

Cutting Edge

July 2023

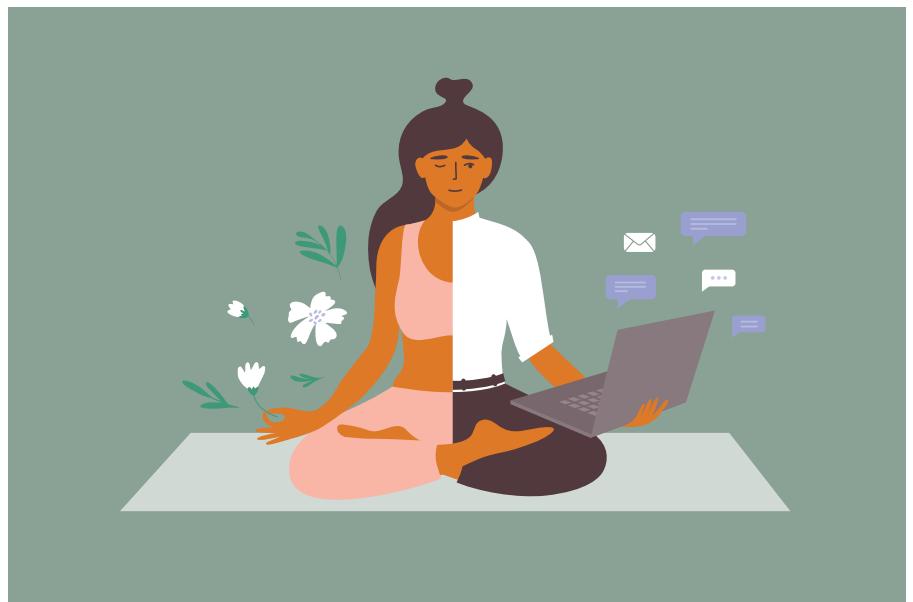
FROM THE CHAIR

Fostering resilience in healthcare workers: Building a strong health system

The resilience of healthcare workers is crucial for maintaining an effective and sustainable healthcare system. In today's demanding and ever-changing healthcare landscape, healthcare workers face numerous challenges, including long working hours, emotional strain, high patient expectations, and the constant pressure to provide high-quality care with limited resources. In my last article for *Cutting Edge* I explored resilience as it relates to individual healthcare workers. I suggested the system needed to not keep asking healthcare workers to 'do more with less'. I was asked to follow-up with some suggestions on how the system might be more supportive.

Healthcare can be described as a complex adaptive system. This implies it has the capacity to 1) anticipate trouble ahead 2) synchronise how different roles at different levels co-ordinate their activities 3) respond in advance to surprises and 4) proactively learn before major collapses occur by studying how these surprises are caught¹. The latter point is an important distinction in safety culture moving from Safety I to Safety II.

Safety I is the study of how, usually individual's, deviation from guidelines or protocols results in an error. Safety II focuses on what individuals do, using their initiative, that leads to success (i.e. preventing failure). Safety I is often the predominant risk mitigation response. Safety II is proactive. The two concepts should be complementary. In a system



under stress the clinicians proactively adapt through dedication, expertise and creativity to enable the system to continue to produce desired outcomes for patients. However this can lead to increased cognitive, emotional and physical load on individuals and thereby lead to burnout and cynicism. Clinicians may be so successful that managers and regulators fail to recognise the issues with the system and the toll this has on the clinicians. More of a focus on Safety II may address clinician resilience².

Shanafelt in 2016 summarised a number of implications of physician burnout including both professional and personal. Professionally there was risk of decreased quality of care, decreased patient

satisfaction, decreased productivity and increased physician turnover. Personally, physicians who suffer from burnout may experience broken relationships, increased alcohol and substance use, depression and suicide³. They go on to address a number of drivers of burnout, which includes workload and job demands; efficiency and resources; meaning in work; culture and values; control and flexibility; social support and community at work; and work-life integration. They address these over individual, work unit, organisational and national factors.

Continued on page 21

Issue highlights

Have your say on the NZ Health Charter	03	RACS Library: New titles to get you reading	14
Council elections: Could you stand?	03	Professional development	14
ACC eligibility for patients injured when non-earners	04	Reminder: CPD requirements 21 July to 31 December 2022	15
Successful FEX candidates	05	2023 LIONZ forum a roaring success	15
Surgery 2023: Surgical care in health system change	06	Persistence pays off as communication channels open between RACS and Aotearoa government	16
Awareness and advocacy primary tools in regional health equity strategy	07	Updates from our friends at ACC	16
Green dream	07	King's Birthday Honours	17
Farewell to a quiet rebel	08	New Zealand Association of General Surgeons (NZAGS) award winners	17
RACS ASC 2023 (1-5 May)	10	Meet the team	18
Supporting people to be themselves	11	Providing care to yourself and those close to you: What this means to you	19
RACS takes a stance on health equity in Aotearoa New Zealand	11	Notes from Guadalcanal	20
Supporting the next generation of Indigenous surgeons	12	Jack of all trades, master of most	22
Sustainability awareness by health leaders	13	Pūhoro collaboration	23



Key dates 2023

17-18 August: NZAPS ASM (Queenstown)

23-25 August: ANZMOSS and AANZGOSA combined conference (Christchurch)

31 August - 1 September: Surgery 2023: Surgical care in health system change (RACS Aotearoa New Zealand ASM)

5-7 November: NZOA ASM (Nelson)

Royal Australasian
College of Surgeons

Te Whare Piki Ora o Māhutonga

Surgery 2023:

Surgical care in health system change

31 August - 1 September
Te Papa, Wellington

Visit the Aotearoa New Zealand activities page for more information: bit.ly/3K4H062



Have your say on the NZ Health Charter

Te Mauri o Rongo – the New Zealand Health Charter arose as a requirement of the *Pae Ora (Healthy Futures) Act 2022* and has been facilitated by Te Aka Whai Ora and Te Whatu Ora in consultation with workers and unions across the motu.

It is a statement of the values, principles, and behaviours that health entities and workers are expected to demonstrate, throughout the health sector, at an organisational level and individually.

There are several steps to its implementation with many already completed. The first was to develop an initial draft through workshops in 2022. Hundreds of engagements were held around Aotearoa New Zealand, which helped form and shape a draft Charter. Then further work was done in late 2022 and throughout 2023 through consultation with the workforce, colleges and unions. A near final draft is now out for a final engagement.

Once that is complete and further refinements made, Te Mauri o Rongo will be presented to the Health Minister and tabled in Parliament. Then the hard work will really start to bring it to life.

Before we talk more about Te Mauri o Rongo, I want to acknowledge and pay tribute to each one of you and express my hope you will come to see this initiative as an opportunity to improve relationships and build trust across the health sector.

Every day, across Aotearoa, healthcare workers like you devote yourselves to the care of others; the patients in front of you, their whānau and their communities, always at times when they're most in need. The work you do matters, and you matter, especially now when our system is under more pressure than ever as a result of an increasingly stretched workforce; long and longer waitlists; an ongoing rise in demand for your services and decades of different approaches to care across the country.

The health reforms are designed to improve health outcomes for all New Zealanders by creating “a more equitable, accessible, cohesive and people-centred system”. This can only happen through a better-supported, highly valued workforce.

Te Mauri o Rongo is about our culture. It is a workforce code, to guide us and help us to grow a positive culture across the wider health sector including the funded sector. It will guide the way we work together, how we relate to each other, and how we look after our people, because that determines how well we can do our job.

In its current form, Te Mauri o Rongo is presented in three parts: a head, a heart and a hand.

The head describes where the Charter sits in the context of the wider health reforms.

The heart is a more aspirational section which recognises and affirms the unique and awesome nature of the work we do.

The hand is more directive and practical and speaks to our expectations by way of behaviours from our organisations and each other at an individual and collective level.

Through this short final engagement we are asking whether Te Mauri o Rongo resonates with you. Can you connect to it, and do the behaviours at an organisational collective and individual level make sense to you?

If you haven't already, please share your views with us by **5pm on Friday 30 June**.

Perhaps this is a new beginning in building better relationships across the health sector; relationships of trust that help us work more closely together. How good would it be if together we could make this work!

<http://www.haveyoursaynzhealthcharter.co.nz/>

By David Galler, Executive Lead Te Mauri o Rongo – the New Zealand Health Charter, Te Whatu Ora

Council elections: Could you stand?

Council elections are coming up so start thinking now about whether you'd like to put yourself forward.

Council membership is a key position and helps ensure Aotearoa New Zealand has a strong voice within RACS.

The College constitution provides for a minimum of two surgeons from Aotearoa New Zealand to sit on Council but the more representation we have the better. Currently, there is only one New Zealander

on the Council Executive, but this is a rotating position.

Nominations open on Friday 1 September and close on Monday 18 September.

Elections will be from Friday 22 September to Monday 9 October.

If you'd like to find out more about what's involved or have any questions, contact the Aotearoa New Zealand office: College.NZ@surgeons.org.



FROM THE EDGE

ACC eligibility for patients injured when non-earners

RACS is concerned that significant inequities exist within the current ACC legislation. Particularly, the *Accident Compensation Act 2001* does not include a provision for income support to individuals over 18 who were not in paid employment when the accident happened. For example, if a child is burnt and requires further surgery as an adult, currently they would not be eligible for compensation for loss of earnings during recovery. Similarly, if a person, injured while out of work, is now employed but find themselves unable to work due to the prior injury, they are not eligible for weekly income support either.

Both ACC and RACS saw this as a serious deficiency in the legislation. As a consequence the Chair of the Aotearoa New Zealand National Committee (AoNZNC), Associate Professor Andrew McCormick, wrote to the Minister for ACC seeking support to change the legislation.

The Hon Peeni Henare replied that while he sympathised with people in this situation, ACC aims only to return an injured person roughly to the position they were in at the time of their injury. He advised that to address the issue would require legislative change (we were already aware of that, hence the approach to the Minister). He added that because it is funded through taxes any change would have to be prioritised against all government spending proposals and would need to be considered fair to tax and levy payers and affordable. He concluded that he had no intention of progressing it further during this term of government.

So for the moment the discriminatory and inequitable situation will continue. What options do RACS and ACC have? Not many, at least prior to October 2023. However, we have included a question on this issue in our questionnaire to all the major parties, and the replies to that will be shared with you. Additionally it has been suggested a petition is filed to parliament by patients who find themselves in this

situation and are avoiding necessary surgery due to potential financial hardship. We will investigate this option further.

Getting real around training supervisors

Currently, there is a lot of scrutiny from several jurisdictions around the part the medical colleges play in contributing to the impending shortage of specialists in Aotearoa New Zealand. There are cries of patch protection and the impression that medical colleges limit the number of specialists trained, with some suggesting the responsibility for training be taken away from them.

As the consequences of shortfalls in the number of SMOs becomes more apparent, particularly for planned surgery, it is likely these calls will get louder and distract attention from other underlying factors causing the current malaise in healthcare in Aotearoa.

Is RACS at risk of losing what many of our Fellows would consider one of our main responsibilities and core role as trainers?

At present, all nine surgical specialties have a surgical training committee (formerly called specialty training boards, of which some are binational) that identify and accredit hospital posts they deem appropriate for specialty surgical training. Each of these posts has a surgical supervisor allocated to them whose role it is to guide the Trainees and to monitor their progress. It is likely there are many additional non-training registrar posts that would be suitable for training but are not at this stage accredited for a variety of reasons. For example, the hospital may not wish to fund an accredited post, or there is no Fellow of our College to act as supervisor.

Te Whatu Ora has given a commitment to convert non-training registrar posts to training posts to increase the number of surgical specialists trained. Given that 42% of our country's doctors have come from overseas it is no surprise that sometimes we have quality surgical



units, both urban and rural, that have no surgeon with Fellowship of RACS that are able to supervise but which would otherwise make suitable training posts.

Perhaps we need to consider whether Fellowship of our College should be mandated to be a Supervisor of Training. Are we arrogant enough to consider our training is far superior to any other? What would prevent these often highly motivated and talented surgeons from doing exactly the same as our current supervisors? Many have been trainers in their counties of origin, some chairs of training boards. Are we shooting ourselves in the foot and demonstrating we are not able to give precedence to the longer-term surgical needs of the country?

Some progressive RACS surgical training committees have recognised this is a severe impediment and allow non-FRACS surgeons to be training supervisors. Some other colleges have come to the same conclusion and acknowledge the importance of vocationally registered non-Fellows to training.

At a time when we desperately need to increase the pipeline of surgeons to meet our future workforce requirements, it may be wise to review the part RACS plays in contributing to the problem of surgeon shortages, and more importantly, be part of the solution.

Aotearoa New Zealand Surgical Advisors
Dr Sarah Rennie and Professor Spencer Beasley

Successful FEX candidates



Congratulations to all successful Aotearoa New Zealand-based Trainees in the Fellowship Examination (FEX).

The written segments were held on 13 April and the clinicals were in Wellington and Brisbane on 19-21 May and 26-29 May respectively.

Besides running smoothly and returning a strong pass-rate, there was also a chance at the Wellington Court Dinner to honour Dr Scott Stevenson, an otolaryngologist at Christchurch Hospital who died in 2022. The Response to the Toast to the Court of Examiners has been renamed the Scott Stevenson Address for the nine years to 2031.

Congratulations go to:

General Surgery

Bryan Bae
Fiona Bellamy
Alexander Birrell
Brendan Desmond
Megan Grinlinton
Katie-Ross Holloway
Tara Lintern
Preekesh Patel
Heath Wilms
Sai Tim Yam



Orthopaedic Surgery

Kenan Burrows
Dulia Daly
Robert English
Joshua Knudsen
Lewis Mackenzie
Jessica Mowbray
Bryden Nicholas
Rachel Price
Lloyd Roffe
Marla Ross
Mustafa Saffi
Vahe Sahakian
Neil Stewart
Richard Storey
Ruth Tan

Otolaryngology Head & Neck Surgery

Lance Buckthought
Ravi Jain
James Johnston

Urology

Hamish Green
Jessica Hunter
Matt Nobbs



1. The next generation: Two successful FEX candidates introduce their partners to the examiners; 2. Successful Australian candidate for General Surgery Dr Patrick Walker (centre) with Chair of the Court of Examiners Professor Raymond Sacks (right) and Deputy Chair Associate Professor Anil Keshava (left); 3. The Court of Examiners in Wellington.

Surgery 2023: Surgical care in health system change

31 August - 1 September
Te Papa, Wellington



It's the highlight of the Royal Australasian College of Surgeons' (RACS) Aotearoa New Zealand calendar and you're invited!

Surgery 2023: Surgical care in health system change

Thursday 31 August & Friday 1 September

In Wellington or online

View the programme and register now:

<https://bit.ly/Surgery2023Programme>

This year's Aotearoa New Zealand Annual Surgeons' Meeting looks at the ongoing health sector reforms.

What direction are they moving in and what are some of the lessons we can learn from past health reforms both here and overseas?

How can we tackle some of the issues facing our healthcare system and what role can surgeons play in leading change?

Join co-conveners Drs Chris Adams and Nigel Willis and Professor Sean Galvin as we navigate these questions and more.

Here are some of this year's highlights:

Dr Diana Sarfati

As Director-General of Health and a public health physician and health services researcher, Dr Sarfati will be talking about the vision for a reformed health system in Aotearoa New Zealand.

Sir Malcolm Grant

Barrister, academic lawyer, former law professor, and past Chair of NHS England, Sir Malcolm will be returning home to share his experiences of health sector reform and ideas for the future.

Dr Victoria Atkinson

Dr Atkinson, a cardiothoracic surgeon who has combined her clinical knowledge with an executive career and is currently Chief Medical Officer for Australian private hospital provider Healthscope, will offer lessons in health system change and the leadership role surgeons can play.

Dr Lloyd McCann

Chief Executive of Mercy Radiology and Clinics, Dr McCann was a member of

the expert panel for the New Zealand Health and Disability System Review. An advocate for equity in health, value-based care and the better use of digital technologies, he'll be talking about enablers of contemporary surgical care.

Louis Barnett Prize

One of the highlights of the ASM is the Louis Barnett Prize, where finalists present their advanced surgical academic research. Applications are open until 30 June, so if you're a Trainee or Younger Fellow you may be eligible for the for the \$2,500 prize: <https://bit.ly/LouisBarnett23>

Select the registration options that best suit you.

- Come for one day or stay for both
- Join us for dinner on the evening of Thursday 31 August at Wharewaka Function Centre
- Can't come in person? Attend online.

Louis Barnett Prize 2023

Entries open now until 30 June

Find out more: <https://bit.ly/LouisBarnett23>



RURAL AND REGIONAL HEALTH

Awareness and advocacy primary tools in regional health equity strategy

Due to RACS' current budget constraints and austerity measures, the Rural Health Equity Steering Group executive have advised there will be no specific resource dedicated to the Aotearoa New Zealand Rural and Regional Health Equity Strategy this year. Some Australian-specific projects will progress as these have federal government funding. There is strong backing from Council for the overarching plan to progress.

This is disappointing news, but we are fortunate that the Aotearoa New Zealand National Committee (AoNZNC) is a strong advocate. Rural and regional issues are relevant in every area that the AoNZNC is involved and the Committee has good regional representation. Workforce issues are particularly important and the AoNZNC is engaging with Te Whatu Ora on this topic.

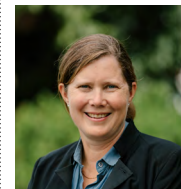
In terms of the rural and regional strategy, the AoNZNC will continue activities around awareness and advocacy.

These include the research study *Perceptions of barriers and incentives to uptake of consultant positions in regional areas in Aotearoa New Zealand*, which is ongoing as it had secured funding in the year prior. The AoNZNC will join Hauora Taiwhenua - Rural Health Network and continue monitoring the rural/regional space and engaging in advocacy. We will also have ongoing involvement in the regional stream of Te Whatu Ora, although this has not been active since 2022.

We are currently developing a set of principles and statements related to regional and rural matters to be part of any advocacy AoNZNC is involved with, and I hope to present these in the next issue of *Cutting Edge*.

The Aotearoa New Zealand representative position on the Steering Group will be out for expressions of interest soon, so please watch out for these if you are keen to be involved.

The Rural Surgery Section is also open to all members of RACS and is very progressive and active. You can register your interest via the RACS website.



By Dr Nicola Hill, RACS Councillor and AoNZNC Representative to the Rural Health Equity Steering Group

Green dream

Many of us would genuinely like to think that we could be more sensitive to the needs of the planet in our surgery. We would like to make environmentally responsible decisions, wisely modifying what we do to minimise the damaging effects surgery has on the environment. We want to play our part in reducing the rate of climate change.

But do we have the tools to do so? Are we making informed decisions? Do we know much at all of the environmental effects of what we use, and how much waste we produce during surgery? For example, do we have any idea of the respective environmental impact of betadine verses chlorhexidine for skin preparation? Do we have any idea of the carbon footprint of their manufacture, or the relative consequences of their disposal?

There is massive variation between hospitals in the use of surgical drapes for the same procedure. Do we as surgeons have any idea of the relative cost - either financial or environmental - of the

different types we use, or the difference between reusable and disposable drapes? Does Te Whatu Ora even consider this as talk about achieving greater consistency across the now single jurisdiction?

Another question is whether so-called "best practice" is actually based on the correct metrics. For example, increasingly we find our scrub nurses double-gloving for many procedures for which there is no evidence that it provides any advantage to either patient or staff. In good faith, they believe they are correctly following some hospital guideline around best practice when the justification is often very obscure or absent. But such edicts have considerable cost implications for the hospital (waste of financial resource) as well as adverse environmental effects (both in production and disposal). So far, much of our talk about sustainable surgical services has been just that - talk. But without information it is impossible for us to make informed choices. Until we get adequate information on the relative

environmental and financial implications of those decisions we could make in the operating theatre, it is hard for us to be effective custodians of our planet. Perhaps this should be an area of priority in research funding, especially for our aspirant surgeons.

By Professor Spencer Beasley, Surgical Advisor, Aotearoa New Zealand



Farewell to a quiet rebel



She lives and breathes the RACS values of service, integrity, respect, compassion and collaboration but after 28 years of dedicated mahi on 31 May Justine Peterson stepped away from her role as Aotearoa New Zealand (AoNZ) manager.

She's been very clear this isn't goodbye. While she's looking forward to spending more time with her new grandson, she's open to sharing her deep knowledge of all things RACS on a more casual or part time basis in the future. So while it's no less sad to see her go, her departure is not so much a "haere ra" as a "mā te wā".

Michele Thomas, former nurse and current CEO of the New Zealand Society of Anaesthetists, will take over from Justine as Head of Aotearoa New Zealand on 7 August. Besides a solid background in the health sector, Michele has experience in advocacy, policy, service delivery and clinical governance in healthcare settings and is well-positioned to lead the team in AoNZ. A word of warning though from the many colleagues and friends Justine has made over her years at RACS; Michele has big boots to fill.

Justine walked into the newly created AoNZ Manager position on 29 September 1994. She had a background in mental health and brought passion, commitment, kindness and leadership to the role at RACS. At the time, the AoNZ office consisted of a team of four based out of Elliott House, 43 Kent Terrace; an

historic building built in 1913 by a former surgeon.

One staffer who remembers Justine from her first days at RACS is Maria Kapralos who worked in the Aotearoa office from 1993 to 2002 and has recently returned as an administrator.

What became apparent to Maria early on, and something that is echoed by many others, is that Justine works hard.

"She was always very dedicated and prepared to work the long hours. She was always the first to arrive in the morning and the last to leave."

Margaret Rode, former manager of the President's office and Council who worked at RACS for over 23 years, remembers Justine for her "unfailing helpfulness".

"Fellows and staff could always rely on her. RACS was very fortunate to have such an exceptionally capable and loyal member of the team for so long."

Justine's commitment to RACS was formally acknowledged first in 2000 with the RACS Medal and again in 2016 when she was made an Honorary Fellow of the College.

Since her early days, the headcount at the AoNZ office has more than doubled and the responsibilities of the team continue to grow. Maria notes Justine's work ethic hasn't changed however and she has as much energy and appetite for her work as ever.

Lyn Journeaux, who, with 23 years as Executive Officer of the Trauma Committee in Melbourne has been working at RACS for nearly as long as Justine, describes her as a "fountain of knowledge" who is unflappable even despite the huge variety and volume of issues that come her way.

"She was the 'Manager of Everything' in New Zealand. Everything fell on her desk. And despite this she never complained. She was always composed, helpful and reliable. I respect her hugely."

Rebecca Clancy, Professional Standards Manager, describes Justine as a "quiet



rebel". She says Justine has been so effective in her role because she advocates strongly for what she believes in but does it in such a nice way that her working relationships aren't affected. She said she still to this day has Justine's catchphrase "don't forget New Zealand" ringing in her ears.

Lyn also talks about Justine's warm and friendly demeanour.

"The first time I met her, at the ASC, it was just lovely; I felt as if I'd known her forever. She had been at RACS for five years more than me and I just thought "wow". She was so welcoming and interesting."

Raji Divekar, Senior Accountant AoNZ who worked under Justine for her entire 21 years at RACS (up until October 2022), says her two daughters, now in their 20s, still talk about coming to the RACS office and playing with Justine, who had a cache of toys she would bring out for them.

Maria says it is not just Justine's friendships with her colleagues that stands out but the great rapport she has with the surgeons she serves.

One of those surgeons is Dr Allan Panting, former Executive Director of Surgical Affairs (a role now known as Surgical



Advisor) at RACS in Aotearoa New Zealand and *Cutting Edge's* obituary writer. Allan's working relationship with Justine dates back to the mid-90s and although he's now retired he still sees her regularly. Just a month ago he and his wife had lunch with Justine in Wellington and she has stayed at their house in Wanaka on several occasions.

"I have always admired Justine. We had a tremendous working relationship. She always gave sound advice based on common sense. She would go to any lengths and work any hours; she was always so incredible and totally committed. She's a good friend."

Associate Professor Andrew MacCormick, Chair of the Aotearoa New Zealand National Committee, describes Justine as a "confidante and friend" who has been there from the beginning of his career as a surgeon and at every milestone since.

"I will miss her warmth, wise counsel and encyclopaedic knowledge. It has been an honour and privilege to share part of her 28-year (and seven month) journey."

Her vast knowledge and steady demeanour are also what stand out to Dr Sally Langley, immediate past-President of RACS and a Christchurch-based plastic and reconstructive surgeon.

"Justine has always been there for us at RACS. She has always been the source of knowledge about the College and how things run, or should run. She has a huge amount of knowledge about people, their roles, their history, and who to contact. She has always been calm, knowledgeable and approachable."



Justine's connections make her somewhat of an icon of healthcare in Australasia. Rebecca recalls meeting up with Justine in Melbourne and being amazed at the number of people stopping to greet her.

"She just seems to know everyone."

Over her years, Justine has steered the Aotearoa New Zealand office through some difficult times. Raji describes Justine as her "rock" and says it was their friendship that kept her at RACS for so long.

"I could say anything to Justine and unload any problems I may have been having. She didn't necessarily always have the answers but she could make me feel better. She would take on all the pressure and stress, shielding the team from it."

Justine's support has been felt by her colleagues on the other side of the Tasman too. Elizabeth Milford, College

Archivist, talked about how worried she was when she visited Wellington a day after the 7.8 magnitude earthquake in Kaikōura in 2016. With aftershocks still rumbling Justine invited her to stay at her house for the remainder of her trip.

Head of Marketing and Communications Abderazzaq Noor remembers Justine's kindness when she reached out to him on hearing of the Christchurch mosque attacks of 2019. Justine also worked closely with the Trauma Committee to help them get letters out to all hospital staff involved with treating the victims.

He adds: "She never failed to remember my cultural holidays, whether that was Eid or Ramadan. She really saw me".

As strong as the diminutive Justine is, don't expect any help from her in the event of a spider infestation. They are the one thing known to reduce the mighty Justine to a quivering wreck.

To say Justine will be missed is a huge understatement although her friends and colleagues all agree she's earned a break. After nearly three decades of unerring service to the College and to members in Aotearoa New Zealand, it's time for Justine to direct her energy towards herself.

Go well Justine. Aroha nui.

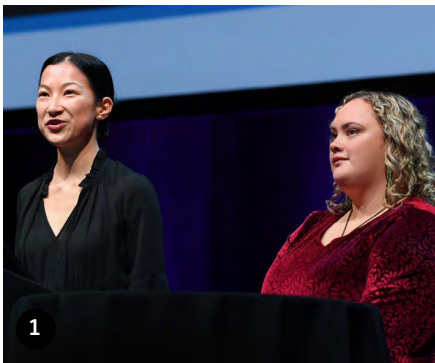


1. Donning the RACS korowai at the 2023 ASC in Adelaide; 2. In the early years at Elliott House; 3. Never off duty; 4. On the steps of head office in Melbourne, 1999; 5. Indulging in one of her favourite pastimes with friends.

IN PICTURES

RACS ASC 2023 (1-5 May)

It was a busy week in Adelaide in early May as RACS delegates descended on the city for the 2023 ASC. The theme was *Equity in Surgery* and there was a strong contingent of surgeons and academics from Aotearoa New Zealand both in attendance and on the speakers' programme.



1. Drs Rennie Qin and Hinewaioira McCleery got a great response, both from their live audience and from fans on Twitter, to their talk on *Equity at work* through the eyes of young doctors looking to the future for them and their peers.

2. Professor Jonathan Koea gave a keynote lecture on cancer within the Māori population. Māori have 1.5 to three times the risk of dying from the most common cancers compared to non-Māori. He talked about some of the reasons for this and some of the possible solutions, including Māori leadership within the healthcare system.

3. The two again at the Day 5 dinner.

4. Delegates from Aotearoa New Zealand (AoNZ) turned up en masse to say farewell to retiring AoNZ Manager of 28 years Justine Peterson.

5. Justine Peterson and AoNZ Surgical Advisor Dr Sarah Rennie helping out at the supplier expo.

6. Enjoying the Day 5 dinner: (L-R) Dr Philippa Mercer (former AoNZ National Committee Chair), Justine Peterson (the then AoNZ Manager) and Dr Sally Langley (former RACS President).



Supporting people to be themselves

Gender affirmation surgery is an important and technically challenging part of the Plastic and Reconstructive Surgery curriculum. It is performed by a limited number of specialists worldwide and is an ever evolving and relevant topic.

This year's New Zealand Association of Plastic Surgeons (NZAPS) annual meeting will take place in Queenstown from 18 to 19 August at the QT/Rydges resort.

This conference will take an all-encompassing look at gender affirmation surgery under the theme *Supporting people to be themselves*. Specialist surgeons, medical colleagues and patients will be sharing their experiences in what promises to be a unique opportunity to increase knowledge in this sub-speciality and ensure the next generation of plastic surgeons are well

prepared for the exciting changes and advances in the field.

The meeting will begin with an overview of a well-established transgender service in Belgium and how this relates to the current experience in Aotearoa New Zealand (AoNZ). National specialists will explore the demand and challenges of access within AoNZ and how this is currently being managed. Our medical colleagues will share both medical and psychological assistance for children wishing to undergo gender transformation. Plastic surgeons will also offer an overview of their experience with differing gender affirmation procedures.

One of the most anticipated aspects of the conference will be the exploration of the entire process through the eyes of the patient.

The rest of the conference includes sessions on paediatric plastic surgery issues at a local and national level, plus presentations by surgeons and registrars on various research and reflective topics.

We extend a warm welcome to members of the Australian Society of Plastic Surgeons (ASPS) and there will be an opportunity for the Australian and Aotearoa New Zealand training programmes to compare notes and explore potential changes.

The conference dinner is a chance to mix with colleagues from both sides of the Tasman. It will be hosted by the Gibbston Valley Winery and Restaurant, one of Central Otago's founding vineyards.

Find out more and register:

<https://bit.ly/3P4WRiH>

By the NZAPS team

NEWS IN BRIEF

RACS takes a stance on health equity in Aotearoa New Zealand

Aotearoa New Zealand media zeroed in on surgeons mid-June as a controversial new patient prioritisation tool hit headlines.

In addition to clinical priority, the tool, developed by Te Whatu Ora – Health New Zealand, takes other patient metrics into account including time spent on the waitlist, geographic location, ethnicity and deprivation level. It is being trialled in Auckland and Northland hospitals with the intention it will be rolled out nationwide over time.

The ethnicity element of the tool has divided opinion but RACS, while not being involved in developing it, is largely supportive of it. The College's position is that it is a piece of the puzzle in the move to improve health equity.

Read the media release from the Aotearoa New Zealand National Committee (<https://bit.ly/467HHiB>) and the Māori Health Advisory Group (<https://bit.ly/3CINc9Y>).

Attracting Māori doctors into surgical careers

If you missed it, catch up and hear RACS representatives, including Dr Maxine Ronald and Professor Jonathan Koea, talk about ongoing work to attract Māori tākuta (doctors) and taura mahi (Trainees) into surgical careers. They spoke as part of the Te ORA Webinar Series for Te Ohu Rata o Aotearoa - Māori Medical Practitioners.

Dr Ronald is a member of RACS' Indigenous Health Committee and Professor Koea works for the College as Māori Trainee Liaison Lead. They were joined by newly qualified orthopaedic surgeon Dr Josh Knudsen, Dr Kopa Manahi, a fourth-year surgical Trainee, and Dr Sydney Clough, a final-year medical student on elective in Italy.

Listen here: <https://bit.ly/42XWZni>

National Trauma Network

The Co-Chairs of the bi-national Trauma Committee, Dr Chris Wakeman and Dr Matthew Hope, have written to Health Minister Hon Dr Ayesha Verrall and Te Whatu Ora Chief Executive Margie Apa regarding proposed changes to the National Trauma Network (NTN). The letter outlines concerns they have about the potential fragmentation of the NTN's work programme and the loss of the established leadership in trauma within Te Whatu Ora.



Supporting the next generation of Indigenous surgeons

Six prevocational Indigenous doctors were helped on their way to becoming surgeons after being awarded scholarships at the RACS ASC in Adelaide in May.

Every year RACS selects standout Aboriginal, Torres Strait Island and Māori prevocational doctors and medical students for support.

The scholarships help cover the cost of registering for JDocs; developing clinical, research and academic skills; participating in the ASC and other RACS programmes and meetings; joining Indigenous health conferences; and other professional development activities.

The scholarships are part of the College's commitment to Indigenous health and aim to encourage the best and brightest Indigenous doctors into surgical careers.



This year five Māori doctors and one Aboriginal doctor were awarded scholarships. Three additional scholarship recipients were formally recognised after their scholarships were deferred due to COVID-19 disruptions.

Dr Selwyn Te Paa was one of this year's Māori recipients. He's a first year doctor working at Wellington Hospital in Aotearoa New Zealand (AoNZ) and aspires to be a cardiothoracic surgeon and health equity researcher.

What he values most about the award was the opportunity to connect with likeminded doctors from Aotearoa and Australia, and particularly to meet some of his heroes including Professors Kelvin Kong and Jonathan Koea.

"I've looked up to Professor Koea since I was young. It was cool to meet him formally.

"Guys like them [Professors Kong and Koea] are really motivated to help connect with us [Indigenous aspiring surgeons] and help us succeed. They weren't afforded that support. They don't want us to have to slog it out alone like they had to.

"They have done the hard yards by creating opportunities for others [Indigenous people in the health sector] and building up the literature on Indigenous health."

With a father who was a health manager and a mother who was a healthcare assistant, Dr Te Paa always knew he wanted to work in medicine. Cardiothoracic Surgery is of particular interest to him as it is an area of health where there are clear inequities. Māori are more than twice as likely to die from cardiovascular disease than non-Māori and are 1.5 times more likely to die from stroke.

"Studies show time and again that patient outcomes are better when the healthcare workforce looks like the communities it serves," he says.

Dr Emily Mason is currently working as a General Surgery Senior Resident Medical Officer in her hometown of Port Macquarie, New South Wales. She won the ASC scholarship in 2020/21 and says it is awards like this that validate the goals of Aboriginal and Torres Strait Islander people like herself.

"[It shows] us we have a place within the College and that the College is willing to support us getting into training and beyond."

Dr Mason says growing up she saw first-hand the inequities faced by Indigenous Australians in accessing culturally safe healthcare. She sees working as a doctor within the system as a chance to advocate for change.

“Surgery is definitely where I see myself long term. [It] is a very unique career, where every day is different, every patient is very different.

“One aspect of the job I love is the immense trust that our patients and their families have in us. It’s such a privilege to be in that position; to be part of some of the most vulnerable moments of people’s lives and that they trust us to help make that better.”

Having more Indigenous surgeons and clinicians generally is important for culturally safe care, advocacy, breaking down barriers, and inspiring younger generations, Dr Mason says. She does acknowledge however the barriers these individuals can face in pursuing medical careers, including financial, geographic, social, and racial. She credits her family and community with supporting her through her “whirlwind” journey towards a surgical career.

Find out more about Indigenous Scholarships:

<https://bit.ly/Indigenousbrochure>

1. The full lineup of winners (from L-R): Selwyn Te Paa, Samuel Lloyd, Hinewairoa McCleery, Sara Lai, Emily Mason, Nasya Thompson, Emma Espiner, Christina Gordon, Sarah Bormann; 2. The Kiwi contingent (L-R): Christina Gordon, Nasya Thompson, Hinewairoa McCleery, Emma Espiner, Selwyn Te Paa and Samuel Lloyd; 3. With their awards.



ASC Award and Peer Support scholarships 2020 – 2023:

2023

Emma Espiner

ASC Award
Aotearoa New Zealand

Selwyn Te Paa

ASC Award
Aotearoa New Zealand

Samuel Lloyd

ASC Award
Aotearoa New Zealand

Sara Lai

ASC Award
Australia

Nasya Thompson

ASC Peer Support Award
Aotearoa New Zealand

Hinewairoa McCleery

ASC Peer Support Award
Aotearoa New Zealand

2020/21

Sarah Bormann

ASC Award
Australia

Emily Mason

ASC Award
Australia

Christina Gordon

ASC Award
Aotearoa New Zealand

Sustainability awareness by health leaders

I am currently conducting research on environmental sustainability in healthcare, with a specific focus on the operating room (OR). The aim of this research is to investigate various key areas in the OR, including supply chain and waste management, water and energy usage, care delivery, leadership and support, as well as awareness and knowledge. In this particular survey, I am interested in assessing the awareness and knowledge levels and sustainability

leadership among OR decision-makers, including surgeons, anaesthetists, and managers, regarding greenhouse gas emissions.

I would like to invite you to participate in an anonymous and confidential survey as part of this research. The data collected will hopefully contribute to finding ways for the medical community to reduce the environmental impact of surgical procedures.

It will take approximately five minutes to complete. Thank you in advance for your time and consideration in participating in this survey. Your input is highly valued.

<https://www.surveymonkey.com/r/6T6ZPW8>

By Wikus Vermeulen, Urologist, Tauranga



RACS Library: New titles to get you reading

Aotearoa New Zealand's healthcare workforce is under stress and burnout is causing a growing number of staff to resign, retire or relocate. Read the commentary published in the New Zealand Medical Journal about how the health reforms need to incorporate lessons learnt from the COVID-19 pandemic about the need to prioritise the safety and wellbeing of healthcare workers.

(Note: You'll need your member sign-in to access Library resources.)

Atmore C, Dovey S, Gauld R, Stokes T. What is important for high quality rural health care? A qualitative study of rural community and provider views in Aotearoa New Zealand. *Rural Remote Health*. 2023;23(1):7635.

<https://bit.ly/3XckVCe>

Boyle L, Seretny M, Lumley T, Campbell D. Temporal validation of a multivariable surgical mortality prediction model (NZRisk): a New Zealand national cohort study. *BMJ Open*. 2023;13(3):e069911.

<https://bit.ly/3p75wXi>

Fenton E, Wild CEK, Derraik JGB, Grant CC, Anderson YC. The need to nurture Aotearoa New Zealand's healthcare workforce. *New Zealand Medical Journal*. 2023;136(1572):61–5.

<https://bit.ly/43JItRj>

Harcombe H, Barson D, Samaranyaka A, Davie G, Wyeth E, Derrett S, et al. Predictors of hospital readmission after trauma: a retrospective cohort study in New Zealand. *Injury*. 2023.

<https://bit.ly/3p75QFu>

Taylor CB, Thompson KJ, Hodgson C, Liew C, Litton E, McGain F, et al. Economic evaluations for intensive care unit randomised clinical trials in Australia and New Zealand: practical recommendations for researchers. *Australian Critical Care*. 2023 May;36(3):431-437.

<https://bit.ly/3JgNite>

Professional development

Upcoming training courses

OPERATING WITH RESPECT – Book now!

The *Operating with respect* course was developed in response to the release of the *RACS Action Plan on Discrimination, Bullying and Sexual Harassment in the Practice of Surgery*. It is designed to deliver advanced training in recognising, managing and preventing discrimination, bullying and sexual harassment, to help all surgeons create a safe, respectful workplace culture that positively impacts Trainee learning and ultimately improves surgical care.

It provides participants with practical strategies and skills to respond appropriately to unacceptable behaviour and promotes reflection and self-awareness, challenges common biases, assumptions and erroneous views and is delivered by skilled faculty. While compulsory for surgical supervisors and committee members, the course is open to all Fellows.

Date: Monday 29 June 2023

Time: 8:15am – 4:00pm

Location: Rydges Auckland

FIND OUT MORE - <https://bit.ly/43zNkVb>

BOOK YOUR SPOT - <https://ehub.surgeons.org/training-categories/racs-events/?Area=Courses+and+Workshops&mf=2%3D%257B38a2deb0-89fb-ec11-82e6-0022480fd13c%257D%263%3D0%267%3D100000%264%3D%265%3D%266%3D%257B4d253bc1-b983-ea11-a811-000d3acaadc0%257D>

OTHER PROFESSIONAL DEVELOPMENT COURSES

Face to face

Operating with Respect: 31 October (Christchurch) and 23 November (Wellington)

REGISTER - <https://ehub.surgeons.org/training-categories/racs-events/?Area=Courses+and+Workshops&mf=2%3D%257B38a2deb0-89fb-ec11-82e6-0022480fd13c%257D%263%3D0%267%3D100000%264%3D%265%3D%266%3D%257B4d253bc1-b983-ea11-a811-000d3acaadc0%257D>

Online

Keeping Trainees on Track (<https://bit.ly/3Jin5KH>): 1 – 30 June

Foundation Skills for Surgical Educators (<https://bit.ly/3pcnR55>): 19 June – 30 July

Induction for Surgical Supervisors and Trainers (<https://bit.ly/3CvN7q3>): 4 – 27 July

Educator Studio Session (<https://bit.ly/43ZRo0g>): 12 July

Difficult Conversations with Underperforming Trainees (<https://bit.ly/3Curvue>): 21 August – 24 September

REGISTER - <https://ehub.surgeons.org/training-categories/racs-events/?Area=Courses+and+Workshops&mf=2%3D%257B38a2deb0-89fb-ec11-82e6-0022480fd13c%257D%263%3D0%267%3D100000%264%3D%265%3D%266%3D%257B4d253bc1-b983-ea11-a811-000d3acaadc0%257D>

Reminder: CPD requirements 21 July to 31 December 2022

If you haven't completed your CPD requirements for the 21 July to 22 December 2022 period, please log on to CPD Online to complete. Alternatively, the CPD team are here to help. Give them a call on +61 3 9249 1282 or email cpd.college@surgeons.org

Update: Area of practice

Following feedback we received regarding the available options of areas of practice for General Surgery, Vascular Surgery has been added.

We are also reviewing and updating other specialties in the coming weeks. If you have any suggestions, please contact the CPD team at cpd.college@surgeons.org.

New activity: Surgeon wellbeing eLearning module now available

A Surgeon's wellbeing can impact us as individuals, the quality of care we provide to patients and how we work as teams.



RACS has launched a Surgeon Wellbeing eLearning module to highlight key challenges and promote the shared responsibility for wellbeing. The module is an introduction to surgeon wellbeing and is part of the suite of free microlearning activities available to you.

This module is an approved activity in the CPD program, and your participation will be automatically recorded.

Complete the Surgeon Wellbeing eLearning module today.

The CPD team are also here to assist you and are available from 9am until 5pm (ACST).

Please contact them at +61 3 9249 1282 or cpd.college@surgeons.org

2023 LIONZ forum a roaring success

On Saturday 10 June, the New Zealand Orthopaedic Association (NZOA) held its LIONZ forum; a day of education and networking for women surgeons, juniors and students.

The pride descended on Naumi Hotel in Wellington. The day started with a sawbones workshop for an excellent turnout of women medical students, house officers and junior registrars who were taken through their paces with hip and knee arthroplasty, arthroscopy, trauma plating, nails and more. This was sponsored by DePuy Synthes, Stryker and Arthrex. The room was buzzing throughout the morning, with DePuy Synthes' new instruments designed specifically for women with smaller grips being a particular highlight.

The afternoon was divided into an interview preparation session aimed at the 14 women interviewing for the orthopaedic training programme this year and a concurrent session on initiating private practice moderated and sponsored by Southern Cross Healthcare. Both sessions were a roaring success!

You can view the full gallery from the day: <https://bit.ly/3CyuUZ9>

By the NZOA team



Persistence pays off as communication channels open between RACS and Aotearoa government

After many months, if not years, of advocacy calling for action on key issues facing surgeons, it was an International Women's Day event that unlocked communication between the Aotearoa New Zealand National Committee (AoNZNC) and senior government health officials.

Health Minister Hon Dr Ayesha Verrall was guest speaker at the RACS Aotearoa New Zealand (AoNZ) International Women's Day (IWD) breakfast Zoom on 8 March. Her address focused on the important role women play in the AoNZ healthcare system.

The event however came at a time when surgeons felt the system was at crisis point. Waitlists for planned (elective) surgery were already long and workforce shortages and infrastructure issues were undermining attempts to clear the backlog. Our members, already burnt out from the pressures of COVID-19 combined with a stressed healthcare system, were expressing frustration at the situation.

They saw the IWD event as an opportunity to ensure the Health Minister was aware of the pressing issues for surgeons in Aotearoa. About 32 surgeons attended the online gathering including then-RACS President Dr Sally Langley; Surgical Advisors Dr Sarah Rennie and Professor Spencer Beasley; College Councillors Dr Nicola Hill and Dr Maxine Ronald; AoNZ National Committee Chair Associate Professor Andrew MacCormick; and head of training for OHNS, Angela Butler.

The conversation was frank and at times heated. Surgeons described the



emotional burden of being the ones to front to patients when their surgeries were deferred or cancelled. There were stories of patients being woken from general anaesthesia without having had surgery because of a lack of hospital beds; of urgent cancer care being delayed; and poor work cultures causing resignations among vital theatre staff leading to further inability to provide surgical care.

The Minister listened. She then extended an invitation to members of the AoNZNC to meet with her and top officials from Manatū Hauora - Ministry of Health and Te Whatu Ora - Health New Zealand.

This meeting was wide-ranging and covered topics including the shortage of anaesthetic technicians, issues of minor surgery taking precedence over cancer surgery to achieve targets on wait lists, RACS' capacity to train more surgeons, the lack of hospital beds (or staff to man them) and operating theatre capacity.

More importantly, it laid the foundations for follow up, ongoing meetings with health bosses.

The AoNZNC has met with Chief Medical Officer Dr Joe Bourne and Te Whatu Ora leadership including Fionnagh Dougan, National Director, Hospital and Specialist Services, and has further meetings with them quarterly going forward. It also hopes to meet with representatives from the government's Workforce Taskforce. The Committee will be reaching out to representatives of RACS' nine surgical specialties for input into these meetings.

The issues facing surgical services in Aotearoa are complex, nuanced and differ from region to region and specialty to specialty across the motu. As the peak body for surgery across nine specialties, RACS has a lot to offer in terms of advice and creative ideas on issues including regulation, workforce, surgical training, surgical provision, equity, sustainability and more. The AoNZNC will keep our membership posted on our progress. We can't wait any longer to see positive change.

By Dr Sarah Rennie, Surgical Advisor (AoNZ)

Updates from our friends at ACC

The Aotearoa New Zealand National Committee meets with ACC quarterly to discuss matters of relevance to the surgical community and to get updates. After the meeting on 9 June, ACC asked us to remind our members of a few points.

- Elective surgery procedures can only be performed within theatre facilities approved for your Elective Surgery

contract. In-room procedures can be invoiced via your Clinical Services contract. ACC acknowledges that the Clinical Services contract does not include all the in-room procedures that might be regularly performed and are calling for feedback on what in-room procedures surgeons would like to see added. Email ACC at elective.services@acc.co.nz with potential procedures and the existing sector quality requirements to support your request.

- Do you have an innovative idea to help New Zealanders recover from injury faster? Apply for an Innovation Fund grant to support your project. Find out more: <https://bit.ly/43N9cMS>
- Whether you're recently registered with ACC as a health provider, have a new employee joining your practice or simply need a refresher, there are resources available to help. Find them here: <https://bit.ly/3NHQS26>
- ACC is currently working on its 10-year strategy. Keep an out for updates.



King's Birthday honours

King's Honours for plastic surgeons

Congratulations to Drs Richard Wong She and Michael Klaassen for being recognised for their contributions to surgical care. Both appeared on the King's Birthday honours list on 5 June for their achievements in Plastic and Reconstructive Surgery.

Dr Wong She was appointed Companion of the New Zealand Order of Merit for services to burns care. He was the lead burns surgeon responsible for managing the Whakaari/White Island eruption victims at Middlemore Hospital. Dr Wong She has also been instrumental in establishing and

maintaining the National Burn Service. See his full citation: <https://bit.ly/3P8UgnH>

Dr Klaassen was made Officer of the New Zealand Order of Merit for services to Plastic and Reconstructive Surgery. He has had a career spanning the UK, Australia and Aotearoa New Zealand, in addition to doing pro bono work in the Pacific and conducting academic research. Dr Klaassen was a RACS examiner from 2000-2008 and continues to be committed to training younger surgeons. See his full citation: <https://bit.ly/3qvJHko>



Drs Richard Wong (left) and Michael Klaassen

IN PICTURES

New Zealand Association of General Surgeons (NZAGS) award winners



Dr Suzianna Raza (left), the 2023 Pasifika Fund recipient, with Dr Vanessa Blair, NZAGS President (centre), and Bronwen Evans, NZAGS Executive Director/Secretary (right). The Pasifika Fund aims to support the workforce of general surgeons across the Pacific and the communities they serve. It provides for the winning applicant to come to Aotearoa New Zealand to attend the annual NZAGS Conference and Training Day.



After visiting Nelson for the Conference and Training Day on 28-30 April, Dr Raza travelled up to Auckland for a visit to Middlemore Hospital.



Dr Saxon Connor received the much-coveted Denys Sumner Award, which is voted on by General Surgery Trainees for excellence in teaching. Dr Connor is a Christchurch-based general surgeon.

Meet the team

Following elections earlier in the year, there is a new leadership line up for the Aotearoa New Zealand National Committee. From 1 July 2023, the committee will include:

ELECTED MEMBERS

Andrew MacCormick	Chair	General Surgeon, Auckland
Rosalynd Pochin	Deputy Chair (Formerly Treasurer)	General Surgeon, Nelson
Sharon English	Hon Treasurer	Urologist, Christchurch
Christine Goh	(new to the committee)	Cardiothoracic Surgeon, Auckland
Simon John		Neurosurgeon, Christchurch
Rachelle Love		Otolaryngologist, Christchurch
Morgan Pokorny		Urologist, Auckland
James McKay	(new to the committee)	General Surgeon, Christchurch
Subhashandra Shetty		Otolaryngologist, Auckland

SPECIALTY REPRESENTATIVES

Sean Galvin	Cardiothoracic surgery	Wellington
Vanessa Blair	General surgery	Whangarei
Reuben Johnson	Neurosurgery	Wellington
Andrew Meighan	Orthopaedic surgery	Blenheim
Cathy Ferguson	Otolaryngology head & neck surgery	Wellington
Alison Scott	Paediatric surgery	Christchurch
Chris Adams	Plastic & reconstructive surgery	Wellington & Hutt
Michael Vincent	Urology	Invercargill
Kesara Wickremesekera	Vascular surgery	Wellington

EX-OFFICIO MEMBERS

Andrew G Hill	RACS Councillor	General Surgeon, Auckland
Nicola Hill	RACS Councillor	Otolaryngologist, Nelson
Phillip Morreau	RACS Councillor	Paediatric Surgeon, Auckland
Maxine Ronald	RACS Councillor	General Surgeon, Whangarei
Souella Cumming	RACS Councillor	Expert Community Advisor, Wellington

CO-OPTED MEMBERS

Heather Ash	Expert Community Advisor	Auckland
Nigel Willis	Aotearoa NZ Censor	Orthopaedic Surgeon, Wellington
Michael Bergin	Younger Fellows' Representative (new to the committee)	Otolaryngologist, Christchurch
Ella Nicholas	Trainees' Representative	General Surgery Trainee

There is some movement in the RACS Aotearoa New Zealand (AoNZ) office too.

You're probably aware Justine Peterson, AoNZ Manager of 28+ years, has moved on and her successor, Michele Thomas, has been recruited. In the interim, Celia Stanyon and Diana Blake are co-managing the team. While still carrying out their usual functions, Celia, Executive Officer: SIMGs, is primarily handling the people side of the role while Diana, Communications Specialist, is picking up the policy and advocacy work.

Michele Thomas will come in as Head of Aotearoa New Zealand on 7 August. She comes with a solid background in the health sector as a nurse and more recently as the current CEO of the New Zealand Society of Anaesthetists. She also has experience in advocacy, policy and planning, service delivery and clinical governance in healthcare settings.

We also welcome Maria Kapralos as Administrator. Some of you might remember her, perhaps by her maiden name of Christopher. She worked for RACS in the 1990s when the office

was based in Elliott House. She left to bring up her two children, although did rejoin the workforce some years ago, working for Whānau Manaaki Kindergarten Association. When she saw the administrator role at RACS being advertised, she says she jumped at the opportunity and is enjoying being able to further her skill set with a great team. Outside of work, Maria's a keen sportsperson and has played basketball and cricket competitively.



Don't forget the rest of the team:

Gloria Aumaivao-Tasi
Executive Officer: Training

Ruth Herd
Māori Health Project Officer

Danielle Cochrane
Project and Events Officer

Suvira Gupta
Executive Officer: Specialist Society and Committees

Nick Ingram
Service Desk Technician

Brendan Ralph
Senior Accountant

Rachel Lods
Programme Coordinator

Sarah Rennie
Surgical Advisor

Spencer Beasley
Surgical Advisor

Some of the team helping out with the FEX written exams (from left): Ruth Herd, Māori Health Project Officer; Suvira Gupta, Executive Officer, Specialist Society; Maria Kapralos, Administrator; and Gloria Aumaivao-Tasi, Executive Officer, Training.

Providing care to yourself and those close to you: What this means for you

Doctors are often called on to help family members or friends with a prescription or quick consultation. You may feel a temptation to do so given the current difficulties in getting GP appointments.

This is a reminder of the Medical Council's key message that it's not appropriate to provide care (or prescribe) to yourself and those close to you. This includes agreeing to personal or casual requests from colleagues ('corridor conversations') for a non-standard professional assessment or prescription. It's also inappropriate to provide recurring episodic treatment or ongoing management of an illness or condition to those close to you, even where that illness or condition is minor.

Doctors must have their own GP. The Council's statement *Providing care to*

yourself and those close to you lays out the standards that need to be adhered to, and these have been in place since 2016. However, the Council continues to receive notifications about doctors failing to adhere to this standard. Doctors often cite a lack of awareness of this standard, or an unwillingness to follow the standard in more minor or trivial situations.

Providing care to yourself and those close to you creates obvious dangers. The risk is that it may compromise:

- clinical objectivity;
- continuity of care;
- care by trivialising or overtreating; and
- confidentiality.

There are very limited exceptions and these are set out in the statement (such

as in true emergencies and in rural/ isolated communities). Safeguards need to be in place for record-keeping and maintaining a low threshold for referral in these situations.

For more information please see the statement on *Providing care to yourself and those close to you* (<https://bit.ly/3PzbpHI>). Further statements and standards can be found on the Council's website: <https://bit.ly/3NsYu7s>.

By Harriet Goodhew, Manager – Legal, Medical Council of New Zealand

Notes from Guadalcanal



Dr Kirk Williams seeing a patient

Originally printed in the NZAPS newsletter. Republished with permission.

Zac Moaveni and I recently returned from our annual Interplast mission to the Solomon Islands. This was my fourth time and his seventh. It is something that we both look forward to each year. The predictable COVID-19 disruptions meant they had stockpiled plenty of patients in the very limited five days of operating. Ten general anaesthetic (GA) lists; no anaesthetic technician issues. The aim is mainly to do cleft cases, but this ends up invariably a mixed bag. Prior to arriving a list of 35 patients (half the list) with cleft lip/palate, congenital anomalies, burns, and horrendous orofacial squamous cell carcinomas (SCCs) which are attributed to betel nut chewing. We run a clinic on the Sunday along with our Sydney-based anaesthetist Rob Buckland, and our two theatre nurses from Melbourne, Zanne Miller and Kim Harris. The patients are all assessed for anaesthetic fitness and surgical viability. Some are too sick for a GA and others are beyond the pale of what we can do with limited resources. The orofacial SCCs often appear "Bandana Sign" positive; an ill omen. A lot can be hidden under a bandana.

A bit about the Solomons. I have always been fascinated by these islands since childhood, mainly from a natural history perspective. They are comprised of six major islands, with Honiara, the capital, on Guadalcanal. There are about 700,000 people who speak 60-70 languages, so they all communicate via Pidgin English,

a phonetic language. For example:

Cuttyman = Surgeon

Sleepyman = Anaesthetist

Up-em head= headlift

Klinin han stret afta iu tasem eni sikiman= clean hands straight after you touch any sick person.

The islands have been populated for 30,000 years. The first European to map them was the Spaniard Mendana in 1568. The name is a reference to the biblical King Solomon, but there is no wealth here. The average per capita income is \$2,500. Honiara was the site of a terrible battle in WWII with 30,000 dead and wounded.

Everything is challenging about operating on the types of patients we see in the Solomons, but you just get on with it and do your best despite limitations in gear, medicines, etc. Skin grafts often melt away in the heat. There poor hygiene and no such thing as a free flap; any histology must be sent off to Australia. I often laugh at the requirement for a Hand Hygiene Certificate. One year there was no running water in the theatre so we kept boiling the kettle to wash our hands. It is not unusual to see the odd mosquito buzzing around inside theatre, but this year I was highly amused to see a crab scuttle by my feet.

The entire organisation of the patients is headed up by the local surgeon Scott Siotta. He is tireless, humble, quick to laugh, and is the hospital's greatest

asset. Somehow he assembles the plastics-appropriate patients from the far-flung islands. This year one mother arrived to have her baby's palate fixed six months too early, from an island "far, far" away. She said: "I will wait, too far to go home". The last time one young mother travelled six days on an open boat to get her child's cleft fixed. When her time came, on our last day, she had been fed a bottle. Somehow Scott Siotta got our flights departure extended.

The days are long. Not any longer than a big day at home; just different. We are guests in their country, and things are done their way. They are quiet and softly spoken, often with little eye contact. At lunchtime they put on a big spread of curried reef fish, sea-cabbage, and papaya.

Ward rounds are interesting. Zac and I give our usual post-op spiel, but this is translated by Scott, who puts a hand on their shoulder, eyebrows dancing up and down like morse code, and then he says: "Good!". Very hard to learn the eyebrow dialect. Patient follow-ups are via Whatsapp and Scott.

And then as busy as it began it is finished. Some patients are rebooked for next year. We all meet up at a local restaurant, reflect on the week, and have a farewell Solbrew.

By Dr Kirk Williams, Christchurch plastic and reconstructive surgeon



Dr Williams in the theatre

From cover...

However, Shanafelt also has identified organisational strategies to promote physician wellbeing. The first is to acknowledge and assess the problem. This may require multiple different formats to allow healthcare workers to feel heard. It also needs to be fronted at the highest level of management.

The second is to foster supportive leadership. This is from the immediate supervisor up. Leaders should be accessible, empathetic, and responsive to the needs and concerns of their teams. By creating a supportive and inclusive leadership style, health system leaders can build trust, encourage open communication, and ensure that health workers feel valued and supported. This, in turn, contributes to a resilient workforce that can effectively navigate challenges and maintain a high level of patient care. Leaders need to be appropriately selected, trained and have their performance assessed by the people they lead, not just on organisational performance targets.

The third is to develop and implement targeted interventions for the drivers mentioned above. One of these is providing adequate resources and support for healthcare workers to carry out their duties. This includes ensuring access to essential medical supplies, technology and equipment, as well as adequate staffing levels. Implementing supportive policies, such as reasonable work schedules, rest breaks, and opportunities for self-care, can contribute to reducing burnout and enhancing resilience.

Fourth is to cultivate community at work. This can be through informal or formal opportunities. The erosion of those opportunities may have been the unintended consequence of the drive for efficiency. The return of these may require dedicated spaces such as the physicians' lounge of the past. By cultivating an environment that values open communication, collaboration, and mutual respect, health systems can help alleviate stress and promote wellbeing. Encouraging teamwork, recognising achievements, and creating opportunities for professional growth and development can foster a sense of purpose and motivation among health workers.

Remuneration of work done is essential. Not all work done for an organisation fits into clinical care. There are governance, education, research and special interest roles that healthcare workers conduct for the organisation. Many individuals may conduct these in their own time. Instead these need to be recognised and appropriate time and resource assigned to them.

Next is to align values and strengthen culture. Most organisations and healthcare workers have values that align. However the organisation needs to periodically take stock of whether its actions and values are aligned. Furthermore, they need to determine if and when they start to deviate from the values of their workforce.

Achieving a healthy work/life balance is crucial for the wellbeing and resilience of health workers. Health systems can support this balance by implementing policies that promote flexible working hours, paid leave, and opportunities for self-care.

Achieving a healthy work/life balance is crucial for the wellbeing and resilience of health workers. Health systems can support this balance by implementing policies that promote flexible working hours, paid leave, and opportunities for self-care. By encouraging health workers to engage in activities outside of work that promote physical and mental wellbeing, such as exercise, hobbies, and spending time with loved ones, health systems can help prevent burnout and foster resilience.

Lastly, continuous learning and professional development are vital for the growth and resilience of health workers. Health systems should invest in comprehensive training programs that equip health workers with the knowledge and skills necessary to navigate complex healthcare scenarios effectively. By offering ongoing education opportunities, such as workshops, conferences, and online courses, health systems empower health workers to adapt to new technologies, evidence-based practices, and emerging trends, thereby bolstering their resilience.

Fostering resilience in health workers is essential for maintaining a strong and sustainable health system. By employing a suite of strategies, health systems can create an environment that empowers health workers to thrive and continue delivering exceptional care. By nurturing the resilience of health workers, we ensure the wellbeing of both the individuals who provide care and the patients who rely on their expertise.



Andrew MacCormick,
Chair, Aotearoa New Zealand National
Committee

- 1) Woods, D. D. (2018). Resilience is a verb. In Trump, B. D., Florin, M.-V., & Linkov, I. (Eds.). IRGC resource guide on resilience (vol. 2): Domains of resilience for complex interconnected systems. Lausanne, CH: EPFL International Risk Governance Center. Available on irgc.epfl.ch and irgc.org.
- 2) Smaglus A. Safety-I, Safety-II and burnout: how complexity science can help clinician wellness. *BMJ Qual Saf.* 2019 Aug;28(8):667-671. doi: 10.1136/bmjqs-2018-009147. Epub 2019 Jun 13. PMID: 31196890.
- 3) Shanafelt TD, Noseworthy JH. Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. *Mayo Clin Proc.* 2017 Jan;92(1):129-146. doi: 10.1016/j.mayocp.2016.10.004. Epub 2016 Nov 18. PMID: 27871627.

OBITUARY

Jack of all trades, master of most

Harry Lawrence McIntyre Smith
FRCS(Eng) FRACS

General, Paediatric and Vascular Surgeon
22 May 1931 – 24 September 2022

Harry Lawrence McIntyre Smith (known to all as Laurie) was born in Whanganui to Harry Lawrence Smith (a policeman) and Susan McIntyre (Black) Smith. He had an older sister, Ngaire. The family's move to Taumarunui six years later led to a carefree childhood wandering barefoot in the local King Country bush.

When the family moved to Auckland, Laurie first attended Remuera Primary School and subsequently Kings College. A good sportsman, particularly at rugby, he gained a place in the First XV and became Captain of the team. He was also Head Boy and won the Foster Prize for all-round ability. Gaining a scholarship through the Anglican Archbishop, he became a boarder for his final year and qualified for a University Bursary, this providing much-needed financial assistance.

Laurie completed his medical intermediate at Auckland University and began at Otago Medical School in Dunedin in 1951. There, his rugby career flourished and he represented Otago, South Island and national University teams. After gaining selection for the All Black trials in 1954 for the forthcoming tour of Great Britain he withdrew, believing he couldn't commit to this time away, and he completed his MBChB the following year.

While in Dunedin Laurie pursued his childhood interest in the army, becoming a territorial officer and commencing a long-service commitment, which culminated in his promotion to Lieutenant-Colonel in the Royal New Zealand Armed Medical Corp in 1964; a position he held until 1976.

In 1956 Laurie returned to Auckland working as a house surgeon. He married Sadie Baird, an Otago physical education graduate, the same year and they subsequently had six children - Sally-Anne, Richard, Nicole, Kristen, James and Julia. Rugby remained a passion for

Laurie and he played for Auckland and the Barbarians.

With Sadie he returned to Dunedin in 1958, having obtained a position as a surgical registrar and lecturer at the Medical School. Two years later they travelled to the United Kingdom, Laurie working his passage as ship's doctor. There he completed the surgery course at St Thomas's Hospital and quickly completed his FRCS(Eng). He then secured positions as a Fellow in Professor Charles Illingworth's department at the Glasgow Western Infirmary in 1960 and Registrar at the Chelmsford and Sussex Hospital in 1961.

Accepting a Senior Registrar position at Greenlane Hospital, Auckland, Laurie and family returned to New Zealand in 1962. In that year he gained FRACS in General Surgery. He held a Senior Lecturer position in the Auckland University from 1965 to 1971, progressively restricting his practice to Vascular and Paediatric Surgery. In 1971 he was appointed to a consultant position at Auckland Hospital and at that time commenced some private practice. With others he established renal and liver transplant programmes at Auckland Hospital and progressively specialised in radical head and neck tumour resection and major trauma surgery. A vascular surgeon before it became a separate specialty, at one stage he was on the transplant and paediatric rosters at Auckland and the general and vascular rosters at Middlemore Hospital.

Several colleagues have noted that Laurie was very gifted technically and the most dexterous skilled surgeon with whom they worked. When operating he was never visibly stressed, even amongst ruptured abdominal aortic aneurysms and the worst traumas. The General Surgery team of Laurie Smith and Denys Sumner at Middlemore was regarded by most Trainees as the premier team for a surgical attachment.

Anne Kolbe observed: "Laurie was a fantastic clinical and surgical teacher; very generous in allowing his more senior Registrars full reign in the operating theatre."

She said his catchphrase was: "Just keep me informed".

"Laurie could turn his hand to anything, he was a true General Surgeon," she said.

Laurie served as a RACS examiner in General Surgery.

Paediatric Surgery had been promoted as a separate specialty in Auckland by Selwyn (Sam) Burcher following his appointment in 1951. On his return to Auckland a decade later, Laurie worked alongside Sam and they were joined some 10 years later by Stuart Ferguson.

When Sam died in 1977 after a long illness, Laurie became responsible for holding the Paediatric Surgery service together. Percy Pease joined the service some time later and subsequently so did Anne Kolbe who, after gaining her FRACS in General Surgery, started her Paediatric Surgical training with Laurie, Stuart and Percy in 1982 and eventually became a member of the Paediatric Surgery team.

Anne observed that Laurie had superb clinical and technical ability in Paediatric Surgery and taught her much of which she continues to use daily.

"Above all Laurie was warm and kind, always approachable and willing to help, support and advise. He had the most welcoming smile that always put you at ease," she said.

"Without Laurie's leadership and contribution, on the back of Sam Burcher's vision, I think we may never have had the strong Paediatric Surgical service we had at Princess Mary Hospital in the late 1970s/early 1980s.

At that time, all children in Auckland and across the northern half of the North Island had their surgical care provided by paediatric surgeons in specialist Paediatric Surgical wards. It took other parts of New Zealand much longer to establish this practice."

Later in his career, in the late 1980s and early 1990s, Laurie faced two major technical challenges; cell phones and laparoscopy. He addressed them both with alacrity. The cell phone gave him

clinical freedom to service the multiple rosters and laparoscopy allowed him one more chance to show his surgical skill and adaptability. By 1993 (at the age of 62) he had performed cholecystectomy, bowel surgery, appendicectomy, hernia surgery and fundoplication via the laparoscope.

With his considerable skills, Laurie made significant international contributions to the development of surgery and the provision of surgical services. In 1976 he was an invited Visiting Professor to Queen Elizabeth Hospital in Blantyr, Malawi. In 1986 he worked as Locum Surgeon at Khamis Mushat Hospital, Saudi Arabia. In 1996 he was a Visiting Surgeon at Kossamak Hospital, Phnom Penh, Cambodia, and the following year he returned to Queen Elizabeth Hospital in Malawi, as Associate Professor.

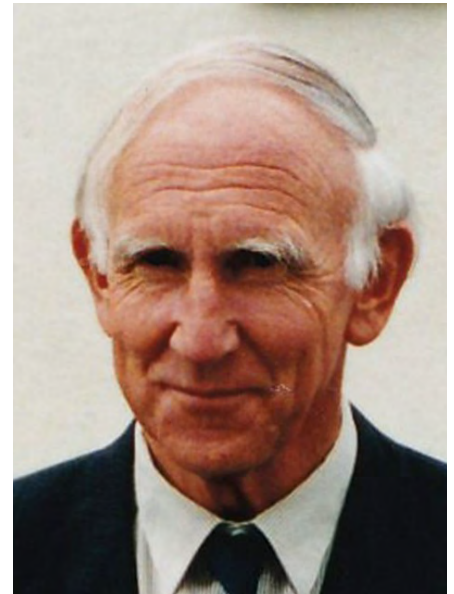
Retiring from his consultant post at the age of 65, Laurie continued locum work in several rural Australian settings and numerous regional hospitals in Aotearoa New Zealand. He finally ceased work when almost 80 years old, but never lost his love of medicine, continuing to receive his surgical journals and attending medical

lectures and social events into his 90th year.

Laurie loved all sport, finding it a vital way to relax from the stresses of work. Golf and tennis were his favourites and he was very good at both. He was also a keen skier, and this resulted in many wonderful family ski trips to Mt Ruapehu and Queenstown as well as travel to a variety of destinations overseas. Fishing was another regular pastime, and he would disappear to Taupō whenever the chance arose.

Laurie's long service commitment and contributions to the New Zealand Army were recognised in the award of the Efficiency Decoration (ED) in 1976. He was a very popular and charismatic Army Medical Officer and Surgeon. In 2008 he was made an Officer of the New Zealand Order of Merit (ONZM) for services to medicine.

Laurie died peacefully on 24 September 2022, aged 91 years, having played petanque earlier in the day. He was the dearly loved father of his six children and their partners, grandfather of nine and great-grandfather of three.



By Dr Allan Panting FRACS

Anne Kolbe FRACS, Garth Poole FRACS, Chris Holdaway FRACS, Sally Quigley and other members of Laurie's family contributed to the preparation of this obituary.

Pūhoro collaboration (4 April)

The Māori Health Advisory Group continues its work to promote surgical careers to young Māori through its collaboration with Pūhoro.

Pūhoro launched in 2016 to increase engagement of Māori in STEM-related career pathways (science, technology, engineering, mathematics and mātauranga Māori) through career expos for Māori high school students.

Members of the Māori Health Advisory Group have been attending Pūhoro events throughout the motu (country) since 2022, reaching out to its growing network of students - at last count, it was over 1500 from 90 different iwi and 54 schools nationwide.

On 4 April, it was the turn of RACS' Māori Training Liaison Lead, Professor Jonathan Koea, who spoke to Manawatū secondary schoolers about what inspired him to become a surgeon and how they could start on the road to a surgical career.

Many, including Kynan Dawson, a Year 11 student from Awatapu College, were daunted by the years of study and training required to become a surgeon. In Kynan's case, that is despite a keen interest in pursuing a medical career; a dream he has had since age 11 when he had an extended stay in hospital due to complications following an appendectomy.

Professor Koea urged attendees to lift their horizons and said many of the skills they have will make them attractive surgical Trainee candidates, including knowledge of te reo Māori and cultural competency.

Johnson & Johnson was also in attendance, providing a video-assisted thoracic surgery (VATS) simulator and a HoloLens augmented reality device, to give students an insight into the practical side of surgery.

The Pūhoro collaboration is key to RACS' commitment to improving health equity

in Aotearoa. The goal is to increase the proportion of Māori surgeons so they match the proportion of Māori in the general Aotearoa population by 2040, the bicentenary of Te Tiriti o Waitangi (Treaty of Waitangi).





AoNZ National Committee
PO Box 7451, Wellington 6242, New Zealand

**Do you have news you would like to share, an idea for an article,
or a letter to the editor?**

Email the AoNZ Communications Specialist: Diana.Blake@surgeons.org

The deadline for the next issue is 29 May 2023

Cutting Edge is published 4 times a year

VIEWS EXPRESSED BY CONTRIBUTORS ARE NOT NECESSARILY THOSE OF THE COLLEGE

**ROYAL AUSTRALASIAN COLLEGE OF SURGEONS
AOTEAROA NZ NATIONAL COMMITTEE**

Chair

Andrew MacCormick

Deputy Chair

Ros Pochin

Treasurer

Sharon English

Aotearoa NZ Manager

Celia.Stanyon@surgeons.org and Diana.Blake@surgeons.org

Surgical Advisors – Aotearoa NZ

sarah.rennie@surgeons.org

spencer.beasley@surgeons.org

OFFICE

Level 3, PO Box 7451

8 Kent Terrace Newtown

Wellington 6011 Wellington 6242, New Zealand

Tollfree (NZ only) 0800 787 469 / 0800 SURGNZ | Phone: +64 (4) 385 8247 Fax: +64 (4) 385 8873

Email: College.NZ@surgeons.org