporary, reflects its history and incorporates our Aboriginal, Torres Strait Islander and Māori motifs. Importantly, the brand confidently portrays our values and strengths – we are experienced, trusted, respected and principled.

Why the need for change?

The RACS coat of arms, when used as a logo, presents issues across print and digital applications in a contemporary setting. Most comparable organisations, including the colleges of physicians and surgeons in Ireland, Edinburgh and Canada, have updated their brand to reflect the contemporary environment in which they operate.

The coat of arms, which is of great historical significance, will now be reserved for ceremonial use.

The new brand will be progressively introduced in 2020 across the website and social media, presentations, publications, documention and signage. All Fellows will be sent further details in 2020 regarding how to access and use the FRACS brand.

For further information, please contact Amy Tanner, Brand and Design, email amy.tanner@surgeons.org

Royal Australasian
College of Surgeons

Fellow of the Royal Australasian
College of Surgeons

Contribute to improving our greatest health challenges

As we approach the end of the year and the spirit of generosity and giving that marks the festive season, it is time to remind ourselves of the important work that the College does through its philanthropic arm – the Foundation for Surgery.

It is staggering to consider that about five billion people don't have access to safe, affordable surgical care when required. The Foundation for Surgery is well positioned to support the Lancet Commission on Global Surgery's vision of universal access to safe, timely, affordable surgical and anaesthesia care.

The Foundation for Surgery has almost four decades of experience supporting quality surgical care. Thanks to your support, we have been able to deliver training and services to some of the Asia-Pacific region's most disadvantaged communities; supported the career development of aspiring surgeons as well as ground-breaking research to improve early detection, treatment and recovery for some of the greatest health challenges of our time.

This year alone, more than 20,300 patients from developing countries in the Asia-Pacific region received specialist consultations from our Fellows, 1880 patients underwent life-changing surgery and over 270 health workers were trained. Fifteen Aboriginal, Torres Strait Islander and Māori medical students and doctors undertook professional development and advancements were made in the Ear Health for Life advocacy project, improving ear health in Aboriginal communities. I have been particularly privileged to be involved in the work in Myanmar. Since 2012, over 542 students, 251 instructors and 40 surgical leaders have been involved in training. This training has increased the surgical workforce by an additional 100 orthopaedic and 200 general surgeons (an increase of 50 per cent).

Your support also allowed us to award over 45 scholarships to Fellows and Trainees to support pioneering research and development, resulting in better patient care as well as research into the early detection and treatment of many cancers, disorders and diseases.

Other highlights for the Foundation during the year included an inspiring speech made by former Timor-Leste President and Nobel Peace Prize winner during our Annual Scientific Congress held in May. Dr Ramos-Horta highlighted the need for striving for ongoing peace and the importance of healthcare and education. He also thanked donors such as yourselves for making such a difference in Timor-Leste.

Our impact on the healthcare system in Timor-Leste has been immense: 12,282 Timorese adults and children received life changing procedures, and a further 117,590 consultations were completed.

However, there is still a lot more to be done. This year as you renew your subscription, I urge you to consider a one-off donation to support the Foundation for Surgery to help the more remote and underprivileged children, families and communities access safe and quality critical care when they need it most.

The Foundation for Surgery relies on donations and bequests to continue to support disadvantaged communities as well as research that improves surgical outcomes for all. Unlike other charities, no overhead or administration fees are deducted from donations. This means that 100 per cent of your donation assists in addressing critical surgical need and achieving its maximum impact in the community.

Donating is very simple. Visit our website www.surgeons.org/foundation to donate and receive an instant tax receipt. Alternatively, if you would like to make a more substantial personal contribution or establish your own scholarship, please contact Jessica Redwood, Manager, Foundation for Surgery, ph: +61 3 9249 1110.

Thank you once again for your generous support over the years. We have achieved much in the many communities we support, but we still have more to do to improve global health, Indigenous health and research, and we cannot do it without your support.

Please donate today

1. **when you pay your annual subscription fee, or**
2. **online at www.surgeons.org/foundation/**

This simple act will support our Foundation for Surgery to give the gift of health to those who need it, when they need it most.

Mr Richard Perry
Vice President

History of RACS and road safety

1960

1961 Snowy Mountains Authority makes seatbelt wearing compulsory in their vehicles
Peter Joubert MP, Liberal Party, introduces a motion for the compulsory wearing of seatbelts

1967 Victorian Parliament introduces the Joint Select Committee on Road Safety, chaired by Walter Jona

1969 Select Committee recommends compulsory fitting and wearing of seatbelts in all passenger vehicles
'Random Stopping' – breath testing of alcohol levels introduced in New Zealand

1970

1970 World-first compulsory seatbelt legislation passed by Victorian Parliament. Seatbelts were not compulsory for children under eight years

1972 RACS working party on drink driving campaigned for compulsory blood alcohol testing of all injured vehicle occupants
Compulsory seatbelt legislation introduced in New Zealand

1971-1973 Seatbelt legislation enacted in all Australian states and territories

1973 Blood alcohol testing legislation was passed in South Australia

1974 Blood alcohol testing of road casualties passed in Victoria

1976 Victorian legislation for child restraints and random breath testing

1980s

1981 First SAA approved bicycle helmet produced

1982 RACS makes submissions for mandatory bicycle helmet wearing to Victorian Parliamentary inquiries

1984 Zero blood alcohol count for all learner and probationary drivers in Victoria

1987 New Zealand becomes the first country in the world to introduce graduated driver licensing

1990s

1990 World-first Victorian legislation for compulsory bicycle helmet wearing

1993 Compulsory breath testing introduced in New Zealand

1994 Wearing of bicycle helmets compulsory in New Zealand

2000s

2003 Victorian government passed Road Safety Act (Drug Driving)

2006 Open speed limits abolished in the Northern Territory by Labor government – reinstated in 2012 by Country Liberal Party

2009 New Zealand bans the use of mobile phones when driving

2010 New laws regulating the use and fitting of child restraints promulgated in Victoria
Three stage graduated driver licensing system introduced in NSW

2012 NSW legislation banning the use of mobile phones when driving

2016 Open speed limits abolished again in the Northern Territory

2017 Quad bike legislation introduced in Queensland. Helmets mandatory when riding on roads and stock routes and illegal for children under eight to be passengers on quad bikes

2019 Quad bike legislation – mandatory rollover protection devices on new quad bikes

Trauma advocacy highlights

The epidemic of road trauma in the 1960s and 1970s in Australia and New Zealand led to the establishment of the RACS Road Trauma Advisory Committee and, ultimately, changes in public opinion, behaviour and legislation.

Mandatory seatbelts and drink driving laws were the silver bullets which saw the road toll tumble. But trauma is still the leading cause of death and serious injury in Australians and New Zealanders under the age of 45.

The Trauma Committee today strongly advocates not only for the prevention of trauma but also for optimal trauma care for every injured person; confident that what seems unachievable today will be standard practice tomorrow. Thank you to committee members and other Fellows who have contributed the following trauma advocacy highlights, focusing on current advocacy efforts.

AUSTRALIA

Concerns raised about road safety and cannabis legalisation

By Dr John Crozier, Chair, RACS Trauma Committee and Dr Ailene Fitzgerald, Chair, ACT Trauma Committtee

In October this year, RACS publicly raised concerns about the road safety ramifications of the ACT's bill to legalise cannabis for personal use, due to come into effect on 31 January 2020. *Vision Zero* – no death or serious injury on roads – a safe system for all road users, is jeopardised by driving under the influence of cannabis. Chair of RACS Trauma Committee, Dr John Crozier, said surgeons who witness the carnage from road crashes every day were 'duty-bound to speak out'.

Strong evidence exists that people who drive under the influence of cannabinoids (DUIC) have twice the risk of crash, with the attendant risk of death or serious injury to themselves, and risk of harm to other road users. The legalisation of recreational cannabis has also been linked to significant increases in the number of road crash incidents in the USA in Colorado, Washington and Oregon.

This data raises significant concerns about the potential impact of ACT's bill on road safety in the region. Emergency services crews, hospital staff and trauma surgeons in the ACT will be at the forefront of dealing with any increase in road trauma. Among those tasked with putting the broken bodies of road crash victims back together is the director of ACT's Trauma Service at Canberra Hospital, Dr Ailene Fitzgerald, who has also expressed concerns about both the community and road safety impact.

RACS will continue to advocate strongly on this issue, alongside warnings made by police commissioners and the Hon. Michael McCormack MP, Deputy Prime Minister, about the road safety ramifications of the ACT's bill.

Autonomous Emergency Braking (AEB)

By Associate Professor Rob Atkinson FRACS

RACS advocates strongly for Australian Design Rules to mandate AEB as a compulsory feature for all new vehicles, especially heavy vehicles, imported into Australia.

Findings from various Australian studies and insurance claims have indicated that AEB can make a significant reduction in both fatal and injury crashes. AEB is a computer-controlled function which uses sensors ahead of the car to detect that a crash is imminent, and helps drivers use the maximum braking capacity of the car. There are several types of AEB systems: low speed, higher speed and pedestrian systems.

Five years ago, a report by the federal government's Bureau of Infrastructure, Transport and Regional Economics forecast the technology in light vehicles was "expected to save over 1200 lives and prevent 54,000 hospitalised injuries by 2033." Despite these life-saving benefits, recent data released by the Canberra-based Australian New Car Assessment Program (ANCAP), found that as at July this year, just over half (54 per cent) of new cars featured the braking technology as standard.

RACS will continue to advocate strongly on this issue and the live-saving benefits of this technology.

Northern Territory leads on action against alcohol fuelled violence

By Mr Mahiban Thomas, Committee Member, RACS Trauma Committee and Associate Professor Phillip Carson FRACS

In the past year, the Northern Territory (NT) has become the first jurisdiction in Australia to introduce a minimum unit price (MUP) on all standard alcoholic drinks. The MUP is a policy targeted towards the heaviest drinkers (who tend to buy cheaper alcohol) and one that places a floor price per standard drink below which alcohol cannot be sold. Since the NT's decision, other state governments, such as West Australia, have demonstrated a willingness to consider implementing similar legislation.

The MUP is another component in the comprehensive package of evidence-based reforms that have recently been introduced in the NT. The passing of this package has been a success story for our NT surgeons who have a long history over the years in advocating for more action to combat alcohol violence, crime, hospitalisations and deaths in the territory. Their support for the legislation in the face of vocal opposition from vested interests was crucial in the introduction of the new laws. The reforms have transformed the NT from lagging behind the rest of the country to becoming a national leader on action against alcohol fuelled violence.

Data drives awareness of the dangers associated with e-scooters

By Dr Matthew Hope, Chair RACS Queensland Trauma Committee and Associate Professor Kirsten Vallmuur, Committee Member, RACS Trauma Committee

The RACS Trauma Committee prepared a response to the National Transport Commission Issues Paper on barriers to the safe use of innovative vehicles and mobility devices and undertook considerable media advocacy in response to the trial of e-scooters in several capital cities in Australia.

Using data collected from several emergency departments and the Queensland Ambulance Service in Brisbane, in collaboration with Jamieson Trauma Institute (JTI) and the RACS Queensland Trauma Committee, it was found that in two months alone in the initial trial phase, there were 30 ambulance attendances and 134 emergency department presentations for treatment specifically related to the e-scooters in circulation at that time in the Brisbane CBD area.

The Trauma Committee advocated for greater public awareness of the dangers associated with these vehicles and that legislative measures such as the mandatory use of helmets, safe speed limits and age restrictions are implemented, as well as careful consideration of the dangers to other pedestrians when sharing footpaths with these devices. RACS and JTI are working on developing the recommendations to the National Transport Commission to guide the implementation of personal mobility devices into the National Road Rules.

Supporting the removal of road safety camera warning signage

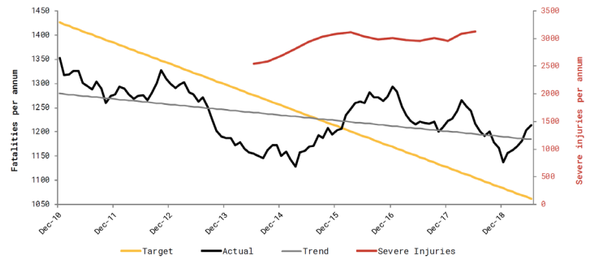
Dr John Crozier, Chair, RACS Trauma Committee and Dr Valerie Malka, Chair, RACS Road Trauma Advisory Subcommittee

RACS endorses the NSW and Victorian Auditor-Generals' recommendations on road safety and plans to scrap red light and speed camera warning signs.

Chair of the RACS Trauma Committee, Dr John Crozier, who co-chaired an Inquiry into the National Road Safety Strategy 2011 – 2020, said research shows that the warning signage of an approaching road safety camera system reduces its overall effectiveness.

"The National Road Safety Strategy includes research that shows the best way to maximise road safety outcomes is to maintain an element of randomness in camera deployments without signage. World Health Organisation and OECD research also supports the use of mobile speed cameras without warning signage."

Dr Valerie Malka, Chair of RACS Road Trauma Subcommittee, also expressed praise for the work of the NSW Centre for Road Safety. Their research shows the reduced crash incidence in NSW from road safety camera system use to date, but also of the further reduction of death and serious injury rates that will follow removal of the road safety camera warning signage for all road users.



Above: NRSS Progress – Fatalities and Serious Injuries (June 2019). Graph from Australian Automobile Association.

Australian Trauma Registry – informing evidence-based public health policy

By Dr John Crozier, Chair, RACS Trauma Committee

The Australasian Trauma Registry (ATR) is a platform for benchmarking trauma care and delivering service improvements to minimise preventable deaths and disability.

RACS has been involved with the ATR since its inception. The need for a national trauma registry in Australia was flagged in 1993 by the National Road Trauma Advisory Council. Initial National Trauma Registry Consortium reports originated from the RACS Trauma Subcommittee – 'Systems Performance Improvement and Registries' – under its indomitable and unstoppable chair, Associate Professor Cliff Pollard.

Measuring serious injury reduces trauma and health expenditure by lowering the burden of road crashes. A robust trauma registry and accurate data are an integral base on which to evaluate trauma care outcomes, improve the quality of trauma care and ensure adequate funding. Dr John Crozier affirms that the ATR is a vital tool in assessing the quality of care provided by trauma centres across the country, providing stakeholders with the data and analysis to underpin the formulation of evidence-based public health policy. The Bureau of Infrastructure Transport and Regional Economics (BITRE) provides economic analysis, research and statistics on infrastructure, transport and regional development issues, to inform both Australian Government policy development and wider community understanding. BITRE reports on serious injuries drawn from the 26 major trauma centres participating with the ATR.

The National Road Safety Strategy (NRSS) Inquiry report recommended government allocation of resources for continued funding of the ATR.

Acting to halt the silent epidemic of road crash deaths and serious injuries

By Dr John Crozier, Chair, RACS Trauma Committee and Dr Valerie Malka, Chair, RACS Road Trauma Advisory Subcommittee

The findings from the Inquiry into Australia's National Road Safety Strategy (NRSS) 2011-2020 (co-chaired by Dr John Crozier and Associate Professor Jeremy Woolley) led to calls by the Australian Automobile Association (AAA) for a new federal approach to road safety. Dr Crozier stresses that the number of Australians killed or injured in road accidents was a 'silent epidemic' requiring proportionate response which should match the scale, urgency and coordination with which the AIDS and SARS epidemics were countered.

Fatalities are the tip of the iceberg and hide the magnitude of road trauma – for every tragic death from road trauma, around 30 people are hospitalised. According to the AAA *Reviving Road Safety Report,* every day 100 Australians are hospitalised and every month 100 die on our roads costing the national economy approximately $30 billion. Surgeons see first-hand the impact of road trauma on individuals and families – and these devastating consequences are far greater than any economic impacts. The road trauma crisis demands real leadership, close collaboration and smarter data. RACS supports the proposals in the AAA report which addresses the scale, stimulus and tempo of response required to halt the silent epidemic of road crash deaths and serious injuries, noting that Australia is too slow in implementing new vehicle safety standards, such as autonomous emergency braking systems. It recommended the removal of costly tariffs on new vehicles that make newer, safer cars much more expensive than they should be.

The NRSS Inquiry identified seven per cent of road travel in Australia is undertaken on one-star roads and 28 per cent on two-star roads. It is estimated that road deaths and severe injuries could be minimised by up to one-third if Australia achieves its target of having 90 per cent of travel on national highways to be on three-star roads. Governments are still funding high-speed undivided roads with dangerous roadsides, right-angle intersections on freeways and the replacement of roundabouts with traffic signals.

Dr Valerie Malka, Road Trauma Advisory Subcommittee Chair and Director of Trauma, Liverpool Hospital, convened a symposium at the College on 13 November 'Pedestrians – Staying Safe' to address the increasing number of pedestrians killed or injured on our roads.

If we fail to act decisively, it is estimated that another 12,000 people will be killed and 360,000 injured on Australian roads at a cost of over $300 billion over the next decade.

Mandatory bicycle helmet laws reduce injury and save lives

By Professor Jeffrey Rosenfeld FRACS

The very nature of cycling makes riders vulnerable to injury either by falls or collisions.

Mandatory bicycle helmet laws were introduced in July 1990. RACS and the Trauma Committee played an instrumental role in the introduction of this legislation. RACS supports the adequate enforcement of legislation for mandatory wearing of nationally approved safety helmets.

A 2017 systemic review of 40 studies with data from over 64,000 cyclists showed that since the introduction of mandatory helmet legislation there have been associated reductions in head, serious head, face and fatal head injury.

Head injuries are a serious health issue for individuals, their families and the community, and often have long-lasting consequences for those who do recover, such as disability and epilepsy. The risk is always higher when not wearing a helmet, no matter how old or where you choose to ride. If laws requiring cyclists to wear helmets were dismantled there would be an increase in costs to the taxpayer as a result of an increase in emergency admissions, and to victims and their families through reduced quality and years of life.

A study of the effect of helmet legislation on head injury rates (Bambach 2013) reports that helmet use was associated with reduced risk of head injury in bicycle collisions with motor vehicles of up to 74 per cent.

Mandatory helmet laws reduced the rate of cyclist head injuries. While there was an initial reduction in the number of people cycling in Victoria following the introduction of helmet legislation, within two years the number of bike riders had returned to levels similar to what had been observed prior to the legislation for adult and child cyclists.

Wearing bicycle helmets saves lives and reduces the severity of trauma arising from bicycle crashes. RACS does not support the relaxation of mandatory helmet legislation.

Exciting and important first steps towards improved quad bike safety, but more action is still required.

By Associate Professor Warwick Teague, Committee Member, RACS Victorian Trauma Committee

The burden: Quad bike trauma has resulted in the deaths of more than 260 Australians since 2001, including four children and six adults at the time of writing. The rate of non-fatal quad bike injuries is also alarming, with an estimated six presentations to Australian emergency departments every day.

The response: In October, the federal government announced a new quad bike safety standard under the *Australian Consumer Law*, enacting the recommendations of an 18-month ACCC investigation. This first and important step towards curbing the preventable burden of quad bike trauma is the culmination of decades of tireless campaigning from a broad coalition of advocates. The strength and impact of RACS lobbying – the perspective from the 'coalface' – has been highlighted by farming leaders and government as being of vital significance to achieving this positive outcome.

The standard: The new quad bike safety standard addresses the instability of quad bikes and their propensity to rollover as the leading mechanism for death and injury, whether from crush or asphyxia. To be phased in over two years, the standard mandates 1) improved consumer information at point of sale about rollover risk and stability testing, 2) enhanced quad bike stability with minimum standards for stability on slopes, and 3) that an operator protection device (rollbar) be fitted or integrated into the design for all new general use quad bikes sold in Australia.

The expected impact: These mandated standards for new sales will reduce the risk of serious injuries and deaths in the event of a quad bike rollover. However sadly, more preventable trauma can also be expected during the two-year phase-in period, and due to the legacy of existing quad bikes without such protection.

The need for ongoing action: For these reasons, and the unaddressed disproportionate risks quad bikes pose to children, the need for ongoing advocacy and action is paramount. Protecting children from risk of the carriage on, or operation of, adult sized quad bikes remains a significant challenge, and the basis for continued RACS action. Ultimately, we are striving to get kids off quad bikes, as kids on quad bikes are a toxic mix.

Vigilance needed to counter attempts at loosening gun laws

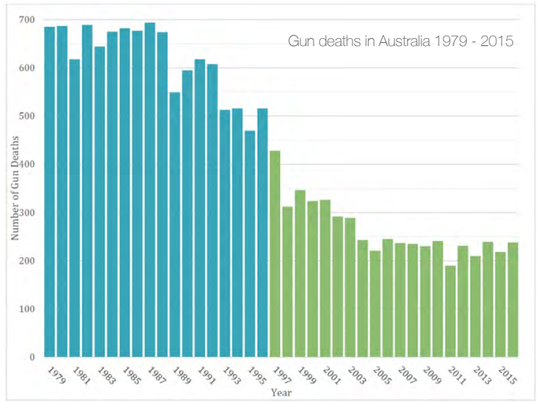
By Dr Michael Ee, Chair, Tasmanian Trauma Committee

The Australian Senate passed unprecedented gun laws in June 1996 – twelve days after Port Arthur where 35 people were slaughtered by semi-automatic rifles. The National Firearms Agreement (NFA) banning rapid-fire long guns was introduced which proved to be one of Australia's most successful public health measures. In the 18 years prior to the introduction of these gun laws, there were 13 fatal mass shootings in Australia with 104 victims killed. Since the NFA introduction, there has been one mass shooting (Margaret River 2018).

Australia's gun reforms include compulsory registration of all firearms and banning of semi-automatic and pump-action rifles. Dr Stephen Wilkinson, Director of Surgery at Royal Hobart Hospital at the time of Port Arthur was also EMST (Early Management of Severe Trauma) faculty at Hobart. This fortunate timing assisted hospital staff to focus on the avalanche of victims in the major trauma event. Dr Wilkinson has since been a strong advocate against the weakening of gun control legislation. Dr Bryan Walpole, Emergency Physician at Royal Hobart Hospital at the time of the massacre, was instrumental in his involvement with the radical unification of federal and jurisdictional governments as they unanimously agreed to create the National Firearms Agreement – a massive and significant undertaking in community safety.

The College was steadfast in advocating for stricter gun safety in New Zealand following the Christchurch mass shooting. Vigilance is needed to counter attempts at loosening gun laws – such as the legislative council select committee inquiry into firearms law reforms proposed by the Tasmanian government on the eve of the state election (withdrawn due to public outcry but a new House of Assembly inquiry will still take place once the full membership of the committee has been addressed). The increasing numbers of gun ownership is of grave concern. Mental health is another important aspect of gun ownership. NSW is planning to add details of licencee applicant's mental health and any family law proceedings to its firearm registry.

Dr Michael Ee, paediatric surgeon, Chair Tasmanian Trauma Committee and passionate advocate for gun safety, heads a group of interested Fellows ready to respond at the mere mention of a relaxation of gun laws.



RACS recommends the retention of existing Sydney lockout laws

By Dr Soundappan Soundappan, Chair, RACS NSW Trauma Committee

The Sydney lockout laws were introduced in February 2014 with the objective of reducing alcohol-fuelled violence. While data shows that the lockout laws helped reduce alcohol-related violence, concerns were raised about the impact of the law on Sydney's night-time economy.

Joint Select Committee on Sydney's Night Time Economy

A joint select committee was established on 29 May 2019 to inquire into, and report on, Sydney's night time economy.

RACS Submission to the Joint Select Committee

Mr Ken Loi, Chair NSW State Committee,
Dr John Crozier, Bi-national Trauma Chair

Dr SVS Soundappan, Trauma and Paediatric Rep, NSW State Committee

The RACS NSW Committee recommended the retention of the existing laws and encouraged the implementation of laws more widely in NSW.

Included in the submission:

- Dr Elias Moisidis, Plastic, Reconstructive & Maxillofacial Surgery, St Vincent's Hospital, evidenced the total number of serious facial trauma surgeries reduced by 60 per cent in the two years post introduction laws, with 145 facial trauma patients receiving operations in 2012/2013 (the two years prior) and only 58 patients from 2014/2015 (the two years post implementation).
- Professor Anthony Grabs, Director Trauma Services St Vincent's Hospital and Dr Tim Steel, neurosurgeon, evidenced St Vincent's has not seen a single death involving alcohol-related violence since the reforms.

Final Report – Joint Select Committee inquiry into Sydney's Night Time Economy

The final report was tabled in Parliament on 30 September 2019. The report made 40 recommendations, the major one being that the lockout laws should be removed by the end of the year, except for Kings Cross, where restrictions will be retained. It also recommended the sale of takeaway alcohol be extended.

The RACS NSW Committee will continue to recommend the retention of the existing laws and encourage the implementation of laws more widely in NSW.

NEW ZEALAND

Stronger firearms laws under consideration

By Dr Nicola Hill, Chair, New Zealand National Board

Changes are being proposed to New Zealand's gun laws to prevent people being killed or harmed by firearms. These proposals, signalled in April when the ban on semi-automatic assault rifles became law, are currently being considered by a Parliamentary select committee. The government intends the new laws to be in place by 15 March 2020, the first anniversary of the Christchurch mosque shootings.

Proposals include the establishment of a national gun register, more rigorous vetting of firearms licence applicants and a shorter firearms licence period. RACS New Zealand National Board and the New Zealand Trauma Committee have made a joint submission in support of the changes. As surgeons, we witness the horrific injuries that firearms cause and the huge cost borne by those injured, their loved ones and the health system. We hope our legislators will act to better protect people from being killed or harmed by firearms.

New areas of quad bike concern identified

By Mr Grant Christey, Chair, RACS Trauma Quality Improvement Subcommittee

Despite continual education by government agencies and farming organisations to promote quad bike safety in New Zealand, too many people continue to be killed or injured as a result of quad bike crashes. Social scientist Janet Amey and I found from some research we carried out earlier this year that despite some encouraging prevention activity in the farming sector, there has been a steady increase in the number of patients admitted to hospital with injuries related to quad bike use between 2012 and 2018. Our research covered the Midland region of New Zealand which has about 950,000 residents. While a lot of quad bike safety education work is underway with farmers and farm workers, our study identified two more areas that need attention: injuries that occur on the farm but not during farming activities and recreational quad bike injuries. Children are still being injured on quad bikes.

To help turn this problem around, the Accident Compensation Corporation announced in August that it will introduce subsidies for farmers to buy approved crush protection devices (CPDs). This is a positive move, however we encourage further debate on whether to follow the lead of Australia to legislate for mandatory CPDs on all new quad bikes.

E-scooter injuries add to trauma costs

By Mr Li Hsee, Chair, RACS New Zealand Trauma Committee

At Auckland City Hospital Trauma Services we see first-hand the increasing numbers and types of injuries being incurred by people riding e-scooters. In September, a 23-year old male patient died after suffering critical injuries from an e-scooter crash. A study, published recently in the *New Zealand Medical Journal*, of e-scooter-related orthopaedic surgeries at Auckland City Hospital between October 2018 and February 2019, found that high energy trauma not previously associated with scooter injuries was becoming increasingly prevalent as a result of readily available e-scooters, which can travel up to 27km/h on flat surfaces and even faster downhill. During the study period, e-scooter-related injury numbers ranked second highest among wheeled-vehicle (excluding cars) related injuries requiring orthopaedic surgery. While commercial e-scooters are a convenient mode of transport in urban cities, the increase in injuries caused are a concern and place pressue on New Zealand's health system and the Accident Compensation Corporation.

Some of the injuries can be minimised or prevented. In an effort to make using and being around e-scooters safer, the Trauma Committee is working to seek the development of some consistent rules, and better enforcement of such rules, for e-scooter use in New Zealand.

Trauma verification – the Australian and New Zealand experience

The Trauma Verification Program is an excellent way to establish hospitals' and health services' commitment to and capacity for the care of the injured patients. This RACS-led initiative is supported by experienced trauma clinicians from the College of Anaesthetists, College for Emergency Medicine and College of Intensive Care Medicine, along with specialist trauma nurses and allied health professionals.[1]

Initiated by our visionary leaders and brought to our countries by the American College of Surgeons in 2000, the program provides external review of the strengths and weaknesses of hospitals providing trauma care from the pre-hospital phase to rehabilitation, allowing benchmarking against international standards. During the two decades the program has been running in Australia and New Zealand, over 60 visits have been conducted in hospitals in every state of Australia and both islands of New Zealand. In addition to the detailed assessment of the individual hospitals, the program offers review of trauma systems over a region, state or whole country (New Zealand verification was completed in 2018).[2]

Overseas studies have shown that verified hospitals have reduced variation in practice, length of stay and mortality.[3-5] The cost of verification is recouped by efficiencies in patient management.[4,5] Unlike Australian Health Service Safety and Quality Accreditation (AHSSQA), our Trauma Verification Program is currently voluntary.

Hospitals have found the process of preparation for trauma verification useful for engaging and uniting trauma-dedicated multidisciplinary teams with a common purpose and a consistent approach to trauma management. The standard supports a holistic, patient-centred approach to trauma care and an expectation of quality improvement across the range of services involved in the trauma patient journey. Clinicians take pride in the acknowledgement that they are providing superior service. The knowledge gained through verification allows hospitals to continue to improve their systems and processes long after the verification teams have left. The recommendations and evidence in the detailed report support a business case for the resources necessary to properly care for injured patients. Some hospitals have initiated a trauma bed card under which all trauma patients are admitted and overseen by trauma experts.

Trauma verification certificates last for four years. The program is supported by the NSW Institute of Trauma and Injury Management. For more information about trauma verification for your hospital or to register your interest in volunteering as a reviewer, please contact karen.coates@surgeons.org or visit surgeons.org/traumaverification.

Thanks to Maxine Burrell (Royal Perth Hospital), Mr Grant Christey (Waikato Hospital), Dr Valerie Malka (Liverpool Hospital), Kellie Gumm (Royal Melbourne Hospital) and Professor Roy Kimble (Queensland Children's Hospital) for contributing to this article.

1. Warren K-R J, Morrey C, Oppy A et al. The overview of the Australian trauma system. IOTA International. 2019 e018.
2. Balogh ZJ. Trauma verification: for the trauma centre or for the trauma system? ANZ J Surg 2014; 84:499-500.
3. Pasquale MD, Peitzman AB, Bednarski J and Wasser TE. Outcome analysis of Pennsylvania Trauma Centers: Factors predictive of nonsurvival in seriously injured patients. J Trauma 2001; 50:465-474.
4. Maggio PM, Brundage SI, Hernandez-Boussard T, Spain DA. Commitment to COT verification improves patient outcomes and financial performance. J Trauma 2009;67:190-195
5. Piontek FA, Coscia R, Marselle CS, Korn RL, Zarling EJ. Impact of American College of Surgeons verification on trauma outcomes. J Trauma 2003;54:1041-1047.

RACS Team Trauma:

Thanks to the following RACS staff who are part of 'Team Trauma', lending great support and assistance to Fellows on all trauma related-activity.

Karen Coates (Trauma Verification)
Maria Cogman (SA)
Di Cornish (Tas),
Angela D'Castro (WA)
Tess Green (ACT)

Lyn Journeaux (RACS Trauma Committee)
Philippa Lagan (Advocacy NZ)
Isobel McIntyre (NZ)
Mark Morgan (Advocacy & NT)

Thalia Nguyen (Qld)
Cathy Philipps (NSW)
Katherine Walsh (Vic)

Please contact Team Trauma if you need help or information on all matters regarding trauma.

Why should your trauma service undergo trauma verification?
We asked some of the leading trauma services across Australia and New Zealand why they have embraced trauma verification.

Royal Perth Hospital

"As the state's only designated major trauma service, it would be very easy to become complacent about our trauma management and outcomes. Instead, the Trauma Verification process provides us with an impetus for continuous improvement – a focus on the standards required and what we need to do as a hospital-wide service in order to fulfil, and indeed exceed, those standards. Attainment of formal Level 1 Verification status is an endorsement of who we are and what we are trying to achieve for our patients."

Royal Perth Hospital is the service most engaged with RACS trauma verification, having undergone the process five times, maintaining Level I Trauma Verification certification continuously since 2009. It is the only designated adult major trauma service in Western Australia, servicing a population of approximately 2.7 million people dispersed across one third of Australia's land mass. Approximately 850-900 patients per year are classified as major trauma (injury severity score>12).

A trauma meeting at Royal Perth Hospital

Royal Melbourne Hospital

"It's been very satisfying to be designated as a Level 1 Trauma Service in 2012 and then again in 2018 with such positive reinforcement for all those involved in the trauma service."

The Royal Melbourne Hospital is a tertiary teaching hospital servicing over one million people in Melbourne's west and north as well as regional and rural Victorians and interstate patients. The hospital is one of three major trauma services in Victoria and cares for 1400 of Victoria's major trauma patients annually.

Quality improvements attributed to trauma verification at Royal Melbourne Hospital include changing the after-hours reporting process to expedite spinal clearance, improving coordination and continuity of care by increasing the number of senior nursing, social work and surgical staff involved in trauma care and the introduction of daily outpatient clinics.

Royal Melbourne Hospital trauma team in action.

Midland Trauma System, New Zealand

"Over the past 10 years we have implemented over 96 per cent of the requirements in the model resource criteria and on formal reports from several Trauma Verification site visits. We attained Level 1 verification in February 2019, the first hospital in New Zealand to do so."

Midland Trauma System covers five District Health boards in the Midland region of New Zealand. The five boards underwent a regional review in 2017 that resulted in many recommendations and improvements in services that are collectively raising the quality and consistency of care delivered across the region.

Waikato Hospital is a tertiary hospital in Hamilton, Midland region, with a catchment of nearly one million people for major and sub-specialty trauma. The hospital admits approximately 330 major trauma cases per year and has undergone trauma verification three times.

Liverpool Hospital

"Our primary aim is to ensure our patients receive the very best of trauma and emergency care and that the highest of standards are maintained."

Liverpool Hospital is the designated major trauma service for South-Western Sydney, servicing a population in excess of 1.5 million people. Liverpool Hospital was one of the first hospitals in Australia to welcome the program and was involved in the pilot program of 2000. It will undergo its third review in December this year.

Queensland Children's Hospital

"We used the trauma verification standard checklist when we were designing the new hospital, built five years ago. The new hospital includes all the recommended infrastructure required."

Queensland Children's Hospital is the only stand-alone tertiary paediatric hospital in Queensland and has a catchment area that includes all of Queensland and northern NSW. It is the only stand-alone paediatric facility to have current RACS Trauma Verification status. The hospital admits 90-100 children with trauma injury severity score >12 every year.

Multidisciplinary trauma simulation of Red Blanket procedure at Queensland Children's Hospital

Dr Shakerian discusses trauma on ABC Radio Melbourne

"I went 1,2,3 bang… I managed to come to with 20-odd lovely people trying to help me and the ambulance officers cutting my clothes off. It was extraordinary."

Trauma patient James Bishop broke his right shoulder, leg, ribs, pelvis, face and spine when a car pulled out in front of his motorbike earlier this year. Mr Bishop and Royal Melbourne Hospital general and trauma surgeon Dr Rose Shakerian FRACS, were recently interviewed on *ABC Radio Melbourne*, discussing trauma with presenter Virginia Trioli. Following are excerpts from the interview.

Dr Rose Shakerian and James Bishop

Ms Trioli: *James, tell me, what you were feeling and thinking in that moment when you came to? Were you aware of the pain? Were you aware of your body being broken?*

Mr Bishop: Yes the amount of pain from the open book fracture to my pelvis was extraordinary. The ambos gave me pain killers… the doctors gave me other things as well but I was conscious for hours after that while they stopped the bleeding… It was frightening and confusing but absolutely amazing to actually remember exactly what the doctors and ambulance drivers and all the staff were doing to me – the xrays and MRIs and CT scans.

Ms Trioli: *The Royal Melbourne Hospital is the country's second most busy trauma hospital... caring for more than 1400 patients whether multiple and complex and life-threatening injuries, so when someone comes in, is there a team that forms around him?*

Dr Shakerian: So yes, being one of the dedicated trauma centres in the state – the Alfred being the other – we have the benefit of getting the information from the scene… In James' case, that would have mobilised the entire team. He would have had at least 15, up to 20 people in the emergency department including the paramedics, the emergency staff, emergency doctors, consultants, registrars, the wonderful nursing staff in the department, anaesthetic teams… That's not including my team – the surgical team – the trauma team made up of surgical consultants, the Fellows, the trauma registrars and the anaesthetic team who come down from theatre, the radiographers… so many people working really well together as a team, working with a severely injured patient, making sure that we can identify the injuries as soon as we can and investigate and manage efficiently.

Ms Trioli: *How quickly do you need to move?*

Dr Shakerian: Really that depends on the patient's physiological state. We have a very good system. We have a dedicated team that is used to receiving multi-trauma patients and going through the trauma algorithms – you know a simple case of ABCD – multiple people working simultaneously and we work as fast as we need to.

Ms Trioli: *How did you get into trauma medicine?*

Dr Shakerian: I trained as a general surgeon and during my training I found the signs of emergency, general surgery and trauma quite fascinating and it was actually quite rewarding to be involved in the care of patients who come in severely injured. You think at times it's actually quite confronting and I would have thought they would not have survived their injuries, but seeing them being managed in the emergency department and the teamwork that's involved in saving these patients and getting them back on their feet – I found that really rewarding.

Ms Trioli: *Are motorcycle injuries some of the worst that you see?*

Dr Shakerian: They are – through the sheer lack of protection that comes with riding a motorbike, the injuries are more severe, the fatalities are higher... but when I look at James who says he loves riding his bike, I can't say 'you're forbidden to ride it because you're at risk of having more severe injuries'. I think we all need to be a lot more careful and mindful on the road.

I should just make a point here in terms of our trauma service... a huge credit goes to the orthopaedics team at the Royal Melbourne Hospital who worked very hard to put all the broken bones back together for James. As a trauma surgeon I simply coordinated his care so I'm not here to take credit for all the hard work that they've done.

Dr Shakerian and Mr Bishop, a marathon runner who hopes to run the Melbourne marathon next year, both also acknowledged the 'wonderful nurses' and the efforts of the many people involved in Mr Bishop's care.

Thank you to ABC Radio Melbourne and the Royal Melbourne Hospital. To listen to the full interview, visit radio.abc.net.au and search 'Royal Melbourne Hospital'.

The United Nations World Day of Remembrance for Road Trauma Victims was observed on 17 November – 1.3 million deaths and many more serious injuries occur world-wide each year.

In Australia alone, road trauma accounts for around 1,200 deaths and 40,000 serious injuries every year. Each and every one is violent, traumatic and devastating to families, workplaces, first responders, friends and community.

The day has become an important tool in global efforts to reduce road casualties.It offers an opportunity for drawing attention to the scale of emotional and economic devastation caused by road crashes and for giving recognition to the suffering of road crash victims and the work of support and rescue services.

Good listening and reading

Good listening

Listen to RACS Post Op podcasts on Apple podcasts, Google podcasts or Spotify.

The escalating epidemic in Australasian road trauma

Dr John Crozier – 6 March 2018

While around 100 Australians are killed in road crashes every month, approximately 800 a week experience seriously and life-changing injury. All up it's costing the Australian economy about $30 billion a year. What's being done to arrest this escalating epidemic of deaths and injuries on our roads?

Good reading

Visit the RACS website or contact the RACS library for any of these recommended good reads.

E-journal articles

Aizpuru M, Farley KX, Rojas JC, Crawford RS, Moore TJ, Wagner ER. Motorized scooter injuries in the era of scooter-shares: A review of the national electronic surveillance system. Am J Emerg Med 2019;37(6):1133-1138.

Ashman ZW, Grigorian A, de Virgilio C, Kim DY. Pedestrian Struck by Motor Vehicle. In: de Virgilio C., Frank P, Grigorian A. (eds) Surgery: A Case Based Clinical Review. Springer New York 2015.

Cameron PA, Fitzgerald MC, Curtis K, McKie E, Gabbe B, Earnest A, et al. Over view of major traumatic injury in Australia—Implications for trauma system design. Injury 2019;10.

Choron RL, Sakran JV. The Integration of Electric Scooters: Useful Technology or Public Health Problem? Am J Public Health 2019;109(4):555-556.

d'Abbs P, Burlayn, Jamijin. Aboriginal alcohol policy and practice in Australia: A case study of unintended consequences. International Journal of Drug Policy 2019;66:9-14.

Devilly GJ, Hides L, Kavanagh DJ. A big night out getting bigger: Alcohol consumption, arrests and crowd numbers, before and after legislative change. PloS one 2019;14(6):e0218161.

Federal Motor Vehicle Safety Standards; Automatic Emergency Braking. Transportation Department Documents and Publications 2017 01/.

Fitzgerald MC, Curtis K, Cameron PA, Ford JE, Howard TS, Crozier JA, et al. The Australian Trauma Registry. ANZ Journal of Surgery 2019;89(4):286-290.

Grzebieta R, Rechnitzer G, Simmons K, Hicks D, Sherry D, Nevo RD, et al. Indentifying deficiencies in stability, dynamic handling and rollover crashworthiness of quad bikes. Injury Prevention 2016;22(Suppl 2):A275. *Conference Abstract*

John Boffa, Edward Tilton, Donna Ah Chee. Preventing alcohol-related harm in Aboriginal and Torres Strait Islander communities: The experience of an Aboriginal Community Controlled Health Service in Central Australia. Australian Journal of General Practice 2018;47(12):851-854.

Lee SC, Lee S, Lee JH, Cho W, Jo JY. The preventive effects of bicycle helmets on clinical outcomes in bicycle-related crashes. Injury Prevention 2018;24(Suppl 2):A29.

Lie G, Zejian R, Pingshu G, Jing C. Advanced emergency braking controller design for pedestrian protection oriented automotive collision avoidance system. The Scientific World Journal 2014;2014:218246-11. *Conference Abstract*

Lilley R, Lower T, Davie G. Towards a harmonised approach to reducing quad related fatal injuries in Australia and New Zealand: a cross sectional comparative analysis. Australian and New Zealand Journal of Public Health 2017;41(5):524-529.

Menéndez P, Kypri K, Weatherburn D. The effect of liquor licensing restrictions on assault: a quasi experimental study in Sydney, Australia. Addiction 2017;112(2):261-268.

Nesoff ED, Pollack Porter KM, Bailey M, Gielen AC. Knowledge and Beliefs About Pedestrian Safety in an Urban Community: Implications for Promoting Safe Walking. J Community Health 2019;44(1):103-111.

Simms CK, Wood D, Fredriksson R. Pedestrian Injury Biomechanics and Protection. In: Yoganandan N, Nahum A, Melvin J. (eds) Accidental Injury. Springer New York 2015.

Stier R, Jehn P, Johannsen H, Müller CW, Gellrich N-, Spalthoff S. Reality or wishful thinking: do bicycle helmets prevent facial injuries? International Journal of Oral & Maxillofacial Surgery 2019;48(9):1235-1240.

Thank you to the Fellows who contribute their time and are points of contact for these trauma focus areas:

Quad bikes – Warwick Teague, Michael Ee, John Crozier, Grant Christey, Li Hsee, Soundappan Soundappan, Susan Adams, Rebecca Cooksey, Rob Atkinson

Gun safety – Michael Ee, Li Hsee, Peter Bautz, Stephen Wilkinson

Cannabis legislation in ACT – Ailene Fitzgerald

Autonomous Emergency Braking – John Crozier, Rob Atkinson

Pedestrian safety – Valerie Malka, Harold Scruby (Pedestrian Council of Australia)

Alcohol related trauma – John Crozier, Soundappan Soundappan, Ken Loi, Mahiban Thomas, Phil Carson, David Read, Sudhakar Rao, Michael Ee

E-scooters – Matthew Hope, Kirsten Vallmuur, Grant Christey, Rob Atkinson

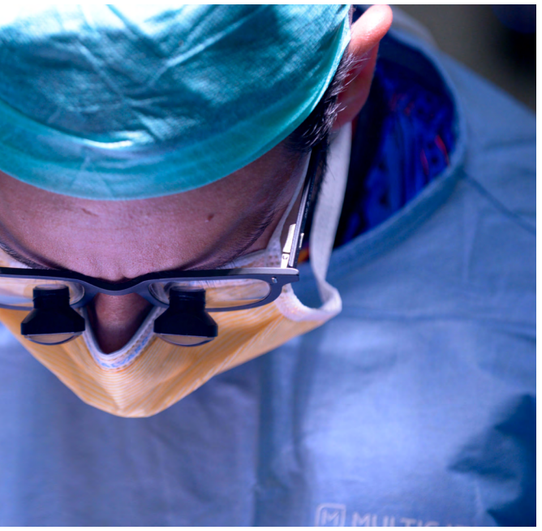
Lock-out laws, Sydney night-time economy – John Crozier, Ken Loi, Soundappan Soundappan, Tony Grabs, Elias Mosidis, Tim Steele

Bicycle Helmet Legislation – Jeffrey Rosenfeld, John Crozier, Mark Sheridan

Point to Point cameras – John Crozier, Valerie Malka, Soundappan Soundappan, Sudhakar Rao

Road safety – Valerie Malka, John Crozier

Family violence – Payal Mukherjee, Pecky De Silva



Post-traumatic stress

It's more common than we think

"In this world nothing can be said to be certain, except death and taxes" wrote Benjamin Franklin (1706-90) in 1789, adapting Daniel Defoe's (and others') "Things as certain as death and taxes, can be more firmly believed" (1726). The readers of this column are familiar with taxes, however inconvenient, but being a medical professional also brings one face to face with inconvenient and unwelcome deaths at regular intervals. Death might be natural and certain, but it is traumatic for the survivors and these include not only the deceased family but also the attending doctors and surgeons.

Complications and death can take their toll on doctors. Dr Ari Gret consulted me recently, suffering insomnia, waking up frequently with nightmares, experiencing feelings of dread, and constantly ruminating over an unexpected lost patient; he was one of a team performing an appropriately indicated operation that became complicated by torrential bleeding. The patient never left ICU in the ensuing three weeks. The unwanted, eventual death from multiorgan failure was, in the end, a blessing for the never-would-have-been-the-same-again patient, but left Ari Gret with ongoing flash-backs, bouts of depression, bursts of anger and wondering whether he really wanted to be a surgeon.

He's not the first such surgeon-patient I've had to support. I remember some years ago, Ann Gris, who was challenging to work with because she became over vigilant, to the point of being obsessive compulsive and failing to delegate, then prone to lose it when things weren't done her way. She consulted me after she'd had a couple of complaints about bullying and through probing deeper, I found she was terrified of complications, intolerant of being perceived to fail, and slept fitfully because she dreamed that even operations that had gone well were going to fall apart. The symptoms all emanated from a cluster of complicated cases including a couple of mortalities and her perceived, perhaps real, lack of support from colleagues. Operating was no longer a pleasure, but one that filled her with dread. Ann was unhappy, bottling it all inside herself, but went home in the evenings to worry about further complications.

There is a shortage of New Zealand or Australian studies on this topic though many surgeons privately share they have experienced these moments. Post-traumatic stress disorder (PTSD), burn-out and work-life imbalance are all overlapping but individual entities that undermine wellness. PTSD is more common early in a doctor's career but can occur at any stage. Its effects can be devastating, undermine confidence and be career threatening; it impairs performance, and particularly where decisions need to be taken based on incomplete information (gaps) with limited time, and where confidence to act and confidence in action are required.

Trauma surgeons and surgical Trainees have been reported to be particularly prone to PTSD in US surveys. Other factors such as overwhelming workload, poor culture and lack of support, all increase the risk of PTSD and/or burn out, at least in the workplace of US trauma surgery. Residents on-call who received casualties from a night club mass shooting experienced PTSD rates of up to 30 per cent, many of whom sought counselling. A UK survey of 167 surgical Trainees found 16 per cent had experienced acute stress disorder or PTSD. Similar rates of PTSD (1 in 6) have been reported from Pakistan, there the result of experiencing physical or verbal abuse in the workplace.

The evidence shows PTSD is more common than we think. Surgical supervisors should look out for the wellbeing of their team who may be more emotionally affected by a patient's death than the senior surgeon. Over-work, lack of time off, social isolation, and workplace culture are all contributing factors. Colleagues should not stand back, nor fail to offer support when someone has experienced an untoward complication or had to manage a dreadful injury. I am not suggesting the profession covers up its mistakes, it should not. But all doctors need to watch out for the wellbeing of their colleagues.

Most surgeons admit to having made mistakes that have contributed to patient death. All doctors have experienced regret at the clinical decisions they have made. No one is helped by negative chattering, muttering or deliberate undermining from the safety of the sidelines. Surgeons and their colleagues, including GPs like yours truly, need to recognise the symptoms of PTSD in the Ari Grets' and Ann Gris' of this world. Next time there's a death on the unit, as well as caring for the bereaved, also consider who in the team may be struggling to cope. We need to be champions of 'wellness' in our teams, all for the benefit of the community we collectively serve.

DR BB-G-LOVED

RACS Council 2019 elections

The pro bono contribution of Fellows has been, and continues to be, the College's most valued asset and resource. We are grateful for your commitment and are also grateful to the voting Fellows who demonstrate their engagement with the governance of the College.

The results of the 2019 elections to RACS Council will be tabled at our Annual General Meeting in Melbourne on Thursday 14 May 2020, when newly elected Councillors take office.

Congratulations to the successful candidates and sincere thanks to all candidates who nominated.

Fellowship Elected Councillors

Rebecca Jack, Vascular Surgery, QLD (newly elected to Council)
Sally Langley, Plastic and Reconstructive Surgery, NZ (re-elected to Council)
Owen Ung, General Surgery, QLD (re-elected to Council)

Specialty Elected Councillors

Neurosurgery Specialty Elected Councillor:
Mark Dexter, NSW (newly elected to Council)
Otolaryngology Head and Neck Specialty Elected Councillor:
Raymond Sacks, NSW (elected to Council unopposed)
Plastic and Reconstructive Surgery Specialty Elected Councillor:
Mark Ashton, VIC (elected to Council unopposed)
Urology Specialty Elected Councillor:
Mark Frydenberg, VIC (re-elected to Council unopposed)

Farewell to outgoing Councillors

Thank you to our outgoing Councillors – Garry Wilson K StJ, Expert Community Advisor and Imogen Ibbett, RACSTA Co-opted Councillor.

Both Tony Lewis and Garry Wilson have also been awarded the RACS Honorary Fellowship, which will be presented to them at the Convocation of the 2020 Annual Scientific Congress in Melbourne.

RACS awards

Congratulations to all award recipients, as approved by Council in October 2019.

Honorary Fellowship
Professor Michael Griffin OBE FRCSE
Dr David Hoyt MD FACS
Mr Tony Lewis
Mr Garry Wilson KStJ

Court of Honour
Mr John Batten FRACS
Dr Catherine Ferguson FRACS

Sir Hugh Devine Medal
Associate Professor Philip Spratt AM FRACS

E S R Hughes Medal
Mr Richard E. Perry FRACS

Barbara and John Heslop Medal
Associate Professor Julie Mundy FRACS

John Corboy Medal
Dr Christopher Conyard

Garry Wilson KStJ retired as the New Zealand Expert Community Advisor, having served the maximum term of nine years on Council

Tony Lewis retired as Honorary Financial Adviser after 15 years of (pro-bono) service

Developing a Career and skills in Academic Surgery (DCAS) course

Monday 11 May 2020, 7:15am – 4:00pm

Melbourne Convention and Exhibition Centre, Melbourne

Provisional Program

6:15am	Registrations and light breakfast
7:15am - 7:30am	**Welcome and Introduction**
7:30am - 9:30am	**Session 1: A Career in Academic Surgery** Why every surgeon can and should be an academic surgeon Finding your research question Finding the time – clinical work vs research, an ongoing conundrum Trainee led clinical trials networks – applying a successful model across Australia and New Zealand Beyond the impact factor – social media and open source options in academic surgery – pitfalls and benefits Panel discussion
9:30am - 10:00am	Morning Tea
10:00am - 10:30am	**Hot Topic in Academic Surgery: First in Human Trials**
10:30am - 11:50am	**Session 2: Ensuring Academic Output** How to supervise a surgical higher degree and get it done on time Preparing a conference abstract and presenting at a scientific meeting Writing and submitting a manuscript Discussion
11:50am - 12:30pm	**Keynote Presentation: Disruption and Innovation in Academic Surgery**
12:30pm - 1:30pm	Lunch
1:30pm - 2:40pm	**Session 3: Concurrent Academic Workshops**

Concurrent Workshop 1: Finding My Niche/ Fit / Tools of the Trade	**Concurrent Workshop 2: Trainee Led Collaborative Trials**	**Concurrent Workshop 3: Collaboration**
Basic science translational research – bedside to bench to bedside	ACTA (Australian Clinical Trials Alliance) and the clinical trials landscape in Australia	Working together – national databases, challenges and success
Clinical research and randomised control trials	Engaging surgical trainees in collaborative research	Being part of international collaborative studies – developing and engagement in international RCT
Outcomes research	Starting early – engaging medical students and their surgical societies in collaborative research	Bringing like minded organisations together – collaboration with international organisations
Surgical education research	Mentoring a trainee network – how I do it	Beyond medicine – interdisciplinary collaboration
Panel discussion	Panel discussion	Panel discussion

2:40pm - 3:00pm	Afternoon Tea
3:00pm - 4:00pm	**Session 4: Challenges for Academic Surgery** Inclusion and diversity in surgical academia – how can we improve? Negotiation and conflict management Burnout and wellbeing, a constant challenge Closing remarks

DCAS Course Participation

Cost: $250.00 per person incl. GST

Register online: www.tinyurl.com/DCAS2020

There are fifteen complimentary spaces available for interested medical students. Medical students who would like to register their interest, please visit **www.tinyurl.com/DCAS2020** for further information.

Further Information:

Conferences and Events Management
Royal Australasian College of Surgeons
T: +61 3 9249 1117
F: +61 3 9276 7431
E: dcas@surgeons.org

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

AAS Association for Academic Surgery
Royal Australasian College of Surgeons
Section of ACADEMIC SURGERY

Proudly sponsored by:
Johnson & Johnson MEDICAL DEVICES COMPANIES

Hot topic speaker:
Michael Vallely - Ohio, USA

Keynote speaker:
Peter Choong - Victoria

Who should attend?

Surgical Trainees, research Fellows, early career academics and any surgeon who has ever considered involvement with publication or presentation of any academic work.

If you have been to a DCAS course before, the program is designed to provide previous attendees with something new and of interest each year.

2019 comments:

"A transformational day"

"Wonderful course, as a first-time delegate this was very inspirational. All of the speakers were highly knowledgeable"

"Really informative sessions... As a prevocational doctor I felt that the course was perfectly targeted to me"

"A truly inspirational course"

Association for Academic Surgery and International Invited Speakers:

Herb Chen - Alabama, USA
Zara Cooper - Massachusetts, USA
Lesley Dossett - Michigan, USA
Amir Ghaferi - Michigan, USA
Eugene Kim - California, USA
Brenessa Lindeman - Alabama, USA
Carrie Lubitz - Massachusetts, USA
Colin Martin - Alabama, USA

Australasian Faculty includes:

Sarah Aitken - New South Wales
Wendy Brown - Victoria
Anthony Dilley - New South Wales
Marc Gladman - South Australia
Anthony Glover - New South Wales
David Gyorki - Victoria
Richard Hanney - New South Wales
Andrew Hill - New Zealand
Julie Howle - New South Wales
Jonathan Karpelowsky - New South Wales
Michelle Locke - New Zealand
Guy Maddern - South Australia
Payal Mukherjee - New South Wales
Christopher Reid - Victoria
Toby Richards - Western Australia
William Ridley - New South Wales
Christobel Saunders - Western Australia
Julian Smith - Victoria
Mark Smithers - Queensland
Michael Solomon - New South Wales
Tony Sparnon - South Australia
Sean Stevens - Victoria
David Watson - South Australia
John Windsor - New Zealand

NOTE: New RACS Fellows presenting for convocation in 2020 will be required to marshal at 4:15pm for the Convocation Ceremony.

CPD Points will be awarded for attendance at the course with point allocation to be advised at a later date.

General Surgery Trainees who attend the RACS Developing a Career and skills in Academic Surgery course during their SET Training may, upon proof of attendance submitted to board@generalsurgeons.com.au, count this course towards one of the four compulsory GSA Trainees' Days.

Information correct at time of printing, subject to change without notice.

Teamwork, friendships and joyful reunions in Papua New Guinea

Dr Albert Shun and Dr Michael Cooper reflect on their rewarding years of paediatric surgery and friendships in PNG

Teamwork, it is said, can build friendships that last a lifetime, and for paediatric surgeon Dr Albert Shun and anaesthetist Dr Michael Cooper there could be no truer words. Every year since 2001, these two eminent doctors from The Children's Hospital at Westmead in Sydney have used their leave to travel to Papua New Guinea (PNG) as volunteers with the RACS Global Health Program, training local staff and performing two weeks of paediatric operations.

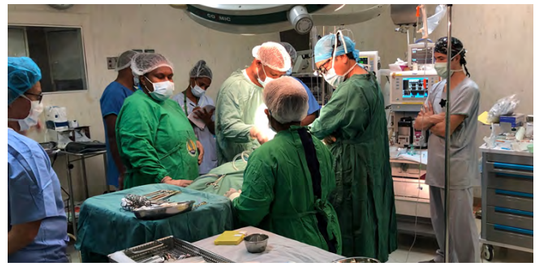
Many of the ill infants and children brought to the hospitals by their families to see Dr Shun and Dr Cooper come from far-off remote villages, and their modes of transport involve walking for days at a time, banana boats, canoes and mission planes.

On the Australian doctors' most recent trip in September, a family and their newborn, who had a total bowel obstruction, took eight days to reach Port Moresby General Hospital (PMGH). "The child was moribund from dehydration and starvation on arrival," Dr Shun said but, fortunately, the newborn recovered without any complications.

"One patient we had in Rabaul came via canoe and banana boat and then waited in the ward for a month for us to walk through the door"

"One patient we had in Rabaul came via canoe and banana boat and then waited in the ward for a month for us to walk through the door," Dr Cooper said. The two doctors also realised early on that patients coming from remote areas were usually the poorest, and may not be able to come back if they missed out on their surgery. So "we always try to ensure the more remote patients get their surgery early," Dr Cooper said.

The available surgical instruments often also present problems. "They're too big and it's hard for everybody,"



Images (from top): In PMGH visiting team with local surgeons, surgical registrars and anaesthetists after final debriefing. Dr Shun helping Dr Yapo with Dr Dagam second assisting. Dr M Shun, anaesthetist and Ms R Melville, perioperative nurse.

Dr Shun said. "It's hard for the surgeon, but also hard on the tissue you are trying to stitch together." On one particular occasion the only set of fine instruments in the hospital was out with the ophthalmologist and surgery on an infant had to be delayed. "Eye doctors use the same fine set of instruments," Dr Shun explained. Stitches used in surgery on small infants "are very fine – the size of a strand of hair".

The quality of surgical and anaesthesiology equipment in PNG hospitals is often challenging as it is different to standard hospital settings. Often, it's donated equipment and this presents a whole new set of problems if it isn't appropriate for infants. "We find in anaesthesia that there's often very little for infants under 10 kilograms, and they're the group that needs the closest monitoring during surgery," Dr Cooper said. "We take as much as we can with us and try to be frugal, but the supplies always run out."

Several major paediatric operations were performed at the PMGH on the recent trip and, while generally there is no access to ICU for children, four of them were able to recover postoperatively in a special area of the surgical ward that had been set up by the PNG paediatric surgeon and ward nurses. "They had a low dose morphine IV infusion service running, and also the ability for us to run local anaesthetic infusions into a wound catheter," Dr Cooper said. "This kept these children so much more comfortable after their major surgery." The PMGH is the only hospital in PNG providing this care for children after major surgery.

Despite the daily challenges, both Dr Shun and Dr Cooper say they are privileged to work in PNG. They know the local surgeons well and, over the last 19 years, have forged strong relationships with them. "They're not just colleagues, they're friends," Dr Cooper said. "We know their families and their kids. We've seen their kids grow up over the years." On this occasion, Dr Shun's son, anaesthetist Dr Michael Shun, joined them, and "having another set of hands to rely on was fantastic", Dr Cooper said.

Local surgeons are also grateful for the Australians' shared expertise. When Dr Shun and Dr Cooper were working in Lae with Dr Ben Yapo – paediatric surgeon and President of the PNG Surgical Society – Dr Yapo received a phone call from the mission hospital in Mt Hagen. A two-month-old infant was in acute life-threatening respiratory distress. Using a mobile phone, Dr Shun advised the Mt Hagen surgeon on surgical procedure and Dr Cooper advised on the anaesthetic – which was important as the anaesthetic was being administered by a non-physician anaesthetist.

The most delightful occasion for both doctors during their September trip was a reunion with 18-year-old high school student Merciful, who was just two days old when they operated on her during their first trip to PNG in 2001. Merciful and her father Anthony visited the two doctors when they were working at ANGAU General Hospital, and "I must admit there were some big hugs and tears," Dr Cooper said.

Merciful was born with gastroschisis and, after a successful operation, became the first ever survivor born with the condition in PNG. It was a remarkable feat because there was no parenteral nutrition or routine postoperative neonatal ventilation support at the time. Dr Shun and Dr Cooper found a ventilator in the cupboard. "We managed to get everything going and ventilate the baby," Dr Cooper said. "We had a couple of near misses, and the baby survived". We also had "to adapt some way to feed Merciful", Dr Shun explained. So, during the operation they inserted a tube into the baby's bowel and used a special suturing technique to stop it leaking when it was pulled out. Then "we used breast milk from the mother," Dr Shun said of the extraordinary operation that saved Merciful's life.

Both doctors agree that the September trip was their most challenging yet. Dr Shun faced issues gaining a visa due to an administrative misunderstanding. It was sorted out swiftly through the concerted efforts of Dr Yapo and RACS Global Health staff over dinner. At the eleventh hour, Dr Shun secured his visa the business day before arriving, thanks to the quick work of the PNG Chief Migration Officer.

Then came the clinical challenges. "In the beginning we were basically passing on fairly fundamental skills in paediatric surgery," Dr Shun said of their earlier years in PNG. Their aim back then was to gradually build up the capacity of the local staff. "I think we've done that fairly well," he added. But the complex and difficult cases that presented on this recent trip were those that would have, in Australia, been referred to hospitals with modern operating facilities, postoperative ICU support and total parenteral nutrition. This dilemma is a "moral and ethical conundrum", Dr Shun said. "You've basically got to deal with what you have, and you don't want things to go wrong. By the same token, if you don't do it – you know there's nobody else to do it."

A case in point, Dr Shun said, was a child with hepatoblastoma who needed a liver resection. This procedure had never been attempted in PNG due to concerns about intraoperative bleeding and postoperative paediatric ICU care. Dr Shun and Dr Cooper performed the operation and, in the process, were able to teach the local staff about proper technique. "I showed them how to do a liver resection, which is not commonly known," Dr Shun said. "The patient didn't lose any blood and it turned out to be a relatively safe procedure – despite it never being done before."

Dr Shun, who made his first working trip to PNG in 1981 is hoping to make one more trip next year with Dr Cooper to the country he loves, "but I'm going to retire from medicine," he said. "I've been a doctor for over 40 years."

True to form, Dr Shun is working on a smooth transition for those patients who'll be waiting for him in PNG the year after. "I've got somebody trained up to come and take over. He's coming with me next year; he's a very talented surgeon," he said.

Speaking to the improvements in paediatric surgery and anaesthesia in PNG over the years, Dr Yapo said "Michael and Albert were the stepping stones to reaching these heights… I must also mention with emphasis the role RACS has played over the years. *So* powerful, with good results". Dr Mathew added, "Since its inception in 1993, paediatric surgery has come a long way in our country. One of the great rewards has been the teamwork and the family we have formed with visiting colleagues".

RACS acknowledges the support of the Australian Government. The paediatric surgery visit was made possible by the #PNGAusPartnership.

Images (l-r): Baby Merciful, held by her mother Matilda Anthony Beko with Michael and Albert (2002).

Dr Cooper, Merciful, Dr Shun and Dr Mclee Mathew, PNG's first paediatric surgeon.

RACS 2020 Annual Scientific Congress

In the last *Surgical News*, we introduced our 2020 ASC theme, *'Celebrating the Art of Surgery'* along with the opening plenary session. We also highlighted a few section programs for your interest. Now it's time to share with you more of what we have planned.

Plenary Session: The Art of Healing, 13 May

The Wednesday plenary session is focused on the art of healing. Speakers will look at the various pathways by which healing occurs as well as the inclusion of art training in both undergraduate and postgraduate training and the inclusion of art in therapeutic programs. Catherine Crook AM is the Chair and Founder of The Hush Foundation, a registered charity organisation working to transform healthcare by improving partnerships, culture and the environment to support health and wellbeing. Michael Schwarz retired from a long career in adolescent psychiatry in 2015 to have a 'retirement' career in visual arts advocacy. Michael is a facilitator to the Ian Potter Museum of Art's third year medical clinical rotation in which students practice empathy through visual analysis of art. Debbie Ryan, an owner of McBride Charles Ryan, was one of the lead architects on the Victorian Comprehensive Cancer Centre, an award-winning building with a focus on patient experience as much as assisting those finding a cure for cancer. Jordan Cory is a surgical pre-SET registrar in Melbourne. As a Kamilaroi woman, she is particularly passionate about achieving equitable health outcomes for Indigenous Australians: Aboriginal and Torres Strait Islander people.

Endocrine Surgery

The Endocrine Surgery section is offering a diverse program at the 2020 ASC, hosting two internationally renowned section visitors, as well as additional international guests. Professor Marcin Barczynski is Professor of Surgery at Jagiellonian University Medical College, Department of Endocrine Surgery in Krakow, Poland. Holding leadership positions in numerous scientific societies, his work focuses on improving surgical outcomes, novel treatment options and personalised treatment for endocrine surgery patients. In keeping with the theme *'Celebrating the Art of Surgery'*, he will be delivering a keynote lecture on '*The Modern Art of Thyroid Cancer Management*'.

Professor Stan Sidhu is Head of the University of Sydney Endocrine Surgical Unit and senior translational cancer researcher. A doyen of endocrine surgery both nationally and internationally, Professor Sidhu will deliver a keynote lecture on the evolution of thyroid surgery, '*Thyroidectomy in 2020, what is old is new again'*. Furthermore, the Endocrine Surgery Section is delighted to be hosting Associate Professor Carrie Lubitz from Harvard Medical School, Massachusetts General Hospital, who will be participating in the Endocrine Surgery Program in addition to her role as a faculty at the DCAS course. Dr Lubitz leads a research program focused on appropriateness of care and patient-reported outcome measures.

The section is also delighted and honoured to welcome the Chair of the Department of Surgery of the University of Alabama at Birmingham, and immediate past president of the American Association of Endocrine Surgeons, Professor Herb Chen, who will be bringing a team of his faculty members to the 2020 ASC. Professor Chen will deliver a keynote lecture on '*The Global Endocrine Surgery Academic Community'*. It is indeed a special treat that the section will be hosting visitors from three different continents. The wealth of knowledge, depth of experience and diversity of perspectives of these esteemed visitors will undoubtedly culminate in an exceptional scientific meeting.

Women in Surgery

The Women in Surgery section, convened by orthopaedic surgeon Amy Touzell and neurosurgeon Kate Drummond, promises to be an exciting component of the Congress. For the first time, we are combining with the Younger Fellows section to discuss the art of work-life balance and alternative career pathways for those who deviate from the traditional clinical surgical pathway. This combined section will be followed by a networking event early on the Tuesday evening prior to the section dinners.

We have also secured a renowned international guest speaker, Associate Professor Lori Lerner, who is the department head of urology at the VA Boston Healthcare system. She has published extensively on challenges faced by women in surgery, particularly regarding pregnancy and breastfeeding among Surgical Trainees and consultants. She has also published on the benefits of mentorship and is heavily involved in mentorship programs in her institution.

We will have our traditional Thursday morning breakfast session which will combine with the Women in Surgery annual business meeting as well as a presentation by Professor Averil Mansfield, who established the inaugural Women in Surgery group with the Royal College of Surgeons of England and was recently awarded the NHS Heroes Award. The business meeting will be followed by a scientific session, *'Baby Boomers to Millennials: The Evolution of Women in Surgery'*. Associate Professor Lerner will be presenting her research on pregnancy and childbearing characteristics of female orthopaedic surgeons as well as cancer prevalence female orthopaedic, urology and plastic surgeons. There will also be an opportunity for free papers presentation, with a particular focus on diversity in surgery.

We will also host a public-speaking masterclass on Friday morning. This masterclass will be designed specifically for surgeons and Trainees who wish to improve their public speaking skills, write abstracts that are likely to be accepted for meetings and develop effective communication skills in the public area.

We are really excited about presenting some new features for the Women in Surgery section and look forward to seeing you there.

Younger Fellows

The Younger Fellows section is co-convened by Charles Pilgrim and Laura Chin-Lenn. This year we are exploring the different paths that our surgical careers can take as we are establishing ourselves. We are excited to join with Global Health, Women in Surgery, the Trainees Association and Surgical Directors to bring an interesting program, presented by a diverse range of dynamic local and international speakers.

We will commence with a morning masterclass held in conjunction with global health to explore the possibilities and increased accessibility of engaging and conducting research in low to middle income countries.

In a combined session with Trainees, we will discuss balancing surgical clinical care with other aspects of life such as our general wellbeing, families, research and even how to manage to find time to participate at a high-level in fields outside of medicine.

Different career structures and opportunities that we might take as younger surgeons will be considered in a session combined with Women in Surgery and Trainees. For instance, why would some surgeons work in only the private or public sector and why are some more involved with research? We will also talk about how to be involved more with our College, the AMA and government.

It is clear that our surgical cohort is changing and becoming more diverse with time, so a session on engaging for diversity combined with surgical directors is a timely one.

Following this, we have networking drinks with the Women in Surgery group prior to our Younger Fellows and Trainee dinner to be held at Transit in Federation Square, which promises to be a fun night! We look forward to seeing you for an engaging and stimulating program.

Article provided by:
Professor Wendy Brown FRACS
Dr James Lee FRACS
Dr Laura Chin-Lenn FRACS
Dr Amy Touzell FRACS
Dr Charles Pilgrim FRACS

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS RACS

ASC COORDINATOR

The RACS Annual Scientific Congress is the major educational activity for Australasian surgeons, held every May, and attracts a large cohort of leading international surgeons.

Expressions of interest are invited for this pivotal position which supports the ASC activities. Working closely with the RACS Conferences and Events department, and the Committees supporting the ASC, the role is critical in ensuring the ASC delivers outstanding opportunities for all Fellows, Trainees and International Medical Graduates.

Mentoring and assisting the section conveners and each ASC Executive is critical to its success.

The time and travel requirements would make this position suitable for someone who works part-time in a surgical capacity.

This is a fixed-term part-time contract @ 10.5 hours per week plus an additional allowance for compulsory travel to ASC and RACS Council meetings.

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

Potential applicants may contact the ASC manager for more information at lindy.moffat@surgeons.org

Professor Ray Sacks on giving back

"I have been very fortunate in my time," Professor Raymond Sacks said. But as the conversation goes on, you realise that the celebrated professor's surgical and academic successes are due to much more than good fortune.

In 1992, along with his wife and their children, the newly minted Fellow of the College of Surgeons of South Africa, boarded a flight and left behind a promising surgical career in a troubled country to find a safer place to bring up his young family. The years that followed were not easy. Initially, the South African ENT surgeon worked as a tutor specialist in Dunedin, New Zealand while his family lived more than 1000 kilometres away in Auckland.

As an International Medical Graduate (IMG), he was determined to gain a RACS Fellowship. Professor Sacks knew that this would require him to repeat two years of supervised training and present for the Part II exam. "Training positions were very difficult to access," he said. So, he reached an agreement with the ENT department of an Auckland Hospital to work "as an additional but unpaid registrar for 40 hours a week". Then, in order to earn an income, he took a second job as a GP in an Accident and Emergency Clinic working an additional 32 hours a week.

While working as a registrar to cover the supervised training requirement, Professor Sacks also prepared and sat his Fellowship exam. "I was shell-shocked because the standard was so high," he said. "I knew I failed the first time, because I hadn't prepared at that level." Unfazed and with unrelenting enthusiasm, he figured out what had gone wrong with his exam preparation. "I lacked a lot of the preparation the local Trainees had," he said. "Six months later I was adequately prepared for the exam and I passed."

The extra-curricular knowledge gained from the exam experience provided valuable insight for Professor Sacks, and still remains relevant today. As the IMG representative on the RACS Board of Otolaryngology since 2014, his best advice for current IMGs is "to try and spend as much time as possible with the local Trainees who are preparing for the exams. I've seen it time and time again", he said. "It significantly increases the pass rate." Reaching out for guidance in the Australian and New Zealand system provides insight into "how best to prepare for the exam," Professor Sacks explained. "Look at it as a means of networking and getting accepted by the local community and established in the surgical community."

In 1997, Professor Sacks moved from New Zealand to Australia and took up a consultant visiting medical officer position at Concord Hospital in Sydney. Concord is a teaching hospital of Sydney Medical School at the University of Sydney, and it was there that the professor emerged as a gifted leader as well as a skilled surgeon.

Within two years, he was appointed Head of the ENT Department at Concord. He was subsequently appointed as an Associate Professor and then a full Professor of Otolaryngology, Head & Neck Surgery at Macquarie University – a position he still holds today. In 2016, came a second professorial appointment at The University of Sydney as Clinical Professor of Surgery – a position he also currently holds as Head of the Discipline of ENT.

During these years, Professor Sacks became increasingly active at RACS and The Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS). He was deputy chair, then chair of the NSW branch of ASOHNS between 2001 and 2005; president of the Australian and New Zealand Society of Rhinology from 2008–2013; and was awarded the ASOHNS medal for 'Distinguished Contribution to the Art and Science of Otolaryngology – Head & Neck Surgery' in 2015 and the NSW RACS Merit Award in 2017. Professor Sacks has also been on the Board of the International Rhinology Society since 2008, as well as being an ENT representative on the Commonwealth Government Department of Health and Ageing – Prosthetics and Devices Committee for the past decade.

Being the IMG representative on the RACS Board of Otolaryngology has allowed Professor Sacks to assist IMGs on their journey toward becoming Fellows of the College. He is particularly interested in helping IMGs manage their clinical and academic responsibilities and, ultimately, to find their place in the Australian surgical community. "I came to Australia because there's no other country I'd rather be," he said. "It can be really tough, but a privilege to be in this position and I knew there was a means to an end."

Professor Sacks' personal experience as an IMG makes his work on the Board even more meaningful, and for those IMGs working to gain their RACS Fellowships his expertise is inestimable. While the IMG Committee is set up to assist IMGs, "each individual candidate is 100 per cent treated on their own merits,". He said it can be extremely difficult in a remote location when there is no "community of their specialty" and they "could be the only ENT surgeon in their town".

Of the professional roles Professor Sacks has undertaken, his most satisfying was being on the RACS Court of Examiners. "It was fantastic," he said. In a surgical community where members often don't have the opportunity to mingle with other specialties, he loved meeting and getting to know people from other surgical disciplines. In 2014, he was awarded a RACS Medal for Outstanding Service to the Court of Examiners.

Reading through the assortment of medals and awards that have been awarded to him for his work, it's clear that he has devoted immeasurable time to the service of others. It's no surprise that there were teaching awards in 2008 and 2010 – for good teaching requires a passion for enabling others to reach their potential and this quality is defined by his obvious generosity. "I've always loved teaching," he said. "Ten per cent – probably a bit more – of my time is purely dedicated to teaching, and it's the part I enjoy the most."

Professor Sacks is also very active in academic research. He has published 120 articles in peer-reviewed journals, a textbook, 18 book chapters and presented over 250 conference presentations nationally and internationally. He is also on editorial boards of American and Australian medical journals.

> *"My one aim is to try and improve the situation and reduce the stress for junior surgeons"*

Appointed recently as the ENT representative to the RACS Council, Professor Sacks will be more involved in College governance and will be in a position to put his vast knowledge and experience to use. "My one aim is to try and improve the situation and reduce the stress for junior surgeons," he said. "I think the stress they're under is just huge and grossly underestimated."

RACS Fellows performing world-class Aesthetic Plastic Surgery

Dr Naveen Somia and the Australasian Society of Aesthetic Plastic Surgeons (ASAPS) Board are promoting world-class Aesthetic Plastic Surgery while educating the public about the importance of having their surgery performed by FRACS specialist plastic surgeons.

Aesthetic plastic surgeons are known to pursue artistic endeavours outside surgery such as sculpture, painting and drawing. Many see their surgical work as no less creative. A deep understanding of human form and proportion, along with an awareness of cultural and ethnic sensitivities, are vital components of an aesthetic plastic surgeon's skill set.

For Dr Naveen Somia FRACS, the best way to describe aesthetic plastic surgery is that "it's a perfect blend of precision and the artistic talents that creatively allow me to customise treatments to give my patients the best possible outcomes".

Dr Somia is President of the Australasian Society of Aesthetic Plastic Surgeons (ASAPS) and a member of the Australian Society of Plastic Surgeons (ASPS). He completed an American Society for Aesthetic Plastic Surgery-approved Cosmetic Surgery Fellowship in Atlanta with Dr Foad Nahai and Dr Rod Hester, and an oculoplastic (eyelid) Fellowship with Dr Sonny McCord and Dr Mark Codner. Dr Somia also has a PhD for his research into eyelid reanimation using implantable microelectrodes, and has been a senior lecturer at the University of Sydney.

After completing his training in Australia, Dr Somia departed for the United States to extend his expertise in eyelid surgery. While he believes the training offered in Australia is second to none, there are restrictions on gaining experience in niche areas, he said. "The number of patients and the types of cases you see in a population of 25 million is limited." To spend six to 12 months with overseas specialists helps to become "exponentially skilled in niche knowledge", he added.

A well-regarded plastic surgeon, Dr Somia is often praised for personal qualities he considers essential for all doctors to have, including being caring, informative, respectful and gentle.

As President of the ASAPS, Dr Somia has another role he cares deeply about, namely education. "ASAPS has been in existence for the last 42 years," he said. "For the last eight years, we've gone from running one conference a year to six conferences a year." This increase is due to an increased demand for learning and growing demand for aesthetic surgical services.

The growing demand is due to three factors, Dr Somia said. "With mobile phones, current beauty trends are now beamed into your back pocket. You're able to engage, interact, comment, and have 'influencers' with massive social media followings actively promote cosmetic procedures and products," he added. Secondly, emerging technologies continue to make plastic surgery accessible to more people at a lower price point and, thirdly, non-surgical cosmetic interventions enable patients to have "incremental anti-ageing improvements early and not wait until they are 60 years of age".

Dr Somia said an ongoing challenge for ASAPS and FRACS specialist plastic surgeons in Australia is the practice by certain practitioners, mainstream media and social media channels to use non-Australian Health Practitioner Regulation Agency (AHPRA) specialist titles to promote non-surgeons as specialist surgeons. "The media and social media channels allow the portrayal of a non-surgeon as a 'surgical expert' to comment on a surgical procedure," Dr Somia said. "It muddies the truth and it confuses the public, who then don't know the real benefits of choosing RACS-trained plastic surgeons".

FRACS surgeons should actively strive to strengthen the brand 'FRACS'

Dr Somia said "a current regulatory loophole allows anyone in Australia with a medical degree and no Australian Medical Council (AMC) accredited surgical training to 'self-title' themselves as cosmetic surgeons." This is not an official AHPRA title for specialist surgeons, he said. "The use of a title that is not supported by the regulatory framework of AHPRA has the potential to mislead patients." The best thing to do in the interest of public safety, he said, is for FRACS surgeons to strengthen the FRACS brand by using only their correct AHPRA title followed by a 'descriptor' of their scope of practice – taking care the descriptor does not imply a specialty or endorsement. AHPRA acknowledges the benefit of descriptors following protected titles because they "can help consumers find a practitioner who focuses on a specific area of practice". There is further information on protected titles and descriptors on the AHPRA website.

A RealSelf survey conducted online by The Harris Poll found that 59 per cent of women in the United States didn't know the difference between a plastic surgeon and a cosmetic surgeon. Further, 84 per cent of American women were unaware that doctors didn't have to be Board-certified in plastic surgery to perform rhinoplasty or breast augmentation.

A 2019 online market research poll conducted by McNair yellowSquares on behalf of ASAPS found that 92 per cent of people surveyed agreed that patients' safety is put at risk when a doctor, without completing surgical training, performs surgery. Ninety-three per cent of Australians agreed that it would be easier for patients to differentiate surgeons from doctors if medical professionals were required to only use their AHPRA titles.

In Australia, ASAPS is working to educate the public about these differences, and to promote FRACS specialist plastic surgeons as the recognised and accredited choice.

ASAPS extends its reach further through its charity partnership with Interplast Australia and New Zealand. Through this partnership, ASAPS members volunteer their time and surgical skills to provide life-changing services and medical training in 17 countries across the Asia–Pacific. These surgeons treat birth defects, neglected scars and trauma requiring reconstruction, tumours and other soft-tissue deformities. "Treatment by Interplast surgeons allows patients to live a life of dignity and integrate into the community," Dr Somia said. "Without the Interplast presence within some of these communities, these patients might never have access to surgical treatment."

Interplast was established in 1983 by RACS and Rotary District 980, with a mission to 'Repair bodies and rebuild lives.'

What is ASAPS?

ASAPS has been the peak body for cosmetic surgery in Australia and New Zealand for more than 40 years.

ASAPS members uphold excellence in cosmetic surgery by committing to lifelong learning and best practice in cosmetic surgery that ensures patients receive the best advice, world-class treatment and successful cosmetic surgery outcomes.

ASAPS members are all RACS Fellows, having completed Australian or New Zealand Medical Council-accredited plastic surgery training in addition to their medical degree and are registered by AHPRA, or with the Medical Council of New Zealand, as specialist plastic surgeons.

ASAPS members have completed eight to 12 years of specialist medical training after their medical degree. ASAPS offers a location search tool on its website to assist patients in locating FRACS specialist plastic surgeons to perform their operations.

What does ASAPS stand for?

ASAPS believes that specialist plastic surgeons perform best-practice cosmetic surgery.

Building on a foundation of integrity and excellence, ASAPS actively supports the professional growth of more than 300 specialist plastic surgeons who practise cosmetic surgery by conducting world-class scientific conferences, meetings, workshops and symposia in all aspects of cosmetic surgery, non-surgical cosmetic enhancements and modern practice management.

Through its advocacy program, ASAPS is committed to educating and empowering the public about the significant benefits of having their cosmetic surgery performed by a specialist plastic surgeon.

Surgical News – a new look and new approach

Surgical News will commence 2020 with a new look incorporating our updated brand, and a sustainable approach to the environment with plans to reduce our print numbers and improve our digital offering.

In line with a sustainability focus supporting green printing initiatives, *Surgical News* is fully recyclable and is printed on FSC (Forest Stewardship Council) certified paper using vegetable-based inks under ISO 14001 environmental certification.

Currently the magazine is printed and distributed to all RACS members, unless they opt-out.

We are now working to shift the focus from print to online production and introduce an opt-in process for those who wish to continue to receive a regular print issue of the magazine.

We will continue to print reduced quantities of *Surgical News* and readers will be able to opt-in to the print issue at any time.

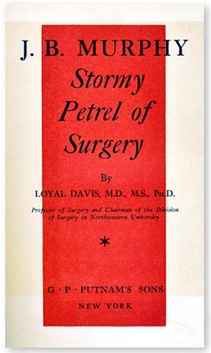
The January/February issue will run as usual with a full print production as we work in 2020 to introduce an opt-in system. Further details will be communicated next year.

J. B. Murphy, Surgeon Extraordinary (1857-1916)

M.D. 1879. F.A.C.S. 1913. Hon. F.R.C.S. 1913.
LL.D. Chicago. Hon. D.Sc. Sheffield.
Collar and Cross of the Order of St. Gregory the Great.

In 1938 a biography was published in New York, titled *J. B. Murphy, Stormy Petrel of Surgery*. Later that year an identical reprint was published, titled *Surgeon Extraordinary, The Life of J.B. Murphy.*

To the Atlantic sailors of old, the appearance of the petrel was a harbinger of trouble – 'stormy petrel' can also apply to a person who causes or likes trouble. How can an 'extraordinary' surgeon be thus described?



John Murphy, the fifth child of poor Irish immigrants to the U.S. was born on 21 December 1857 in a log cabin which was handmade by his father, and grew up on the family farm in Appleton, Wisconsin. His primary school was a one room log cabin, where one teacher taught the eight grades. Young John walked the 1.5 miles to and from school each day, before attending Appleton High School, graduating in 1876.

As a teenager, unhappy with his name, John simply added *'Benjamin'*, thus becoming, 'J.B.'.

During his high school days, he befriended Dr Reilly, the Appleton doctor, and after assisting him in his practice, J.B. determined to pursue a career in medicine.

Dr Reilly became J.B.'s preceptor for a year and then Rush Medical College in Chicago was chosen for completion of studies. After the first year, J.B. topped his class and was accepted as an intern at Cook County Hospital – at that time the largest general hospital in the world – graduating M.D. in 1879.

J.B. went into practice with Dr Edward W. Lee who offered him a partnership and financial assistance with postgraduate studies. In 1882 J.B. undertook his *Wanderjahre* travelling to Vienna where he worked with Billroth, then Munich, Berlin and Heidelberg; spending two valuable years in Europe mastering the German language and making many friendships for future use.

On his return to Chicago he was dismayed to find that he was simply working as a general practitioner, performing only minor surgical procedures: what to do?

On one home visit J.B. was called to attend Jeanette 'Nettie' Plamondon, the beautiful daughter of one of Chicago's most successful businessmen – she made an excellent recovery and he made an excellent choice in marrying her in 1885. For the rest of his days he relied totally on her advice and business acumen and their union produced five children with three daughters surviving their parents.

In 1886 the Haymarket Square Riot took place in Chicago – a union rally had been organised, a police platoon intervened and an incendiary device, thrown between two rows of policemen, exploded, killing and seriously injuring many.

J.B., urgently summonsed, was the first on the scene, triaging the survivors to the County Hospital where he single-handedly operated through the night and next morning for some 36 hours.

His fame as a surgeon was assured from that point. However, accusations regarding overcharging of his surgical fees also surfaced; a recurring accusation levelled at J.B. for the rest of his days.

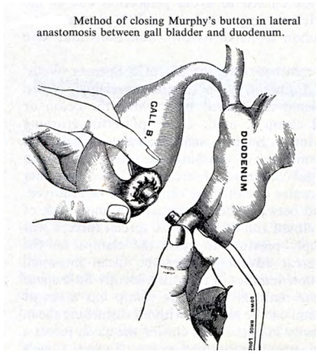
In 1886 Reginald Fitz of the Massachusetts General Hospital published his classic paper on 'Perforating inflammation of the vermiform appendix', introducing the term, 'appendicitis'.

In 1889 J.B. became aware of this paper and following up with his own studies, confirmed the validity of early surgical intervention. He presented to the Chicago Medical Society on this topic, receiving mixed reviews – his critics could not accept the validity of such successful results. Fourteen years later, he re-addressed the Society, with 2000 successful cases; this time there was no criticism.

Images (from top): J.B. Murphy; First edition *Stormy Petrel of Surgery*; The laying of the corner stone of the Murphy Memorial Auditorium 1923. L-R Charles Mayo, Harvey Cushing, Mildred, Cecille and Celeste Murphy, Franklin Martin.

Courtesy of Galter Health Sciences Library & Learning Center, Northwestern University Feinberg School of Medicine, Chicago, IL, USA.

Married life for the Murphy family commenced with the wedding gift of a house next door to J.B.'s in-laws. One of the first additions to the property was an animal laboratory in the barn, where J.B. could undertake experimental research.



This work led in June 1892 to the development of the 'Murphy button' utilised for intestinal anastomoses. Despite the acrimony of J.B.'s critics, this had the benefit of ultimately leading to improved intestinal anastomotic surgical techniques.

Accordingly, in 1893, he was invited to address the New York Academy of Medicine, and in 1894, the International Medical Congress in Rome: subsequently speaking in Berlin and Paris, prior to visiting Berkeley Moynihan in London.

In 1896, having read a paper on 'Surgery of the Gasserian Ganglion', he then proceeded to operate on a patient with trigeminal neuralgia. An amazingly dexterous surgeon, his work expanded into neurosurgery, urologic, vascular, orthopaedic and pioneer thoracic surgery.

In 1898, aged 40, J.B. delivered the Annual Oration in Surgery for the American Medical Association (AMA): finally in 1902 he was invited to join the Chicago Medical Society, and did so!

His practice was huge with J.B. becoming a millionaire not once but twice. He was not a good businessman, but was always frugal and had sound advice with investments which performed handsomely for him. Six feet tall and slim, his clothes were tailor made; his grooming and dress sense impeccable. He was one of the first in Chicago to purchase an automobile.

He ultimately served Rush, Northwestern and the College of Physicians and Surgeons – the three leading medical schools in Chicago – as Professor of Surgery from 1892 until his death. He was elected as president of the AMA in 1911 and in 1913 was a founding member and Regent of the American College of Surgeons (ACS).

J.B.'s true genius was in the spoken – not written – word. No doubt influenced by Billroth, J.B. enjoyed the surgical amphitheatres of the time – at the Mercy Hospital, Chicago, in a week in November 1913, before up to 500 surgeons, he operated on and demonstrated 149 patients, including more than 20 major operations.

Ominously, around 1905, he developed an unexplained pain in the left shoulder region and left arm which ultimately was revealed as angina pectoris – there were times in later years whilst operating that he had to lie down in pain before proceeding.

J.B. followed a few simple rules in life, one of which was his mother's dictum, '*kill them with kindness*', and in reply to criticism, '*let the record show*.'

Not only did he perform in the surgical amphitheatres but his longtime stenographer recorded every word: as a result of requests for his teaching, *The Clinics of John B. Murphy, M.D., at Mercy Hospital, Chicago,* commenced publication in February 1914, becoming the *Surgical Clinics of North America* in February 1921.

J.B.'s manner of presentation was always similar, utilising a question and answer approach to the audience. Even for those attending in the giant amphitheatres, no one was 'safe', as he would ask *'the fifth man from the aisle in the tenth row'* to come down and answer his questions; the unhappy recipient of this verbal parrying being shown no mercy by the master showman.

J.B. endeavoured to never repeat an address to learned associations, and these were many; along with his writing, the workload was immense – Nettie pleaded, usually unsuccessfully, for him to take long overdue breaks.

On 11 August 1916, finally on vacation, J.B. asked to be assisted to Nettie's room – he took two steps toward her, and as he reached her, collapsed at her feet and died. He was 58.

William Mayo named him, 'the surgical genius of our generation'.

Many contributed to the magnificent John B. Murphy Memorial Auditorium, which remains in the ownership of the ACS; appropriately, as one of Chicago's premier function venues.

Images (from top): Murphy button, utilised for cholecysto-duodenostomy; Murphy Memorial Auditorium Chicago; J.B. in foreground at Mercy Hospital 1913, surgical demonstration.

Mr Peter F. Burke
FRACS

The College finances and budget 2020

A Report from the Treasurer

This budget will place a clear priority on significant strategic investment under the One College Transformation program which will span the next three to four years. The benefits to our Fellows, Trainees and International Medical Graduates (IMG) will be demonstrated over this timeframe and into the future through improved member engagement, a personalised experience from our website and a new IT platform to deliver more modern member services, education and training. The operational budget will not be impacted by this investment with funding being sourced from reserves intentionally set aside for this purpose.

Separate to this investment, the annual budget makes provision for both sustainable and appropriate levels of funding for core operations and other essential activities such as the multi-year Education Program of Works related to conditions for our Australian Medical Council (AMC) accreditation. We know from monitoring the website that the library resources and related services are a key area of engagement with our members. The budget again sets an increased level of funding to ensure we can provide our members with a wealth of relevant content, search tools and appropriate resourcing by professional library staff.

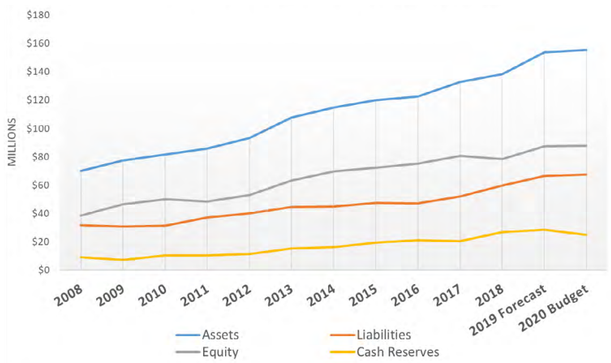
The budget also allocates increased funding to support the strategic commitment to maintain our reputation as a major funder for surgical grants, research, scholarships and philanthropic causes in Australia, New Zealand and across the Asia Pacific region. The budget also incorporates significant activities that are delivered under agreement with various government agencies such as the Specialist Training Program (STP), Audits of Surgical Mortality, Global Health and assessments of new and emerging surgical technologies by our research team ASERNIP-S.

We have also, more broadly, assigned dedicated funding to continue to enhance the Trainees' program, advance advocacy for the surgical profession, modernise the RACS brand and fundamentally ensure we maintain service improvement to the Fellowship as the core of everything that we do. This should be considered a budget of strategic benefit to our members while being prudent in addressing the funding requirements to deliver core services in a manner that is fiscally responsible.

Overall financial position

Figure 1 shows that the financial position of RACS is sound and our operations continue to perform in line with annual budgetary plans. The net worth has steadily grown over time mostly from the appreciation of the investment portfolio, generosity from our Fellows and others donating to the Foundation for Surgery and achieving modest annual operational surpluses. Income generated from the investment portfolio is primarily committed to funding research scholarships and grants programs.

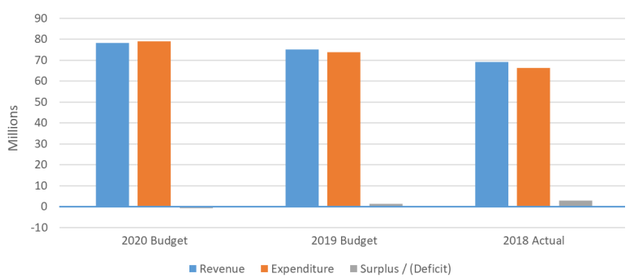
Figure 1: Financial Position – Trend



Across all business categories, RACS has set revenues of $78.4 million, slightly below expenditures of $79 million, resulting in an overall modest deficit budget of $0.6 million. This forthcoming budget year is strategically important as it incorporates funding of $2.9 million from accumulated reserves to fund the One College Transformation program investment.

Figure 2 discloses the overall 2020 budget result in terms of revenue, expenditure and surplus/(deficit) with comparatives for 2019 budget and 2018 actual.

Figure 2: Budget 2020 Revenue & Expenditure, Surplus/(Deficit)



Financial categories

The RACS business is comprised of three categories of activities. Council has long held a principle that Category 1, our core business, budget for a modest surplus of two per cent with the aim to achieve longer term financial sustainability. Category 2 is for projects delivered under various funding agreements from third parties, primarily from government agencies. Category 3 is Foundation and Investments, whereby monies generated are committed to fund our grants, scholarships and philanthropic causes.

Category 1: Core Business
Category 2: Externally Funded Projects
Category 3: Foundation and Investments

Budget 2020 by category

Category 1 – core operations by portfolio*

Education
- Vic Skills Centre
- IMG
- Skills Training
- Examinations
- Professional Development
- Surgical Training
- Research and Innovation

Fellowship Engagement
- Policy and Standards
- Professional Standards
- Fellowship Services
- State and National Offices

Partnerships
- Conference and Events (incl. ASC)
- Governance and Council Support
- Communication and Advocacy

People and Culture
- Human Resources
- BRIPS

Operations
- Finance
- Information Technology
- General Counsel
- Internal Services
- Transformation Program

Overall the core operational budget is set for a minor deficit of $66K which incorporates funding for planned work on the AMC accreditation conditions.

Revenue growth is targeted at +5 per cent totalling $51.9M. The Education Portfolio represents 53 per cent of the core revenues being primarily responsible for services related to examinations, skills courses, IMG assessments and surgical training. The other main source of revenue is from Fellows annual subscriptions under the Fellowship Engagement Portfolio and accounts for 36 per cent of the revenue base. This funding from Fellows is essential for the delivery of Fellowship services across Australia and New Zealand, including library and information resources, continuing professional development and standards, government representation, communication via numerous publication sources and advocacy, supporting special interest groups, funded visitor programs, personal support resources, provision of various systems such as the Morbidity Audit and Logbook Tool (MALT) and leading on education programs to build respect within the surgical profession.

**Portfolios correct at time of Council approval*

Expenditure is budgeted to grow by +3.3 per cent totalling $51.96M. Again, the Education Portfolio is the dominant area accounting for 37 per cent of overall expenses. This is to be expected as significant travel co-ordination costs and professional staff are required to administer education, skills courses and related research services. More broadly, it is not surprising that staffing is the single biggest service delivery cost at $21.6M or 42 per cent of the total cost base. This represents an annual increase of +8 per cent with the inclusion of a few new roles to prioritise the AMC work under fixed term agreements. It is planned that upon the completion of both the AMC and One College Transformation programs, staff resourcing needs will normalise to within annual wage growth indexation.

Category 2 – externally funded projects by portfolio

Education: Specialist Training Program (STP)
Partnerships: RACS Global Health
Operations: Research Audit & Academic Surgery (including Mortality/Morbidity Audits and ASERNIP-S)

Externally funded project activities are significant in nature in terms of the scope of contracted work that is performed and the committed funding arrangements. These projects provide specialist training, Indigenous and Māori health initiatives, audit and international humanitarian assistance.

Underpinned by the improving business conditions for ASERNIP-S, the overall externally funded work is projected to generate a surplus of $177,000.

Revenue from various external sources is projected to be $20.8 million. In terms of significance in funding, the STP agreement administered under the Education Portfolio accounts for 57 per cent of this revenue base and totals $11.9 million. Other major funded activities include Global Health and Audits of Surgical Mortality accounting for $4.4 million and $2.8 million respectively.

Expenditure totals $20.6M with approximately $8.1M or 39 per cent of overall expenditures related to specialist training posts and rural loading hospital payments under the STP contract. Staff resourcing to deliver all programs is the other main expenditure totalling $4.2 million or 20 per cent of overall costs.

It is worth noting that the ASERNIP-S business unit, which was established back in 1998 as a core surgical research group, continues to make a difference at both a national and international level and is projected over the next year to grow its funded work by 26 per cent based on revenues of $1.3 million.

Category 3 – foundation and investments by portfolio

Education:
Education Innovation Corpus
Educator Scholarship Group
Surgical Education Research Prize

Fellowship Engagement:
Indigenous - Corpus/Scholarships/ASC awards

Partnerships:
Foundation for Surgery
Scholarships/Research Grants
ASC Visitors Corpus

Operations:
Investment Reserve
Heritage Acquisition Corpus

After taking into consideration the One College Transformation program source funding of $2.9 million the overall result is a budgeted deficit of $769,000. Both the Investment Reserve and Education Innovation corpus will contribute $2.5 million and $0.4 million in funding respectively to enable key elements and phases of the One College Transformation plan to be progressed.

Revenue for all activities is budgeted to increase 8.6 per cent to $5.6 million and mainly relates to the combined effects of a target investment rate of return of CPI +5 per cent (+7 per cent) and an increased pool of fund holdings, predominantly reserved, due to a longer term trend of sound investment performance.

Expenditure inclusive of the $2.9 million One College Transformation program funding allocation is budgeted to be $6.4 million. This budget provides for increased commitments of $2.1 million (2019 - $1.7 million) for scholarships, fellowships, research grants and other philanthropic endeavours predominantly administered under the Foundation for Surgery. Council for future budget years has approved a strategic funding aim to commit to funding of up to $2.5 million annually. There are no staffing costs for the work of the Foundation for Surgery in keeping with the long-standing principle that 100 per cent of all donations received go where they are directed and needed most.

Selection of key 2020 RACS fees

Fee description - all GST inclusive (unless otherwise indicated*)	AUD$ 2020	NZD$ 2020
Annual subscription	3,195	3,575
Fellowship entrance fee	6,105	6,830
SET annual training fee – RACS	3,590*	4,420
Fellowship examination fee	8,605*	10,590
Pre-vocational – Generic Surgical Science examination fee	4,560	5,100

For summary listing of key 2020 fees refer to RACS website www.surgeons.org

*GST Exempt

One College Transformation program

Over the past 12 months a comprehensive evaluation of our member engagement and experience has been undertaken with a specific emphasis on how systems and technologies are currently operating to deliver service to the Fellowship and all other key stakeholders. Council at its June meeting were presented with the findings and subsequently approved for a formal transformation program to be initiated.

The 2020 budget of $2.9 million represents the first year of targeted investment in this program with the clearly defined aim to deliver a suite of changes. These include enhancing the way we work, supported by modern technologies to improve our members service experience, engagement and value by the delivery of relevant and purposeful service that adapts to the changing needs of our members.

Over the next 18 months we will focus on transitioning to a new Customer Relationship Management (CRM) platform which will establish a single view of our members. This is important, so we can build upon this foundation and embed new experiences such as a website that delivers personalised content, CPD with flexible tracking of activities, scholarship programs that are supported in a uniform way and creating modern platforms for education, training and learning. The hard work in identifying where the gaps are has been completed. With detailed planning and governance oversight, the next three to four years of investment will see some very fundamental changes in how we continue as a member-based organisation, leading surgical standards, education and professionalism in Australia and New Zealand.

Budget 2020 in summary

Council supports this strategically targeted budget that considers many internal and external factors. Budget 2020 ensures the core operations of Fellowship services and education and training are appropriately resourced and that the One College Transformation program is appropriately funded. We also remain steadfastly committed to funding surgical research initiatives and charitable endeavours now and into the future. Budget 2020 achieves what the Fellowship should see as a sound budget, setting a modest deficit to build future engagement capacity with our Fellows, Trainees, IMGs and all other stakeholders.

Associate Professor Julie Mundy
College Treasurer

Searching for a new AAA screening tool

Dr Vikram Iyer was a medical student when he met Professor Philip Walker. He didn't know at the time that the renowned surgeon, academic and researcher would one day become his mentor and research supervisor.

Dr Iyer's decision to study Vascular Surgery was due, in part, to Professor Walker's expertise and enthusiasm. The professor, who was head of the Vascular Surgery Unit at the Royal Brisbane and Women's Hospital (RBWH), took Dr Iyer under his wing. He inspired and mentored him, and ultimately became his research supervisor.

Sadly, though, it wasn't to last. Professor Walker died in 2014, at the age of 57, just before Dr Iyer commenced his first Vascular Surgery registrar job at the RBWH. Dr John Bingley took over the supervisor role and Dr Iyer went on to complete his research project under Dr Bingley's tutelage.

In 2018, Dr Iyer was awarded the Professor Philip Walker RACS Vascular Surgery Research Scholarship. "It was really meaningful to get the scholarship," he said, reflecting on the enormous respect he had for Professor Walker. The scholarship enabled him to defer his official vascular surgical training and focus solely on completing his Master's research project.

Dr Iyer's thesis was titled 'Coding and non-coding circulating RNAs associated with the presence and rapid expansion of abdominal aortic aneurysms' (AAA), and the study aimed to identify "circulating non-coding RNAs associated with AAA presence and growth, as well as to investigate their downstream targets and provide insights into their pathological roles in AAA development and progression".

The participants for Dr Iyer's research came from the Vascular Database and Peripheral Vascular Biobank at James Cook University. He identified a group of patients who had AAAs; a group of people who had other vascular disease, but not aneurysms; and a group of healthy control subjects, all matched for age and sex.

Dr Iyer took the participants' blood and analysed it using a next generation sequencing tool for microRNA profiling manufactured by nanoString Technologies. Then he worked out what the differences were and what markers were differentially expressed for the patients who had aneurysms, versus the others.

Next he found people who had aneurysms and had been scanned over a two year period – and he looked at their aneurysm growth. "I took blood from scan point zero", he said, "and using the nanoString analyser I looked at the differences in the expression profile of microRNA between patients who had aneurysms that grew a lot versus those who had aneurysms that didn't grow at all."

There was one particular microRNA that was very strongly associated with a diagnosis of AAA

The results were encouraging. "There was one particular microRNA that was very strongly associated with a diagnosis of AAA," Dr Iyer said. "In fact, it was so strongly associated that we are in the process of trying to set up another study to use it as a potential screening tool for a larger section of the population."

In the UK, Sweden and parts of the US, ultrasound scans are used as the screening tool for AAAs, but in Australia it is not considered cost-effective. Dr Iyer hopes that by changing the screening tool to a blood test it will become more cost-effective. "It would be a bridge to having an ultrasound," he said, similar to the bowel cancer screening program.

Reflecting on his research, Dr Iyer said the experience had enriched his vascular practice as well as his research skills. "I'm more meticulous with my planning of things and I'm always on the lookout for things that could branch off into more research, or what the questions are that we are yet to answer – instead of taking things as they are."

The Professor Philip Walker RACS Vascular Surgery Research Scholarship encourages research in an area related to vascular surgical disease. The scholarship is funded by a generous donation from Professor Walker, who died as a result of illness whilst still very active in all of his areas of interest.

Professor Walker was a vascular surgeon; a pre-eminent teacher, researcher and clinically active hands-on surgeon who served as an examiner in Vascular Surgery for RACS. Educated in Sydney (Royal Prince Alfred Hospital), Cape Town (Groote Schurr) and Stanford University, he moved to Brisbane in 1992 and, having held various academic positions from that time, was appointed Professor of Clinical Surgery and Head, Academic Discipline of Surgery at the University of Queensland, School of Medicine, in 2011.

RACSTA welcomes new Trainees

On 26 October, RACSTA welcomed 41 new Australian and New Zealand Trainees, during the RACSTA Induction Conference, held in Melbourne.

Ten guest speakers presented on topics including in-training assessment, wellbeing, operating with respect, social media, Indigenous health and flexible training. A workshop and live demonstration looked at giving and receiving feedback – an often daunting and challenging task for both educators and Trainees.

The conference was supported by RACTSA Board members as well as Fellows who led the specialty break-out groups, giving the new Trainees the opportunity to get an overview of their training program from those who are currently living it.

The conference was supported by six sponsors. RACS was also well represented with a MALT, RACS Library and Foundation presence.

The highlight for many was Associate Professor Kate Drummond's talk on work-life balance. It was a colourful, honest, and frank description of how we all should carefully choose what we place in our 'box', the container of our lives, and ensure that first and foremost there is space for the items that serve to enrich us.

A panel discussion featuring Dr Marnique Basto, Associate Professor Drummond, Dr Imogen Ibbett, Dr Eric Levi and I, tackled issues such as family planning, gender equity, research and organising fellowships. The conference concluded with a tour of the RACS Melbourne building, prior to a cocktail evening held in the College foyer.

This was a paperless event, with the program and post conference evaluation available on a smart phone app, and all flyers and information brochures distributed by USB drives.

I would like to acknowledge the stellar efforts of Karen Gordon-Clark, RACSTA Executive Officer, who worked tirelessly to make the event a success. The Planning Committee, Dr Henry Emanuel, Dr Amy Pun, Dr David Coker and Dr Danielle Nizzero, also made outstanding contributions and expertly facilitated each session.

Planning for the 2020 RACTSA Induction Conference has already commenced. I look forward to welcoming another round of new colleagues in another twelve months.

Dr Charles Jenkinson
2019 RACSTA
Induction Conference convenor

ANZ Journal of Surgery highlights

Long-segment disease more prevalent in Pacific and Asian children

Hirschsprung disease (HD) is significantly more prevalent in Pacific infants and the proportion of children with long-segment HD is also significantly greater in Pacific populations than others, a New Zealand study has found.

HD is a congenital disorder of the enteric nervous system characterised by aganglionosis involving the rectum and a variable length of contiguous proximal bowel; the aganglionic segment fails to relax, causing a functional obstruction.

The study involved a review of all 246 newly diagnosed cases of HD at each of the four paediatric surgical centres in New Zealand between January 2000 and December 2015.

Knowing there is a greater possibility of long-segment disease in a given patient may increase awareness that the clinical presentation may be different and that the infant is less likely to be able to be managed successfully by rectal washouts pending definitive pull-through surgery. The length of the aganglionic segment also affects the type and timing of surgery.

https://onlinelibrary.wiley.com/doi/10.1111/ans.14857

Poate family travel grant opens new opportunities for Trainees

Retired plastic and reconstructive surgeon William (Jim) Poate has enjoyed an exceptional career in medicine. Obtaining his FRACS in 1962, he was a foundation member of the Australian Society of Plastic Surgeons (ASPS) in 1970, and was one of the first seven plastic surgeons in Sydney.

Paving the way for future generations of plastic and reconstructive surgeons, Dr Poate was the first to establish a full-time plastic surgery service at a non-teaching peripheral public hospital in 1966. He was also an early advocate of the development of breast reconstruction after mastectomy.

Now, at almost 90 years of age, Dr Poate has added another remarkable achievement. Together with his wife and family, he has established the 'Poate Family Plastic and Reconstructive Surgery Travel Grant'. The grant is open to Australian and New Zealand Surgical Trainees who wish to travel overseas to obtain further training and experience in plastic and reconstructive surgery.

Dr Poate first became interested in plastic surgery in the 1950s, when he was a resident at the Royal Prince Alfred (RPA) Hospital in Sydney. He undertook a three-month residency with Dr David Officer-Brown, one of the first generation of Australian plastic surgeons. Dr Officer-Brown trained in the UK under Sir Harold Gillies, the renowned reconstructive surgeon from the World War One and World War Two battlefields – who today is regarded as the 'father of plastic surgery'. Dr Poate enjoyed his residency so much that he applied to go back the following year for a further three-month term.

"That made up my mind that plastic surgery was definitely the specialty for me," he said. "I thought the reconstructive side of surgery was enormously challenging and interesting."

Plastic surgery was in its infancy at the RPA Hospital in the 1950s. "There was no ward in the hospital for plastic surgery patients and, accordingly, they were dotted around the hospital," Dr Poate said. "It was very primitive, but it was the beginning" of plastic surgery in Australia. Working there with Dr Officer-Brown, Dr Poate also worked alongside two other early plastic surgeons, Dr Thomas Furber and Dr Edward Gibson, who would later join him in becoming foundation members of the ASPS.

In time, Dr Poate left the RPA Hospital and moved to the Hornsby Hospital where he established a plastic surgery service that operated successfully for 18 years. His continuing surgical education, however, was due to regular international travel as well as local training. "In those days it was impossible to learn because there was no training for plastic surgery in Australia," he said. "You had to go overseas."

Dr Poate credits his extensive surgical expertise to his international training. He became a member of the American Aesthetics Society where he met "superb surgeons" from Salt Lake City, Miami and New York. "I'd go and watch them operate," he said. "I'm very indebted to so many people who taught me the finer points of plastic surgery." It is the professional value of this training that motivated Dr Poate to base the grant on international travel.

The Poate Family Plastic and Reconstructive Surgery Travel Grant was also established in memory of Dr Poate's father, Sir Hugh Raymond Guy Poate, who was a world-renowned thyroid surgeon. Sir Hugh was chancellor of the Order of St John, a foundation member of RACS, and RACS president from 1945–1947. He also held key medical commands in World War One and World War Two, including the Gallipoli campaign.

Dr Poate is grateful to his wife and children for their tremendous support throughout his surgical career.

Dr Poate contacted the College to establish the travel grant in his family's name after having read in a previous Surgical News of Mr Brian Morgan AM and his establishment of the Morgan Travelling Fellowship.

If you would like to leave your legacy by establishing a scholarship or grant, please phone Jessica Redwood, Manager, Foundation of Surgery, ph: +61 03 92491110

Foundation for Surgery
Passion. Skill. Legacy.

Enquiring minds

2020 Scholarship and grant recipients

The ANZ Scholarship and Grant Committee (ANZSGC) thanks the many applicants and congratulates the successful recipients.

Thank you to all donors for your generosity in funding the following scholarships and grants. Without your support the following life-changing research and education opportunities would not be able to occur. These awards are for the duration of one year unless otherwise stated.

A considerable amount of time and energy is spent on properly evaluating the extensive number of high quality applications that were received. The Chair would like to thank all those who were involved in the assessment process and who put in extra work towards this result; in particular, Associate Professor Christopher Young, Associate Professor Niall Corcoran, Professor Robert Fitridge, Miss Sarah Hulme, Associate Professor Siven Seevanayagam, Dr Romi Das Gupta, Dr Sam Adie, Professor Guy Maddern and Mr Phil Worley.

What will your legacy be?

The health and wellbeing of future generations depends on the research and training we do now. Thanks to you, over the past 40 years the Foundation for Surgery has helped fund some of the most exciting research conducted in Australia and New Zealand.

But we still have a long way to go and it will take more than just one lifetime.

Each of us finds different ways to leave our mark on the world. A Legacy Fund is a gift that will always be remembered.

There are two very special ways you can leave an ongoing legacy through the Foundation for Surgery:

1. **Leave a bequest** – of any size – to make an extraordinary difference, change lives and advance your area of passion or specialty.
2. **Establish your own named perpetual scholarship** – you can establish your own scholarship to change lives and see the results of your philanthropy in your lifetime.

If you would like to talk to someone about your legacy, please call Jessica Redwood, Manager, Foundation for Surgery +61 3 9249 1110 or foundation@surgeons.org today.

Research Scholarship, Fellowship and Grant Recipients

John Mitchell Crouch Fellowship

Value: $150,000

Associate Professor Greg O'Grady (NZ)

Specialty: General Surgery

Auckland-based Associate Professor Greg O'Grady is an academic general and colorectal surgeon who has a passion for highly innovative translational research with real clinical significance. He has cross-disciplinary research expertise in surgery, translational GI physiology and medical devices/bioengineering. In 2017 he founded the Surgical Engineering Lab at the University of Auckland Bioengineering Institute.

He plans to use this Fellowship to work on four major projects including progressing the development of three innovative devices: a novel chyme refeeding device for patients with enterocutaneous fistulas, a 'stoma-link' which is a 'virtual stoma reversal' that could fundamentally displace the need for a stoma bag for patients with temporary ileostomies, and an early detector system for anastomotic leaks. He is also working to build a new platform for diagnosing and treating gut dysmotility. He aims to translate this pioneering research into improved standards of care, shorter recovery times, and improved patient outcomes and quality of life following surgery.

Senior Lecturer Fellowship

Value: $132,000 per annum including 50 per cent procured externally

Duration: Two years

Dr Matthew Read (VIC)

Speciality: General Surgery

Topic: *Assessing the role of novel targeted therapies and biomarkers in the management of Barrett's carcinogenesis.*

Tour de Cure Cancer Research Scholarship

Value: $125,000 including $25,000 procured externally

Dr Georgina Riddiough (VIC)

Speciality: General Surgery

Topic: *Tumour recurrence in the regenerating liver.*

John Loewenthal Project Grant

Value: $100,000 per annum

Duration: Two years

Associate Professor Jonathan Karpelowsky (NSW)

Specialty: Paediatric Surgery

Topic: *Molecular monitoring of sarcomas – a multi-modal liquid biopsy approach.*

Surgeon Scientist Scholarship

Value: $77,000 per annum

Duration: Three years

Dr Jordan Jones (VIC)

Speciality: Neurology

Topic: *Liquid biopsy for brain cancer diagnosis and monitoring and examining the effects of miRNA and exosomes on the tumour microenvironment.*

Lumley Surgical Research Scholarship

Value: $69,000

Mr Trevor Kwok (NSW)

Specialty: Vascular Surgery

Topic: *Intelligent automated instrumentation for vascular and endovascular intervention.*

Catherine Marie Enright Kelly Memorial Research Scholarship

Value: $66,000

Dr Ju Yong Cheong (NSW)

Speciality: General Surgery

Topic: *Effect of intraoperative warmed humidified carbon dioxide insufflation in open laparotomy colorectal surgery patients undergoing CRS HIPEC.*

Eric Bishop Research Scholarship

Value: $66,000 including 25 per cent procured externally

Dr Daniel Cox (VIC)

Speciality: General Surgery

Topic: *Individualising the management of hepatocellular carcinoma using novel circulating biomarkers.*

F & P Thornell-Shore Memorial Trust for Medical Research Scholarship

Value: $66,000 including 25 per cent procured externally

Dr Andrew Maurice (QLD)

Speciality: General Surgery

Topic: *Laparoscopic appendicectomy vs conservative management for radiologically confirmed uncomplicated appendicitis: A multi-centre randomised controlled trial.*

Foundation for Surgery Research Fellowship

Value: $66,000

Dr Ran Li (VIC)

Speciality: General Surgery

Topic: *Investigating the immune microenvironment of HER-2 positive ductal carcinoma in situ and invasive breast cancer.*

Foundation for Surgery Research Scholarship

Value: $66,000 including 25 per cent procured externally

Dr Joseph Dusseldorp (NSW)

Specialty: Plastic & Reconstructive Surgery

Topic: *Evaluating the efficacy of a closed-loop spinal cord stimulation system to treat patients with spasticity of the upper and lower limbs in cerebral palsy.*

Dr Kasmira Wilson (VIC)

Specialty: General Surgery

Topic: *Novel neo-adjuvant therapy for locally advanced rectal cancer, validation, mechanism of action and immune profiling of response utilising a novel functional immune cytotoxic assay.*

Dr Jiaisian Teh (VIC)

Specialty: Urology

Topic: *Establishing and characterising pre-clinical models in penile squamous cell carcinoma.*

Health Technology Assessment Scholarship

Value: $66,000

Dr Jasamine Coles-Black (VIC)

Speciality: Vascular Surgery

Topic: *3D printed patient-specific AAA phantoms for presurgical simulation.*

Herbert and Gloria Kees Research Scholarship

Value: $66,000

Dr Angelina Di Re (NSW)

Speciality: General Surgery

Topic: *The role of metronidazole in the management of post open haemorrhoidectomy pain.*

Associate Professor Andrew Kurmis (SA)

Speciality: Orthopaedic Surgery

Topic: *Establishing the Australian incidence and population frequency of the recognised 'at risk' HLA-DQB1 allele variant genotype for pseudotumour and high grade ALVAL development around metallic orthopaedic total hip and knee replacement prostheses.*

MAIC-RACS Trauma Scholarship

Value: $66,000

Dr Bhavik Patel (QLD)

Speciality: General Surgery

Topic: *Blunt chest wall injury in the geriatric population.*

New Zealand Research Scholarship

Value: $66,000 per annum including 25 per cent procured externally

Dr Chen Liu (NZ)

Specialty: General Surgery

Topic: *A randomised controlled trial of a novel stoma-output recycling device to reduce the length of post-operative stay in patients undergoing reversal of loop ileostomy.*

Paul Mackay Bolton Scholarship for Cancer Research

Value: $66,000 per annum including 25 per cent procured externally

Duration: Two years

Dr Renu Eapen (VIC)

Speciality: Urology

Topic: *Comparison of the outcomes for men on active surveillance and active treatment five years after the diagnosis of prostate cancer.*

Peter King Research Scholarship

Value: $66,000 including 25 per cent procured externally

Dr Paul Heitmann (SA)

Specialty: General Surgery

Topic: *The colonic cyclic motor pattern: Electrophysiology, role in colonic gas transit and role in the pathophysiology of faecal incontinence.*

Reg Worcester Research Scholarship

Value: $66,000

Dr Atandrila Das (VIC)

Speciality: General Surgery

Topic: *Characterising colorectal metastases and optimising their management.*

Sir Roy McCaughey Surgical Fellowship

Value: $66,000 per annum including 25 per cent procured externally

Dr Daniel Chan (NSW)

Duration: Three years

Speciality: General Surgery

Topic: *Assessment and management of pathologies associated with the oesophageal hiatus.*

Dr Sarah Scheuer (NSW)

Duration: One year

Speciality: Cardiothoracic Surgery

Topic: *Investigating the role of antemortem heparin in DCD heart transplant withdrawals.*

WG Norman Research Scholarship

Value: $66,000, including 25 per cent procured externally

Dr Nagendra Dudi-Venkata (SA)

Specialty: General Surgery

Topic: *STIMULAX: Open label randomised controlled trial of STIMUlant and osmotic LAXatives to improve recovery of gastro-intestinal function after colorectal surgery.*

Professor Philip Walker RACS Vascular Surgery Research Scholarship

Value: $20,000

Dr Odette Hart (NZ)

Specialty: Vascular Surgery

Topic: *Determination of ongoing physiological abnormality in chronic venous disease post intervention.*

Brendan Dooley/Gordon Trinca Trauma Research Scholarship

Value: $10,000

Dr Ned Kinnear (SA)

Specialty: Urology

Topic: *Impact of the Acute Surgical Unit on a local and global scale.* ▶

Small Project Grant

Value: $10,000

Professor Jonathan Clark (NSW)

Specialty: General Surgery

Project: *BLINC (Bionic Lid Implant for Natural Closure).*

Associate Professor Tarik Sammour (SA)

Specialty: General Surgery

Project: *Artificial intelligence assessment of nodal status on pre-operative staging for colorectal cancer: Shifting the goal posts.*

Dr Elizabeth Sigston (VIC)

Specialty: Otolaryngology

Project: *Validation of p63/vimentin co-staining to predict recurrence in HNSCC and identify pathway for alternative post operative adjunct therapies.*

Mr E Peter Walker (NZ)

Specialty: Plastic & Reconstructive Surgery

Project: *Spectral CT Xray imaging of cortical and cancellous bone healing and membranous bone healing at the titanium-bone interface in strontium fed sheep.*

Dr Osamu Yoshino (VIC)

Specialty: General Surgery

Project: *Mitochondrial DNA and damage associated molecular patterns (DAMPs) in liver transplantation.*

Travel and Education Scholarship, Fellowship and Grant Recipients

Margorie Hooper Travel Scholarship

Value: $75,000

Mr Justin Chan (SA)

Specialty: Cardiothoracic Surgery

Funding to undertake lung transplantation and general thoracic surgery Fellowship at the Toronto General Hospital.

Stuart Morson Scholarship in Neurosurgery

Value: $30,000

Dr Matthew Gutman (VIC)

Speciality: Neurosurgery

Funding to attend Fellowship in Paediatric Endoscopy Neurosurgery – Uganda, and Fellowship in Functional Neurosurgery – UK.

Pickard Robotic Training Scholarship

Value: $40,000

Mr Shalvin Prasad and Dr Harsh Kanhere (SA)

Specialty: General Surgery

Program: *Upper Gastro-Intestinal Robotic Surgery Clinical Mini-Fellowship Course including Da Vinci Robot tutorials in Adelaide, Robotic Upper GI course in France and participation in live surgery in India to enable the future set-up of a robotic upper GI practice and training in Adelaide.*

Value: $24,000

Dr Tom Cundy and Mr Sanjeev Khurana (SA)

Specialty: Paediatric Surgery

Program: Attend the Orsi Academy Pediatric Robotic Urology advanced course in Belgium for training in robot-assisted continent urinary diversion and augmentation entercystosplasty. Train a dedicated paediatric theatre scrub nurse for robotic cases in South Australia. Develop an annual Adelaide paediatric robotic surgery workshop.

Value: $11,000

Dr Shantanu Bhattacharjya (SA)

Specialty: General Surgery

Program: *Development of a robotic renal transplant program for South Australia.*

Value: $11,000

Dr Rebecca Cooksey (SA)

Specialty: Paediatric Surgery

Program: *Paediatric Urology Robotics training in Ghent University Hospital, Belgium, and Necker-Enfants Malades Hospital, Paris, France, in order to advance minimal access surgery in children to endorobotics in Australia.*

Value: $11,000

Dr Andrew Fuller (SA)

Specialty: Urology

Program: *Robotic Cystectomy Education Session incorporating live surgery and presentations by Visiting Professor Abolfazl Hosseini – Karolinska Institute, Stockholm.*

Academy of Surgical Educators Surgical Education Research Scholarship

Value: $10,000

Ms Sarah Rennie (NZ)

Specialty: General Surgery

Topic: *Which medical students and junior doctors are attracted to surgery as a career and why? What impacts on this career aspiration over time?*

Anwar and Myrtha Girgis IMG Scholarship

Value: $10,000

Dr Pacifico Apai Ball (Botswana)

Specialty: General Surgery

Facilitate relocation from Botswana to Australia to pursue further professional development as an International Medical Graduate.

Ian and Ruth Gough Surgical Education Scholarship

Value: $10,000

Ms Claudia Di Bella (VIC)

Specialty: Orthopaedic Surgery

Travel to Bologna, Italy to learn advanced 3D printing solutions for complex bone tumor resections and reconstructions.

Hugh Johnston Travel Grant

Value: $10,000

Dr Catherine Barnett (QLD)

Specialty: Otolaryngology

Fellowship in Cranial Base Surgery – Ohio, USA.

Dr Li Lian Kuan (SA)

Specialty: General Surgery

Morbidity and mortality of pancreaticoduodenectomy (Whipples Procedure) above 75 years – A national study.

John Buckingham Travelling Scholarship

Value: $10,000

Dr Zi Qin Ng (WA)

Specialty: General Surgery

Travel to ACS Clinical Congress.

Morgan Travelling Fellowship

Value: $10,000

Dr Vikram Padhye (SA)

Specialty: Otolaryngology

Fellowship in Rhinology, Skull Base and Head & Neck Oncology – University of Toronto.

Dr Bishoy Soliman (NSW)

Specialty: Plastic & Reconstructive Surgery

Post training microsurgery Fellowship – Canada.

Murray & Unity Pheils Travel Scholarship

Value: $10,000

Dr Shinichiro Sakata (QLD)

Specialty: General Surgery

Two year clinical Fellowship in peritoneal malignancy and colorectal surgery – UK and USA.

Hugh Johnston ANZ ACS Travelling Fellowship

Value: $8,000

Mr David Gyorki (VIC)

Specialty: General Surgery

Travel to Boston, Michigan – USA.

Preliminary Notice: Applications for 2021 scholarships will open in March 2020.

Please see RACS Website for more information on opportunities in your area.

Mr Christopher Perry
Chair ANZSGC

AIDA Conference

Darwin October 2-4

This year's Australian Indigenous Doctors' Association (AIDA) conference, *'Disruptive Innovations in Healthcare',* was held on Larrikia Country in Darwin, Northern Territory.

Following a memorable Smoking Ceremony, and a wonderful Welcome to Country from Larrikia woman and psychiatry registrar Dr Jessica King, an impressive line-up of speakers presented throughout the two days of the conference. They included Marion Scrymgour, CEO of the Northern Land Council and first Aboriginal woman to be elected to the Legislative Assembly, and Olga Havnen, prominent Aboriginal leader and activist, among many others. One of the fantastic break-away group sessions was on Artificial Intelligence and its potential to combat unconscious bias in situations such as job interviews. Overall, I gained a great insight into how far we've come, yet still need to go, to achieve culturally safe health practice in Australia.

Indigenous medical students were given the opportunity to sit with consultants from all 15 training colleges and discuss each specialty. It was great to see so many medical students already keen on surgical training. However, there is significant attrition beyond medical school. One proposal discussed is to provide medical students with extra opportunities for time with surgical units and surgical mentors.

RACS and AIDA have a long and very positive association, however Indigenous surgeons are still significantly under represented. RACS represents over 7,000 surgeons and 1,300 Trainees and IMGs across Australia and New Zealand. Currently there are two surgeons who identify as Aboriginal and Torres Strait Islander, and five Trainees. There are 14 Maori surgeons and 14 Trainees.

As Trainees, we can all help to improve this shocking disparity. I would encourage everyone to attend future AIDA conferences and be aware of the incredible, ongoing work being done by AIDA, as well as the RACS Indigenous Health Committee (IHC), to increase the Indigenous workforce via training curriculum and policy avenues. Becoming culturally safe practitioners should be an intuitive part of our development as surgeons.

For more information, visit www.aida.org.au

Dr Olivia Ruskin, Communications Portfolio, Otolaryngology Head and Neck Surgery Australia Representative, RACSTA

Addressing Indigenous health inequities

The RACS position paper on Indigenous health succinctly sums up the Council's resolve in relation to Indigenous health.

There should be no health discrepancies between the Indigenous and non-Indigenous populations of Australia and New Zealand:

- The rate of infant mortality should not differ
- There should be no significant discrepancy in life expectancy
- The overall rates of disease and sickness should not differ significantly
- The rates of injury should not differ significantly
- There should be equity of access to medical and allied health services, including primary care, surgical and other hospital care, as well as after hospital care
- There should be improvements in the social determinants of health to enable equity in health outcomes.

Since the position statement, a number of significant milestones have been achieved on the College's journey towards addressing the health inequalities in Australia and New Zealand's Indigenous peoples.

These include the appointment of a Māori health project officer and Aboriginal and Torres Strait Islander senior project officer, the launch of the RACS Reconciliation Action Plan 2016-2017, the Māori Health Strategy and Action Plan, formation of the Ear Health for Life Consortium and the introduction of the RACS Māori and Aboriginal and Torres Strait Islander health medals.

Building on these achievements and the generated momentum, the Council prioritised Indigenous health in the RACS 2019-2021 Strategic Plan, following soon after with an announcement regarding the formalisation of the use of RACS Indigenous motifs.

Over the next six months other announcements will be made as the College's Indigenous Health Committee (IHC) continues to develop and implement strategic plans and actions. These include the launch of the RACS 2020-2022 Reconciliation Action Plan, progress updates against the RACS cultural competency curriculum, strategic developments in relation to the Ear Health for Life Consortium, the Māori Health Strategy and Action Plan, Māori Custom Policy and the presentation of the IHC medals at the RACS Annual Scientific Congress.

The cornerstone of the College's position on Indigenous health is that Indigenous people would be more likely to present for medical treatment and comply with treatment guidelines if increased numbers of Indigenous people were represented in the medical workforce at all levels of the provision of care.

Increasing the number of Indigenous surgeons will be a significant focus of initiatives developed and implemented by the IHC. In October 2019, RACS participated in the Australian Indigenous Doctors Association (AIDA) Conference in Darwin. This provided a fantastic opportunity to display RACS commitment to addressing Indigenous health inequities.

Attendees at the AIDA conference, Darwin, October 2019

IMAGES (L-R): Mahiban Thomas, Lesley Stewart, Martin Richardson, David Low, Phil Truskett, Stephanie Weidlich, Damien Loizou and Alison Drechsler.

Julie Mundy (right) with surgical workshop attendees.

Fellows from Royal Darwin Hospital (RDH) and Lesley Stewart (part-time RACS employee and RDH theatre nurse), attended the AIDA conference to engage with young Indigenous doctors and facilitate the RACS surgical workshop. The interest amongst young Indigenous doctors was high, with a number of students and doctors participating in the surgical workshop.

The IHC, comprised of FRACS members based in New Zealand and Australia, provides oversight, input and advocacy around Indigenous health issues. It is chaired by Indigenous New Zealand member, Maxine Ronald FRACS, and deputy chaired by Indigenous Australian member, David Murray FRACS. Currently, we have four Indigenous FRACS members sitting on the committee – one Aboriginal and Torres Strait Islander representative and three Māori representatives.

The committee is seeking expressions of interest from FRACS on becoming a member of the IHC. The committee is instrumental in the development and implementation of RACS commitment to addressing the health inequities of Indigenous people of New Zealand and Australia.

Introduction of cultural competence and safety competency

The College continues to make progress in advancing Indigenous Health priorities. Most recently this has included the approval of a 10th surgical competency – cultural competence and safety. The competency embeds Indigenous health as a major priority area for Surgical Trainees and Fellows; and reflects the importance of culture and diversity within our Fellowship and the communities in which we serve. The revised Surgical Competence and Performance Guide will be available in March 2020.

Applications now open

RACS Māori and Aboriginal and Torres Strait Islander Health Medal nominations now open (close Friday 31st January 2020)

The RACS Māori Medal and Aboriginal and Torres Strait Islander Health Medal is an annual award to acknowledge significant contributions by Fellows to Māori and Aboriginal and Torres Strait Islander health advocacy and health outcomes in New Zealand and Australia.

Interested in becoming a RACS Indigenous Health Committee member? Expressions of interest now open (close Friday 31st January 2020)

Expressions of interest are sought from Fellows to join the RACS Indigenous Health Committee (IHC). The RACS Strategic Plan 2019-2021 prioritises Indigenous health – building workforce and increasing services to better meet the health needs of Aboriginal and Torres Strait Island and Māori people. Providing oversight, advocacy and information, the IHC is instrumental in the development and implementation of our commitment to addressing the health inequities of Indigenous people of New Zealand and Australia.

RACS Indigenous scholarship program applications now open (close Friday 31 January 2020)

The RACS Indigenous scholarship program is designed to encourage and support Aboriginal, Torres Strait Islander and Māori junior doctors and/or medical students aspiring to become surgeons and enter the Surgical Education Training (SET) program. A range of awards, prizes and scholarships are offered to help cover the following costs:

- registering for JDOCs
- developing clinical, research and academic skills
- participating in the RACS Annual Scientific Congress or other RACS educational programs and scientific meetings; scholarships, awards and prizes
- participating in Australian Indigenous health and Māori health-related forums and conferences
- engaging in other appropriate professional development activities.

Academy of Surgical Educators 2019: Year in Review

2019 Educational Events:

Academy-recommended RACS Op Podcasts

The Academy is collaborating with RACS Communications in addressing topical surgical education issues via RACS Op Podcasts. The first podcast featured Associate Professor Andrew Davidson on 'Handling trainee feedback and challenging conversations', a topic that is widely discussed in the surgical training community.

Educator Studio Sessions

This year, the Academy is continuing our Educator Studio Sessions showcasing presentations from medical educator thought-leaders on topics of interest to members. In total, eight studio sessions were held at various locations in Australia and New Zealand. The Educator Studio Sessions are free with options of face-to-face or webinar attendance. Members of the Academy can access the session recordings via the Academy e-learning portal.

Annual Scientific Congress (ASC) Surgical Education stream

'The Complete Surgeon – Backing the Future' was the theme for RACS ASC 2019 and this was reflected in the Surgical Education stream. We were privileged to have Dr Rebecca Garland and Mr Andy Malcolm convene the Surgical Education stream this year. The Surgical Education stream featured presentations focusing on generalism, rural training, cultural competency, resilience and simulation. Professor Richard Turner presented the keynote speech, 'Resilience – is it a dirty word?', while Professor Oscar Traynor presented the Hamilton Russell lecture, 'How should we train the surgeons of tomorrow?'.

All sessions attracted positive feedback and attendance. The resilience session generated a huge amount of discussion. In continuing the momentum, the Academy collaborated with Professor Richard Turner and RACS Communications to release a follow-up RACS Op Podcast on the topic.

Academy Forum

The annual Academy Forum was held in Melbourne in November. It was held in conjunction with the November Annual Academic Surgery Conference.

The Forum saw presentations from Professor Margaret Hay, 'In search of the quirky and tenacious surgical trainee: Are they lost?' and Dr Claudia Di Bella FRACS, 'Surgical training in the era of robotics and 3D-printing'. Members of the Academy can access the recordings of Prof Hay's and Dr Di Bella's presentation via the Academy e-learning portal.

IMAGES (clockwise from top left): Attendees at the Darwin Educator Studio Session; Prof Deborah Bailey speaking at the Brisbane Educator Studio Session; Mr Atul Dhabuwala receiving Educator of Commitment Award from Dr Rebecca Garland; Mr Jeremy Simcock speaking at the Melbourne Educator Studio Session.

We wish to thank our sponsors Medtronic for their generosity in making the Academy Forum a success.

Rewards and Recognition: Educators of Merit

The Academy recognises the contribution of surgical educators via the ASE Recognition Awards. The recipients of the Educators of Merit for 2019 are:

SET Supervisor and IMG Supervisor of the Year Awards:

- QLD: Dr Desmond Soares
- NZ: Mr Dilhan Cabraal
- VIC: Mr Richard McMullin
- ACT: Associate Professor Sivakumar Gananadha
- WA: Mr Melvyn Kuan
- NT: Dr Stephanie Weidlich
- TAS: Professor Richard Turner

** The Academy did not receive any nominations from NSW and SA*

Facilitator/Instructor of the Year Award:

- Mr Phil Truskett
- Mr Julian van Dijk

Many of the Educator of Merit winners were presented with their awards at the Academy Forum on 7 November in Melbourne. The Academy also recognises the length of service of SET Supervisors, IMG Supervisors and PD Facilitators through the Educator of Commitment Award. The list of awardees is available in the accompanying 'Appreciating Our Educators' article.

Scholarship and Prize

ASE Surgical Education Research Scholarship

The ASE Surgical Education Research Scholarship has been established to encourage surgeons to conduct research into the efficacy of existing surgical education or innovation of new surgical education practices. This year's scholarship recipient is Ms Sarah Rennie.

Jenepher Martin Surgical Education Research Prize (previously known as the Surgical Education Research Prize)

The Jenepher Martin Surgical Education Research Prize is awarded for the best research paper presented during the Surgical Education program at the RACS ASC. The purpose of the prize is to encourage surgical education research in the Australian and New Zealand context by RACS Fellows and Trainees. Ms Sarah Rennie won the prize with her paper entitled 'Supporting undergraduate medical students in surgery – is it time for a different teaching model?'. This issue of *Surgical News* includes an article on Ms Rennie's research. The Academy would like to take this opportunity to thank the benefactor, Associate Professor Jenepher Martin for her generosity in the past and ongoing funding of this prize.

Professor David Fletcher
Chair, Academy of Surgical Educators

Researchers encourage shift in approach to breast cancer treatment

Despite a global shift in attitudes towards breast reconstructive surgery following radiotherapy, the change has been slow to occur in the Australian setting according to a new study in the latest edition of the *ANZ Journal of Surgery.*

The study revealed that traditionally, patients who undergo radiotherapy treatment after a mastectomy have been deemed unsuitable for immediate reconstructive surgery, particularly when compared to patients that did not require radiotherapy. In recent years, however, the evidence has increasingly suggested that reconstructive surgery for these patients is both safe and beneficial.

Dr Farid Meybodi, a breast surgeon from Westmead Breast Cancer Institute, was part of a group of researchers that surveyed fellow breast surgeons to assess the current attitudes and practices in the setting of postmastectomy radiotherapy. He hopes the results of the survey will promote further discussion amongst the profession, and ultimately greater choices for women recovering from a mastectomy.

"As the research has evolved we wanted to see how many breast surgeons have begun to incorporate immediate breast reconstructive surgery for radiotherapy patients into their practice, and how many still believe it to be unsafe. We were slightly surprised that the number of surgeons favouring delayed breast reconstruction was more than 60 per cent," Dr Meybodi said.

"Despite many earlier studies reporting the deleterious effects of postmastectomy radiotherapy on reconstruction outcomes, more recent studies have demonstrated that patients are willing to accept 'less than perfect' aesthetic results for functional and psychological benefits of immediate breast reconstruction.

"The message we hope to promote is that rather than making a blanket rule that women who undergo radiotherapy shouldn't have reconstructive surgery, we should be accepting the latest evidence and providing our patients with more choices."

"Our study has already involved many members of our professional society and we are hopeful that even more will read it and reflect upon the latest literature, and how it relates to their practice."

To read 'Postmastectomy radiotherapy and immediate implant-based breast reconstruction: attitudes and practices of Australian and New Zealand breast surgeons', visit the October 2019 issue of the *ANZ Journal of Surgery.*

onlinelibrary.wiley.com/doi/10.1111/ans.15423

RACS Visitor Grant Program 2019

As a Fellowship based organisation, RACS is committed to excellence in surgical education and practice. To assist this, RACS provides funding for scientific visitors of note from Australia, New Zealand and internationally to attend Specialty Society, Association and Sub-Specialty conferences.

RACS is pleased to profile the scientific visitors it has supported in 2019 through the RACS Visitor Grant Program (please visit the RACS website and search for 'visitor grant program' for further information on the program).

We thank all applicants and congratulate the successful grant recipients.

Australian Hand Surgery Society (AHSS)

AHSS Annual Scientific Meeting

3-6 April 2019, Adelaide

Visitor: Professor Guillaume Herzberg, Professor of Orthopaedic Surgery and Head of Orthopaedic Surgery – Hand and Upper Extremity Unit at Edouard Herriot University Hospital, Lyon, France.

Presentations:
- New perspectives on acute distal radius fractures in adults: Classification, role for arthroscopy and arthroplasty
- New concepts about perilunate injuries
- My approach to Kienbock's Disease
- Update on total wrist arthroplasty for wrist arthritis (RA and non-RA)

Australian and New Zealand Gastric and Oesophageal Surgery Association (ANZGOSA)

ANZGOSA/ANZMOSS Joint Annual Meeting 2019

2-4 October 2019, Brisbane

Visitor: Professor Nicolas Demartines, Professor of Surgery, and Chairman of the Department for Visceral Surgery at the University Hospital CHUV in Lausanne, Switzerland

Presentations:
- Keynote address: How to sustain ERAS as a standard model of care
- Panel discussion – ERAS
- Impact of complications
- Chair – Matters for debate
- Panel – The best operation I ever did!

Australian & New Zealand Metabolic and Obesity Surgery Society (ANZMOSS)

ANZGOSA/ANZMOSS Joint Annual Meeting 2019

2-4 October 2019, Brisbane

Visitor: Professor Rachel Batterham, Professor of Obesity, Diabetes and Endocrinology, University College London Division of Medicine

Presentations:
- Weight regain: Biology or behaviour?
- Keynote address: Obesity and bariatric surgery 'state of the nation'
- MDT should be an essential part of bariatric surgery
- Sleeve. It's the biologic response, not so much the patient
- Debate: Bariatric surgery below BMI 35

Australian and New Zealand Society of Cardiac and Thoracic Surgeons (ANZSCTS)

ANZSCTS Annual Scientific Meeting 2019

7-10 November 2019, Hobart

Visitor: Professor Joseph Woo, Norman E. Shumway Professor and Chair, Department of Cardiothoracic Surgery Stanford University School of Medicine

Presentations:
- Integrating techniques for complex mitral valve repair
- Innovative basic, translational and engineering research to enhance the surgical treatment of cardiovascular disease
- Complex aortic valve repair

Australian and New Zealand Society for Vascular Surgery (ANZSVS)

ANZSVS 2019 Annual Scientific Conference

16-19 August 2019, Adelaide

Visitor: Associate Professor Miguel Montero-Baker, M.D., Associate Professor Division of Vascular Surgery and Endovascular Therapy, Houston, Texas

Presentations:
- Team CLTI: limb salvage units are the standard of care
- How to establish a limb salvage unit – A 'STEP' in the right direction
- The value of micro-oxygen sensors in monitoring perfusion and need for intervention in CLTI patients
- Optimising outcomes in calcified vessels – technique versus technology
- Update on the SAVAL trial – BTK drug eluting stents
- Extreme access for peripheral vascular reconstruction
- Deep venous arterialisation for CLTI: When, why and how?
- WIfI staging versus direct revascularisation as a predictor of wound healing
- How do we know when we have enough perfusion?
- Deep venous arterialisation – who, when and how?

Australian Orthopaedic Association (AOA)

AOA 2019 Annual Scientific Meeting

6-10 October 2019, Canberra

Visitors:

Professor Dean C Taylor, Professor of Orthopaedic Surgery, Duke University, North Carolina, USA

Presentation:
- Leadership in orthopaedics: influencing others to benefit patients

Professor Shanmuganathan Rajasekaran, Chairman of the Department of Orthopaedics, Trauma & Spine Surgery, Ganga Hospital, Coimbatore

Presentations:
- Moderator – Reliable and sustainable outcome through teamwork and engagement – regional and global perspective
- Road safety in India
- Teamwork to provide low cost high quality surgical care

Australasian Orthopaedic Trauma Society (AOTS)

2019 AOTS Annual Scientific Meeting

22 - 23 June 2019, Cairns

Visitor: Mr Timothy Chesser, Consultant Trauma and Orthopaedic Surgeon, North Bristol NHS Trust, Bristol, UK

Presentations:
- Fractured neck of femur – data management
  - UK Fracture Registry, standards and guidelines
  - UK – what have we learnt so far
- Fractured neck of femur – surgical decisions
  - Stable pertrochanteric fractures – DHS
- Lower limb orthopaedic case controversies (panel)

Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS)

ASOHNS Annual Scientific Meeting

22-24 March 2019, Brisbane

Visitors:

Dr Carole Fakhry (pictured), Associate Professor of Otolaryngology Head and Neck Surgery, Johns Hopkins Medicine, USA

Presentations:
- HPV in head and neck cancer – its role and prevention
- Prognostic groups in HPV-positive oropharynx cancers

Dr Karen Zur, Director of the Pediatric Voice Program, Associate Director of the Center for Pediatric Airway Disorders at Children's Hospital of Philadelphia, USA

Presentations:
- Recurrent laryngeal nerve reinnervation for management of unilateral vocal fold immobility
- Systemic management of recurrent respiratory papillomatosis
- Update/overview on paediatric airway stenosis

Australian Society of Plastic Surgeons (ASPS)

Plastic Surgery Congress 2019

30 May – 1 June 2019, Melbourne

Visitor: Professor Eric Santamaria M.D., Professor of Reconstructive Microsurgery of the Universidad Nacional Autonoma de Mexico and Associate Professor of the Department of Plastic and Reconstructive Surgery at Hospital General Dr. Manuel Gea Gonzalez and the Insituto Nacional de Cancerologia in Mexico City

Presentations:
- Classification system and algorithm for reconstruction of the midface and maxillary defects
- Long term follow-up with prelaminated osteomucosal fibula free flaps for maxillectomy defects
- Optimising outcomes in head and neck microsurgical reconstruction
- Microsurgical reconstruction of craniofacial malformations
- Management of rippling, bottom up and recurrent ptosis after breast augmentation and mastopexy augmentation
- Breast augmentation; subglandular vs submuscular vs subfascial
- Optimising aesthetic outcomes in microsurgical breast reconstruction: the aesthetic subunit principle
- Is the latissimus dorsi a flap of the past?

Colorectal Surgical Society of Australia and New Zealand (CSSANZ)

CSSANZ Annual Spring Meeting

24-26 October 2019, Hobart

Visitor: Miss Nicola Fearnhead FRCS, President of Association of Coloproctology of Great Britain & Ireland, Consultant Colorectal Surgeon – Addenbrooke's Hospital, Cambridge UK

Presentations:
- Multimodal treatment of perianal Crohn's disease
- UK SBO audit
- Trainee research collaborations
- Setting up databases for research and audit: Where do I start?
- Keynote: Involving patients in their own care and research

General Surgeons Australia (GSA)

GSA 2109 Annual Scientific Meeting

24-27 October 2019, Hobart

Visitor: Prof Bernard Dallemagne MD, Consultant Endocrine Surgeon – Hôpitaux Universitaires de Strasbourg, Strasbourg, France

Presentations:
- Teaching old dogs new tricks
- International panel of experts: European and American teaching perspectives
- Video: Augmented reality and surgery
- How I do fundoplication in 2019: Evolution
- Keynote: The future of digestive surgery
- Innovation in General Surgery

Provincial Surgeons of Australia (PSA)

PSA 2019 Annual Scientific Congress

2-4 November 2019, Ballarat

Visitor: Dr Samantha Quade MD FACS, Consultant General Surgeon, Rectal & Renal Surgeon – Providence Health Service, Everett, Washington

Presentations:
- Major surgical case management
- Trainees Session
- Robotics and technology in Colorectal Surgery

Neurosurgical Society of Australasia (NSA)

NSA Annual Scientific Meeting 2019

21-23 August 2019, Melbourne

Visitor: Dr Wouter Schievink (pictured), MD, Neurosurgeon in Los Angeles, California, affiliated with Cedars-Sinai Medical Center

Presentations:
- Spontaneous intracranial hypotension
- Management of arterial dissections

Dr Schievink's research focuses on outcomes of complex cerebrovascular surgery, syndromes of spontaneous intracranial hypotension/spinal CSF leaks, as well as extracellular matrix proteins in intracranial aneurysms, cervico-cephalic arterial dissections and spinal duropathies. He has written and published extensively on cerebral aneurysms, cerebrovascular arterial dissections, and collagen vascular disease as related to the central nervous system. Schievink is also an expert and well published author on spontaneous cerebrospinal fluid leak syndrome. Schievink was the lead physician on the first ever successful attempt of using fibrin glue to reverse a coma and he was the lead physician on the first ever successful attempt of using fibrin glue to reverse a coma and he was the first to describe spinal CSF-venous fistulas as a cause of spontaneous intracranial hypotension.

New Zealand Association of General Surgeons (NZAGS)

NZAGS Annual Scientific Meeting

22-24 March 2019, Christchurch

Visitors:

Dr Michael Buist, Director of Intensive Care at the North West Regional Hospital in Burnie, Tasmania and Honorary Clinical Professor, Faculty of Health, University of Tasmania

Presentation:
- Bleeding out post operatively; Could ICT (information communication technology) get the Surgeon to reoperate faster than the traditional referral model of care?

Dr Michael Talbot, specialist in upper GI Surgery and a Conjoint Associate Professor at the St George & Sutherland Clinical School, located at St George Hospital

Presentations:
- How we can train/teach for unusual procedures/skills labs
- Upper endoscopy tips and tricks
- Should mesh be used for large hiatal hernia repair

Dr Michael Talbot (pictured) attended the NZAGS Trainee day at Manawa, the day prior to the conference, to talk to the NZAGS Trainees about the management of Upper GI emergencies and UGI cases. His presentations came from his personal experience both as a patient and as an intensive care specialist. Throughout his career Dr Talbot has been a pioneer of complex bariatric and oesophago-gastric surgery. He performed Australia's first robotic bariatric and oesophageal surgical procedures.

New Zealand Orthopaedic Association (NZOA)

NZOA Annual Scientific Meeting 2019

29 September – 2 October 2019, Dunedin

Visitor: Professor David Murray, Professor of Orthopaedic Surgery at the University of Oxford, and Consultant Orthopaedic Surgeon at Nuffield Orthopaedic Centre NHS Trust, Oxford

Presentations:
- UKA: The current state of play
- Knee surgery
- Debate: UKR robotic vs conventional

New Zealand Society of Otolaryngology Head and Neck Surgery (NZSOHNS)

72nd Annual General & Scientific Meeting of the NZSOHNS, 15 – 18 October 2019, Dunedin

Visitor: Professor Hisham Mehanna, PhD, BMedSc (hons), MB ChB (hons), FRCS, FRCS (ORL-HNS), Chair of Head and Neck Surgery, Director of the Institute of Head and Neck Studies and Education, University of Birmingham, UK

Presentations:
- James Hardie Neil Lecture: Common mistakes in surgical research (and how they affect clinical decision making)
- Improving outcomes and reducing complications of salvage surgery following chemoradiotherapy
- Management of HPV related oropharyngeal squamous cell carcinoma
- Registrars' training session – Scientific review of papers (facilitator)

Ms Ruth Bollard
Chair,
Fellowship Services Committee

The evolution of general, emergency and rural surgery

Conflicts and incidents have always been part of human life, and with the need to treat the injured, came the rise of emergency surgery. Records about the management of pus from Hippocrates and Galen are probably the earliest indication of non-traumatic emergency surgery[1]. The work of barbers on lumps and pumps marks the earliest indication of non-emergency – ie, elective – surgery. Their work eventuated in the creation of colleges of surgeons.

The knowledge and experience in emergency surgery that was gained in wars encouraged surgeons to apply the same principles to elective surgery. In the early days, surgeons were trained in all varieties of surgery before it became separated into general and other specialities of surgery. In recent years, the shape of general surgery has changed dramatically. Currently, although Trainees learn various aspects of general surgery in addition to emergency surgery, general surgeons working in city tertiary centres have moved away from broad general surgery into sub-specialisation with regards to their elective surgery.

Emergency surgery remains, uniting all these subspecialties. Acute surgical units were created to separate their elective surgery (to which they are mainly devoted) from the emergency surgery they must do. A recent interest in emergency surgery and acute surgery units is seen in two recent publications from Australia and the United States that set up plans regulating the role of emergency general surgery[2, 3].

As surgery has evolved, broad general surgery has disappeared from the city. Instead, there are the sub-specialties of general and emergency surgery. On the other hand, rural general surgeons continue to be more heavily involved in emergency surgery than city surgeons. They are almost the only ones who remain committed to the traditional broad general surgery, by doing various types of elective surgery, although under less optimal conditions. For these reasons, their work in elective surgery is (inevitably) sometimes criticised for being less perfect than that of city subspecialists. Furthermore, if a general surgeon decides to work as a subspecialist in a small regional area, they are unable to maintain a high level of skill in that speciality, even if we presume they are provided with the best facilities and environments – this is due to the low volume of patients needing that subspecialty in small sized populations.

If they can afford it, many patients from rural and regional areas travel to the city to have their elective surgery done in private hospitals by subspecialists. Rural general surgeons cannot return to work in the city, as tertiary hospitals nowadays use only subspecialists. Taking a quick look at the available surgical job offers in recent years, we can clearly see a contrast where on one hand, many rural remote areas are desperately seeking for a general surgeon that they cannot find, while at the same time all of the job offers in the tertiary centres are for subspecialist general surgeons. Only very few new Fellows opt to go rural, for these very reasons[4].

This problem is not unique to Australia – rather there is a worldwide struggle to attract specialists to rural areas in order to achieve equity of health systems in regional areas. In the same way that the emergency surgery problem has been fixed, these rural surgery issues could be fixed by making it rotational for general surgeons, rather than being a permanent life sentence for some. The rural hospital could become affiliated and be part of a tertiary city hospital, rather than being a separate system.

When such a suggestion was made at a recent AMA meeting in the presence of a health minister, it received massive acceptance from the doctors in the audience. This initiative would not only be good for patients in rural areas, who would receive first-class healthcare as a result, but also for rural specialists who would be treated as first line specialists instead of being left behind. Such a system has already been adopted on a small scale in some centres, not only by surgeons but also by other specialists. However, such a system needs to be generalised and become mandatory.

Finally, lessons from the past have shown us that things don't always remain the same. As a part of the evolution of surgery, at least some of the emphasis and talks that we have nowadays about many topics in elective surgery, including cancer surgery, may become irrelevant in the future, in the same way that peptic ulcer treatment has become mostly a physician problem. In contrast, emergency surgery, and particularly trauma emergency surgery, will always be relevant as there will always be conflicts and accidents.

References:

1 Freiberg J A. The mythos of laudable pus along with an explanation for its origin. *Journal of community hospital internal medicine prospectives.* 2017; 7(3): 196–198. https://doi.org/10.1080/20009666.2017.1343077

2 Ang Z,Wong S,Truskit P. General surgeons Australias 12 point plan for emergency general surgery. *ANZ J Surg*. 2019;89:809-814

3 Ingraham A M, Didem Ayturk M, Kiefe C I, Santry H. Adherence to 20 Emergency General Surgery Best Practices Results of a National Survey. *Annals of Surgery.* 2019 (august):270(2):270-279

4 Chong A. Kiroff G .Preparing surgeons for rural Australia: The RACS Rural Surgical Training Program. *ANZ J Surg*. 2015; 85: 108–112

Dr Imad Afram Jaboury
FRCS, FRACS

Solomon Islands mourn the loss of a great friend and health advocate

The late Permanent Secretary for Solomon Islands Dr Tenneth Dalipanda

The Solomon Islands mourns the loss of a great friend and health advocate, past Permanent Secretary (PS) for Health, Dr Tenneth Dalipanda, who passed away 30 October 2019 aged 52. He was a great physician, scholar, leader, strategist, friend and health advocate for the people of the Solomon Islands.

Born 28 Feb 1967 in Choiseul province, Tenneth was a hard-working and gifted student graduating with distinction from Goroka High School, Papua New Guinea. Tenneth then completed his medicine at Port Moresby, spent a year as registrar at St Vincent's Hospital in Sydney, then did his Masters of Medicine at the Fiji School of Medicine before returning to National Referral Hospital (NRH) in the capital Honiara as a consultant physician in 2006.

Tenneth was intelligent and articulate, an exceptional thinker and a wonderful communicator. He was quiet and unassuming, would listen a lot and speak very little, but when he spoke it was with clarity and authority.

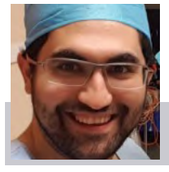
In a country spanning twenty eight thousand square kilometres, and more than two hundred islands, a key priority for Tenneth was primary healthcare and making healthcare accessible for all Solomon Islanders. Although originally the Medical Superintendent, and then the Chief Executive Officer of NRH, he advocated the delivery of locally accessible provincial healthcare services. Tenneth achieved great success in treating the threats of HIV, tuberculosis, malaria and dengue. He was a highly regarded health practitioner and skilful clinician who co-authored several publications on tropical medicine.

Tenneth, most popularly known simply as 'PS', served the Solomon Islands from 2014 until 2018 as its Permanent Secretary for Health. Prior to this he was the Under Secretary (US) for Health, and the Minister for Public Health (MPH). During his time in the Ministry of Health, he brought about substantial improvement in the health service delivery for his country. He was the principal architect for the current Solomon Islands National Health Strategic Plan (SINHSP) and the Ministry of Health Role Delineation Policy (MHRDP), was Chair of the Non-Communicable Diseases (NCD) Taskforce, chaired numerous international meetings including Asia Pacific Meetings for the World Health Organisation (WHO), and served on many regional and international committees including the World Health Assembly. Despite his great success, Tenneth was a modest man, and was disinclined to fanfare.

Tenneth's strong sense of fairness and honesty made him a pillar of strength and a visionary for the Ministry of Health. In his last seven years, Tenneth played a pivotal role in gaining support from neighbouring countries, the Department of Foreign Affairs and Trade, RACS and the World Health Organisation. He was able to achieve where others could not, with the unification of competing aid organisations and countries including Australia, New Zealand, Taiwan, China, Japan and South Korea in a single strategic plan, despite their differing political agendas.

Tenneth unfortunately passed away due to illness on 30 October 2019, leaving behind his caring wife Nellie and only son Cavanagh, and the legacy that is the Ministry of Health. He will be dearly missed.

Dr Sepehr Lajevardi had the opportunity to meet and collaborate with Dr Tenneth Dalipanda during his time as Permanent Secretary. In writing this article he consulted with a number of Tenneth's close friends and colleagues, with special acknowledgement to Dr Aaron Oritaimae who provided much of this information.



Dr Sepehr Lajevardi
RACS Trainee

1000th live kidney transplant – an Australian first

Transplant surgeons Nancy Suh and Emma Tully recently completed an Australian milestone with the 1000th live donor kidney transplant at the Royal Melbourne Hospital (RMH).

The RMH's kidney transplant program, one of the largest in the country, has been running since 1963, with the first living donor transplant performed at the hospital in 1973.

Associate Professor Peter Hughes, Head of Transplantation at RMH and Director of the Australian and New Zealand Paired Kidney Exchange Program said, "Transplantation is a really rewarding part of medicine because it's an area you can see people have their lives transformed... It is something that makes people healthier, feel better and allows them to regain their lifestyle".

He went on to explain there are huge advantages to recipients receiving a live donor kidney, "In my mind the Rolls Royce of transplantation is seeing the recipient receive the kidney before even starting dialysis."

Rebecca Naran was the 1000th live donor, donating one of her kidneys to her husband Veeran, who suffered from a genetic condition leading to kidney failure.

Dr Suh said Ms Naran was a very healthy patient and "we did all the investigations and cross matching and decided she was suitable. Emma Tully and I did the operations and everything went really well and they're both recovering extremely well."

Dr Tully reiterated that given the couple were both young and healthy it made them ideal patients to operate on, even with added pressures, "You know that you have parents of two little kids that are both undergoing surgery at the same time which puts the pressure on for different reasons".

Recipient Veeran, 1000th Donor Rebecca, transplant surgeon Dr Nancy Suh and Head of nephrology Prof. Steve Holt.

Congratulations

Honorary FACS for Professor Ian Civil

Congratulations to Professor Ian Civil, a former president of RACS, who was awarded an Honorary Fellowship of the American College of Surgeons (ACS) at their Annual Scientific Meeting at the end of October.

The ACS awards Honorary Fellowships to individuals who possess an international reputation in the field of surgery or medicine or have rendered distinguished humanitarian services, especially in the field of medical science.

The ACS said Professor Civil's career was noteworthy for his decades as the leading clinician in the development of trauma care and trauma systems in New Zealand. "He has been a primary force in the development of trauma care in New Zealand and now has assumed leadership in establishing national quality assurance standards in system development."

L-R: Prof Ian Civil with Ronald V. Maier, MD, FACS, immediate-Past President of the ACS; at the ACS Convocation in San Francisco.

Congratulations Professor Ian Incoll

RACS Fellow and Australian Orthopaedic Association (AOA) Dean of Education, Professor Ian Incoll, has won this year's Journal of Graduate Medical Education and International Conference on Residency Education's (ICRE) Best Presentation on Research in Residency Education Award. ICRE, which is the largest medical specialty education conference in the world, was held in Ottawa, Canada in September and has contributors and attendees from over 40 countries. The award was for his presentation entitled *'The effects of gender on multiple mini-interview station scores for Selection into Australian Orthopaedic Surgery'*.

L-R: Mr Adrian Cosenza (AOA CEO); Prof Ian Incoll; A/Prof Tony Sparnon (RACS President) and; Mr John Biviano (RACS CEO).

Supporting undergraduate medical students in surgery – is it time for a different teaching model?

Dr Sarah Rennie was awarded the Surgical Education Research Prize 2019 for the best research paper presented during the Surgical Education program at the RACS ASC.

I have always had a passion for medical education, investigating how we can improve and facilitate learning at both undergraduate and postgraduate levels. I began medical education research as a clinical medical student in the UK, holding research grants and publishing while completing medical school and beginning surgical training, gaining MRCSEd and founding the Junior Association for the Study of Medical Education in the UK. I returned to academia 18 months ago as the Clinical Skills Director for the University of Otago, Wellington, and have relished having time to pursue research activities as well as teaching.

I presented this research at the 2019 RACS Annual Scientific Congress (ASC) in Bangkok in the Surgical Education Prize section. It had been 10 years since I presented at the RACS ASC in 2009 in Brisbane, when I gave a talk about factors that influence surgical decision making which was part of my Surgical Education PhD research, also winning the Surgical Education Prize. At the time of this presentation in May 2019, I was still a RACS general surgery SET Trainee and had sat the British Fellowship in Oct 2018, gaining the highest mark in the examinations, FRCSEd (Medal).

The work presented at the RACS ASC 2019 was part of a bigger body of research conducted by Joy Rudland looking at the role of eustress in learning. Eustress is the concept of useful stress – the opposite of distress. The term stress in modern language has become synonymous with distress, with stress often being perceived as bad. The concept of a stressor as a neutral factor, neither good or bad, that evokes a response is often lost. Stress exists on a continuum and when eustress results from the application of a stressor, it can enhance learning and performance.

The participants for this research were fourth year medical students completing their general practice, surgery and medicine modules. For these modules they were asked to rate the value of the learning they gained, the degree of challenge (which was defined as '*Something that needs skills, energy and or determination to deal with or achieve*'), the level of support they felt they received, and their affect – how they felt about the module from very negative to very positive.

Left-right: Dr Pecky De Silva, Ms Sarah Rennie, Dr Tracey Barnes at the 2019 ASC

As a surgeon regularly involved in teaching undergraduate medical students, I was particularly interested to see if there were any differences between the different modules that students rotate through or whether all medical student experiences were the same in terms of the degree of challenge, the level of support they feel they receive, how they feel about the different modules and their perception of the value of their learning in the different modules. The experience students reported while on their surgical run were especially important to me as this is often influential in shaping a student's attitude towards surgery. I analysed the data looking for similarities and differences in the responses the students gave for different modules and to see if there were correlations between the factors they were asked to rate. I interpreted the results through the lens of being a surgical educator at both undergraduate and postgraduate levels.

The majority of students rated the value of learning in each module of value or high value for all modules. Students rated that they felt there was more challenge during their surgical module compared to the other modules, they felt less support and less positive about their learning experience. Interestingly for both general practice and medicine there was a positive statistical correlation between the level of support that students felt they received during the module and how positive they felt about learning in that module. In direct contrast in surgery there was a negative correlation between the level of support and the degree of affect expressed by students. The key message is that a high degree of challenge in the surgery module is not the problem but a perception of a lack of support is.

Surgery is a challenging environment – often decisive and immediate action is required and the practice of surgery can be perceived as being quite insular. How we teach medical students in this environment can be difficult for surgeons; patient care is paramount and surgeons may be so familiar with the work environment that they fail to perceive the difficulties for medical students new to the working environment. The capacity of clinicians to support students may be reduced with urgent service commitment overriding educational imperatives. I considered potential ways positive affect and level of support perceived by students could be enhanced in the surgical setting.

As a surgical teacher, students often feel in the way on the surgical run and are not sure of the legitimacy of their presence – increasing emotional connectedness with them may make them feel more involved. This can be as simple as knowing and using the students' names, including them in discussions, involving them in tasks and explaining what is happening during surgery.

RACS has been focusing on training supervisors in educational methods and hopefully this will have a positive influence on enhancing teaching for medical students. Our university is also providing face-to-face and new online resources for clinicians in teaching methods such as incorporating the use of think aloud protocols, to allow insight into the metacognition of the clinician, and how to give feedback back 'on the run' when time is tight.

Left-right: Dr Deborah Wright, Ms Sarah Rennie, Dr Heather Logghe, Dr Tracey Barnes at the 2019 ASC

Simulation can also provide a safe space for students to learn while feeling supported in a non-time pressured environment. However, supporting students in the authentic clinical setting is still a necessity. It was proposed that a dedicated supportive surgical educational lead whose sole focus is students' learning, rather than the split role of also providing patient care, may ensure that students are able to maximise learning experiences in surgery.

Dr Sarah Rennie
FRACS

ANZ Journal of Surgery highlights

Modifiable risk factors identified for multidrug-resistant infection in critically ill burn patients

Prior exposure to extended-spectrum cephalosporins and carbapenems and the use of urinary catheters have been identified as the modifiable risk factors that present the greatest threat for multidrug-resistant (MDR) Gram-negative infection in critically ill burn patients.

The emergence of MDR Gram-negative bacteria has become a serious problem in burn units because of the limited therapeutic options available and is believed to double the mortality rate from 40 per cent to 80 per cent among patients suffering severe burns.

Australian researchers have carried out a systematic review and meta-analysis to consolidate, and possibly develop a hierarchy from, the growing body of research on potentially modifiable risk factors for MDR Gram-negative infection in the critically ill burn patient. Identifying and stratifying risk factors will help in the development of prevention strategies and improve outcomes for these patients.

Through an analysis of 11 studies from a range of countries in Europe, the Pacific, Asia and America the researchers identified several potentially modifiable risk factors which were categorised into either antibiotic use or hospital interventions. The importance of each risk factor was graded, based on effect size.

https://onlinelibrary.wiley.com/doi/10.1111/ans.15393

Case note review

Smaller aneurysms in older high-risk patients should be treated conservatively

Clinical details

An 83-year-old patient was admitted electively for endovascular Aortic Abdominal Aneurysm (AAA) repair. A 70 mL contrast dose was used during the procedure. The patient had a background of chronic renal failure with a baseline creatinine of 23 µmol/L, hypertension, osteoarthritis, gout, AF (on warfarin) and Gastro-oesophageal reflux disease (GORD). The patient was admitted the day prior to surgery for IV hydration. Vitamin K was given for International Normalised Ratio (INR) reversal with an uncomplicated endovascular stent graft. Postoperatively, the patient developed right iliac fossa pain. General surgery was consulted. Eventually the patient underwent two colonoscopies (first one with inadequate preparation), which showed no evidence of ischaemic colitis. The patient also had a severe drop in renal function postoperatively, and a vascath was inserted for temporary dialysis despite the patient not being a candidate for dialysis.

The patient had persistent and ongoing abdominal pain of unknown aetiology for which a computed tomography (CT) abdomen was performed that demonstrated mucosal thickening of the caecum, ascending and feasibly transverse colon infective colitis. Superior mesenteric artery and coeliac trunk filled normally. The patient developed respiratory failure and was made not for resuscitation. The patient died within one month of the procedure.

Assessor's comments

There was no comment or record about the size of the aneurysm, but in one CT report it stated it was 56 mm in maximal diameter. No comment in the inpatient notes was apparent about a risk-benefit discussion. Baseline renal function was severely impaired, and one would think very carefully about subjecting a patient to a procedure that would likely require significant amounts of contrast medium, as this would certainly cause significant deterioration in renal function, even in light of renal protection measures.

This patient was not a candidate for haemodialysis (long term), and as such the very high likelihood of causing significant renal failure should have been apparent. The relatively small size of this aneurysm and the risk of rupture, beg the question of why the operation was performed in a patient who was otherwise living a fairly reasonable quality of life at home. The cause of the gut colitis is not fully known, and was unlikely to be related to the procedure directly, but may have been precipitated by this event. One should apply the 'family test' to all patients in decision making: if this was your mother or father, with identical risk factors, would you recommend they have the procedure in light of a significant risk of death, compared with the small risk of rupture with conservative management?

Surgical lessons

Small AAAs have a low incidence of rupture. This was initially shown in the United Kingdom small aneurysm study.[1] A subsequent study confirmed that endovascular aneurysm repair compared with surveillance showed no difference after a mean 54 months follow up, despite a very low (0.55%) perioperative mortality for endovascular aneurysm repair.[2] In an elderly patient with multiple comorbidities and a 56 mm AAA, the decision to treat was not supported by the evidence.

Reference

1. Powell JT, Brown LC, Forbes JF, Fowkes FG, et al. Final 12-year follow-up of surgery versus surveillance in the UK Small Aneurysm Trial. *Br J Surg*. 2007 Jun;94(6):702-8.
2. Cao, P, De Rango, P, Verzini, F, Parlani, et al. Comparison of Surveillance Versus Aortic Endografting for Small Aneurysm Repair (CAESAR): Results from a Randomised Trial. *Eur J Vasc Endovasc Surg*. 2011 1//;41(1):13-25.

Please note that these cases are first edited from ANZASM or are second-line assessments that have been generated by expert surgeons in the field.

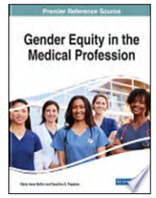
Professor Guy Maddern
Surgical Director of Research and Evaluation incorporating ASERNIP-S

Good reads

Three new publications by RACS Fellows are now available as e-books.

***Gender Equity in the Medical Profession* by Maria Irene Bellini and Vassilios E. Papalois (Deborah Verran FRACS is one of the Associate Editors for this publication)**

E-book available at bit.ly/2IXt9ZW



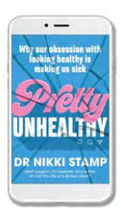
This book was put together with a global audience in mind, hence it includes a range of topics. The presence of women in the practice of medicine extends back to ancient times; however, up until the last few decades, women have comprised only a small percentage of medical students. The gradual acceptance of women in male-dominated specialties has increased, but a commitment to improving gender equity in the medical community within leadership positions and in the academic world is still being discussed.

The book delivers essential discourse on strategically handling discrimination within medical school, training programs and consultancy positions in order to eradicate sexism from the workplace. Featuring research on topics such as gender diversity, leadership roles and imposter syndrome, this book is ideally designed for health professionals, doctors, nurses, hospital staff, hospital directors, board members, activists, instructors, researchers, academics and students seeking coverage on strategies that tackle gender equity in medical education.

This publication is timely as equity, along with the barriers to equity and diversity across the medical profession regardless of specialty, are now very topical. Of note there were a number of surgeons who were on the editorial board as well as being chapter authors. The book contains chapters from many countries around the world and although some of the issues are discussed according to a particular context, many of the issues are common to all countries.

***Pretty Unhealthy: Why Our Obsession with Looking Healthy Is Making Us Sick* by Nikki Stamp FRACS**

E-book available at bit.ly/2oSteXW

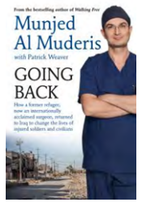


How have we messed up our relationship with food and exercise so badly? Despite an explosion in the number of gyms, health foods and activewear, we are more obese, less active and more stressed than ever before. We obsess over looking healthy, but our health is getting worse. Why did we start equating beauty with health? And is it possible to be fit and fat? Equipped with Instagram accounts and blogs, online 'wellness experts' lead an army of followers towards what is labelled 'health' but might actually be far from it. We photograph ourselves and our food but aren't sure whether we like the images until someone else 'likes' them first. It seems all this health and wellness is making us unhappy, poor and pretty unhealthy instead.

Heart surgeon and health commentator Dr Nikki Stamp unpicks the web of online pseudoscience and urges us to take back our health from the people who don't value it as much as we do. She explores the secret of long-term motivation for healthy diet and exercise and shares the scientific value of self-kindness for true physical and mental health.

***Going Back: How a Former Refugee, Now an Internationally Acclaimed Surgeon, Returned to Iraq to Change the Lives of Injured Soldiers and Civilians* by Munjed Al Muderis FRACS and Patrick Weaver**

E-book available at bit.ly/331VS7s



In Munjed Al Muderis's bestselling memoir *Walking Free*, he described his experience as a refugee fleeing Saddam Hussein's Iraq, his terrifying sea journey to Australia and the brutal mandatory detention he faced in the remote north of Western Australia. The book also detailed his early work as a pioneering orthopaedic surgeon at the cutting edge of world medicine. In *Going Back*, Munjed shares the extraordinary journey that his life-changing new surgical technique has taken him on.

Through osseointegration, he implants titanium rods into the human skeleton and attaches robotic limbs, allowing patients genuine, effective and permanent mobility. Munjed has performed this operation on hundreds of Australian civilians, wounded British soldiers who've lost legs in Iraq and Afghanistan, and a survivor of the Christchurch earthquake in New Zealand. But nothing has been as extraordinary as his return to Iraq after eighteen years, at the invitation of the Iraqi government, to operate on soldiers, police and civilian amputees wounded in the horrific war against ISIS. These stories are both heartbreaking and full of hope and are told from the unique perspective of a refugee returning to the place of his birth as a celebrated international surgeon

Correction

In the President's Perspective in *Surgical News* (September/October) an image was incorrectly captioned. Apologies to Dr Sathish Paramasivan, the winner of the 2019 RP Jepson Medal for best research paper.

'Surgical Oncology Synergy' – Victorian Annual Scientific Meeting highlights

The 61st Victorian Annual Scientific Meeting *'Surgical Oncology Synergy'* attracted more than 70 Fellows, Trainees, IMGs and junior doctors from across Australia for the two-day workshop in Albury, NSW.

Workshops

The program commenced on Friday 11 October with a combined VASM/CHASM workshop, *'Surgical oncology and futility – When cancer surgery goes wrong'*. This was the first time VASM and CHASM have collaborated in this manner, with the workshop including a series of interactive panel sessions covering three surgical specialities (general surgery, vascular and orthopaedic), giving attendees the opportunity to participate in practical and specialty specific learning.

Friday evening provided delegates with a relaxed welcome reception at the Murray Arts Museum Albury (MOMA). Guests enjoyed mingling and sampling the delicious local produce while viewing the art exhibitions on display.

Scientific program

Saturday's meeting saw cancer experts from regional and metropolitan areas present on current and emerging treatments and innovations in surgical oncology. Highlights of the program included:

- Associate Professor Michael Michael, gastrointestinal and neuroendocrine medical oncologist, co-Chair of the Peter MacCallum Cancer Centre Neuro-endocrine Unit and faculty at The University of Melbourne, presented on target chemotherapy and PRRT.
- Anita Skandarajah, Deputy Director of General Surgery at the Royal Melbourne Hospital and senior lecturer in the Department of Surgery at The University of Melbourne, spoke about risk management for women with strong family history of breast cancer.
- David Speakman, who has more than 20 years sub-specialist experience in breast and melanoma and skin cancer and is Chief Medical Officer at Peter MacCallum Cancer Centre and Chair of Breast Screen Victoria's Quality and Accreditation Committee, discussed the future of surgical oncology in the 22nd century.

The program also provided young doctors and Trainees the opportunity to present on research with a series of oral abstract and poster presentations. All the presentations were judged by a panel of surgeons with several prizes awarded at the end of the day.

ASM prizes

The following awards were presented at the end of the scientific program on Saturday 12 October:

The D R Leslie Prize for the Best Clinical Registrar Paper was awarded to James Tai.

The R C Bennett Prize for the Best Research Paper was awarded to Daniel Wein.

The VRC Medical Student Prize was awarded to Jessica Parker.

The Best Poster Prize was awarded to Caroline O'Sullivan.

The VRC DCAS Scholarship was awarded to Michael Issa.

The GJ Royal Memorial Lecture

VSC Chair Susan Shedda presents Prof. Alexander Heriot with the GJ Royal Medal

Each year the Victorian ASM concludes with the GJ Royal Memorial Lecture and this year guests enjoyed a relaxed but informative end to the scientific program at the River Deck Café on the bank of the Murray River.

The 2019 GJ Royal Lecture was delivered by Professor Alexander Heriot, Director of Surgery at Peter MacCallum Cancer Centre and Director of Lower GI Tumour Stream at the Victorian Comprehensive Cancer Centre (VCCC). His presentation, *'Surgical Research – why bother?'*, was a compelling insight into the real value of surgical research into the future.

Update from the Victorian State Committee

The past twelve months has been a busy time for Victoria. November 2018 saw a state election held with a range of health commitments including substantial infrastructure promises, additional staff training to deal with violence and 500,000 outpatients' appointments in rural and regional areas.

With the re-election of the Victorian Labor Government, a new Minister for Health, Hon Jenny Mikakos, was appointed. This appointment has seen increased engagement between the Minister's Office and RACS and we are hopeful that this continues to improve.

A range of much-needed infrastructure commitments are being rolled out with planning underway for the Frankston Hospital (including new operating theatres), expressions of interest open for LaTrobe Regional Hospital redevelopment (three new theatres) and construction on a new Footscray Hospital due to commence in 2020. These developments will add much needed additional capacity to the Victorian public system and we will be monitoring the implementation of these commitments closely to ensure that the building is matched with increased funding to support the new capacity. Progress against these commitments, and others, are being monitored by the State Office and updated on the RACS website.

The Victorian Department of Health has been developing a series of capability frameworks as part of the response to the 2016 *Targeting Zero* report into safety and quality in the Victorian health system. The capability frameworks will influence and define the services provided at all Victorian public and private hospitals, and will therefore have an impact on how teaching, training and research are conducted. The Victorian State Committee is engaging with the Department to ensure that the development of these frameworks is done appropriately.

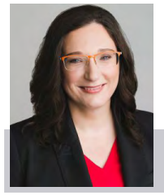
In April this year *SafeScript*, Victoria's real-time prescription monitoring service, was rolled out state-wide. From April 2020 it will be mandatory for medical practitioners in Victoria to check this system before prescribing a monitored medicine (except in some specific circumstances).

June 2019 saw Victoria become the first state in Australia to introduce a legal voluntary assisted dying framework and while it is still in its early stages, I'm sure it will be closely monitored by other jurisdictions as its utilisation and evaluation is assessed.

Safer Care Victoria has also been working with public hospitals to implement a range of resources to support hospital staff who are concerned about workplace issues, such as bullying, harassment and discrimination. Much of this work aligns with the College's *Operate with Respect* program and it is encouraging to see broader attention to these issues across the whole of the health system.

A key focus for the Victorian State Committee moving forward is engagement with our Fellows, Trainees, IMGs, junior doctors and unaccredited registrars and students, particularly those in rural and regional areas. The Victorian State Committee is engaging with the Minister's Office and the Department on the implementation of the additional 500,000 rural and regional outpatient appointments and in October this year we met with Albury Wodonga Health to discuss issues affecting their provision of surgical services and training. I look forward to continuing to engage with these issues and meet with more hospitals and surgeons in 2020.

I'd like to remind everyone that the Victorian State Office is here to support you. If you need assistance or have any questions or issues you would like to discuss, please contact us – ph 03 9249 1254 or email college.vic@surgeons.org



Ms Susan Shedda
Chair, Victorian State Committee

ANZ Journal of Surgery highlights

Organoids tipped to turn the tide in the fight against cancer

A new, more physiological pre-clinical cancer model overcomes many of the deficiencies of its predecessors.

Organoids are three-dimensional cultures of cancer cells grown in the laboratory that recapitulate tumour heterogeneity and maintain genomic integrity far better than cell lines and animal models. Organoids represent the native cancer in their mutations, physiology and their cellular interactions. These 'mini tumours' can be grown rapidly in a number of days, with greater success rates than cell lines or mouse models. They can help in personalising treatment for patients with low survival cancers such as pancreatic or colorectal peritoneal metastases.

Surgeons are in a unique position to share fresh tumour tissue from surgical biopsies or resections with scientists for growing organoids. This model offers surgeons an opportunity to work alongside scientists, pathologists and researchers, encouraging development of translational research collaborations.

Despite many limitations, including the inability to grow blood vessels and the absence of a tumour microenvironment, the potential value of organoids in surgical oncology and the fight against cancer is immense.

onlinelibrary.wiley.com/doi/10.1111/ans.15256

Medical Research Future Fund awards $782,256 to the Clinical Trials Network ANZ

Dr Peter Pockney, senior lecturer in the University of Newcastle's School of Medicine and Public Health, will lead a team of Australian researchers from the Clinical Trials Network ANZ (CTANZ) who will be contributing to a multi-centre international randomised controlled trial. CTANZ is a RACS endorsed New Key Initiative supported by Clinical Director, Professor David Watson.

The Hon Greg Hunt, Federal Minister for Health, announced in early October that through the Medical Research Future Fund (MRFF) International Clinical Trials Collaboration program, $782,256 would be awarded to: i) investigate the causes of surgical site infections and ii) train the next generation of surgical researchers by providing first-hand experience to surgical Trainees in the conduct of a high quality, patient focused trial which will directly impact patient care.

Surgical site infections are common and affect around one in four patients following emergency abdominal surgery. This study aims to determine the impact of single use negative pressure dressings on the incidence of surgical site infection following emergency laparotomy. It will provide for the first time, high level evidence to either support or refute the contention that these dressings can reduce the risk of this negative outcome.

"The MRFF grants are meant to support health and medical research and innovation; its objective is to improve the health and wellbeing of Australians. In addition to the potential clinical benefit of this international collaboration, it will also train a new generation of surgical researchers as the trial is designed to be carried out by surgical Trainees, rather than by established clinicians and researchers. They are doing this with colleagues in the UK, in a large trial in emergency surgery patients. We are pleased that we have secured a significant quantum of funds to train the next generation of surgical researchers and reduce surgical infections," Dr Pockney said.

The Australian arm of the **S**ingle **U**se **N**egative p**R**essure dressing for **R**eduction **I**n **S**urgical site infection following **E**mergency laparotomy (SUNRRISE) Trial will contribute over 200 patients to the planned international recruitment of 840 patients. SUNRRISE is a collaboration with CTANZ sister organisation, Clinical Trials UK which is supported by the Royal College of Surgeons of England. It is led by researchers based at the Universities of Birmingham and Manchester. The UK group is led by Mr Richard Wilkins, Academic Surgical Trainee, University of Birmingham, Miss Sarah Duff, Consultant Surgeon at Wythenshawe Hospital, Manchester, and Professor Tom Pinkney, University of Birmingham. The MRFF funding commences in 2020.

SUNRRISE will run in Trainee led clinical research networks in General Surgery across NSW, Vic, Qld, SA and WA. Key colleagues in the Australian SUNRRISE Trial group include:

- Dr Maddie Gramlick, Surgical Research Fellow, University of Newcastle
- Dr Nagendra Dudi-Venkata, Research Fellow, University of Adelaide
- Dr Andrew Drane, Surgical Registrar, Gosford Hospital, NSW
- Dr Sean Stevens, Senior Surgical Research Fellow, University of Melbourne
- Dr James Carroll, Surgical Registrar, Queensland
- Dr Daniel Kilburn, Surgical Trainee, Queensland
- Professor David Watson, Flinders University
- Professor Toby Richards, University of Western Australia
- Associate Professor Vijayaragavan Muralidharan, Austin Health
- Associate Professor Tarik Sammour, The University of Adelaide
- Associate Professor Hossein Afzali, Flinders University
- Doctor Bree Stephensen, Sunshine Coast Hospital and Health Service (SCHHS)
- Associate Professor Amanda Dawson, The University of Newcastle
- Doctor Thomas Arthur, Toowoomba Hospital

For more information please email: CTANZ@surgeons.org

Professor David Watson and Dr Peter Pockney

Seated L-R: Dr Madelyn Gramlick, Dr Andrew Drane, Dr Michael Rouse, Dr Andrew Maurice
Standing L-R: Prof. David Watson, A/Prof. Amanda Dawson, Dr Peter Pockney, Dr Bree Stephensen, Ms Natasha Egoroff, Prof. Julian Choi, Prof Toby Richards, A/Prof. Vijaragavan Muralidharan
Not present: Dr Nagendra Dudi-Venkata, Dr Thomas Arthur, Miss Naomi Knoblauch, Miss Suzie Ryan.

Celebrating our volunteers

International Volunteer Day takes place annually on 5 December, celebrating the efforts, values and work of volunteers around the world.

RACS is very fortunate to have strong support from Fellows, Trainees and IMGs who contribute their expertise and time to strategic development and planning, advocacy, surgery, education and training across a wide range of programs, activities and committees.

Mr Tuffley and the orthopaedic team in Kiribati.

According to Volunteering Australia, volunteering is beneficial not only to the recipient community or organisation but also to the volunteer. It provides opportunities to meet new people, explore new situations and challenges, make a difference through community involvement, gain skills or use existing skills in a new environment, and benefit from a sense of achievement and purpose.

Fellows, Trainees and International Medical Graduates (IMGs) who volunteer across the College work towards a common goal of supporting and promoting activities to enhance the lives and careers of surgeons both locally in Australia and New Zealand, as well in our neighbouring nations through global health programs.

A snapshot of just some of the activities undertaken by volunteer faculty include:

Supporting interest groups and sections

Across the College 750 Fellows, Trainees and IMGs wear 1250 'hats' across 130 committees, contributing to educational and social programs developed across eighteen interest groups and sections.

In addition to self-advocacy, the goal of RACS interest groups and sections is to connect, support and promote activities to enhance the lives and careers of surgeons. This work is only made possible by the voluntary contribution of those who provide committee governance, organise meetings and events, advocate on behalf of the profession, support surgeons' health and wellbeing and build links across specialties.

All Fellows, Trainees and IMGs who are interested in joining RACS sections and interest groups are now able to sign up online through your RACS profile.

Supporting our neighbours

In the past 12 months, more than 150 volunteers have been deployed to 12 neighbour countries to provide clinical governance, practical experience, training and continuing professional development to enable local doctors and health-workers to meet the health needs in their communities.

Volunteers contribute to the following Global Health programs:

- Pacific Island Program (PIP)
- Clinical Services Program, Papua New Guinea (CSP)
- Sumba Eye Program, Indonesia
- ATLASS Program, Timor-Leste

The surgical specialities we engage in the most are ENT, urology and paediatric surgery, with the most frequented countries being in the Pacific Islands – Fiji, Papua New Guinea, the Solomon Islands, Tonga and Samoa.

Around 40 per cent of the volunteer base are Fellows, with the remainder consisting of nurses, anaesthetists and other speciality medical professionals.

Supporting education and training

In the past 12 months, around 870 hours were delivered pro bono by 112 facilitators across 76 activities and events to support professional development, along with another 70 hours contributed to the meetings for the Professional Development and Academy of Surgical Educators committees.

More than 1183 active faculty volunteer with skills courses, with instructors represented across all disciplines of medicine and surgery – 140 of whom teach on more than one program. Of the volunteer faculty, 51 per cent are Fellows, three per cent are SET Trainees, one per cent are IMGs and the remaining 38 per cent consists of emergency physicians, anaesthetists, physicians, intensivists, general practitioners, clinical epidemiologists and educators. Instructors local to Fiji and Papua New Guinea also volunteer with the EMST and CCrISP® faculty.

Last year, skills course faculty contributed approximately 24,500 hours to teaching RACS skills courses.

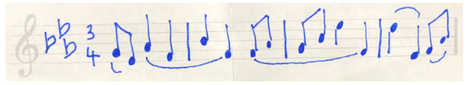
IMGs were also active in volunteering across a range of activities including developing and reviewing IMG assessment tools and processes, assessing reports, participating in interviews, assessing hospital posts for supervision purposes, presenting at induction workshops and supporting preparation for the Fellowship Exam.

OP – LX1 (61)

A surgical enigma – the Gillies needle holder

The origin of the Gillies needle holder could only be described as an enigma – as the mystery surrounding it has been the subject of controversy from time immemorial. The word 'enigma' came to me as a possible descriptor of this conundrum.

I was first acquainted with the word enigma during my London days when Mr Ted Heath, the Prime Minister at the time, conducted the London Symphony Orchestra playing Elgar's Enigma Variations. I had never understood the concept until recently when on the classical FM airways, one of the announcers explained Elgar's reputation in musical composition. He was in that frustrated phase of life, trying to earn an income while teaching, yet when time permitted, would ride his bicycle from Bournemouth to Birmingham to attend concerts, which was his passion. The announcer said there were many explanations for Elgar's compositional quandary. It began when he was playing keyboard skirmishes – a melody arose and his wife commented, "That was a beautiful piece". The crescendo of three notes rising up a scale then dropping down a bar was not dissimilar to someone singing *Edward Elgar's* name musically. It sounded like this:



Thanks to Micky Pohl

The speculation of the origin of this enigma mirrors the story behind the Gillies needle holder.

Sir Harold Gillies CBE FRCS is widely considered the father of modern plastic surgery. Born in New Zealand, he was an otolaryngologist who later practised in London and was known to have had an inventive mind. I must give thanks to Earl Brown, my trans-Tasman colleague from Auckland who has a sharp recollection of events past, for sending me a copy of certain relevant pages from the Gillies biographer, Reginald Pound.

This biography even describes Gillies' golfing ability – he won the British Amateur Open Championship in the '20s, and re-designed golf tees of various heights which were subsequently accepted by the rules at St Andrews at the time. He was a masterly stroke player; he could drive a gutta percha golf ball over 200 yards. I became aware of his ability when playing at the Sandwich Golf Club as part of the St George's Golf Team in the early '70s during my London stay. At the 15th or 16th hole (I cannot remember which), there is a dip in the fairway, possibly up to 250m distance from the tee – they call it Varden's Parlour. This was where that maestro could regularly land the ball on the fairway following a massive drive. Gillies was in this league. I have always had a soft spot for Varden following these early events and recently in North Melbourne, when hunting through a junk store, I found a Harry Varden putter which, costing me just five dollars, is now part of my prized collection of early golf sticks and a reminder of my university golf team days.

Gillies was an esteemed trout fisherman also, and I still remember in those initial London days visiting the Savage Club at the invitation of Dr Hamilton Fairley. Here, one of Gillies detailed stuffed trout specimens hung above the club doorway. Hamilton Fairley was a family contact of Sir William Dargie, the Queen's portraitist. His wattle tone images of the Queen hung throughout all public and government domains in Australia for over 20 years before the Annogoni portrait of Her Majesty replaced it. Bill Dargie was a friend of my father in the art world and it was his letter of introduction to the London scene that accompanied me on my European exposure.

The Savage Club, for the artistic members of society, rented the basement parlour of the Constitutional Club (the establishment domain) in St James. When Hamilton Fairley took me to dinner there, I left my raincoat in the club and had to return the following day to retrieve it. But events took a different turn when I subsequently met the Secretary at the Constitutional Club who invited me to become a member. Incidentally the then Prime Minister, Mr Ted Heath, was one of its members. The introductory conversation evolved about my presence in London, as I was doing post graduate reconstructive surgery at St Georges Hospital near Hyde Park Corner, and my residential address was the College of Surgeons in Nuffield House, Lincolns in Fields. Could these facts have swayed the acceptance of another 'colonial import'? Needless to say, my senior consultants from the various hospitals, whom I used to entertain there, could not understand how an import had succeeded with this club membership. It was all thanks to the lost raincoat.

Now back to the Gillies needle holder and its possible historical connections.

As is my habit, I was frequenting an antique shop recently in Melbourne when I came upon something resembling a pair of scissors with a pincer tip. They were gilded – appearing almost brand new – and I was told it had been retrieved from a doctor's 19th century antique roll-top desk, out of storage from his Paris Estate.

These scissors with a pincer tip intrigued me as they were in the shape of a stork – the avian birth symbol. The eye of the bird was the fulcrum screw, the pincer tip was the beak, and the scissors were connected to the handles (bows) depicting the stork legs. When I looked closely, I found the double mechanism of pincer grip and scissor activity not dissimilar to a modified Gillies needle holder. That 19th century gilded instrument was signed with the name of the maker 'Nogent', who still make knives and cutlery to this day.

French coutelliere pieces: The sugar tongs and the grape scissors with the obstetric stork scissors.

Another part of this story was how the dealer managed to find an illustration in his library archives of 19th century 'birth scissors' which resembled this piece. It transpires that such an instrument was part of the normal household 'cutlery' left on the chimney mantle according to tradition. Following the birth, the midwife no doubt used such items after the clinical delivery. The pincer tips provided haemostatic control after the serrated scissor blades cut the cord.

Further investigation by the dealer could indicate that the French, amongst others, have a habit of using such instruments in their daily lives. I include an illustration of grape scissors and sugar tongs used on many dining occasions to enjoy the fruits of the vine as well as wine. The French only ate the grapes when they disconnected the fruit from the stem with scissors.

I said to the dealer, "John, I have had 50 years in plastic surgery and this has a striking resemblance to the functional design of our standard reconstructive instrument which was called the Gillies needle holder." The conversation continued when, reflecting my interest, I asked him the price as I said I would like to buy it. He responded, "What are you going to do with it?". I said, "It must be in a museum at the College of Surgeons in Melbourne". His response – a little altruistic – "Well, you can have them".

Tony Emmet examining the umbilical scissors as the basis for the Gillies needle holder

Subsequently I contacted my colleague Tony Emmet, now an octogenarian, who had the privilege of working with many plastic surgeons as detailed in his volume *History of Plastic Surgery*. He sent me a copy of the original Thackeray catalogue of surgical instruments from the '60s which illustrates the Gillies needle holder and his own variation which he called the 'Emmet needle holder'. Surgeons are all guilty of modifying instruments into a personal variant.

Tony, in his correspondence said, "Perhaps Gillies had seen one of these in France when visiting Hippolyte Morestin, and I agree entirely with your conjecture. With these observations about its origins, much has been written to date but nothing resembling your story." Even a plastic surgeon called Zelin likened the instrument to something not unlike a golfer's grip.

As they say in music, "Who doesn't pinch ideas and modify the compositional outcome with different rhythms, melodies and harmonies to produce another piece of music?". This historical speculation might go a little way to elucidating the *enigma* which could characterise the Gillies needle holder.

Associate Professor Felix Behan
FRACS

The Buckingham Palace Sequel

I have had many phone calls about the Buckingham Palace article (*Surgical News* September/October), with colleagues offering more insight into what transpired in the palace almost 70 years ago.

Cas McInnes – told me that they needed a culture of the King's sputum which was sent down from Balmoral in a sterile container presumably. Coincidentally, the Chief Pathologist at St Thomas' London decided to microscopically review the sputum. Lo and behold one of the first cytological diagnosis of malignancy – if not the first – occurred from this investigation.

Vernon Marshall – revealed when he was working at the Middlesex Hospital, an x-ray investigation of the King's condition was necessary. Whilst lacking official royal protocol, it was suggested that the King go to the Middlesex Hospital – unheard of. The regal response indicated that this was not the King's normal protocol.

The head of x-ray bought a portable machine then went to Buckingham Palace to x-ray the King – for which he received his knighthood.

Tony Emmet – revealed it was rumored during his London stay, that the lack of pathology equipment at the palace left a lot to be desired. The lung specimen had to be enwrapped in plastic with paper surrounding to disguise the specimen before transport for histological confirmation.

When opening the lung, the surgeon, Price-Thomas, surmised it was inoperable. Glancing over to the supervisory physicians in attendance in *'the theatre'*, he sought advice. Their response was curt as one would expect – you have opened it; you solve it.

That is all there is to date.

Regards, Felix

Lifelong learning 2020

Quality Professional Development supplied by RACS

Courses for:

Surgical educators, Leading teams, Communication and feedback

CPD approved courses

Courses for every stage of your career

Online registration form *is now available (login required).*

Mandatory courses

With the release of the *RACS Action Plan: Building Respect and Improving Patient Safety,* the courses below 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 supervisors, 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 supervisors and major RACS committees.

Foundation Skills for Surgical Educators

Saturday 15 February	Melbourne	VIC
Saturday 7 March	Sydney	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)

Saturday 22 February	Brisbane	QLD
Saturday 29 February	Melbourne	VIC
Thursday 12 March	Sydney	NSW
Friday 20 March	Perth	WA
Thursday 26 March	Adelaide	SA
Saturday 4 April 2020	Auckland	NZ

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.

Educator Studio Sessions

Wednesday 12 February	Melbourne	VIC
Thursday 19 March	Canberra	ACT
Wednesday 22 April	Perth	WA

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

Leading the way in Surgical Education.

Surgeons as Leaders in Everyday Practice

Friday 3 to Saturday 4 April	Christchurch	NZ

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 their own workplace. All meals and educational workbook provided in the registration fee. The evening session will involve an inspirational leadership speaker.

Process Communication Model Seminar 1

Friday 27 to Sunday 29 March 2020	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.

Partners are encouraged to register.

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.

Clinical Decision Making

Friday 27 March 2020	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 provides 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.

Non-Technical Skills for Surgeons (NOTSS)

Saturday 21 March 2020	Melbourne	VIC

This workshop focuses on the non-technical skills which underpin safer operative surgery. It explores a behaviour rating system developed by the Royal College of Surgeons of Edinburgh which can help you improve performance in the operating theatre in relation to situational awareness, communication, decision making and leadership/teamwork. Each of these categories is broken down into behavioural markers that can be used to assess your own performance as well as your colleagues.

SAT SET Course

Friday 3 April 2020	Adelaide	SA

The Supervisors and Trainers for Surgical Education and Training (SAT SET) course aims to enable supervisors and trainers to effectively fulfil the responsibilities of their important roles, under the new Surgical Education and Training (SET) program. This free three hour workshop assists Supervisors and Trainers to understand their roles and responsibilities, including legal issues around assessment. It explores strategies that focus on the performance improvement of Trainees, introducing the concept of work-based training and two work based assessment tools; the Mini-Clinical Evaluation Exercise (Mini CEX) and Directly Observed Procedural Skills (DOPS).

Keeping Trainees on Track

Friday 3 April 2020	Adelaide	SA

Keeping Trainees on Track (KTOT) has been revised and completely redesigned to provide new content in early detection of Trainee difficulty, performance management and holding difficult but necessary conversations.

This free three hour course is aimed at College Fellows who provide supervision and training to SET Trainees. During the course, participants will have the opportunity to explore how to set up effective start of term meetings, diagnosing and supporting Trainees in four different areas of Trainee difficulty, effective principles of delivering negative feedback and how to overcome barriers when holding difficult but necessary conversations.

*New Course – Leading out of Drama

Sunday 16 February 2020	Melbourne	VIC

Leading Out of Drama equips you with skills to transform the energy of conflict into meaningful contribution, every day, in every interaction, for powerful personal and professional development. The skills you'll learn in this one-day course will help you transform conflict from destructive to constructive. Process Communication Model Seminar 1 is recommended prior to attending LOD.

Register online
For more information phone **+61 3 9276 7440**, email **PDactivities@surgeons.org** or visit our website **surgeons.org** and search Professional Development

PROFESSIONAL DEVELOPMENT WORKSHOP
DATES: February – April 2020

NSW		
Foundation Skills for Surgical Educators	7 March	Sydney
Operating with Respect	12 March	Sydney
Clinical Decision Making	27 March	Sydney
ACT		
Educator Studio Sessions	19 March	Canberra
VIC		
Educator Studio Sessions	12 February	Melbourne
Foundation Skills for Surgical Educators	15 February	Melbourne
Leading out of Drama	16 February	Melbourne
Operating with Respect	29 February	Melbourne
Non-Technical Skills for Surgeons	21 March	Melbourne
Process Communication Model Seminar 1	27 to 29 March	Melbourne
SA		
Operating with Respect	26 March	Adelaide
SAT SET	3 April	Adelaide
Keeping Trainees on Track	3 April	Adelaide
QLD		
Operating with Respect	22 February	Brisbane
WA		
Educator Studio Session	22 April	Perth
NZ		
Operating with Respect	4 April	Auckland
Surgeons as Leaders in Everyday Practice	3 to 4 April	Christchurch

2020 RACS diary

Place your order for the 2020 RACS pocket diary.

If you would like a diary please email reception.desk@surgeons.org or phone +61 3 9249 1200

The diary will be mailed to you within a few weeks.

Appreciating our educators

Thank you to all our SET supervisors, Professional Development facilitators and IMG supervisors who have contributed to surgical education and training in the RACS community. We wish to acknowledge the following educators in achieving these service milestones (as of 31 December 2019*):

THOSE WHO HAVE SERVED NINE YEARS

SET Supervisor
Dr Andrew Clarke
Dr Taranpreet Singh
Mr Robert Stuklis
Dr Ian Elbourne
Prof Glenn Guest
Mr Ahmad Hooshyari
Dr Visvanathapillai Manoharan
Assoc Prof Francis Miller
Assoc Prof Vijayaragavan Muralidharan
Dr Maurice Day Jnr
Dr Arvind Dubey
Mr Michael Edger
Mr Wan Tew Seow
Mr Nikitas Vrodos
Dr Mark Winder
Assoc Prof Teresa Withers
Mr Dilhan Cabraal
Mr Ian Jacobson
Prof Stephen O'Leary
Mr David Pohl
Dr Rebecca Garland
Mr Michel Neeff
Dr Elizabeth Whan
Mr Scott Ferris
Dr Kevin Ho
Dr Roland Jiang
Mr Nigel Mann
Dr Elias Moisidis
Mr Jonathan Masters
Dr Ravi Huilgol
Dr Lubomyr Lemech
Dr Phillip Puckridge
Dr Raffi Qasabian
Prof Justin Roake
Dr Mathew Sebastian
Mr Ramesh Velu

IMG Supervisor
Assoc Prof Susan Liew
Mr David Read
Assoc Prof Francis Kimble

PD Facilitator
Mr Anthony Dilley
Prof David Fletcher
Mr Melvyn Howe
Mr Gavin Earles
Prof Guy Maddern
Prof Jeganath Krishnan
Mr Scott Fletcher
Mr Andrew Luck
Mr Danesh Irani
Mr Harsha Chandraratna
Prof David Watters
Mr David Bainbridge
Mr Graeme Campbell
Prof Deborah Bailey
Mr Harsha Chandraratna
Mr Tom Bowles
Mr Peter Charalabidis
Assoc Prof Francis Miller
Prof Francis Lannigan
Prof Robert O'Brien

THOSE WHO HAVE SERVED SIX YEARS

SET Supervisor
Mr Manu Mathur
Dr Gregory Rice
Mr Mark Cullinan
Assoc Prof Vincent Lam
Mr Raymond Lancashire
Dr Cu-Tai Lu
Dr Isabella Mor
Dr Nicholas Ngui
Mr Paul Sitzler
Dr Satish Warrier
Dr Hong Xia
Mr Isaac Cranshaw
Mr Falah El-Haddawi
Mr Jeremy Rossaak
Dr Linus (Shun-Jen) Wu
Dr Augusto Gonzalvo
Mr Daniel Bennett
Dr Simon Nasser
Dr Torey Lawrence
Dr Bhavesh Patel
Dr Camille Wu
Mr Mansoor Mirkazemi
Dr Jacob Gleeson
Dr Anthony Hutton
Dr Nicholas McLeod
Mr Andrew Richards
Mr Neil Roberts

IMG Supervisor
Prof Glyn Jamieson
Mr Kevin Chambers
Prof Robert Fitridge
Mr Nikitas Vrodos
Mr David Mitchell
Prof Glenn Guest
Dr Bee Ang

PD Facilitator
Dr Stephen Wilkinson
Dr Neil Price
Mr Adrian Flemming
Mr Phillip Truskett
Dr Anthony Sparnon
Prof Spencer Beasley
Dr Teresa Withers
Dr Deborah Amott
Mr Matthew Oliver
Dr Wendy Crebbin
Dr William Butcher
Ms Vicky Warwick
Dr Peter Roessler
Ms Rona Tranberg
Ms Menna Davies
Dr Sandy Garden
Ms Emma Woodhouse

THOSE WHO HAVE SERVED THREE YEARS

SET Supervisor
Mr Robin Brown
Mr Richard Bunton
Mr Julian Gooi
Dr Emily Granger
Mr Peter Grant
Dr Manish Jain
Dr Prashant Joshi
Dr Graham Meredith
Mr Tharumenthiran Ramanathan
Dr Nicholas Roubos
Dr Matthew Burstow
Dr Nicole Campbell
Dr Hsiang Chung
Dr Jane Cross
Mr Gary Crosthwaite
Dr Shannon Di Lernia
Dr Christopher Dobbins
Mr Daniel Fletcher
Dr Marjan Ghadiri
Mr Govind Krishna
Dr Christine Lai
Dr Phillip Malouf
Mr Shelbin Neelankavil
Prof Ronan O'Connell
Dr Ian Rebello
Dr Guillermo Regalo
Mr James Roberts-Thomson
Dr Lincoln Rothwell
Dr Wendela Schimmer
Dr Ian Shaw
Mr Peter Shin
Mr John Spillane
Mr Boris Strekozov
Dr Michael Suen
Dr Mary Theophilus
Mr Philip Toonson
Dr Jeffrey Van Gangelen
Dr Kurt Verschuer
Dr Evan Willingham
Mr Daniel Wong
Dr Eva Wong
Dr Jason Wong
Dr Sze Ling Wong
Mr Ying-Ruey Yong
Miss Magdalena Biggar
Dr Emily Davenport
Mr Paul Samson
Mr Rodney Allan
Dr Raymond Chaseling
Mr Keith Gomes
Dr Saeed Kohan
Dr Jacqueline McMaster
Mr Thirayan Muthu
Dr Jonathon Parkinson
Mr Craig Timms
Dr Rebecca Webb-Myers
Dr Timothy Connolly
Dr Natalie Sist
Mr Patrick Walsh
Dr Ian Wong
Dr Angela Butler
Mr Francis Hall
Dr Andrew Wood
Mr Ali Bayan
Mr Brendan Coleman
Mr Angus Don
Dr Simon Johnson
Mr Perry Turner
Mr Nigel Willis
Dr Hilary Boucaut
Dr Rebecca Cooksey
Dr Aniruddh Vijay Deshpande
Dr Parshotam Gera
Mr George Malecky
Mr Richard Barton
Dr Jeon Cha
Mr Siddharth Karanth
Mr Peter Laniewski
Dr Frank Lin
Dr Susan O'Mahony
Dr Guy Watts
Dr David Ying
Dr Alessandra Canal
Dr Simon Chong
Mr Paul Anderson
Dr Stephen Bourne
Dr Nicholas Campbell
Dr Maxwell Dias
Mr Nigel Dunglison
Mr Wesley Hii
Mr Dennis King
Dr Scott Leslie
Mr Dinesh Patel
Dr Leanne Shaw
Dr Christopher Tracey
Dr Audrey Wang
Mr Kamran Zargar Shoshtari
Assoc Prof John Gan
Dr Joseph Hockley
Damien Holdaway
Dr Yew-Ming Kuan
Mr Domenic Robinson
Dr Richard Ward-Harvey

IMG Supervisor
Mr Gerard Powell
Mr Adrian Trivett
Prof David Watters
Prof David Wood
Dr Robert French
Mr Hugh Martin
Mr Gordon Arthur
Mr Peter Pohlner
Mr Garrett Hunter
Mr Alan Scott
Mr Donald Laing
Mr Robert Ventura
Dr Stephen Clarke
Mr Stephen Clifforth
Assoc Prof Phillip Spratt
Mr Peter Tamblyn
Assoc Prof Peter Deutschmann
Prof Andrew Kaye
Prof Mark Edwards
Mr Alexander Grant
Prof Noel Tait
Mr Ian Campbell
Assoc Prof Elton Edwards
Mr Francis Quigley
Mr Jeffrey Myers
Assoc Prof Peter Devitt
Conjoint Prof Jonathan Gani
Prof Christopher Pyke
Mr John Stanley
Mr David Hall
Mr Peter Bryan
Assoc Prof Julie Mundy
Mr Ngalu Havea
Prof Fiona Wood
Mr Stanley Chen
Mr William Lynch
Dr Elizabeth Rose
Dr Eric Guazzo
Prof Peter Choong
Assoc Prof Michael Murphy
Assoc Prof John Alvarez
Mr Andrew Graham
Dr Alison Taylor
Mr Roderick Borrowdale
Assoc Prof Gary Morgan
Mr Gerard Hardisty
Prof David Little
Mr Colin Reid
Mr Russell Bourne
Dr Sharon Kelly
Mr Hugh Macneil
Assoc Prof Thomas Hughes
Mr Anthony Dilley
Dr Robert Davies
Mr Mark Duncan-Smith
Mr Andrew Mitchell
Prof Stephen O'Leary
Mr Simon Ellul
Dr Ralph Stanford
Mr Stephen Megson
Mr Matthew Nott
Prof Andrew Biankin
Dr Timothy Elston
Mr Mark Hurworth
Mr Arvind Deshpande
Dr Emma Corrigan
Mr Robert Eisenberg
Dr Michael Fish
Mr Anuradha Jayathillake
Mr Philip Jumeau
Mr David Scott
Mr Melvyn Kuan
Prof Richard Naunton Morgan
Mr Ulrich Dorgeloh
Dr Jamie Reynolds
Mr Matthew Ryan
Dr Kevin Seex
Mr Andrew Thompson
Dr Nathalie Webb
Mr Benjamin Witte
Mr Adam Zimmet
Mr Vidyasagar Casikar
Prof Andrew Carney
Mr Kevin Tetsworth
Prof Lucian Solomon
Dr Matthew Wilkinson
Mr Nils Wagner
Mr Christian Sutherland
Mr Andrew Swanston
Mr Matthew Oliver
Dr Babatunde Salman
Prof Zsolt Balogh
Mr Narayanan Jayachandran
Dr Yves D'Udekem
Dr Rebecca Magee
Dr Fraser Taylor
Assoc Prof Bibombe Mwipatayi
Mr Idris Arogundade
Mr Asar Alsaffar
Mr Shanthapriya Tellambura
Assoc Prof Bernard Whitfield
Prof Alasdair Sutherland
Mr Arshad Barmare
Mr Allen Yeo
Dr Swapnil Pandit
Prof James Spark
Dr Alan Atherstone
Mr David Wright

PD Facilitator
Assoc Prof Andrew Davidson
Dr Garry Dyke
Mr Richard Grills
Ms Meron Pitcher
Mr Guy Rees
Dr Salena Ward
Ms Mary Lawson
Dr Rex (Hin) Chan
Mr Gowan Creamer
Dr Catherine Ferguson
Ms Jane Fox
Dr Richard Hocking
Miss Sarah Hulme
Mr Andrew Malcolm
Dr Christine Lai
Dr Mary Theophilus
Prof Sandra Carr

**The Academy of Surgical Educators and the affiliated RACS departments endeavour to publish these lists as accurately as possible. If you know someone whose name is missing from the list, please contact ase@surgeons.org*

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.

2018

Tony Pierre (NZ)

2019

Robert Mitchell (NSW)

Warren Fraser (NZ)

John Boulton (NZ)

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
SA: college.sa@surgeons.org
TAS: college.tas@surgeons.org
VIC: college.vic@surgeons.org
WA: college.wa@surgeons.org
NT: college.nt@surgeons.org

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.

Dr Joseph Santamaria OAM
Died 30 June 2019 in his 96th year

Dr Joseph Santamaria was a great campaigner for road safety in the 1960s and '70s and, working closely with RACS, was instrumental in driving legislative change around seatbelts and drink-driving. In 1983 he was awarded the RACS Grove Medal for making a significant contribution to road safety.

Joseph Santamaria was born to Italian migrants and was the fourth of six children. He was educated at CBC St Kilda and St Kevin's College. He studied Medicine at the University of Melbourne, graduating in 1948. For three years after graduation he worked as a resident and registrar at St Vincent's Hospital in Melbourne. Additional work with Carl de Gruchy engendered a long-time interest in haematology which he practised at the Austin, the Royal Children's Hospital and Chelmer Laboratories.

He commenced general practice in Thornbury partnering with Bill McCubbery for a number of years. However, he specialised in general medicine serving as an assistant physician to outpatients. In 1966, he joined a team of doctors and nurses from St Vincent's and spent six months in Vietnam providing medical and surgical services.

In 1970, he was appointed Director of Community Medicine which had grown out of the pre-existing Alcoholism Clinic. He was very active in alcohol studies as well as road safety joining the RACS Road Trauma Advisory Committee whose work resulted in adoption of seatbelts and blood alcohol limits for driving. His work was recognised with the RACS Groves Medal; he had first met Graeme Groves in Vietnam in 1966.

The Department continued to expand. He was involved in a regular summer school of Alcohol Studies and, in 1974 with a grant from the NH&MRC, began the first Young Drinking Drivers course. He was a member of the House of Representatives Standing Committee on Road Safety which published its far-reaching report in 1980.

Several developments in the field of bioethics led St Vincent's to commission a Medico Moral Reference Committee and St Vincent's Bioethics Department which he chaired for a number of years. Joseph retired in 1988 to Red Hill but maintained his interests in alcohol and drug addiction, bioethics, and writing books and poetry.

Joseph was awarded an Order of Australia Medal in 1997 for service to community health particularly in the fields of alcohol and drug addiction.

His wife of 66 years, Dorothy (a former casualty nurse at St Vincent's Hospital) died in 2018. He is survived by his five children, 16 grandchildren and 11 great grandchildren.

Anthony (Tony) William Pierre FRACS

General Surgeon

1 August 1941 – 11 November 2018

Tony was born in Christchurch, the elder son of William Pierre, a school principal, and Florence (nee Edwards) also a school-teacher. He had an older sister, Anne, and brother, Richard. Tony commenced his schooling at Hornby Primary School and subsequently attended both Primary and Secondary Divisions of Geraldine District High School where his father was the Principal. Tony's kindness, compassion and calming touch were recognised at an early age. He was the only person Tigger, the family cat, trusted to remove embedded grass seeds that could cause ear infections.

https://www.surgeons.org/about-racs/about-the-college-of-surgeons/in-memoriam/obituaries/tony-pierre

Robert M. Mitchell BMEDSC MB CHB CHM FRCS FRACS

6 December 1925 - 20 September 2019

Robert Mitchell qualified in Medicine at the University of Otago gaining the Gold Medal in Anatomy and the Senior Scholarship in Medicine. He undertook the B.Med.Sci. and his degree thesis, postnatal development in the rat adrenal, was published in 1948 and attracted interest. This demonstrated his early enthusiasm and aptitude for research.

He was awarded a New Zealand Universities Travelling Scholarship to the United Kingdom and worked his passage over as a ship's doctor in early 1952. He was employed as a registrar at Addenbrooke's Hospital in Cambridge. Whilst in England, he obtained the Fellowship of the Royal College of Surgeons.

https://www.surgeons.org/about-racs/about-the-college-of-surgeons/in-memoriam/obituaries/robert-mitchell

Our sincere thanks to all the compassionate donors who supported the Foundation for Surgery during September and October.

Every donation makes an incredible difference to help ensure more people have access to safe and quality surgical care when they need it most.

Gold ($10,000 – $100,000)

Mr William Poate

Silver ($1,000 - $10,000)

Dr Susan Adams
Associacao Olhar Pelo Mundo
Mr David Cobby
Anonymous donor
Assoc Prof Thomas Hughes
Dr Fiona Lee
Mr John Matheson

Bronze (Up to $999)

Anonymous donor
Anonymous donor
Miss Ginny Barro
Dr Engin Baylar
Assoc Prof Felix Behan
Prof Michael Besser
Mr Robert Black
Dr Vanessa Blair
Dr Frances Booth
Mr Laszlo Borbely
Miss Ingra Bringmann
Mr John Buntine
Mr David Burke
Mr Peter Byrne
Prof Abraham Campero
Mr Anthony Carden
Assoc Prof Phillip Carson
Mr William Castleden
Mr Simon Ceber
Dr Abdul Chaudhry
Mr Robert Claxton
Mr Thomas Clements
Mr Brian Collopy
Mr Russell Corlett
Mr David Cottier
Mr John Cox
Assoc Prof David Pilkington Crankshaw
Mr Andrew Crocker
Dr Nancy Cullen
Mr Alan Cuthbertson
Mr James Davidson
Mr Arthur Day
Mr Simon Donahoe
Mr Zeev Duieb
Assoc Prof Joseph Epstein
Mr Max Esser
Mr John Farlow
Prof Kingsley Faulkner
Mr John Francis
Mr Thomas Frayne
Anonymous donor
Mr William Gilkison
Anonymous donor
Mr Anthony Heinz
Dr John Henderson
Anonymous donor
Mr Roland Hunt
Dr Sharon Kelly
Mr Srisongham (Sam) Khamhing
Mr Matthew Lawrence
Mr John (Fred) Leditschke
Mr John Leeton
Mr Ian McInnes
Mr Richard McMullin
Assoc Prof Brian Miller
Mr Neville Minnis
Prof Patrick Molloy
Mrs Jean Moores
Mr Robert Morgan
Prof Wayne Morrison
Mr Niyaz Naqash
Mr GregoryNeerhut
Dr Ming Ng
Mr George Ngaei
Anonymous donor
Dr Girish Pande
Mr Miklos Pohl
Mr Francis Prendergast
Mrs Elizabeth Ritchie
Mr Andrew Roberts
Mr Paul Samson
Mr Richard Sarre
Prof David Scott
Mr Philip Slattery
Mr Edward Smith
Ms Kristie Solar
Mr Anthony Spence
Mr Leslie Stagg
Mr Malcolm Stuart
Stud Park Pharmacy
Prof Geoffrey Taylor
Dr Leana Teston
Mr Simon Tratt
Anonymous donor
Anonymous donor
Dr Khrisna Tumali
Ms Susan Wardle
Mr Gerard Wilkinson
Mr John Williams
Dr Roger Wilson
Anonymous donor
Assoc Prof John Yeo

A very special thanks to all those who have completed and/or gave in the recent supporter survey. Your feedback will help us improve and work harder than ever to increase access to safe surgical care, now and into the future. **Thank you.**

100% of your donation assists in addressing critical surgical need

REGISTERED CHARITY

More specialty expertise. More surgeons protected. We've got your back.

Dr Chris Merry
Cardiothoracic surgeon
and Avant member

As a respected surgeon, you stand by your reputation and our reputation is built on protecting yours. The fact is, no medical indemnity insurer has more resources or expertise to safeguard your reputation than Avant. With Avant, you'll have the support of award winning Avant Law, Australia's largest specialist medico-legal firm. And more doctors on staff delivers the unique support and understanding that only a peer can provide. The depth of our experience and expertise gives us knowledge of your specialty that's simply unmatched. We've got your back.

Don't risk your reputation. Talk to us today about Professional Indemnity Insurance.

1800 128 268
avant.org.au/practitioners

Avant mutual
by doctors for doctors

*IMPORTANT: Professional indemnity insurance products are issued by Avant Insurance Limited, ABN 82 003 707 471, AFSL 238 765. The information provided here is general advice only. You should consider the appropriateness of the advice having regard to your own objectives, financial situation and needs before deciding to purchase or continuing to hold a policy with us. For full details including the terms, conditions, and exclusions that apply, please read and consider the policy wording and Product Disclosure Statement, which is available at avant.org.au or by contacting us on 1800 128 268.

2258.6 10/19 (0811)