

# Cutting Edge

July 2024

FROM THE CHAIR

## A celebration of surgery



It was awesome to celebrate surgery at the recent highly successful RACS Annual Scientific Congress (ASC) in Ōtautahi Christchurch. Thank you to Drs Philippa Mercer, Richard Perry and Jeremy Simcock and all the section convenors and staff that made it such a wonderful event. I have had feedback about what an amazing time people had from all sections of the surgical community.

It was amazing to also celebrate friends and colleagues who received awards at the Convocation Ceremony - Dr Philippa Mercer (RACS Medal), Professor John McCall (Award for Excellence in Surgery), Dr Catherine Ferguson (Colin McRae Medal), Dr Sharon Jay (John Corboy Medal), Dr Sally Langley and Professor Spencer Beasley (Court of Honour), and Dr Scott Stevenson (Sir Louis Barnett Medal – posthumously).

Our continued advocacy for surgery with the new health reforms remains a priority with Te Whatu Ora and the Manatū

Hauora - Ministry of Health. Recent meetings included with the Te Whatu Ora - Hospital and Specialist Services planning team to discuss clinical networks, especially trauma, surgical waitlists, surgical services provision, and hospital infrastructure and digital transformation.

In a further meeting with Te Whatu Ora, we met with the CEO Margie Apa and executive leadership team where discussion centred around workforce planning and RACS advisory role within Te Whatu Ora.

A Te Whatu Ora workforce planning analyst also shared with us forecast surgical workforce needs data across all sub-specialties.

Subsequently we had a meeting with the Minister of Health. Our broader topics of discussion were around workforce and clinical governance. We conveyed the frustration felt with the appointment freeze and lack of local decision-making and argued for a move away from siloed

and ‘command and control’ decision-making. We also discussed the need for a ‘learning health system’ that values surgeons as educators of the future workforce. Finally, we advocated for the use of data provided by registries and the need for support for these to enable a move towards high-value healthcare.

We have seen an increase in the Aotearoa New Zealand voice at RACS with the Chair of the Aotearoa New Zealand National Committee now co-opted on to the College Council and the Council Executive. Likewise, the Head of Aotearoa New Zealand, Michele Thomas, continues to sit on the executive leadership team, supporting and inputting into strategic decision-making.

The new Executive of the Aotearoa New Zealand National Committee has been elected. They are Dr Ros Pochin, Chair; Dr Sharon English, Deputy Chair; and Dr James McKay, Treasurer. Please join me in congratulating them on their positions. I’m sure they will do an excellent job of advocating on your behalf both within the Aotearoa New Zealand health system and the wider College.

This is my final *Cutting Edge* article and I want to thank you for the opportunity to represent you. It has been an honour and a privilege. I would also like to thank all the Fellows, Trainees, Specialist International Medical Graduates (SIMGs) and staff who continue to serve RACS and lead it forward to a brighter future.



Andrew MacCormick,  
Immediate past Chair,  
Aotearoa New Zealand  
National Committee

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## Key dates 2024

**30-31 August:** NZAPS ASM  
(Christchurch)

**19 September:** Louis Barnett Prize  
online event

**20-22 October:** NZOA ASM

**15-18 October:** NZSOHNS ASM

 Royal Australasian College of Surgeons  
**Foundation for Surgery**

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## FROM THE EDGE

# Understanding your CPD requirements

## What is Continuing Professional Development (CPD) all about?

CPD is a requirement for all vocationally registered doctors. Te Kaunihera Rata o Aotearoa - Medical Council New Zealand (MCNZ) is responsible for ensuring you are competent and fit to practise medicine. One of the criteria includes requiring you to complete the recertification programmes (<https://bit.ly/4bhnkAP>) set by Council (CPD) annually. MCNZ accredits RACS to deliver a CPD programme to surgeons in Aotearoa New Zealand.

## Who decides what should be in the CPD programme?

The content of the programme is set by RACS to meet accreditation criteria from MCNZ (figure 1).

Cultural safety and health equity is a foundation for all our activities and should be embedded in all we are doing professionally. The professional development plan (PDP) is to guide our CPD over the year and to give focus to our goals.

The PDP aspect of your CPD can be used as the basis for your conversation with a peer to provide some structure. The annual conversation aims to provide time for reflection, to consider development needs/goals and to get feedback from a peer.

It also considers our wellbeing and self-care plan as this is recognised as an easily neglected but essential part of being a good functional doctor. Doctors have higher rates of burnout, depression and suicide (<https://bit.ly/3L2Vain>) compared to the general population and the Hippocratic oath was updated in 2017 to include: "I will attend to my own health, well-being, and abilities in order to provide care of the highest standard". MCNZ has included this as an important standard for RACS and other colleges to comply with.

## What is the relationship with MCNZ?

Currently RACS is the only recertification/CPD provider for surgeons in Aotearoa New Zealand. New Zealand Orthopaedic

Core elements of recertification for vocationally-registered doctors in New Zealand



Figure 1. Recertification requirements for vocationally-registered doctors in New Zealand, Te Kaunihera Rara o Aotearoa Medical Council of New Zealand, 2019.

Association (NZOA) members complete their CPD through NZOA but accreditation of the NZOA CPD programme is completed by RACS. RACS and MCNZ have a memorandum of understanding and RACS provides a CPD programme compliant with the MCNZ accreditation standards to its Fellow members and Specialist International Medical Graduate (SIMG) surgeon participants. You must be a financial member of RACS to be compliant with your CPD.

Compliance also includes RACS conducting an audit of the CPD of Fellow members and SIMG participants through a sampling verification process and annual reporting on compliance by Fellow members and SIMG participants to the MCNZ.

## Why should I check that I'm compliant?

When you renew your Annual Practising Certificate (APC) with MCNZ there is a section, "Part 2", which asks about this:

### "Recertification/CPD programme

Are you complying with the requirements of the RACS CPD recertification programme?

Yes No

Can we contact the recertification programme provider about your participation?

Yes No"

Selecting "yes" when you are renewing your MCNZ APC when you are not compliant with the CPD programme is unprofessional.

## How can I ensure I meet the cultural safety and health equity aspects of CPD?

Cultural safety is about understanding yourself, considering your own views and biases, and understanding where we have come from and how we have got here. It involves reflection on how our internal thinking could affect our decision-making and the health outcomes of our patients. Cultural safety is paramount in Aotearoa New Zealand for ensuring health equity for Māori, and also includes other aspects such as age, gender, disability, sexual orientation, ethnicity, socioeconomic status, and religious or other beliefs.

MCNZ has a good and comprehensive statement on cultural safety (<https://bit.ly/3Rlfqc0>) for doctors. The Council of Medical Colleges in Aotearoa has developed a cultural safety training plan for vocational medicine in Aotearoa (<https://bit.ly/4bd6uTX>) which has some excellent suggestions for doctors for ensuring we meet our obligations to provide culturally safe care and reduce health inequities for our patients. RACS has also compiled lists of resources for surgeons to give guidance for cultural safety training and development opportunities (<https://bit.ly/3XxXkhB>).



By Sarah Rennie, Surgical Advisor, Aotearoa New Zealand

## 2025 John Corboy Medal: nominations now open

Nominations are open until 31 July 2024.

Do you know a surgical Trainee who you believe demonstrates:

- outstanding leadership
- selfless service
- tenacity
- service to Trainees?

Both Fellows and Trainees are eligible to nominate. Find the forms online (<https://bit.ly/3XiabUV>) or contact us [racsta@surgeons.org](mailto:racsta@surgeons.org).



*Images: The medal; Dr Sharon Jay, the 2024 John Corboy Medal winner*



## Are you compliant with your CPD?

The CPD team extends its sincere thanks to the 86 per cent of Aotearoa New Zealand Fellows who have completed their CPD requirements for 2023.

For those who haven't completed their 2023 CPD return, we encourage you to do so as soon as possible.

As the accredited CPD programme provider for surgeons in Aotearoa New Zealand, RACS is obligated to report non-compliance to Te Kaunihera Rata o Aotearoa – Medical Council of New Zealand (MCNZ).

If you have any questions or need assistance, the CPD team is here to help and can be contacted on +61 3249 1282 or [cpd.college@surgeons.org](mailto:cpd.college@surgeons.org).

## RACS CPD – your passion, your pathway, your CPD

RACS CPD (<https://bit.ly/4clyypz>) has the only accredited programmes in Aotearoa New Zealand to be tailored specifically for surgeons. It offers you lifelong support for each stage of your career and has been developed to align with the recertification requirements set by Te Kaunihera Rata o Aotearoa – Medical Council of New Zealand (MCNZ).

As an accredited CPD programme, RACS also recognises the New Zealand Orthopaedic Association (NZOA) CPD programme.

RACS CPD gives you access to a wide range of activities and services including conferences, scientific meetings and section-specific events; webinars; top-tier publications including the *ANZ Journal of Surgery* and *Surgical News*; a well-stocked and curated library available 24/7 through the member portal; and a dedicated CPD team to offer advice and support.





## HEAD OF AOTEAROA NEW ZEALAND MESSAGE

# Looking back, ploughing ahead

I hope you were all able to get some rest on the public holiday on Friday 28 June. In the RACS Aotearoa New Zealand office we got into the spirit by sharing kai and learning about the Māori New Year from Dr Ruth Herd, Kaiwhakarite Hauora Māori - Māori Health Equity Lead.

Matariki is all about celebrating the past and planning for the future. In keeping with that theme I wanted to reflect on the RACS Annual Scientific Congress (ASC), held in early May in Ōtautahi Christchurch.

What an incredible event. While it was my first RACS ASC I am reliably told it was a particularly warm and collegial event, with sessions relevant to surgeons and other health professionals of all stripes. I can only assume that its success came from the deep involvement of the Aotearoa New Zealand conveners, the high turnout from our country's surgical and healthcare community, and the stunning location and venue. It made me proud to see such a high-quality event hosted on Aotearoa New Zealand soil.

I also want to celebrate the pro bono contributions of our Fellows, Trainees and Specialist International Medical Graduates (SIMGs). These come in all sorts of forms and make our work possible. As Associate Professor Andrew MacCormick steps away from chairing the Aotearoa

New Zealand National Committee (AoNZNC) and Dr Ros Pochin steps up (along with Dr Sharon English [Deputy Chair] and Dr James McKay [Treasurer]) I want to thank them, and the rest of the AoNZNC, for the passion and commitment they bring to these roles.

There is also a small team of Fellows and staff who are making a huge difference in the Specialist International Medical Graduate (SIMG) space. It has been challenging for us to meet the rising demand for opinions on SIMG applications. Thanks to a combined and concerted effort to make progress in this area, we are now submitting on time in 82% of cases.

Now for planning for the future. With the ASC being held in Aotearoa, we had to make the tough call to defer our Annual Surgeons' Meeting (ASM) until 2025. Preparations are well underway and in the meantime we are looking forward to hosting the Louis Barnett Prize finalists for an online event on 19 September from 7pm. The finalists – Trainees and Younger Fellows from Aotearoa New Zealand who are involved in advanced academic research – will present their abstracts and we'll be hearing from a guest speaker as well so watch this space for more information in the runup to the event.

There are further opportunities for Aotearoa New Zealand Fellows to be recognised for the amazing work they do. We are starting to advertise for nominations for the following awards so please consider putting forward some of the superstars you work with:

- Colin McRae Medal (<https://bit.ly/45leNG6>)
- the Award for Excellence in Surgery (<https://bit.ly/3W1khlY>)
- the Sir Louis Barnett Medal (<https://bit.ly/3XlfSf1>)
- RACS Medal (<https://bit.ly/3RKcxrZ>).

Mānawatia a Matariki

Michele Thomas

Tumu Whakarae Aotearoa – Head of Aotearoa New Zealand





## Lasting memories thanks to the generosity of our members

My thanks to all of you who contributed to the funds I received as a retirement gift last year. I wanted these to become part of a lasting memory so used them for the six-day Grand Traverse tramp with Ultimate Hikes. That took me from Lake Wakatipu up the Greenstone Track to connect to the Routeburn Track close to its Te Anau end; and then on that back to Lake Wakatipu.

Nearly every day was perfect tramping weather with a mix of cloud and sun, with some rain on one day only, and that the day of our shortest tramp. With no wifi, our phones were quiet and used only for photos.

Kākā, kea, pīwakawaka, tūī, korimako and kakaruwai (South Island robin) were often heard and seen. I sighted the less common titipounamu (rifleman) several times and a pair of the rare whio (blue duck) once. Regrettably the 12 pairs of takahe released in the upper Greenstone in early 2023 were elusive and all we saw were their distinctive footprints in some mud patches.

The tracks took us through rocky and tree-rooted climbs and descents, across stretches of rock falls, along exposed alpine tracks and, very occasionally, over

short boardwalks built to protect areas of our fragile alpine flora. Even at 1200m+ you can't escape the Lord of the Rings with what is now called the 'Valley of the Trolls' on one side of Lake Harris.

The days spent walking amongst our native beech forests, grassland valleys and above the alpine treeline were strenuous, but also peaceful and invigorating. My objective of a lasting memory was definitely achieved and,

again, many thanks to those of you who made this experience possible for me.

Justine Peterson

Former RACS Aotearoa New Zealand Manager

*Images: Justine Peterson crossing Caples River swing bridge; Lake MacKenzie*



## PROFESSIONAL DEVELOPMENT

## Upcoming training courses

## OPERATING WITH RESPECT

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.

## Delivery

Face-to-face (seven hours/one day)

## RACS CPD points

7 points

## Main RACS competencies addressed

communication

collaboration and teamwork

professionalism

Date: Saturday 10 August 2024

FIND OUT MORE - <https://bit.ly/3KW09k0>

## KEEPING TRAINEES ON TRACK

Keeping Trainees on Track is a self-paced course designed to provide SET supervisors and Trainers with tools and frameworks to use when managing underperforming Trainees, to help them get 'back on track'. The course framework is also designed to support well-performing Trainees, as the same principles, tools and frameworks can be applied to extend and foster their learning and optimise their trajectory for development.

## Delivery

Online: three eLearning modules (three hours)

## RACS CPD points

3 points

## Main RACS competencies addressed

communication

leadership and management

scholarship and teaching

Date: Monday 1 April to Tuesday 30 July 2024

FIND OUT MORE - <https://bit.ly/3KUfEdj>



## OTHER PROFESSIONAL DEVELOPMENT COURSES

Online

Identifying and Addressing Microaggressions (<https://bit.ly/467W3ic>): commence anytime

Introduction to Operating with Respect (<https://bit.ly/44Tive7>): commence anytime

Women in Surgery Microlearning Activity (<https://bit.ly/3UH7j2H>): commence anytime

Foundation Skills for Surgical Educators (<https://bit.ly/45Lmri6>): 12 August – 22 September, 26 August – 6 October, 16 September – 27 October

Difficult Conversations with Underperforming Trainees (<https://bit.ly/48g0x6m>): 2 July – 5 August, 1 October – 4 November

Induction for Surgical Supervisors and Trainers (<https://bit.ly/3GsVQLN>): 29 July – 22 August

Facilitating Online (<https://bit.ly/4eFzuq7>): 1 August – 29 September, 1 October – 29 November

## Academy of Surgical Educators

Educator Studio Sessions (<https://bit.ly/3uwjTXZ>): 17 July 2024

OTHER RACS COURSES AND EVENTS (<https://bit.ly/48jFT6H>)

## Questions?

Email [pdactivities@surgeons.org](mailto:pdactivities@surgeons.org).

## ANZ Journal of Surgery – latest issue out now

It's the leading publication for surgical research in Australia and Aotearoa New Zealand and it's brought to you by RACS.

Read up on how to cut carbon out of surgical care delivery and how COVID-19 impacted on General Surgery Trainees' surgical exposure among other articles.

Sign in using your RACS login and check out the latest issue: <https://bit.ly/3xz30U>



## Surgical News snippets

The latest issue of Surgical News is out now. It's packed with stories from Aotearoa New Zealand. In case you missed them...

### Aotearoa New Zealand hosts an ASC to remember

The RACS 92nd Annual Scientific Congress (ASC) 2024, held at Te Pae Christchurch Convention Centre, Ōtautahi Christchurch in Aotearoa New Zealand, was by all accounts an unparalleled success, solidifying its status as the premier event in the College's calendar. With around 1500 in-person delegates attending, it is the largest multidisciplinary English-language surgical gathering in the southern hemisphere — a testament to its significance to the medical community.

Read the full story: <https://bit.ly/4eA0nfb>

### Dr Sharon Jay is the proud recipient of the 2024 John Corboy medal

Dr John Corboy (1969-2007) was elected Chair of the RACS Trainees' Association (RACSTA) in 2007. He was a great leader and a selfless representative of RACS Trainees.

This distinguished award for surgical Trainees commemorates Dr John Corboy's achievements.

Multiple nominations and letters of support described these as the qualities of the 2024 recipient Dr Sharon Jay. At the time of nomination, Dr Jay was a General Surgery Trainee at Ōtautahi Christchurch Hospital and has since taken a Fellowship position at Addenbrooke Hospital in Cambridge, England.

Read the full story: <https://bit.ly/4eDuQco>

### Meet our 2023 Educator of Merit Award winners

The Educator of Merit Award—administered by the Academy of Surgical Educators (<https://bit.ly/45at8uw>)—is awarded annually to standout SET or SIMG supervisors and facilitators/instructors. In 2023, Dr Magdalena Biggar, a general surgeon from Aotearoa New Zealand, was awarded a SET/SIMG Supervisor of the

Year award. Learn what motivates her to pursue surgical education: <https://bit.ly/3xuJp1c>

### Dr Odette Hart, recipient of the RACS Reg Worcester Research Scholarship



Vascular Surgery Trainee Dr Odette Hart, the 2023 RACS Reg Worcester Research Scholarship recipient, is grateful for the support

the scholarship provided toward the successful completion of her PhD.

"The scholarship was vital during the last year of my full-time PhD as it enabled me to take time off work. Research on diabetic foot disease typically does not attract any funding, making the RACS scholarship my sole financial support," says Dr Hart, who is based in Aotearoa New Zealand (AoNZ).

In her PhD research, Dr Hart focussed on defining the epidemiology of diabetic foot disease and limb-threatening ischemia in AoNZ, uncovering gender-based treatment and outcome discrepancies. She also investigated nationwide disparities in major limb amputation rates between Māori and non-Māori patients.

Read the full story: <https://bit.ly/3KZHo0c>

### Dr Andrew Wood awarded RACS Herbert and Gloria Kees Research Scholarship

Ear nose and throat surgeon Dr Andrew Wood, a recipient of the Herbert and Gloria Kees Research Scholarship (2022) from RACS, is grateful for the opportunity it has provided.

Dr Wood has used the scholarship to conduct a randomised controlled trial investigating the post-operative use of doxycycline and its impact on recovery among patients undergoing endoscopic sinus surgery for the treatment of chronic rhinosinusitis.

Based in Hamilton, Aotearoa New Zealand, Dr Wood is midway through this project.

Read the full story: <https://bit.ly/4aClbzs>

### Dr Cheyaan Haran, recipient of the RACS Professor Philip Walker Scholarship

Dr Cheyaan Haran awarded the Professor Philip Walker Scholarship by the Royal Australasian College of Surgeons (RACS), expressed gratitude



and acknowledges that receiving the scholarship has raised his expectations of himself.

"I'm very grateful to have received this scholarship when I know there are so many other researchers and clinicians out there who are more deserving for the work they do for the vascular community," Dr Haran says.

A Vascular Surgery Trainee from Aotearoa New Zealand, currently training in Australia, Dr Haran is using the scholarship to work on his project entitled 'Presentation and management of Acute Aortic Syndrome (AAS) in Aotearoa New Zealand'.

Read the full story: <https://bit.ly/3XCItCt>

### Also in this issue...

A round up of the Younger Fellows Forum, which was held from 3 to 5 May at Hanmer Springs: <https://bit.ly/3RIhwJU>

An interview with two RACS Global Health ASC Travel Grant recipients; international scholars Dr Umesh Pradhan from Bhutan and Dr Micky Olangi from Solomon Islands: <https://bit.ly/3z9oNvJ>

Dr Alice Febery's mission for rural health equity in Aotearoa New Zealand: <https://bit.ly/3VCif0g>





# The echinococcosis miasma



Sir Louis Barnett, 1927

Hippocrates identified the presence of hydatid cysts in humans and animals in the fourth century BC, but it was not until 1766 that Pierre Pallas suggested that hydatid cysts were the larval stages of tapeworms. By the late 19th century when the clinical features of hydatid disease were fully understood, the

disease was rife in Australia and Aotearoa New Zealand.

In 1926, Sir Louis Barnett - surgical researcher and RACS founder - visited the man he called the “doyen of hydatid parasitologists”, Professor Félix Dévé. Although hydatids were not common around Rouen where Professor Dévé practised, he had accumulated data from over 200 cases in nearby regions. Sir Louis was very impressed by Dévé and in 1935 he stated that: “To Dévé we owe the technique of preliminary formalisation and other precautions against post-operative recurrences”. He also mentions Dévé’s practical invention of a “three-way trocar to facilitate removal of hydatid fluid and the subsequent flushing of the cyst cavity with formalin solution”.

Soon after his encounter with Dévé, Sir Louis, aided by Aotearoa New Zealand and Australian surgeons, set up the Hydatid

Registry. Covering the period 1927-1950, the registry was originally housed in the RACS Library. In 1939, Sir Louis, as the Registrar-in-Chief, reported that “the accumulated records now number over 1300, together with card index and précis”. The records were grouped under the tissue names constituting the main location in the body and filed numerically. Both records and index differentiated between Australian and Aotearoa New Zealand cases.

The Hydatid Registry of 2058 cases and their associated documents now reside in the College Archive—an extraordinary record of medical and surgical practice in the first half of the twentieth century.

Learn more about the RACS Archives: <https://bit.ly/3XxWv8v>

By Elizabeth Milford, RACS Archivist

## LOUIS BARNETT PRIZE 2024: GET THE RECOGNITION YOUR RESEARCH DESERVES

Healthy rivalry with General Surgery fuelled Dr Scott Bolam’s desire to enter the Louis Barnett Prize in 2023. The Orthopaedic Surgery Trainee took out the top spot, and the \$2500 prize, with his research into the impact of obesity on rotator cuff surgery healing.

He said: “It was great to be able to demonstrate how active the Aotearoa New Zealand orthopaedic community is in research. [I was] very grateful for the opportunity to present and win the award.”

Applications to the Louis Barnett Prize (<https://bit.ly/45K7lue>) are closing soon. Trainees and Younger Fellows from Aotearoa New Zealand are eligible and finalists will be invited to present at an online event on 19 September 2024 from 7pm.

### Other RACS awards open to Aotearoa New Zealand Fellows:

Don’t miss the chance to celebrate the hard mahi of your friends and colleagues. Nominations are open now until the end of July. Send nominations to [College.NZ@surgeons.org](mailto:College.NZ@surgeons.org).

### Colin McRae Medal

The Colin McRae Medal recognises and promotes the art and science of surgery and surgical leadership in Aotearoa New Zealand and honours those who have made outstanding contributions in this way.

A nominee must be supported by at least two Aotearoa New Zealand Fellows. Nominations should be structured to show how the nominee has made outstanding contributions in the following areas:

- clinical excellence over a period of time
- a major contribution to surgical research and/or surgical education
- surgical leadership in Aotearoa New Zealand.

Find out more, check the policy (<https://bit.ly/45leNG6>).

### Sir Louis Barnett Medal

The Sir Louis Barnett Medal is awarded for outstanding contributions to education, training and advancement in surgery and is named for the founder of RACS.

A nomination for the Sir Louis Barnett Medal should be supported by a minimum of two members and a past member of Council and should contain biographical details, information on appointments, membership of learned societies (and office held), and a list of publications or a CV.

Find out more: <https://bit.ly/3XIfsf1>

### Award for Excellence in Surgery

This award recognises excellence in surgery in Australia and Aotearoa New Zealand. The award may be for clinical performance, for research or for education and may be made to an individual, a unit or a group.

Find out more: <https://bit.ly/3W1khIY>

### RACS Medal

The RACS Medal is awarded in recognition of singularly valuable and dedicated contributions to the College by Fellows and others.

Find out more: <https://bit.ly/3RKcxrZ>

# 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 includes:

Elected Office bearers		
Dr Rosalynd Pochin	Chair	General Surgery
Dr Sharon English	Deputy Chair	Urology
Dr James McKay	Treasurer	General Surgery
Other elected members		
Dr Christine Goh		Cardiothoracic Surgery
Dr Simon John		Neurosurgery
Dr Rachelle Love		Otolaryngology Head and Neck Surgery
Dr Morgan Pokorny		Urology
Dr Subhaschandra Shetty		Otolaryngology Head and Neck Surgery
Assoc Prof Murali Mahadevan		Otolaryngology Head and Neck Surgery
Assoc Prof Andrew MacCormick		General Surgery
Dr Christopher Phoon		Orthopaedic Surgery
Specialty representatives		
Professor Sean Galvin		Cardiothoracic Surgery
Dr Vanessa Blair		General Surgery
Dr Reuben Johnson		Neurosurgery
Dr Andrew Meighan		Orthopaedic Surgery
Dr Julian White		Otolaryngology Head and Neck Surgery
Dr Alison Scott		Paediatric Surgery
Dr Christopher Adams		Plastic and Reconstructive Surgery
Dr Michael Vincent		Urology
Dr Janaka Kesara Wickremesekera		Vascular Surgery
Co-opted members		
Ms Heather Ash	Expert Community Advisor	
Dr Nigel Willis	Aotearoa New Zealand Censor	Orthopaedic Surgery
Dr Michael Bergin	Younger Fellows Rep	Otolaryngology Head and Neck Surgery
Dr Blair Mason	RACSTA Representative	Orthopaedic Surgery
Dr Alice Ferbery	Rural Health Equity Steering Group	General Surgery
Ex-officio members - RACS Councillors		
Ms Souella Cumming	Expert Community Advisor	
Dr Nicola Hill		Otolaryngology Head and Neck Surgery
Dr Philip Morreau		Paediatric Surgery
Dr Richard Wong-She		Plastic and Reconstructive Surgery
Aotearoa NZ Surgical Advisor		
Dr Sarah Rennie	Surgical advisor	General Surgery

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

**Lynne Mulder-Wood** has joined us as a CPD Administration Officer. She reports into the CPD team in Melbourne and will be supporting Fellows on both sides of the Tasman. Lynne was born and bred in Wellington and loves spending time on the beach and walking her dog near her home in Lyall Bay. Her last job was in intellectual property but she enjoys working in the health and education space having previously worked as a

Membership Manager at the New Zealand Society of Anaesthetists (NZSA) alongside the now Head of Aotearoa New Zealand Michele Thomas.

**Erella Sonnino** joined the Skills team in April as Program Coordinator. Her main responsibilities are to coordinate the five skills courses (ASSET, CCrISP, CLEAR, EMST and TIPS) in Aotearoa New Zealand and deliver services for faculty and participants. She has experience working in various roles within universities, both in Aotearoa and overseas, as well as in the health sector.

We will also welcome **Helen Algar** as Kaikōkiri Kaupapa Here - Policy and Advocacy Lead for Aotearoa New Zealand from August. Helen is an experienced policy professional who has managed complex policy programmes for government ministries and has a wide network of government and NGO relationships. With a focus on advocating for the wellbeing of communities, Māori, and Aotearoa New Zealand as whole, Helen's skills align well with the goals of the Aotearoa New Zealand National Committee.

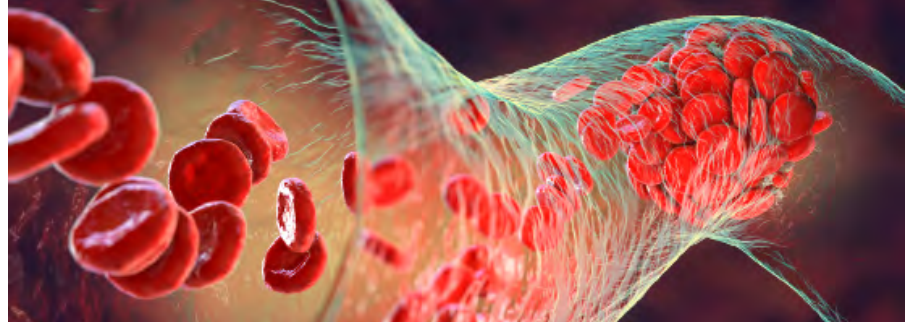
## The controversy of DVT prophylaxis for some operations

The coroner has asked us to disseminate their finding in a case of a young person who died of a saddle pulmonary embolism following ankle surgery. The hope is to reduce the chances of other deaths occurring in similar circumstances.

The case is of a young mother in her early forties who died four weeks after ankle surgery. She injured her ankle following a fall about a year earlier and was experiencing ongoing pain. The surgery was arthroscopy of the ankle, debridement of bone and ligament, and ligament reconstruction, and was performed as a day case.

Postoperatively she was identified as high risk for Venous Thromboembolism (VTE) and given instructions on how to avoid and recognise VTE. Her surgery was performed under general anaesthetic, took about 90 minutes, NSAID's were given pre- and postoperatively and TEDs used on the non-operative leg during surgery. A TED for the non-operative leg was advised postoperatively. She was not started on an anticoagulant.

The patient was in a wheelchair and advised to elevate her leg in plaster for the first three weeks. After this she was allowed to weight bear but struggled with



this. Her mobility was greatly reduced. Although she had a walking frame and crutches, she spent most of her time in a chair. Approximately one month following surgery she was found unresponsive in the shower. A post-mortem showed she had a saddle pulmonary embolism and clot in the left popliteal vein.

The quality of the evidence for anticoagulation for foot and ankle surgery is limited. With a VTE risk of <1%, routine VTE prophylaxis is not recommended. It should be considered in high risk patients, however, such as those that are obese or with post-operative non-weightbearing immobilisation of more than two weeks.

The fourth edition of the *Prevention of Venous Thromboembolism: best practice guidelines for Australia & New Zealand* (2007) recommends anticoagulation for

five to 10 days for patients over 40 years who have had "major" surgery – defined as more than 45 minutes. The surgery this patient received fell into this category even though we may not all consider hers to have been major surgery.

The coroner has asked us to reflect on our practice and consider how we identify high risk patients and monitor situations where the risk of DVT increases, such as in this case where the period of immobility extended beyond the expectations of the surgeon. The coroner also suggests we consider the guidelines above and how they may apply to our patients.



By Dr Sarah Rennie, Surgical Advisor, Aotearoa New Zealand

## Teach, inspire, lead as an EMST instructor

The Royal Australasian College of Surgeons (RACS) runs a range of high-quality skills courses for surgeons and allied health professionals. These courses are run by a well-respected multidisciplinary faculty who are passionate about education and training and give their time pro bono to share their knowledge, skills and experience.

We're currently looking for people to join the team for our Early Management of Severe Trauma (EMST) course. **We are especially interested in people who are already trained EMST instructors but who are not currently active on the faculty.**

### What is EMST?

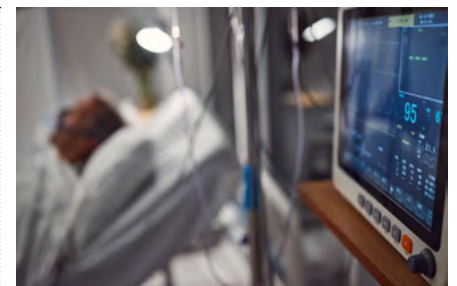
EMST is internationally recognised as equivalent to Advanced Trauma Life

Support (ATLS®). The course teaches a systematic, concise approach to the care of a trauma patient, providing a safe and reliable method for immediate management of injured patients in the first one to two hours following injury.

The course has a broad appeal, being mandatory for Trainees across disciplines including surgery, general practice, anaesthesia, intensive care and emergency medicine.

If you work in trauma and want to raise your profile, share your skills and earn CPD points, find out what it takes to be an EMST instructor: <https://bit.ly/3xsZfJJ>

If you've been an EMST instructor before, you can skip the training and get straight back to teaching. Get in touch: [emst@surgeons.org](mailto:emst@surgeons.org).



### Join the team

You can find out more (<https://bit.ly/3VWq0Qc>) and contact us ([emst@surgeons.org](mailto:emst@surgeons.org)) to signal your interest. We look forward to having you join the team.

# News from NZAPS

## NZAPS ASM 2024

The Te Kāhui Whakamōhou Kiri - New Zealand Association of Plastic Surgeons (NZAPS) is holding its Annual Scientific Meeting (ASM) at Te Pae, in Ōtautahi Christchurch on 30-31 August 2024

The theme for this conference is *Innovation*.

The keynote speakers are Professor Scott Levin, plastic and orthopaedic surgeon from Philadelphia, Dr Aidan Fitzgerald, plastic and reconstructive Surgeon from Sheffield, England and Associate Professor Sydney Ch'ng from Australia.

Professor Levin will talk on upper and lower limb reconstruction. He has extensive expertise in microsurgical reconstruction and transplantation. Dr Fitzgerald will talk on facial palsy reconstruction and necrotising fasciitis among other topics. Associate Professor Ch'ng, who is an Australian Society of Plastic Surgeons (ASPS) councillor, will bring her expertise with respect to melanoma management, and immunotherapy for cutaneous malignancy and head and neck malignancy.

Dr Fitzgerald and Professor Levin will also participate in discussions about innovation, surgical leadership, changes in ways of working over the generations, and surgical education.

Visit the NZAPS ASM website for more information: <https://bit.ly/3xsTWdf>

## Lower Limb Reconstruction Workshop

A training workshop on lower limb reconstruction and necrotising fasciitis reconstruction will be held in association with the NZAPS ASM. This is designed with special interest to Aotearoa New Zealand and Australian registrars interested in working in the disciplines of both Plastic and Orthopaedic Surgery.

Presenting at the workshop will be Dr Fitzgerald and Professor Levin - keynote speakers for the NZAPS ASM - with local experts from Christchurch Hospital. For more information on the speakers refer to the ASM website: <https://bit.ly/3xsTWdf>

The workshop presents an unrivalled opportunity to hear from surgeons with decades of experience in management of the most complex lower limb problems. The interactive workshop format will allow attendees to pick the brains of these experts in a less formal series of presentations.

Registration can be for the workshop only or linked with ASM registration. For registration and programme details refer to the ASM website: <https://bit.ly/3xsTWdf>

## NZAPS hosts the National Plastic and Reconstructive Service Forum

NZAPS hosted a meeting of key players responsible for the delivery of public Plastic and Reconstructive Surgery services. Invitees included surgical and operational managers from the major hospitals providing Plastic and Reconstructive Surgery services, key decision makers in the Te Whatu Ora Hospital Specialty Services unit, Te Aka Whai Ora, the Royal Australasian College of Surgeons (RACS) in Aotearoa New Zealand and ACC.

Key discussions focussed on the challenges and opportunities facing each unit, and identifying and acknowledging the many shared challenges across units. Also addressed were the challenges facing the Surgical Education and Training Programme for Plastic and Reconstructive Surgery, an update on national services including the National Burn Services, breast reconstruction services, cleft lip and palate surgery, gender affirmation



surgery and the limited capacity of planned care surgery.

An update on the progress and development of the Aotearoa New Zealand breast device registry was provided with attention drawn to the ongoing concern over the lack of national government funding required to ensure the longevity and future of the registry.

The forum provided a platform for engagement and further korero (discussion) with surgical leaders and Te Whatu Ora, and placed Plastic and Reconstructive Surgery in planned service discussions.

# The Clinical Exam: join the faculty



“When I get asked why I volunteer to be a clinical examiner, I feel the question should be why wouldn't I want to be a clinical examiner.

I do it because it's fun. And that's a statement I often hear when many other examiners and Clinical Exam Committee members are

asked why they have become involved.

Professionally, it has provided me with an opportunity to give back to the profession and the College, and to contribute to the education and training of future generations of surgeons.

Above all else, I see it as a professional responsibility and [an obligation] of being a Fellow of RACS.”

Dr Alfred Hing, CE Committee member

**The Clinical Examination assesses the clinical application of basic sciences and is often a requirement of surgical training. We have openings on the faculty so why not become a clinical examiner?**

- Meet a wide variety of surgeons and medical students.
- Learn about surgical practice across all specialties and jurisdictions.
- Demonstrate your commitment to the ongoing education and training of surgeons.
- Earn CPD points.

Contact us for more information: [examinations@surgeons.org](mailto:examinations@surgeons.org).

“Being an examiner is fulfilling. It allows me to play a role in shaping the younger generation of surgeons, ensuring they are well-prepared and competent to meet the challenges of the medical field.

Serving as an examiner provides a unique platform to connect with colleagues from diverse backgrounds who share a common passion for education and excellence in surgery.

Being involved allows me to actively participate in the activities of the College. This means having a voice in and contributing to the continuous improvement of examination standards. It allows me to advocate for changes and initiatives that I am passionate about.”

Dr Rohit Sarvepalli, CE Committee member



## IMPROVING UROLOGICAL CANCER CARE CONFERENCE 2024

16 - 17 AUGUST 2024

HILTON QUEENSTOWN RESORT & SPA | QUEENSTOWN



CONFERENCE@FP2.CO.NZ



WWW.IUCCC.CO.NZ

IN ASSOCIATION WITH



UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

## Improving Urological Cancer Care Conference 2024

Urologist and RACS Fellow Dr Stephen Mark is convening the inaugural *Improving Urological Cancer Care Conference*.

Managing urological cancers in Aotearoa New Zealand has real challenges due to known inequities and resource constraints. This meeting, on 16-17 August 2024, aims to focus on improving the delivery of care and outcomes of patients with urological cancers within the local healthcare system.

The focus will be on specific steps in the patient journey where variation exists due to inequity.

A nominated urologist will chair each session to present the relevant local issues and lead the debate around possible solutions to improve patient outcomes.

The goal is to produce recommendations for improvements and feedback to the whole urological community.

Programme, registration and accommodation information is available: <https://bit.ly/3VDLEXV>

## OBITUARY

# Fair, generous, determined

Graeme Bruce Skeggs

General and Vascular Surgeon

8 August 1952 - 14 January 2024

Graeme Skeggs was born in Dunedin, the oldest son of Sir Clifford and Lady Marie Skeggs (née Ledgerwood) and older brother of Bryan and David. He attended King's High School, where he excelled at rowing and captained the first 15 rugby team at No. 8. In 1970, during his final year at school, he met Stephanie Weipers, a first-year teachers' college student, and a lasting friendship was established.

Graeme's commitment to a career in medicine won out over the lure of the family business and he commenced his medical degree at Otago University in 1971. He and Stephanie married in 1974. Graeme was awarded the Sir Gordon Bell Prize in General Surgery and graduated in 1976. He trained in General Surgery in Dunedin Hospital, gaining his FRACS in November 1982.

With three children under six years, the family travelled to Glasgow, Scotland for Graeme's post-Fellowship training in Vascular Surgery. There he spent a year at the Western General Hospital and a year at the Glasgow Royal Infirmary. In 1986 Graeme came to Nelson Hospital as a locum for a surgeon wanting time off to build a boat. Access to sailing was a prerequisite for Graeme's ultimate choice of hospital, and with Nelson ideal in this regard, he went on to accept a position as a vascular and general surgeon.

Graeme was a meticulous, calm and unflappable surgeon, who set high standards for himself and those around him. As the only vascular surgeon in Nelson during his career, he made himself continuously available for acute vascular care. He would attend vascular emergencies whether on-call or not, without regard for the hour or whatever he was doing. An early morning call about a ruptured aneurysm would be quickly answered in a clear voice and Graeme would be in attendance shortly after. This selfless dedication saved numerous lives and limbs in the Nelson region over the

years. He was also a true general surgeon in the traditional sense; his operating lists would run the gamut of the General Surgical curriculum and were a magnet for registrars.

Graeme was particularly proud of his achievement of gaining accreditation of Nelson Hospital for advanced surgical training, which has had lasting benefits for the department. The first registrar commenced training in Nelson in 2000, and four members of the current department of surgery are registrar alumni from surgical training in Nelson Hospital.

He was chair of General Surgery for well over 10 years and chair of Senior Medical Staff in Nelson Hospital. He was instrumental in the local inception of surgical audit - Nelson was among the first Aotearoa New Zealand hospitals to adopt the Otago University Surgical Audit Program - and chaired the process of accreditation of the various surgical departments in the region for a considerable period.

He was a long-serving independent adviser to the Accident Compensation Corporation and to the Health and Disability Commissioner. When the hospital campus was redeveloped, he was a leader in designing the 'hot floor' allowing rapid patient flow between ED, radiology, theatre and ICU. Graeme was recognised for these achievements as the first Aotearoa New Zealand recipient of the RACS Rural Surgeons Award in 2011.

He was active in business and was director and chair of a number of companies. This knowledge and experience made him an invaluable board member, and he was chair of Manuka Street Hospital Board for over 20 years. He had a major influence in its development from a provincial private cottage hospital to the modern 21st century facility it is today; that contribution led to the naming of the Graeme Skeggs Boardroom at Manuka Street Hospital.

Graeme's high standards carried over to his golf, and he was known for his often very audible self-criticism on the tee. He



came from a family strongly imbued in nautical tradition and was an avid sailor. In addition to recreational sailing, he raced regularly in events ranging from the weekly Wednesday Tasman Bay Regatta to ocean-going races including skippering in the 50th Sydney to Hobart, four Auckland to Suvas and one Auckland to Noumea race. He was a proud crew member on *Nariida*, skippered by his son Nigel, in the Maxi Yacht Championship in Sardinia in 2007.

Graeme's standout personal qualities were fairness, generosity and determination. His retirement was tragically marred by progressive illness but, with heroic and unwavering support from Stephanie together with his signature determination, he was able to continue to enjoy his family and his chosen pursuits, to travel, and to live at his home until just before his death in January 2024.

He is survived by Stephanie, after 54 years together, sons Nigel, Todd and Michael, and six grandchildren. His legacy will endure in Nelson Hospital and the wider Nelson region.

*This obituary was provided by Adrian Secker FRACS, Stephanie Skeggs, and the Skeggs family.*

**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](mailto:Diana.Blake@surgeons.org)

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VIEWS EXPRESSED BY CONTRIBUTORS ARE NOT NECESSARILY THOSE OF THE COLLEGE

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