Fellows/Trainees Abroad
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JANUARY/FEBRUARY 2004 HIGHLIGHTS

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WE WANT YOU
Welcome to the re-designed Surgical News. We need you to tell us what you want to see in your publication.

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“Merit-based systems can leave gaps. We’re using candidates’ regional ties to help remedy this.”

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ASC 2004
“The Plenary Sessions give an opportunity for a broader view of the Surgical World.”

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WORKING ABROAD
“The role of Officer Commanding at sea was novel for a surgeon, and probably the first instance of this since WWIl.”
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President’s Report

WELCOME to 2004, and the re-designed Surgical News. This year will see a more strategic publication, specifically addressing issues that effect the medical, and in particular surgical, profession. Workforce concerns, and how the College plans to address these, will feature heavily, as will issues of continuing importance, such as professional competence, our commitment to life-long learning, accountability and the political and societal climates we find ourselves working in. I here recap on pertinent issues, reporting on progress we have made.

Quality of Care

The key message from the recent Australian Health Workforce Officers’ Committee meeting was that we should aim at a distribution of the surgical workforce that leads to “equitable outcomes for patients”, which might be different to “equitable access to surgical services”. Additionally, the Committee put forward, as a guiding principle, the pertinence of our workforce supply achieving national self-sufficiency; reinforcing the College’s position that “filling the gaps” with overseas trained doctors can only be considered a short-term solution.

The College continues to work with the plethora of Australian and New Zealand government departments and committees established to address workforce issues, many of which will be reporting in mid-2004. In doing so, we are strategically positioning ourselves as a body that can provide responsible advice and can pilot new workforce initiatives. We are also highlighting that the College’s diploma qualifications are highly regarded and sought after internationally, strengthening our argument that self-sufficiency is possible with the government’s assistance.

Funding demands

Attracting surgeons to certain geographical areas will continue to be problematic where health sector funding remains insufficient. Without the appropriate infrastructure and professional support, patients cannot be treated safely, waiting lists will continue to grow, and the imbalance between emergency and elective work will continue. Further, although it is fundamental that trainees gain experience in elective surgery, many have limited exposure to this, given the emergency focus of many hospitals.

Litigation, regulation trends

There is a trend towards increased litigation in the health sector in Australasia, and in this vein, the College is developing a Code of Conduct, to be presented at the ASC. Although the medical indemnity issue appears to have abated for the moment, the Cabinet-adopted solutions are tenuous. The College remains committed to the overall review and replacement of our current tort – law based system.

Health pressure a global concern

As workforce and funding shortages, increased regulation and litigiousness and the drive towards transparency and accountability are international issues, my role in representing the College on national and international committees is twofold: to gauge what is best practice in dealing with such issues; and to demonstrate the College’s position as a world-leader in surgical training, education and change advocacy. I will continue to inform you of international trends in health sector issues and solutions.

Medical Colleges Presidents’ Committee

An increasingly important forum, the Committee recently discussed the MedicarePlus programme. Dr John Horvath (Chief Medical Officer, Australia) is keen to work with the College to expedite overseas trained doctor assessments and placements, particularly in areas of workforce shortage. Equally, we are working on a number of initiatives to look at rural workforce imperatives.

Expanding educational initiatives

With the development of skills centres in Perth, Auckland, Sydney, Melbourne and Brisbane, it will be critical that the College develops a strong understanding of the academic basis, appropriate credentialing criteria and a methodology of assessment that demonstrates the value of substantial capital investment in skills centres. We are working collaboratively with Universities and other Colleges to ensure that our training is as effective and efficient as possible.

College review

With our Executive General Manager, Dr David Hillis now fully into his role, I am asking for a review of our structures and processes to ensure we achieve outcomes efficiently, effectively and with maximum transparency and accountability. The strongest message coming from the Fellowship is “value for money”, and the demonstration of this will be a focus for 2004.

Annual Scientific Congress

I look forward to welcoming all Fellows and trainees to the 2004 ASC, and in particular Professor Richard Smith, Editor of the British Medical Journal, as the ASC President’s Lecturer.

Anne Kolbe
NEW ZEALAND is just coming out of its annual “Shut for the holidays” period, so activities on this side of the Tasman have been limited. However, the country is now returning to its more usual level of activity, and the release of the Clinical Training Agency’s Strategic Intentions is worthy of note, as is an update of the Medical Council of New Zealand’s activities.

CTA Strategic Intentions

The Clinical Training Agency Strategic Intentions document was recently released. This identifies the CTA’s purchasing intentions for post entry clinical training in New Zealand’s health sector from 2004 – 2013. CTA anticipates providing funds for 201 surgical training positions in 2004, but is reviewing the numbers for 2005 – 2013. With approximately 280 surgical trainees in New Zealand, there will a CTA funding shortfall for around 30 per cent of trainees, which hospitals’ operating budgets will have to cover.

Based on an earlier consultation process, the CTA now acknowledges inadequacies in the data used to estimate surgical and anaesthesia workforce requirements. CTA notes that it will work with the medical colleges and DHBNZ over the next 12 months to develop a “robust estimate of demand for surgical and anaesthetic services”.

NZ Medical Council

The Medical Council of New Zealand (MCNZ) has announced a review of its guidelines for managing doctors with transmissible major viral infections, and is considering issues such as requiring doctors infected with HIV, hepatitis B or C to inform their patients; currently not an MCNZ guideline.

The MCNZ is also considering developing a statement on office-based surgery in order to set standards for patient safety, and has invited a number of key groups, including the College, to meet to discuss practicalities and the key points to be addressed in the proposed statement, if the Council chooses to proceed with this.

The MCNZ is also seeking to discuss restricted activities in relation to office-based surgery. The new Health Practitioners Competence Assurance (HPCA) Act allows the Health Minister to restrict an activity that “constitutes or forms part of a health service” to health practitioners whose scope of practice permits them to perform that particular activity. As a “scope of practice” can be as narrow as the work carried out by a single individual, or as broad as that carried out within a specialty, a restricted activity could be as narrow as a particular procedure, or as broad as a complete post graduate training programme. The MCNZ’s intent will no doubt become clearer at the forthcoming meeting.

"The College has expressed concern over the redefinition of “qualification” under the HPCA Act, and the inherent difficulties of determining (and monitoring) the two proposed qualifications. We will meet with the MCNZ to discuss such issues."

Scopes of Practice

The new registration formats – known as scopes of practice – are to become operational in September 2004. These will replace the existing types – temporary, general, probationary and vocational - of medical registration. MCNZ released a consultation document on proposed registration pathways and scopes of practice in December 2003, to which the College responded. One matter of concern is the possibility that temporary registration will not be transferred to a “scope of practice”, so that doctors who come to New Zealand on a short term basis may be able to remain indefinitely without being assessed against the full registration criteria required of those wanting permanent work. Under the Act, the MCNZ will also have the ability to determine that either working in a “comparable health system and practice environment” to New Zealand’s, or having been registered with a “competent registration authority”, constitute an acceptable “qualification” for registration in a scope of practice in this country. The College continues to express its concern over the way the Act has redefined the term “qualification” and the inherent difficulties of determining (and monitoring) these two proposed qualifications.

Scopes of Practice

The draft criteria suggested by the MCNZ for competent authorities are reasonably comprehensive but appear to focus on the existence of certain systems and do not yet encompass the standards these systems must reach.
New Zealand New Year Honours

ONZM
OFFICER OF THE NEW ZEALAND ORDER OF MERIT
Timaru general surgeon, Dr Gavin Wilton, obtained his Fellowship in 1979 and was awarded the Officer of the New Zealand Order of Merit for services to surgery.

Australia Day Awards

AC    COMPANION OF THE ORDER OF AUSTRALIA
Victorian Professor Graeme Clark was awarded the Companion of the Order of Australia for service to medicine and science. Professor Clark received his Fellowship in Otolaryngology in 1966.

AO    OFFICER OF THE ORDER OF AUSTRALIA
Dr Victor Fazio, now living in the United States of America, is an honorary Fellow of the College and was awarded the Officer of the Order of Australia for his service to medicine.

AM    MEMBER OF THE ORDER OF AUSTRALIA
Mr Michael Gorton, honorary College Solicitor for many years, was awarded an honorary Fellowship of the College in 2000. Mr Michael Gorton was made a Member of the Order of Australia for service to the community.

From New South Wales, Professor Reginald Lord was made a Fellow in 1965, specialising in vascular surgery. He was awarded the Member of the Order of Australia for service to medicine.

Dr Alan Nicholls was made a Fellow in 1967, specialising in orthopaedic surgery. From New South Wales, Dr Nicholls was made a Member of the Order of Australia for service to medicine.

OAM    MEDAL OF THE ORDER OF AUSTRALIA
From South Australia, general surgeon Dr Franklin Bridgewater received the Medal for the Order of Australia for service to the community, particularly the development of ambulance services in South Australia.

Dr Peter Packer from Western Australia was admitted to Fellowship in 1964 specialising in otolaryngology. He received the Medal of the Order of Australia for service to medicine in the field of otology.

Dr Robert Paton, also from Western Australia, was made a Fellow in 1958. He was awarded the Medal of the Order of Australia for service to medicine, particularly vascular surgery.

A MESSAGE FROM THE SURGICAL NEWS EDITORIAL TEAM

The College Media Department needs your help to make Surgical News even more relevant to Fellows and Trainees.

In this edition of Surgical News, the first for 2004, we have redesigned the content and layout to make the publication more appealing, with a mix of articles on current surgical issues prevalent in Australia and New Zealand, and regular features are more clearly defined.

It is vital that we get the right content in Surgical News, and in this edition you will find a survey asking for your feedback. In particular, we are seeking to find out which features you enjoy, and the types of stories you would like to see more of. To have your say, fax your survey response to the Melbourne office on +61 3 9276 7431 or New Zealand office on 04 385 8873 by March 31, 2004. Alternatively, you can undertake the survey online at the College’s website: www.surgeons.org

As well as having your say via our survey, you can contact the Media Department directly with any story ideas. We would like to pursue a "Fellows/Trainees in the News" section, wherein we report on professional and personal achievements. Examples of the input we are looking for include: information about published research books or articles; new appointments to positions of significance in surgical/teaching fields; professional/volunteer experiences in remote (rural or overseas) positions; and achievements in the field of surgery, as well as in fields other than medicine (i.e. art, music, sport, etc). Contact Brooke Daly, Assistant Editor of the Surgical News, in the Media Department, on +61 3 9276 7430 or by email: brooke.daly@surgeons.org.
DEVELOPING and bedding down new curricula in surgical training and CPD programmes, while achieving a radical overhaul in trainee selection processes, have been the primary concerns of the Urological Society of Australasia during the past year.

Society President Mr Andrew Brooks said modular educational packages had recently been designed and introduced to both improve advanced training and the delivery of CPD requirements.

“The problem with the CPD agenda is that it has traditionally been driven by the medical industry,” Mr Brooks said.

“This means that the industry decided what speakers to sponsor, what subjects to discuss, what technology to explore, thereby determining areas of interest. This system necessarily meant that some areas were overlooked.

“We have changed this by splitting up the body of urological knowledge into packets to be delivered over four years and then approaching industry representatives to determine which parts they would like to sponsor. It’s about being pro-active and strategically driven.”

Mr Brooks said part of the society’s strategic plan had also been the overhaul of the trainee selection process which has now been achieved despite some political and geographical obstacles.

He said a totally merit-based system had been introduced.

“Partly the problems we faced related to the ownership of the system but a more complex question we needed to resolve related to workforce issues,” he said.

“With a system based entirely on merit, obviously you can face a situation where none of the best applicants for training come from a particular state or region in any given year, thereby leaving gaps.

“Therefore we devised a ranking system whereby if two trainees are particularly close in terms of merit we will use the candidates’ ties to the region in question to help decide the matter.”

He said similar considerations were now coming into play in the development of sub-specialisation training systems.

He said that, although the community now expected experts in particular fields of surgery to be identified and acknowledged, developing sub-specialty training packages, CPD programmes and systems of credentialling would take some thought and time.

“The community has certain expectations of medical practitioners – reflected by the involvement of the AMC and ACCC - and I’m not sure they have entirely been met,” Mr Brooks said.

“For example, if I as a patient need to have a particular procedure, I can’t phone the Society and find out who the best person is for the job yet that is increasingly what the public wants from us.

“At the moment we may have some people conducting major operations only twice a year while someone else down the road might be doing hundreds. Maybe the person who does two shouldn’t do any.

“HOWEVER, this issue of sub-specialisation raises many questions such as: do we alter our basic urological training; does everyone need to know about bladder or prostate cancer if only some people are going to specialise in these areas; how do we match clinical training with the modular training; and how do we ensure reasonable and practical rostering? It’s all about anticipating community expectations and moving to meet them.”

Mr Brooks said a sub-specialty training system could be developed and introduced within three years with grandfather clauses included to ensure no members were left behind.

He said the next big challenge would be to pro-actively address workforce issues both in Australia and New Zealand, working with Governments to find solutions so that the surgical profession was not excluded from the decision-making process.

However, this would be the challenge facing the new president, with Mr Brooks to step down from the position of President at the Society’s forthcoming conference.

The Annual Scientific Meeting is to be held in Newcastle from March 7 – 11 and has been designed around the theme of uro-oncology including bladder cancer, advanced prostate cancer and endourology.

Keynote speakers will include Professor Mark Soloway, Professor and Chairman of the Department of Urology at the University of Miami School of Medicine.

The author of more than 300 articles in peer-reviewed journals, Professor Soloway has devoted more than 30 years to the study of bladder and prostate cancer.

Professor Alexandre Zlotta from the University of Brussels will also present a paper. His fields of interest include uro-oncology, immunology and new technology.
**Trainee awarded clinical research prize**

**THE** Cabrini Monash University Academic Surgical Department, together with Johnson & Johnson Medical Pty Ltd presented the 5th Annual Sir Edward Hughes Memorial Clinical Research Prize in Surgery on Saturday October 25th. The recipient of the 2003 Sir Edward Hughes Memorial Clinical Research Prize in Surgery was Dr Adam Stewart, a basic surgical trainee from Queensland who presented the results of a pain control infusion pump for postoperative analgesia following inguinal hernia repairs. This paper was a large scale prospective, randomised study. The event was chaired by Mr. Paul McMurrick, Senior Lecturer at the Cabrini Monash University Academic Surgical Department. The morning was an outstanding success.
WELL, not quite “master and commander”, but Sydney based surgeon LTCOL Glen Farrow recently found himself at sea in command of the Primary Casualty Reception Facility (PCRF) aboard the amphibious landing ship HMAS Manoora. The PCRF is the Navy’s deployable surgical facility, and was activated at short notice to support a rapid deployment to the Solomon Islands in July 2003, which is on going.

The Regional Assistance Mission in the Solomon Islands (RAMSI) was deployed with over 2000 troops and Australian Federal Police with the aim of restoring law and order to our close neighbour. Factional fighting between ethnic groupings had made the country ungovernable, and, having seized high powered weapons, local war lords held many local communities under their control, with the Royal Solomon Island Police (RSIP) powerless to intervene.

The Australian government’s fear that a failed state on our doorstep would provide a possible haven for terrorist activities triggered the pre-emptive action, which was widely welcomed by the people of the Solomon’s.

HMAS Manoora slipped out of Townsville harbour three days before the arrival of ground troops in Honiara, and after a “bumpy” crossing of the Coral Sea, was waiting over the horizon off Guadalcanal to support the air landing.

The PCRF aboard boasts a fully equipped modern operating theatre with a high dependency unit and two ventilated beds. Resuscitation of mass casualties can be conducted in the main rear deck hangar, but the majority of patient care is conducted in a purpose built air-conditioned facility. A compliment of Sea King helicopters allows the ship the ability to perform AME from across the islands, and this was fully tested with the night retrieval over water of a missionary in respiratory arrest. He was later successfully evacuated to Townsville.

The facility is equipped to deal with all manner of major trauma surgery (level 3 initial wound surgery) with rearward evacuation to Townsville once patients are stabilised. Thankfully, while minor surgery was performed on this deployment, there was no subsequent need for urgent trauma surgery.

The role of Officer Commanding a medical facility at sea was a novel one for a surgeon, and probably the first instance of this occurring since WWII. A part-time staff specialist at Children’s Hospital Westmead, and also the Senior Health Officer for the military area health service in Sydney, Dr Farrow has been deployed at short notice on a number of occasions.

Dr Farrow’s role was particularly challenging given the task of molding 70 personnel, both Army and Navy, into an effective unit, many having never been to sea before. Government interest in the deployment was high, and the opportunity to meet and brief media, the Foreign Minister and Prime Minister was a particular highlight for Dr Farrow. Also, being on board during the surrender of warlord Harold Keke reinforced the serious nature of this deployment.

While this was the first occasion the full PCRF was deployed operationally, it most certainly will not be the last.

My role was a novel one, but being on board during the surrender of a high profile warlord reinforced the serious nature of the deployment.

A journey into tropical waters sounds idyllic to most Australians, but for surgeon Glen Farrow, time at sea supporting the Australian armed forces was a great challenge.

FELLOWS/TRAINEES ABROAD

Master and commander
LAST month Dr Rowan Gillies became not only the first Australian ever appointed as president of the European-based medical aid agency Medecins Sans Frontieres (MSF) but the first medical trainee to hold the post.

Formerly a registrar at Sydney’s Mona Vale Hospital, Dr Gillies packed his bags in early January and headed off to Brussels to become the public voice of the 1500 international medical practitioners and 15,000 local staff which comprise the world’s largest independent medical aid group. Having just finished his third year of advanced surgical training, he will interrupt his medical education for two years - the duration of his term of office - and plans to specialise in plastic and reconstructive surgery upon his return to Australia.

Dr Gillies described himself as both concerned and excited by the challenge of his new appointment.

He said he had great respect for both the quality of the work conducted by the organisation and the skills of the people attracted to it.

“MSF has a pragmatic approach about how it does its work,” Dr Gillies said.

“If we do get involved in politics then we do so because of the needs of a particular group of patients, constantly striving to keep medicine and good health care as the focus of all endeavours.”

“Working under an MSF surgeon will keep my skills up and allow me to better represent our organisation to the UN.”

Dr Gillies said he intended to use his time in the position not only lobbying in the corridors of power for those without any, but to continue practicing medicine.

“The pressing and complex issues involved in the work done by MSF will take up considerable time but I also plan to go into the field under the supervision of an MSF surgeon to work in a war surgery context.”

“That will both help keep my skills up to standard but will also allow me to better represent the work of the organisation to the UN or other international bodies we deal with.”

“Working with MSF surgeons will also be extremely rewarding because the organisation has always attracted very highly qualified medical practitioners. “Many surgeons, in particular, are attracted to “old-fashioned” surgery, straight-up surgery where you just get in there and tend sick and injured people.”

Dr Gillies said.

“The problem for many surgeons of course is often one of time. It can be very difficult for someone with a busy surgical practice to find the time to get away to conduct volunteer work.

“I’m fortunate enough to be able to take that time.”

Yet Dr Gillies, at 33, said he did have to think carefully before taking up the position in regard to the years necessarily added onto his training because of the break.

However, all those he talked to had supported his move to Brussels.

“The consultants I discussed this with were all very encouraging,” he said.

“All of them said it was a wonderful opportunity and that I would still have a long time to become, and be, a plastic and reconstructive surgeon after I came home.”

Dr Gillies said he believed his appointment reflected the high regard Australian volunteers were held in around the world.

He said the College had been both supportive of his need for interrupted training while more broadly fostering a spiriting of volunteerism in the surgical profession.

“ Australians in general have a strong belief in volunteerism,” Dr Gillies said.

FELLOWS/TRAINEES ABROAD

Rowan Gillies
The Republic of Yemen, once known as Arabia Felix (“Fortunate Arabia”) is a rural country on the Arabian Peninsula. Jeremy Richardson, a 2nd-year Basic Surgical Trainee at the Royal Melbourne Hospital, worked as a Visiting Medical Officer (VMO) at the Jibla Baptist Hospital, Republic of Yemen, from May to December 2002. Here he recounts his experiences working in this less-developed region.

AFTER completing my internship at the Royal Hobart Hospital in 2001, I sought to broaden my surgical experience and skills prior to commencement of Basic Surgical Training. Following my work with a medical outreach team in the Hills Tribes regions of Northern Thailand in 2000, I made enquiries into organisations that provide health care in less-developed regions which would be willing to accept a recent graduate.

My enquiries lead me to make contact with Mr Ken Clezy, an Australian general surgeon working in Yemen, who informed me of an opportunity to work with him as a VMO at the Jibla Baptist Hospital (JBH). With a sense of excitement and trepidation I accepted this position, working primarily with the surgical team headed by Mr Clezy and another general surgeon, Judy Williams, of the USA.

The JBH, a 44-bed hospital run by a non-government organisation to provide surgical, medical, obstetric and gynaecological services, is run by 60 volunteer and contracted national and international staff from Yemen, Australia, USA, Mexico, Canada, Switzerland, Holland, Ireland, Philippines, India and Iraq.

Under supervision and assistance, I developed new skills in clinical assessment, diagnostic decision making and procedural skills. I was responsible for my own patients, and duties included: assessment, management and follow-up of in and out-patients; performance of, and assistance in, surgical procedures; and, after-hours surgical on-call. During my time in Yemen I managed a wide range of pathology, some not commonly seen in Australia. Presentations were frequently late and revealed advanced fulminating disease.

Conditions commonly seen at JBH include: trauma from gunshot, stabbing and motor vehicle accidents; major burns; kidney, ureteric and urinary bladder stones; disseminated hydatid disease; cleft palate / lip; thyroid disease; limb necrosis from Viper and Taipan snake bites; intestinal amoebiasis, and limb damage from leprosy. Commonly performed elective surgical procedures include: tonsillectomies; open cholecystectomies and prostatectomies; bilateral tubal ligations; caesarean sections and hernia repairs. To say the least, I was able to gain extensive hands-on surgical experience during my time at the JBH!

The many nuances in the treatment of patients in Yemen were largely a result of the Republic’s poverty, as well as the general harshness of the physical landscape. In-patients were accompanied by a relative who provided their personal care, and burns patients had dressing changes under general anaesthesia at 6am to minimise fasting time and maximise nutritional intake. Out-patients began at 7am after ward rounds and continued to 2pm to avoid the extreme afternoon heat reached during the wet season. The JBH also provides medical care for inmates in the Central Ibb jail, and a four-wheel drive mobile medical clinic for medical care and immunisation services to remote villages.

I could not have asked for better supervision and guidance than that offered by Mr Clezy, and working with him was a privilege and a pleasure. Although originally trained as a general surgeon, he has extensive experience and skills in orthopaedic, urology, paediatric, plastic and reconstructive and neurosurgery from his work in Australia, Papua New Guinea, India, Yemen and the United Kingdom. His immense knowledge and breadth of skill, humility, dedication and good nature make him a wonderful teacher and mentor, earning him the respect of the Yemeni people.

Although I had not yet commenced BST whilst in Yemen, the surgical teaching and early experiences that I gained as a medical student and as a general / vascular and surgical specialties intern provided a good foundation for training in Yemen. In addition, I completed a three week intensive International Health and Development course run by InterMed and Flinders Medical Centre, South Australia, prior to my departure from Australia, which helped to prepare me for some of the practicalities of practicing medicine and surgery in a less-developed region.

There are many benefits to be gained from an attachment to a less developed region. Being exposed to a broad spectrum of disease and pathology, extensive “hands on” learning, the opportunity for development of procedural and diagnostic skills, working with multinational colleagues and the unique “life experience” of living and working in another culture are invaluable experiences which help one to appreciate the opportunities and the healthcare system that we have in Australia.

This article is dedicated to the memory of Bill Cohen, Martha Myers and Kathy Carity who were killed on 30th December 2002 whilst working at the Jibla Baptist Hospital, Republic of Yemen.
OBITUARY

Nathaniel Albert Alfred Myers, AM, MD, FRACS, FRCS

COLLEAGUES will be saddened to hear of the death of Nate Myers on 7 January 2004. He was 81 years of age. There have been few in paediatric surgery who have contributed more. He was educated at University High School, Melbourne, winning the State Exhibition in Chemistry and a Commonwealth Scholarship to study medicine. He graduated with honours in 1945, followed by residency at the Royal Melbourne Hospital.

From 1946 - 1954 Nate remained at the Royal Children's Hospital, Melbourne, for eight years, including three as Chief Resident, and for a while was undecided as to a career pathway, seriously considering paediatric psychiatry at one stage.

To the benefit of thousands of children with surgical lesions Nate chose surgery. He was seconded during this period to the RMH for surgical training, gaining his FRACS, and proceeded to the Hospital for Sick Children in London for two years further experience. In his second year there he was Registrar to Mr David Waterston which sealed his lifelong interest in thoracic surgery. It was here that he met and married his first wife, Anne, and they had four talented children - Jane, John, Carolyn and Richard.

Returning to Melbourne Nate was appointed to the Senior Staff of the Royal Children's Hospital in 1957 and remained there for another 45 years variously at times as Senior Surgeon-Head of Unit, Chairman-Department of Surgery, and after retirement Senior Consultant. He was never completely fulltime at the hospital, as was the usual pattern of attending Consultants, but maintained an extensive private practice and had appointments at other hospitals, especially at St Francis Cabrini Hospital. His RCH position involved undergraduate and postgraduate teaching all his life as part of the University of Melbourne Clinical School, and of the Royal Australasian College of Surgeons training programs for Registrars. He was an active member of many hospital subcommittees including a period as Chairman of the Senior Medical Staff.

Although experienced in most areas of paediatric surgery, thoracic surgery was Nate particularly area of expertise. He was involved at the RCH in the early development of cardiac surgery, but he will be remembered most for his monumental work on oesophageal atresia. Together with the late Russell Howard, Nate was one of the pioneers and a world authority in the surgery of this condition. His monograph is a classic (earning an MD), and his advice constantly sought in international meetings.

As a clinical surgeon he had superb diagnostic ability, huge experience and an unsurpassed rapport with children and parents. He truly loved children and they loved him, and his holistic care was total. He had great affinity in working with colleagues of other disciplines and his years of paediatrics before surgery gave him a formidable understanding of non-surgical conditions.

In the College Nate was a founder member of the Board of Paediatric Surgery, playing an active role in the development of the specialty, Chairman of the Victorian State Committee and Chairman of the Archives Committee. He lectured extensively overseas, contributed to a dozen books, and over 70 scientific articles, and was the Australasian Editor of Pediatric Surgery International. He is an Honorary Member of the British Association of Paediatric Surgeons and of other international Societies, has been President of the Australasian Association of Paediatric Surgeons, President of the Pacific Association of Pediatric Surgeons, and was a Hunterian Professor of the RCS England in 1973. He was made a Member of the Order of Australia (AM) in 1981.

Nate will also be remembered for his generosity of spirit, not only for his dedication to parents and children but also in his thoughtfulness to colleagues and friends in countless ways.

In later life he married Julie Nicol, and with her two sons, he enjoyed a wider family for 16 years. Julie gave great joy to Nate and devoted care, especially in the last tragic year of his life when he required constant hospice care.

Durham Smith
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THE 2004 – 2006 CPD PROGRAMME has now commenced and incorporates a number of changes to reflect the needs of Fellows and current educational principles. Notable changes to the programme include the introduction of a points system (rather than hours) to enable weighting for educational value and an emphasis on active learning. Additional practice types have also been included in the programme: Other Non-Procedural and Non-Clinical Work (e.g., research, academic, administration) and Surgical Assisting.

All active Fellows received the 2004 – 2006 CPD Programme Information Manual prior to Christmas. The Information Manual outlines requirements for the CPD Programme according to practice types, and provides information within each category on activities that Fellows can undertake to assist with meeting the requirements.

CPD Data 2003

Fellows should by now have received a Recertification Data Form for 2003. This data form is to record details of your continuing professional development activities during 2003, and should be returned to the College by 31 March, 2004. Please contact Ms Sauming Chan who is in the office on Mondays, Thursdays and Fridays on +61 3 9249 1282, or email sauming.chan@surgeons.org if you require assistance completing your data form.

Verification

Each year, 2.5 per cent of Fellows are selected for verification of the information contained in the Recertification Data Form. If you have been selected for 2003, you will have been notified accordingly.

Certificate of CPD

Fellows who have met all requirements for the 2001-2003 triennium will receive a Certificate of Continuing Professional Development, recertifying them until December 2006.

Site & Side Guidelines

Council has approved Correct Site and Correct Side Guidelines developed by the Board of CPDS in consultation with the AOA and Victorian Surgical Consultative Council. The guidelines will be disseminated widely to hospitals and other Specialist Medical Colleges. The guidelines are available at the College website at http://www.surgeons.org/about/publications/policies.html

Surgeons and Competence

A position paper on competence titled ‘Surgeons and Competence’ has also been developed by the Board of CPDS. The position paper aims to review the concept of competence of the practicing surgeon, how the College should assess competency and which pathways to establish within the College to make such determinations. The competence position paper is available at the College website: http://www.surgeons.org/about/publications/policies.html

During 2004 the Board will invite Specialty Societies/Associations and Boards to develop specialty specific proposals for assessment of competence. Over the next few months, the pathways for dealing with return to surgical practice following a period of absence will also be articulated in greater detail.

CPD Educational Activities

FORTHCOMING educational activities offered by the Department of CPD include:

Risk Management - Foundation Class

Risk Management foundation classes are available to all Fellows and focus on developing communication skills and strategies to identify and minimise risk in surgical practice. Topics include patient consent, adverse outcomes and managing patient expectations.
20 March - Watermark Hotel Gold Coast, QLD
26 March - St John of God Hospital Geelong, VIC
18 June - RACS Victorian Skills and Education Centre, VIC

Court Reports

The half day Writing Reports for Court workshop offers skills based training in drafting medical reports for use in legal matters. Participants are involved in a variety of practical examples in a small group setting.
3 April - Melbourne, VIC
10 September - Sydney, NSW

Expert Witness Workshop

This short course offers skills based training to learn the role of the Expert Witness. Legal and surgical instructors present an evening of lectures and a full day of practical exercises. The concentrated instructor - participant ratio ensures individualised attention.
30 April - 1 May, VIC
10 - 11 September, NSW

>Details: Kylie Mahoney on +61 3 9249 1274 or kylie.mahoney@surgeons.org
SOUTHERN AREA HEALTH SERVICE

Goulburn Base Hospital

GENERAL SURGEON, STAFF SPECIALIST OR VISITING MEDICAL OFFICER

There is a vacancy for a Staff Specialist General Surgeon or a General Surgeon (Visiting Medical Officer) at Goulburn Base Hospital. The successful applicant would be expected to be involved in the VMO Surgeon’s roster (one in three). Support Services involve Resident Medical Officer/Intern staff, and full time Career Medical Officer cover for the hospital after hours. The existing practice groups in Goulburn would be willing to consider the successful applicant joining them or alternatively the applicant may wish to be a solo practitioner or Staff Specialist to the hospital with the right of private practice.

Medical practitioners trained in Australia or overseas are eligible to apply for the position. Applicants must be fully registered or registrable in New South Wales. Fellowship of the Royal Australasian College of Surgeons or other specialist recognition as provided for under the Health Insurance Act 1973 is essential.

Medical Indemnity cover is required and if not arranged through the State Treasury Managed Fund (TMF) for public and private patients, then evidence of a suitable level of cover from a recognised provider will be required. In addition to providing the range of emergency and routine general surgery within the delineated role of the Base Hospital, applicants will need to be mindful of the effective utilisation of resources, have the ability to communicate effectively with patients, colleagues and hospital staff. It is essential that the applicant can work co-operatively and interact effectively within the surgical division and also in the wider Health Service setting.

Goulburn Base Hospital is an acute care facility with a 106 bed capacity serving a population of about 66,000 of which 24,000 are in the City of Goulburn. It is a major medical facility in the Southern Area Health Service which incorporates the South Coast of New South Wales, the Monaro District and the Southern Tablelands. Goulburn is about 66,000 of which 24,000 are in the City of Goulburn. It is about 2 hours by road from Sydney and the New South Wales snowfields; Canberra (1 hour) and the South Coast (1½ hours) are within easy reach.

Further details are available from the Director of Clinical Services, Dr Geoff Bayliss AM, FRACP, FRCP (telephone 02 4827 3102).

Application forms can be obtained by ringing (02) 4827 3802. Completed applications should be addressed to Dr Bayliss, Locked Mail Bag 15, Goulburn NSW 2580.

SAHS promotes EEO principles and provides a smoke-free work environment. Relevant Criminal Record Checks will be conducted prior to appointment. Prohibited persons as declared under the Child Protection (Prohibited Employment) Act 1998 are not eligible to apply for child related employment.
Thank You

HONG KONG
Mr T W Au
Mr P Y Lau
Mr K Y Liu
Mr W Y Lok

NEW SOUTH WALES
Ms M A Beevors
Mr M Benanzio
Mr J W Brennan
Mr C J Cammody
Assoc Prof P H Chapnis
Mr R C Claxton
Mr G J Coltheart
Mr R J Costa
Dr M A Davies
Prof L W Delbridge
Mr G M Fogartu
Mr J S Gani
Prof D J Gillett
Mr E M Gregory
Mr I A Grice
Mr A C Gursel
Mr G M Halliday
Mr R J Higgs
Mr J H W Hogg
Mr A J A Holland
Mr R M Hollings
Mr V A James
Mr R F Jones
Mr M G Jones
Mr D J Kerle
Mr W P Lennon
Mr W J Lynch
Mr R G McEwin
Dr T W O’Connor
Mr D D O’Keefe
Mr P W Robinson
Assoc Prof M Schnitzler
Assoc Prof M J Solomon
Dr L M Teston
Prof G D Tracy
Mr D Youkhanis

NEW ZEALAND
Mr D C Adams
Mr A C Bowker
Dr S R Calaca
Mr M A Clark
Mr T F Clements
Mr P R Dryburgh
Mr P J Godfrey
Mr J A Lofts
Ms P M Mercer
Mr B W Partridge
Prof K C Pringle
Mr J W Raine
Mr R W Robertson
Mr H R Steghaus
Mr R S Stubbs
Mr H A Swan
Mr J Van Dalen
Mr F A Bartholomeusz

SOUTH AUSTRALIA
Mr B P Brophy
Mr N L Minnis
Mr D M Southwood

UNITED KINGDOM
Prof H A Dudley
Mr M C Terry

UNITED STATES OF AMERICA
Mr G W Brick

VICTORIA
Mr G W Arthur
Mr R J Bartlett
Mr D C Burke
Mr W G Doig
Mr B J Dooley
Mr M C Douglas
Mr P S D’Urso

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NEW ZEALAND
PO Box 7451, Wellington South New Zealand
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Vol 5 No 1 January/February 2004
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AUSTRALASIAN POST FELLOWSHIP TRAINING PROGRAMME IN COLON AND RECTAL SURGERY.

Applications are invited for this two year Programme commencing in January 2005. The programme is organised by a Conjoint Committee representing the Section of Colon & Rectal Surgery of the College and the Colorectal Surgical Society of Australasia.

Enquiries:  
Mr Philip Douglas – (+61 2) 9650 4222  
Closing Date:  
30 April 2004

Applications:  
There is no form – applications should be by letter, including a Curriculum Vitae and the names and addresses of 3 referees.

Mr Philip Douglas, Chairman  
Training Board in Colon & Rectal Surgery  
PO Box 5039  
Greenwich NSW 2065 Australia  
E-mail: janstuart@bigpond.com

The Australia and Asia Pacific Clinical Oncology Research Development (ACORD) Workshop  
A Workshop in Effective Clinical Trials Design  
Novotel Palm Cove Resort, Palm Cove, Queensland, Australia  
8-14 August 2004

CALL FOR APPLICATIONS

Applications to participate in the ACORD Workshop will now be accepted from junior cancer researchers in any oncology sub-specialty or related discipline from Australia and the Asia Pacific region.

Eligible Applicants

Trainees and junior staff in medical, radiation, or surgical oncology, psycho-oncology, palliative care or related disciplines.

Fellowships

Fellowships will be awarded to selected applicants to meet Workshop travel and accommodation costs.

Application Procedure

Applicants need to submit a clinical research concept they wish to develop into a protocol at the Workshop. Online applications can be made at www.acordworkshop.org.au. Only online applications will be accepted.

More Information

Contact:  
Franca Marine  
Medical Oncology Group of Australia  
Level 6/52 Phillip Street  
Sydney, NSW 2000, Australia.

Telephone: +61 2 8247 6207  
Fax: +61 2 9247 3022  
Email: franae@bigpond.com  
Closing Date for Applications: 31st March 2004

Lung Cancer Case Statement

The Australian Lung Foundation has published a booklet, "Lung Cancer Case Statement", which can be viewed on its website: www.lungnet.com.au. The booklet is useful for presenting to influential people, such as local Members, and anyone interested in lung cancer issues in Australia.

The Foundation has also instituted an "e-newsletter" to assist in keeping abreast of respiratory medical issues in Australia. To receive the newsletter, visit the foundation's website to subscribe.

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SREP

Specialists Re-entry Program

The Government has created a new program to assist specialist doctors to re-enter the workforce following career interruptions. Specialists who are no longer practicing medicine will receive refresher training courses and other support to help them return to the medical workforce.

The program will fund 53 specialists to re-enter the workforce over the next 4 years, and the first cohort of the Specialist Re-entry Program (SREP) will start their placements in July 2004.

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BrisHealth Specialist Centre (07) 3899 1833.
Applications are invited from suitably qualified medical practitioners to enter the College’s Advanced Surgical Training Programmes. Intending applicants must contact the following personnel for information on application requirements and selection processes and criteria relevant to the particular surgical discipline. To meet the appropriate closing date as specified below, details must be obtained in advance. Also, applicants seeking a position in Australia should also apply to the relevant employing authority. Also, applicants seeking a position in Australia are reminded that rural training streams are available in General Surgery, Orthopaedic Surgery and Otolaryngology, Head and Neck Surgery and are able to register their interest when applying to the specialties concerned.

**GENERAL SURGERY**

Australia: Executive Officer
Board in General Surgery
RACS, Spring Street
MELBOURNE VIC 3000
Tel: (03) 9276 7452
Fax: (03) 9249 1240
Email: general.surgery@surgeons.org
Closing date: 28 May 2004

New Zealand: Mr I Stewart,
Board in General Surgery
RACS, PO Box 7451, Wellington South
Further details in NZRACS Newsletter
Tel: (4) 385 8247
Fax: (4) 385 8873
Email: College.NZ@surgeons.org
Closing date: 1 May 2004

Cardiothoracic Surgery
Australia & New Zealand:
Executive Officer
Board of Cardiothoracic Surgery
RACS, Spring Street
MELBOURNE VIC 3000
Tel: (03) 9276 7414
Fax: (03) 9249 1240
Email: sabina.stuart@surgeons.org
Closing date: 28 May 2004

**NEUROSURGERY**

Australia & New Zealand:
Executive Officer Board of Neurosurgery
RACS, Spring Street
MELBOURNE VIC 3000
Tel: (03) 9249 1294
Fax: (03) 9249 1240
Email: stacie.gull@surgeons.org
Closing date: 28 May 2004

**UROLOGY**

Australia & New Zealand:
Education Officer Urological Society of Australasia
Suite 512, Eastpoint
180 Ocean Street
EDGECLIFF NSW 2027
Tel: (02) 9362 8644
Fax: (02) 9362 1433
Email: education@urosoc.org.au
Closing date: 28 May 2004

**PAEDIATRIC SURGERY**

Australia & New Zealand:
Executive OfficerBoard of Paediatric Surgery
RACS, Spring Street
MELBOURNE VIC 3000
Tel: (03) 9249 1283
Fax: (03) 9249 1240
Email: fiona.morrow@surgeons.org
Closing date: 28 May 2004

**VASCULAR SURGERY**

Australia & New Zealand:
Executive OfficerBoard of Vascular Surgery
RACS, Spring Street
MELBOURNE VIC 3000
Tel: (03) 9249 1269
Fax: (03) 9249 1240
Email: shirley.arbuthnott@surgeons.org
Closing date: 28 May 2004

**ORTHOPAEDIC SURGERY**

Australia:
Australian Orthopaedic Association
Ground Floor, William Bland Centre
229 Macquarie Street
SYDNEY NSW 2000
Tel: (02) 9233 3018
Fax: (02) 9212 8010
Email: admin@aoa.org.au
Closing date: 30 April 2004

**2005 ROWAN NICKS SCHOLARSHIPS**

The Royal Australasian College of Surgeons invites suitable applicants for the 2005 Rowan Nicks Scholarship and the 2005 Rowan Nicks Pacific Islands Scholarship. These scholarships are the most prestigious of the College’s overseas awards and are directed at surgeons of the highest calibre who are destined to be leaders in their home countries.

The 2005 Rowan Nicks Scholarship is offered particularly to a surgeon from Myanmar, Indonesia or Cambodia. However, applicants from other countries will be considered. It is intended to provide an opportunity for the surgeon to develop skills to manage a department and to become competent in the teaching of others in their home country. The scholarship is tenable generally for one year.

The 2005 Rowan Nicks Pacific Islands Scholarship is reserved for surgeons from Pacific Island countries. It is aimed at promoting the future development of surgery by providing a period of selective surgical training with the specific purpose of fostering the scholar’s potential to provide surgical leadership in his/her home country. The scholarship is tenable generally for a period of three to six months.

The scholarships cover travel expenses between the home country and Australia or New Zealand and may include the scholar’s spouse and up to two children in exceptional circumstances approved by the Committee. A living allowance will be provided based on a level of AUD$27,000 per year. The scholarship is tenable in an Academic Department or Unit of a major hospital (or hospitals) in Australia or New Zealand, and it is hoped that during this time the appointees will attend the Annual Scientific Congress of the College.

Applicants must be aged between 25 and 40 years, fluent in English and a citizen of the country from which the application is made.

The closing date for this Scholarship is Monday 12 April 2004.

To obtain additional information on the scholarship and a copy of the prescribed application form please contact:

Ms Karen McKay – Royal Australasian College of Surgeons
240 Spring Street Melbourne Vic 3000 Australia
Email: karen.mckay@surgeons.org
Phone: + 61 3 9276 7406 Fax: + 61 3 9249 1275
FELLOW IN TRANSPLANT SURGERY
NEWCASTLE TRANSPLANT UNIT
JOHN HUNTER HOSPITAL – NEWCASTLE NSW

BACKGROUND:
The Newcastle Transplant Unit provides services in renal transplantation for the Hunter, New England and Northern Rivers Health Areas in New South Wales, Australia. In Newcastle it is located at the John Hunter Hospital, which is a 500-bed specialist principal referral hospital affiliated with the University of Newcastle. It is a multidisciplinary specialist Unit carrying out upwards of 25 renal transplants per year. Islet transplantation is an emerging area of endeavour. It seeks a Fellow in Transplant Surgery.

JOB DESCRIPTION:
1. To train in and carry out all aspects of cadaveric and live donor renal transplantation;
2. Assessment of transplantability for end stage and renal disease patients and post-operative transplant management including immunosuppression;
3. To train in and carry out vascular access construction and maintenance;
4. To assist and train in laparoscopic and open donor nephrectomy;
5. To train in and carry out multiple organ retrieval;
6. To contribute to research/service development in transplantation including existing research programs of this Unit.

ELIGIBILITY:
1. For those in advanced surgical training for general surgery, urology or vascular surgery for Fellowship of Royal Australasian College of Surgeons or Royal College of Surgeons equivalent.
2. Post Fellowship in general surgery, urology or vascular surgery.

ENQUIRIES:
Professor Adrian Hibberd
Area Director of Transplantation
Newcastle Transplant Unit
John Hunter Hospital
Locked Bag No 1
Hunter Region Mail Centre
NEWCASTLE NSW 2310

EMAIL: Adrian.Hibberd@newcastle.edu.au
PAGER: (02) 4947 6298
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