

# Cutting Edge

December 2023

FROM THE CHAIR

## A stronger voice for Aotearoa New Zealand

It has been a busy year for the Aotearoa New Zealand National Committee (AoNZNC). September saw a very successful ASM run by Dr Chris Adams, Professor Sean Galvin and Dr Nigel Willis. The programme – themed around surgical care in health system change – was challenging and thought provoking. It was ably led by our international visitors Dr Victoria Atkinson (a cardiothoracic surgeon and Chief Medical Officer for Australian private hospital provider Healthscope) and Sir Malcolm Grant (barrister, academic lawyer, former law professor and past Chair of NHS England). There was also the opportunity to engage with local health leaders including the then Health Minister Hon Dr Ayesha Verrall, Dr Diana Sarfati, Margie Apa and Dr Andrew Connolly.

We have a new government and have already engaged with the new ministers. We have sent a briefing document (<https://bit.ly/46Jfyxt>) to Minister Reti and asked for a meeting. We will continue to pursue dialogue about things that matter to RACS including surgical service provision, workforce development, education and training, equity of access and planned care.

In the meantime, advocacy has continued throughout the year. We have had ongoing meetings with Te Whatu Ora Workforce, and Hospital and Specialist Services. Most latterly we have discussed clinical networks and advocated for those services that have been on 'the radar' for Te Whatu Ora. We have also had meetings with ACC, Medical Council of New Zealand

and Manatū Hauora - Ministry of Health. ACC has undertaken a project to improve the process for patients and healthcare providers to reduce delays in treatment. The first step is several webinars to improve the paperwork process for having surgery accepted.

The Aotearoa New Zealand National Committee has also been active in representing RACS and our urological colleagues in the decision to move to a temporary pause on pelvic floor mesh. Work continues to ensure patient safety with representation for accreditation, education, multidisciplinary meetings and a pelvic floor surgery registry.

I recently visited several hospitals in the upper North Island and there are a number of ongoing issues with workforce, education and training. Planned care is an ongoing struggle. These issues are also reflected in the discussion with the Aotearoa New Zealand (AoNZ) society representatives on the national committee. The issue of planned care volumes is inextricably linked with workforce and training of the next generation of surgeons.

Our strategic goals into the new year include ongoing advocacy and amplifying the voice of AoNZ within the wider RACS organisation. On the latter point we hope



to use the refresh of the RACS board and council structure to reinforce the binational nature of RACS. We aim to have a stronger voice for both the AoNZNC and Aotearoa New Zealand societies.

The need for registries and their support was raised again at the recent National Committee meeting. We will add that to the advocacy agenda for the coming year. I suspect 2024 will continue to be challenging on several fronts and will require ongoing advocacy and support by and for our Fellows.

As we go into the holiday season, I would like to thank those who will be working to provide care to our patients. I trust everyone will get some time to have a break and refresh before the coming year.

Ngā mihi nui,

A handwritten signature in black ink, appearing to read 'A. MacCormick'.

Andrew MacCormick

Chair, Aotearoa New Zealand National Committee



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### Key dates 2024

**6-7 April: NZAGS**

ASM (Napier)

**6-10 May:**

RACS ASC (Christchurch)

**30-31 August:**

NZAPS ASM(Christchurch)

## Meri Kirihimete

*Thank you for all the support. We've enjoyed working with and for you this year.*

*Have a great holiday. See you in 2024.*

The Aotearoa New Zealand office closes end of day 22 December and reopens on 3 January.



# Cultural competency CPD course: it's on us

Cultural competency is one of RACS 10 competencies and as a College, we want to do more to help you upskill in this area. As such, we are offering 215 free enrolments to a workshop we think is an excellent foundation for further learning. It is open to all Aotearoa New Zealand Fellows and SIMGs participating in the RACS CPD program. There are a limited number though so get in quick!

The course, run by Groundwork (<https://groundwork.org.nz/>), is a 2.5 hour self-paced online workshop.

Called Understanding Te Tiriti (Concise) (<https://bit.ly/47Ho3KB>) it offers a succinct and powerful insight into Te Tiriti o Waitangi, covering pre-treaty relationships, the treaty itself, colonisation and its impacts and

current Te Tiriti issues. The RACS team in Aotearoa has completed the course and the feedback was excellent. The course will earn you 3 CPD points.

If you're interested or would like to find out more, please contact [College.NZ@surgeons.org](mailto:College.NZ@surgeons.org).



# A man of “many parts and enormous energy”

In October, Professor Jonathan Koea delivered his inaugural lecture at the University of Auckland. Professor Koea – surgeon, researcher, RACS Māori Trainee Liaison Lead and Aotearoa New Zealand's first Māori general surgeon – themed his talk on the balancing of worlds; Māori and non-Māori, surgery and clinical research. In his lecture, he explored the reconciling of Western and Māori world views.

In an introduction, Professor Richard Douglas described the lecture as an opportunity to celebrate Professor Koea's “stellar” surgical career. A man of “many parts and enormous energy”, Professor Douglas detailed Professor Koea's many achievements and his position as a particular source of inspiration to Māori graduates.

Check out the photos and listen to the lecture here (<https://bit.ly/3Ngz5hP>).





# Introducing Te Rau Poka: RACS surgical academy for Māori

Earlier this year, RACS Māori Trainee Liaison Lead, Jonathan Koea, announced ambitious plans to realise the College's vision of a more diverse surgical workforce by increasing the number of Māori surgeons to levels that reflect Aotearoa New Zealand's (AoNZ) Māori demographic. The aim is to have 150 fully-trained and practising Māori surgeons by 2040, the bicentenary of Te Tiriti o Waitangi. That would equate to around 18 per cent of the 800-odd Kiwi surgeons practising in AoNZ.

Now Professor Koea – Professor of Surgery at the University of Auckland and head of the Upper Gastrointestinal Unit at North Shore Hospital – and the College, with the support of the Foundation for Surgery, are launching Te Rau Poka; the means by which to achieve this ambitious goal.

Te Rau Poka can be seen as a surgical academy for Māori, providing support, advice and mentorship from secondary school to the midpoint of their surgical careers. It is modelled on Massey University's Te Rau Puawai (<https://bit.ly/46LMvJy>) – one of the most successful academic support programs in Aotearoa.

## He whakamarama: the explanation

Te Rau Poka refers to the pursuit of excellence in surgery but in a holistic sense, encompassing all aspects of one's being, such as physical, mental, spiritual, and cultural. It represents a core value in Māori culture, which emphasises the importance of striving for excellence and maintaining a balanced way of life. This concept can be understood through the pūrakau (legend) of Tāne's journey to the heavens (<https://bit.ly/3NcQtnL>).

## The strategy

Te Rau Poka provides support and guidance to Māori interested in surgical careers, creating a pipeline of taurira (students) from secondary school onwards to surgical leadership roles.

While the initiative is only being announced now, many of the ways it is going about achieving this are already in progress.

Some of the key strategies include:

Secondary school	partnering with Pūhoro STEM Academy, which encourages year 11, 12 and 13 taurira Māori (Māori students) into the subjects of science, technology, engineering, and mathematics (RACS involvement with Pūhoro has been taking place for at least two years now)
Medical school	building relationships with taurira Māori via partnership with Te Oranga - Māori Medical Students Association, and faculty at both of Aotearoa New Zealand's medical schools
Post-graduate	establishing a nationwide hospital-based network to support PGY1 and 2 Māori doctors  assisting Māori doctors to meet the criteria for entry into surgical training (this work is being led by Dr Lincoln Nicholls who has been successfully running wānanga [conferences] for prospective Trainee candidates)
Surgical Trainee	holding regular hui (meetings) with Māori in surgical training (the first online quarterly catch up was in December 2022 and the inaugural face-to-face biennial hui for Indigenous Trainees and surgeons on both sides of the Tasman took place in July 2023)  supporting Māori Trainees in preparing for the FEX
Fellowship	advising in the selection of post training Fellowship pathways  assisting in career planning including placements in surgical consultant positions in Aotearoa New Zealand.

## The recruits

Te Rau Poka now includes the current 28 Māori surgical Trainees as well as a number of doctors who have indicated an interest in surgical careers. One in five taurira at the Te ORA – Māori Medical Practitioners conference in September signed up.

The webpages for Te Rau Poka are under development. In the meantime, if you know of or are a taurira Māori tākuta (Māori medical student) or Māori tākuta (Māori doctor) interested in a surgical career, we would like to help.

Sign up is via the QR code or through contacting the RACS Aotearoa New Zealand office: [College.NZ@surgeons.org](mailto:College.NZ@surgeons.org).



# MCNZ elections: nominations are open

Te Kaunihera Rata o Aotearoa - Medical Council of New Zealand protects public safety by ensuring doctors are competent and fit to practise.

It is looking for four registered doctors to serve on the governance of the Council, working to maintain the high standards of the medical profession and ensure public health and safety.

Council decisions are often difficult and require considerable reading, thought and sound judgement. The issues are important to the public and profession.

If you are interested in ensuring high professional standards, then we encourage you to put your name forward, or consider nominating one of your

colleagues who you think has the skills and experience needed.

Nominations are open between now and 19 January 2024. Find out more: <http://www.electionz.com/mcnz24>



## Celebrating our people

There have been some real achievements made by our people this year. Here are just a few. Congratulations go to:

- The 38 Aotearoa New Zealand surgeons who became RACS Fellows in 2023.
- Academy of Surgical Educators award winners. Dr Magdalena Biggar, a general surgeon at Middlemore Hospital, and Dr Simon Chong, a plastic and reconstructive surgeon at Waikato Hospital, have recently received the Educator of Merit – Supervisor of the Year award for 2023.
- Dr Wiremu MacFater, an otolaryngology head and neck surgeon, for receiving the \$20,000 RACS Johnson & Johnson MedTech Scholarship for his research into middle ear disease in Aotearoa New Zealand.
- The successful Aotearoa New Zealand candidates elected to the RACS Council. Dr Nicola Hill and Dr Philip Morreau were re-elected, as Fellowship Elected Councillor and Specialty Elected Councillor representing Paediatric Surgery respectively. Dr Richard Wong She joins Council for the first time after being elected as Fellowship Elected Councillor. They will take up office in May 2024.
- RACS award winners including Dr Maxine Ronald (Māori Health Medal), Dr Richard Coutts (Rural Surgeons Award) and Dr Scott Bolam (Louis Barnett Prize).
- King's Birthday honours recipients Drs Richard Wong She (CNZM) and Michael Klassen (ONZM).
- RACS Indigenous scholarship winners Drs Emma Espiner, Selwyn Te Paa, Samuel Lloyd, Nasya Thompson and Hinewaiora McCleery.
- RACS Aotearoa New Zealand for being voted 'best exhibition stand' at the Te ORA – Māori Medical Practitioners conference in September. With one in five taura (students) signing up to Te Rau Poka – our Māori surgical academy, we took another step towards our goal of achieving population parity for Māori surgeons by the bicentenary of Te Tiriti o Waitangi.
- Michele Thomas, Head of Aotearoa New Zealand, for becoming a Fellow of the Australasian College of Health Service Management.

## POLICY UPDATE

# A new direction for health services in Aotearoa New Zealand

Aotearoa New Zealand has a new government. While only sworn in on 27 November, the National/ACT/NZ First coalition has been quick to show its intention to take the country in a new direction. What this means for the public health system, which is ailing and more than a year into major reform, is up for debate. In a briefing paper to the incoming health minister (<https://bit.ly/46Jfxyt>), RACS in Aotearoa New Zealand outlines what it sees as the priorities for surgical services and what improvements it hopes to see in the short and long term.

National's Dr Shane Reti has become Minister of Health. His exact plans for the health system are still unknown but that Dr Reti is well qualified for the role is clear. A GP for 16 years, he spent three consecutive terms on the Board of the Northland District Health Board (now Te Whatu Ora – Te Tai Tokerau). His published research has won literary awards, and he spent time as an assistant professor at Harvard. He is serving his third term in parliament with roles including deputy chair of the Health Select Committee.

## More change ahead for Aotearoa New Zealand's health system

The previous government inherited an ailing health system and introduced a 'reset' in the form of the *Pae Ora (Healthy Futures) Act 2022*. The aims of the reforms are to improve equity, access, remove the so-called 'postcode lottery', and shift the focus from treating illness to promoting health. They created a centralised system which brought the country's district health boards together into national health agency Te Whatu Ora. They also established Te Aka Whai Ora - Māori Health Authority to improve health outcomes for Māori.

In its *Briefing to the Minister of Health 2023*, RACS in Aotearoa New Zealand affirms its support for the goals of the reforms but would like to see faster action in realising them. The paper also points to workforce issues affecting all parts of the health system, which it sees as the biggest obstacles to success.

It is unlikely Dr Reti will roll back the reforms, despite Ministry of Health

documents which suggest significant resource gaps are hampering them (<https://bit.ly/3uM5B1C>). There is speculation he may replace the Te Whatu Ora board, which would mean a change to the senior management team and thus a shift in direction or implementation.

Our briefing paper makes clear more change would not necessarily be welcome as the uncertainty around the reforms has already been destabilising. We suggest major change is not always the answer. There are existing initiatives our members are involved in that could be scaled up to put the health system on the path towards a healthy future.

## The future of Te Aka Whai Ora

One policy Dr Reti does seem likely to follow through on is his pre-election promise to disestablish Te Aka Whai Ora. In fact, introducing legislation to disestablish it is included in the 100 Day Action Plan.

He acknowledges that Māori do worse than non-Māori in almost any area of health. For this he blames unconscious bias and says



**Royal Australasian  
College of Surgeons**  
*Te Whare Piki Ora o Māhūtonga*

**Briefing to the  
Minister of Health  
2023**

### Building resilient surgical services

**Congratulations on your appointment as Minister of Health**

The Royal Australasian College of Surgeons (RACS) congratulates you on your appointment as the Aotearoa New Zealand Minister of Health and looks forward to working with you. The purpose of this paper is to brief you on the role of the College and the current issues facing surgical services in Aotearoa New Zealand (AotNZ).

**Executive summary**

These are the biggest priorities for surgeons and patients, on which we can keep you informed and help provide workable solutions to:

1. Health reforms
2. Workforce
3. Planned care
4. Equity
5. Environment

**3. Planned care**

Recent years have seen an increasing inequity in the provision of planned surgery as the public health system becomes less able to provide timely planned surgical services due to workforce and infrastructure constraints. Thresholds for being reviewed in hospital by a surgeon are rising as more pressure is placed on the existing public hospitals. This means if you cannot afford private insurance, you are likely to wait longer for planned surgery, if you get it at all. The disadvantaged are being increasingly compromised.

**2. Workforce**

There is a looming crisis in the Senior Medical Officer (SMO) workforce in several surgical specialties. Currently, some surgical specialties have insufficient staffing to provide sustainable and safe services in their specialty area and are not meeting patient needs. This is likely to worsen in the next five to 10 years with retirements and a paucity of new specialists in training in Aotearoa New Zealand.

**Ratio of surgeons per 10,000 population**

Country	Ratio
Australia	2.2
Aotearoa New Zealand	1.9

RACS Activities Report 2022

**Proportion of SIMGs by surgical specialty (areas with more than 50 doctors)**

**People waiting more than a year for surgery**

No data for Southern, Taranaki, Whanganui and MidCentral due to inconsistencies. Te Whatu Ora.



cultural competency—delivered through medical and nursing school training, and through hospitals and medical colleges—is the best way to address it<sup>1</sup>.

Cultural competency training is already being done around the country and it is one of RACS 10 competencies for surgical Trainees. Yet inequities still exist. Being Māori or from the Pacific community is, by itself, an independent risk factor for poor health outcomes. For example, research shows Māori women are more likely to experience delays in receiving breast cancer treatments, are less likely to receive radiotherapy and are more likely to be treated with mastectomy<sup>2</sup>.

The College in Aotearoa New Zealand wants to see a strong and effective Te Aka Whai Ora and hopes to continue supporting its work through expert advice including from the Māori Health Advisory Group.

### Smokefree scrapping: a backwards step

More surprising is the new government's announced scrapping of tough new

smokefree initiatives. The National/ACT/NZ First coalition says it will drop plans to crack down on smoking in order to fund tax cuts promised prior to the election.

The previous government, under Labour, planned to restrict smoking sales to around 600 outlets nationwide, reduce nicotine levels and progressively raise the age of purchase, effectively cutting off legal supply of cigarettes to future generations.

RACS was in favour of these measures. In a RACS press release (<https://bit.ly/47NegCV>), Associate Professor MacCormick calls the plan to scrap them “regressive and a massive blow for health”.

Smoking causes around 5000 deaths a year through cancer, stroke and heart disease. It costs the health service an estimated \$2.5 billion each year. Smoking rates are higher among Māori and Pacific peoples at 20 per cent and 18 per cent respectively, compared to 8 per cent for the general population.

Other key insights from *RACS Briefing to the Minister of Health 2023*:

- RACS in Aotearoa New Zealand is the peak body for the surgical workforce, representing 1300 surgeons, Trainees and SIMGs from nine surgical specialties.

- Aotearoa New Zealand has fewer surgeons per capita than Australia and a strong reliance on overseas-trained surgeons.
- Waitlists continue to grow across the motu (country) widening the health inequity between those who can afford private health insurance and those who cannot.
- RACS is ready to train more surgeons if the government funds more training posts.
- The surgical workforce is becoming more diverse, with growing numbers of Māori and women surgeons; an important element in improving health equity.
- Just because we can doesn't always mean we should. We have ideas about when treatment isn't always the best option and how wait lists could be cut by being more realistic about costs vs benefits.
- RACS wants the environmental consequences of health services to be a key consideration in health system change.

Read the full briefing paper (<https://bit.ly/46Jfyxt>).

1 Forbes M. Episode 12: July 11th - Mata [Internet]. RNZ; 2023 [cited 2023 Nov 17]. Available from: <https://www.rnz.co.nz/programmes/mata-with-mihinga-rangi-forbes/story/2018897731/episode-12-july-11th-mata>

2 Lawrenson, R., Seneviratne, S., Scott, N., Peni, T. Breast cancer inequities between Māori and non-Māori women in Aotearoa/New Zealand. *Wiley* March 2016;25(2):225-230



**RACS 92<sup>ND</sup> ANNUAL SCIENTIFIC CONGRESS 2024**

**6 - 10 May 2024**

Te Pae Christchurch Convention Centre,  
Ōtautahi Christchurch, Aotearoa New Zealand

**Responsibility of a Surgeon**

### SHARE YOUR ABSTRACT AT THE RACS ASC IN ŌTAUTAHI CHRISTCHURCH

Have you been involved in research you'd like to share with your peers at this year's ASC? Abstracts are now open for both verbal and poster presentations.

### RACS 92nd Annual Scientific Congress 2024

**Date:** 6 – 10 May 2024

**Location:** Te Pae Christchurch Convention Centre, Ōtautahi Christchurch, Aotearoa New Zealand

The ASC 2024 theme, *Responsibility of a surgeon*, explores the critical role surgeons play in the surgical system and broader healthcare community. How does this responsibility define the surgical profession and empower us to elevate the standards of our surgical practice?

Find out more about the ASC and how to submit your abstract: <https://asc.surgeons.org/>.

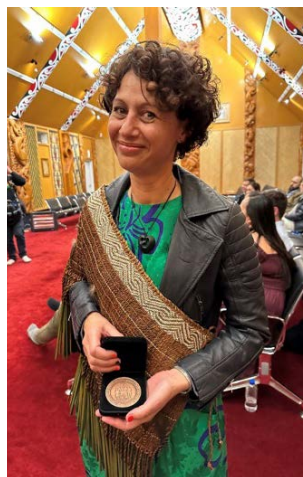
# RACS in Aotearoa New Zealand: our highlights from 2023

We've shared a few of our key moments here. None of it would have been possible without the time and dedication our members devote to the College. Ngā mihi nui.

Keen to learn more about what we've been up to this year? You can find a short video on the Aotearoa New Zealand webpages: <https://bit.ly/46Tx16v>



Farewelling Justine Peterson (left) in style after 28 years in the role of Aotearoa New Zealand (AoNZ) manager and welcoming her replacement, Head of AoNZ Michele Thomas.



There have been exciting developments in Māori health taking us closer towards our goal of training 150 Māori surgeons by 2040. There are now 20 active Māori Fellows working in AoNZ and 28 Trainees (up from 18 in 2021). Te Rau Poka – the Māori Surgical Academy has been established and we're offering 215 free enrolments to a workshop, Understanding Te Tiriti. And who could forget RACS inaugural Indigenous Hui in July?



1. Overall, how would you rate the event?

- Excellent
- Very good
- Good
- Fair
- Poor



The ASM, *Surgery 2023: Surgical care in health system change*, held at Te Papa in Wellington on 31 August-1 September. Attendance exceeded forecasts, with 100 delegates, 73 of whom attended in person. The then Health Minister Hon Dr Ayesha Verrall also made an appearance and we got excellent feedback from delegates.



We've run 18 skills courses this year all around the motu (country) including in Auckland, Wellington, Bay of Plenty, Christchurch and Dunedin. We've also held three GSSE/SSE exams for 147 candidates. There were two written FEX exams in 2023 and one clinical, and we have welcomed 38 new Fellows to the surgical workforce in Aotearoa New Zealand.



## RACS Library: New titles to get you reading

We've been crunching the numbers and discovered that Aotearoa New Zealand (AoNZ) Fellows and Trainees are big readers! In the last 12 months, 63 per cent of you have used the RACS online library. It's great to see these high levels of engagement.

And now for some light summertime reads. The one that is catching our attention looks at managing the risks of AI in the unique AoNZ healthcare setting.



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

Komene E, Pene B, Gerard D, Parr J, Aspinall C, Wilson D. Whakawhanaungatanga-Building trust and connections: A qualitative study indigenous Māori patients and whānau (extended family network) hospital experiences. *Journal of Advanced Nursing*. 2023.

<https://bit.ly/3N6KqAT>

Oberzil V. Physician associates as a potential win for the Aotearoa New Zealand healthcare workforce. *New Zealand Medical Journal*;136(1583):95–7.

<http://ezproxy.surgeons.org/login?url=https://search.proquest.com/docview/2876744571>

Owen HE, Wyeth EH, Maclennan B, Barson D, McBride P, Gabbe BJ, et al. Cohort profile: The Trauma Outcomes Project, a prospective study of New Zealanders experiencing major trauma. *BMJ Open*. 2023;13(11):e075480.

<https://bit.ly/419move>

White S.J., Condon B., Ditton-Phare P., Dodd N., Gilroy J., Hersh D., et al. Enhancing effective healthcare communication in Australia and Aotearoa New Zealand: Considerations for research, teaching, policy, and practice. *PEC Innovation*. 2023.

<https://bit.ly/4805Esp>

Whittaker R, Dobson R, Jin CK, Style R, Jayathissa P, Hiini K, et al. An example of governance for AI in health services from Aotearoa New Zealand. *NPJ Digital Medicine*. 2023;6(1):164.

<https://bit.ly/3T3Ulv2>

### RURAL AND REGIONAL HEALTH

## Aotearoa New Zealand has a new rural health rep

We are excited to welcome Dr Alice Febery as the new Aotearoa New Zealand (AoNZ) representative on the Rural Health Equity Steering Group.

Dr Febery lives on a lifestyle block on the outskirts of Invercargill with her husband and three small children. She works as a general surgeon at the hospital in Invercargill. Dr Febery describes herself as a 'generalist', but has subspecialty areas of interest in breast and endocrine surgery. She gets a "deep sense of satisfaction in managing the broad range of patients" that is the remit of a regional surgeon. She believes Aotearoa has a unique opportunity to have strong links with regional and metropolitan hospitals due to our size and small surgical community.

What attracted Dr Febery to the rural health role is her desire to improve access and delivery to surgical services to the 700,000 New Zealanders who live rurally, and to improve travel support and benefits. She also hopes to champion the role of the generalist surgeon as a fulfilling and attractive profession.

Dr Febery has taken over from Dr Nicola Hill in her role as the rural health representative. She acknowledges the tremendous work done by Dr Hill in this role over the previous three years, particularly in the development of the rural health plan and her tireless advocacy and commitment.



## 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 (7 hours)

**RACS CPD points:** 7 points

#### Main competencies addressed:

- communication
- collaboration and teamwork
- professionalism

**Date:** Saturday 10 August 2024

**Time:** 8:15am – 4:00pm

**Location:** Wellington

**FIND OUT MORE -** <https://bit.ly/3sUE9RT>

### DIFFICULT CONVERSATIONS WITH UNDERPERFORMING TRAINEES

The aim of Difficult Conversations with Underperforming Trainees is to assist surgical supervisors to undertake a procedurally fair conversation with a Trainee who is not meeting required standards despite feedback.

The course provides supervisors with a comprehensive framework to follow, including how to prepare for and conduct the conversation and the steps to take after the conversation. The course builds on skills learnt in the Foundation Skills for Surgical Educators (FSSE) course.

The course also explores the role of trust in giving and receiving feedback and the importance of procedural fairness related to difficult conversations.

**Delivery:** Online (7 hours: 4x eLearning modules plus 1x webinar over 5 weeks)

**RACS CPD points:** 6 points

#### Main competencies addressed:

- communication
- leadership and management
- scholarship and teaching

**Date:** Tuesday 6 February – Monday 11 March 2024

**Webinar:** Thursday 29 February (8-10pm)

**FIND OUT MORE -** <https://bit.ly/48g0x6m>

### 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

Keeping Trainees on Track (<https://bit.ly/3RDgDCI>) 1 February – 1 March

Foundation Skills for Surgical Educators (<https://bit.ly/45Lmri6>): 5 February – 17 March

Induction for Surgical Supervisors and Trainers (<https://bit.ly/3GsVQLN>): 26 February – 20 March

#### Academy of Surgical Educators

Educator Studio Session (<https://bit.ly/3T8STYr>): 21 February 2024

Associate Professor David Kok: Innovation in medical education – time to get ahead or be left behind.

**Other RACS courses and events** (<https://bit.ly/48jFT6H>)

#### Questions?

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

## An update from ACC

ACC has been undertaking significant mahi to understand opportunities to improve the end-to-end experience of the rehabilitation system for our clients, and improve rehabilitation outcomes.

We know there are opportunities to improve the experience for you, as well as for our clients, employers, and staff. To help us achieve this we are working through a design phase, focused on what we want the rehabilitation system to look and feel like, the key steps to get there, and the first steps we need to take. We are

working closely with a group of providers from across the sector on this to ensure your views are represented.

Alongside the high-level design work, we're testing some early improvements informed by what our clients, providers, employers, and staff have told us. These initiatives include:

- Trialling improvements within our contact centre to make it easier for our team to support both clients and providers by resolving more of their queries at the first point of contact.
- Testing ways to streamline processes and improve the quality of information

we include when referring clients to providers for vocational services.

- Testing ways to streamline processes and improve the timeliness in paying our clients their Weekly Compensation.
- Testing a one-to-one approach for some of our new clients who are off work due to their injury. This will begin in mid-November and will initially be with a small group of staff in our Assisted Recovery teams.

We expect these improvements will save time and effort for our clients, providers, employers, and staff, and improve service levels and client outcomes.

# Younger Fellows



Ko Tangata Tiriti tōku iwi.  
Ko Ōtautahi te wā kāinga o tōku whanau.  
Engari, i tipu ake au ki te Tai Poutini.  
Ko Mike Bergin tōku ingoa.

Tēnā koutou. My name is Mike Bergin and I would like to introduce myself as the Younger Fellows representative on the Aotearoa New Zealand (AoNZ) National Committee. I am an otolaryngology head and neck surgeon based in Ōtautahi Christchurch. I completed my Fellowship in 2020 in Toronto and have been back working at Christchurch Hospital for the past three-and-a-half years.

As an otologist, my interest is primarily in hearing health outcomes and addressing barriers to equitable care. A significant portion of my training time was spent

doing research and I continue to be part of clinically engaged research projects. In stepping into this role I would like to acknowledge my predecessors Dr Bridget Watson and Professor Sean Galvin who have shared their wisdom and insights and helped me step into this space well prepared.

Our College relies on the good will and generosity of so many of its Fellows. I volunteered for this role because I feel very fortunate to have been supported throughout my training and would like to be able to share my skills and knowledge to help Trainees and those of us in the early stages of our career. While I have felt this way since completing my Fellowship, the immediate post-Fellowship time is challenging with new time demands and the complexities of departments, management and training supervision to navigate.

The role of the Younger Fellows representative is to advocate for the needs of recently qualified Fellows. This may include helping the College support the transition into independent practice, highlighting barriers to service and equity, lending a voice to junior colleagues and having a safe space to raise issues which may be common to many of us but difficult to address.

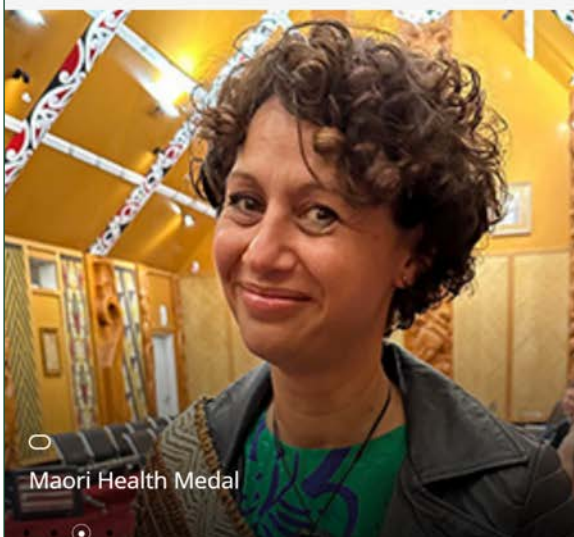
The AoNZ Younger Fellows representative engages with the wider RACS Younger Fellows network to discuss issues relevant to Younger Fellows and to advocate for them at a College level.

The RACS AoNZ ASM, *Surgery 2023: Surgical care in health system change*, was an enormous success and a showcase of how we as a College can engage with our healthcare decision makers and colleagues to advocate for solutions to the barriers to surgical care. Looking forward, I hope to reintroduce the Younger Fellows Advisory Group to get a more representative viewpoint of the issues facing Younger Fellows across our specialties and country. Next year we have the RACS Annual Scientific Congress being hosted in Ōtautahi Christchurch (<https://asc.surgeons.org/>), before which we will be hosting our Australasian Younger Fellows Forum in Hanmer Springs. I would encourage all Younger Fellows who have qualified within the last 10 years to consider registering for the forum as it is a fantastic opportunity to network with colleagues, to hear about important issues and to share suggested solutions to the challenges we face as younger surgeons.

Finally, I would encourage your feedback and suggestions about how we can represent our Younger Fellows here in Aotearoa New Zealand better. Please feel free to drop me an email at [michael.bergin@cdhb.health.nz](mailto:michael.bergin@cdhb.health.nz).

Ngā mihi nui kia koutou katoa.

## SurgicalNews



### Read the latest issue of Surgical News

Surgical News is online and available via the RACS homepage: [surgeons.org/surgicalnews](https://surgeons.org/surgicalnews)

- Find out what our surgeons are up to on both sides of the Tasman.
- Hear from Associate Professor Kerin Fielding in the President's perspective.
- Read the views of some of our members on issues facing the contemporary surgical profession.
- Get updates about CPD, professional development and more.



# Snapshot of the surgical workforce in Aotearoa New Zealand and Australia

The latest RACS Activities Report is out and provides interesting insights into the surgical workforce and how Trainee demographics may shape it in the future.

There were 1242 surgeons and surgical Trainees practising across RACS nine surgical specialties in Aotearoa New Zealand in 2022; 875 active Fellows, 142 vocationally registered SIMGs and 215 active Trainees.

Of New Zealand's active Fellows, 15.9 per cent are women; up from 11.4 per cent in 2014. Among Trainees, women make up 36.3%. Opportunities for flexible training may be encouraging more women into surgical careers. The number of women Trainees approved for less than full-time training in 2022 in Australia and Aotearoa New Zealand increased by 58 per cent compared with a year earlier.

The report also shows a significant increase in the number of Māori Trainees, from 18 to 29 between 2021 and 2022. There were 15 Māori Fellows practising in Aotearoa New Zealand last year.

There are many more insights in the Activities Report on the website (<https://bit.ly/3GyaH7L>). Take a look.

# Updates from Te Tāhū Hauora - Health Quality & Safety Commission



## Healing, learning and improving from harm: National adverse events policy 2023

Te Tāhū Hauora released the Healing, learning and improving from harm: National adverse events policy 2023 (<https://bit.ly/47Yplkn>) on 1 July. The policy uses a systems safety approach, moving toward understanding and learning about our complex health care systems and how they influence care, risks and outcomes. We recommend and provide education (<https://bit.ly/3N7JHj9>) on the 'Learning review' methodology. Health care providers have a year to implement the policy and five years to build capacity and capability in restorative practice.

## Improving sepsis care in Aotearoa

A recent stocktake of sepsis management in Aotearoa New Zealand (AoNZ) (<https://bit.ly/3uAfcfF>) revealed differences in clinical practice, protocols and patient care. Te Tāhū Hauora is scoping a national sepsis project with the Sepsis Trust aimed at improving these areas in a variety of health settings with emphasis on Te Tiriti o Waitangi principles, improving equity and learning from consumer experiences.

## Safer use of anticoagulants

A package is being developed to help health care providers improve the systematic management of anticoagulants. The package will take a stewardship approach and be tested by hospitals in early 2024. It will focus on equity (Te Tiriti o Waitangi and Māori health) and consumer and whānau engagement as per the code of expectations (<https://bit.ly/46G9BRV>). Elements will include governance and leadership; measuring, reporting and

monitoring; improved clinical processes and practices; and education. Once ready, the package will be recommended for use across the country to improve health outcomes.

## Paediatric early warning system

Ninety-five per cent of the main hospitals providing paediatric services in AoNZ have successfully rolled out the national paediatric early warning system (<https://bit.ly/47StHtg>) and all remaining hospitals will have it in place by January 2024. The system ensures consistent recognition of children at risk of clinical deterioration and tailors response protocols to the locally available resources.

These projects are a small snapshot of the work of Te Tāhū Hauora. You can keep up to date with the latest news by subscribing to the 3-weekly newsletter (<https://bit.ly/3Ta9DhR>) or follow us on Facebook, Instagram, X (@HQSCNZ) and LinkedIn.

# Meet the team

There's a team of 13 (the equivalent of about 11 FTE) working in the RACS office in Wellington. Between us we cover SIMG processing, stakeholder engagement, Trainee support, complaints handling, policy/advocacy, skills courses, exams, finance, communications, events and more. Here's a reminder of who we are:

Michele Thomas	Head of Aotearoa New Zealand
Sarah Rennie	Surgical Advisor
Jonathan Koea	Māori Trainee Liaison Lead
Gloria Aumaiva-Tasi	Executive Officer Training
Diana Blake	Communications Specialist
Danielle Cochran	Project and Events Officer
Suvira Gupta	Executive Officer Societies
Ruth Herd	Māori Health Project Officer
Nick Ingram	Service Desk Technician
Maria Kapralos	Administrator
Rachel Lods	Programme Coordinator
Brendan Ralph	Senior Accountant
Celia Stanyon	Executive Officer SIMGs



THE NEW ZEALAND ORTHOPAEDIC ASSOCIATION PRESENTS

## BLACK & WHITE CHARITY GALA

A fundraising event to support the  
Wishbone Orthopaedic Research Foundation of New Zealand



February 17th 2024 | Takina Events Centre, Wellington

Ticket includes: 3 course dinner,  
selected beverages, live music,  
photo booth, silent auction

All proceeds will be donated to the Wishbone Foundation

Thank you for your support and generosity



SCAN QR CODE TO BUY TICKETS

## A note from NZOA

### Register now for the Wishbone Relay

For over 25 years The Wishbone Foundation (<https://bit.ly/3Tdi0hE>) has funded local orthopaedic research aiming to improve patient outcomes in Aotearoa New Zealand and transform lives through increased mobility and quicker recovery time.

From 6 January to 17 March 2024 the fundraising relay weaves from Bluff to Reinga in a series of epic Kiwi adventures and events.

There are locally organised trips for all mobility levels and registrations are open for allied health. The South Island registrations are now closed, but there are three legs based in Wellington and many more around the North Island to tempt you.

Surgeons Roy Craig (<https://bit.ly/3GttfWv>), Dawson Muir (<https://bit.ly/3NdchzA>) and Josie Sinclair (<https://bit.ly/4804nS7>) have shared their thoughts on some classic Kiwi trails as motivation... please check out the Wishbone Relay website (<https://bit.ly/3Tcqktc>) and join the journey!

## OBITUARY

# An accomplished gentleman

Denis Miles King

Orthopaedic Surgeon

24 February 1930 – 4 July 2023

Denis King was born in Palmerston North to Cyril King, a general surgeon and later general practitioner, and Rena Craig, a registered nurse. A sister, Robin, was born two years later. Early education was by home schooling and Denis commenced at Huntly Preparatory School, Marton, in 1940. He attended Whanganui Collegiate School as a boarder 1943-47 where he competed in athletics and swimming and became a member of the 1st XV. Following Rena's death in 1942, Cyril married Margaret (Marnie) Buckland and a brother Christopher was born in 1945.

In 1948 Denis successfully completed the medical intermediate examinations and entered the Otago Medical School. He was a member of the university rowing eight and was awarded his MB ChB in 1954. Denis worked as a house surgeon at Palmerston North Hospital 1954-55 and the following year travelled to the UK as a ship medical officer to pursue a surgical career. There, over a five-year period, he worked as casualty officer or surgical registrar in several London hospitals gaining Fellowships of the Royal College of Surgeons of Edinburgh and England. During this time he met and married Norma Cook, a New Zealand registered nurse. A daughter, Amanda, was born shortly before Denis and Norma returned to Aotearoa New Zealand (AoNZ) in 1960 following his appointment to a full-time orthopaedic surgeon position at Middlemore Hospital, Auckland. A second daughter, Diana, was born the following year. During 1962 Denis obtained his FRACS.

When Norma became unwell requiring numerous hospital admissions, Denis changed his employment, in 1966, to a part-time role at Middlemore Hospital alongside private practice. Just four years later Norma died. In 1981 Amanda, who had developed a severe mental illness, took her own life. The following year Denis met Joan Pettman, a medical secretary originally from the UK, and they married in 1984.

Working at Middlemore Hospital and in private practice Denis was involved in the introduction of hip and knee replacement surgery, arthroscopic meniscectomy and

below-knee total contact casting for tibial fractures. Bryan Thorn, a registrar working alongside Denis at that time, recalls the plaster room based adjacent to the operating theatre suite at Middlemore, where a considerable list of patients would have total contact casts created for their tibial fractures. This mode of treatment pre-dated the evolution of internal fixation for this injury. Bryan describes Denis as "a gentleman, very polite and somewhat quietly spoken - qualities which persisted throughout his life".

**"A gentleman, very polite and somewhat quietly spoken."  
- Bryan Thorn**

Denis presented a number of papers at scientific meetings and had several papers published. Offices held included president of the Auckland Orthopaedic Society and editorial secretary for *The Journal of Bone & Joint Surgery (JBJS)* for the New Zealand Orthopaedic Association.

Denis retired from his Middlemore position in 1987 and with Joan travelled to Saudi Arabia where they each worked at a hospital in the Asir Province for 18 months, taking the opportunity to enjoy trips to the Red Sea coast for camping, swimming and snorkelling. Inspired by the fascinating local scenery he resumed an interest in oil painting. Returning to AoNZ, Denis took up a part-time position at Gisborne's hospital with some private practice in addition, remaining there until 1990. Next, living on the northern shore of Lake Rotorua, Denis held a position as part-time visiting orthopaedic surgeon at Whakatane Hospital. He ceased surgical practice in 1995 and spent the next four years travelling to and from Australia completing medico-legal reporting.

In retirement Denis and Joan had a new home built by Lake Tarawera and together established an Art and Craft Gallery. Denis expanded his interest in painting, becoming a well-known landscape artist with inspiration from the local scenery, the Coromandel and the South Island. Other interests included gardening, tramping, trout fishing, overseas travel and the entertaining of many visitors. In 2004 Denis and Joan moved to a lifestyle block in Rotorua where, despite Denis' health



issues which included prostate cancer, they continued their numerous activities. In 2010 they moved to Papamoa, Tauranga.

Denis King is survived by his wife Joan, daughter Diana, brother Christopher (Kester) and five step-grandchildren.

By Dr Allan Panting FRACS

*This obituary is based upon a self-penned obituary by Denis, with subsequent contributions by Bryan Thorn FRACS and Joan King.*



## OBITUARY

# An outstanding legacy

Stuart Whitaker Brown

Paediatric Surgeon and Paediatric Urologist

3 October 1943 - 24 September 2022

Stuart Whitaker Brown was an outstanding clinician, surgeon, colleague, innovator, collaborator, raconteur and all-round good bloke. New Zealand's first formally trained paediatric surgeon, he was strongly influential in setting up and developing a tertiary Paediatric Surgery service at Waikato Hospital. A reader - curious, contrary, sceptical, and insightful - who demanded facts not emotions during many robust debates, Stuart had little time for quackery, believing strongly in science, scientific endeavour and sound scientific process. Nurses used to wind him up asking whether lavender oil or some variant thereof would be useful for any number of situations. Without fail, he rose to the bait. Medicine was his vocation, occupying a huge chunk of his life. Patients and staff loved him and he leaves an outstanding legacy.

Stuart (Stu) was born in Landour India, to Royston Brown and Annie (nee Reese) who were missionaries in India and later Bangladesh. He had two siblings - an older sister, Olwyn, and a younger brother, Royston. Stu commenced school at the Mt Hermon School in Darjeeling and when the family subsequently returned to Aotearoa New Zealand (AoNZ), attended Campbells Bay School in Auckland. Following the family's move to Wellington he attended secondary school at Wellington Boys College and, approximately one year later following a further family move, commenced at Southland Boys High School, Invercargill. There he was a member of the rugby 1st XV, the cricket 1st XI and in 1961 was Deputy Head Prefect. He won prizes for public speaking in both his junior and senior years.

On leaving school Stu had hoped to follow a career in physical education but, with his parents advising he first obtain a degree, he studied metallurgy at Otago University, living for two years at Arana Hall. There, at the end of his second year and influenced by others completing their medical intermediate, he applied for and gained entry to Medical School. While at Medical

School Stu met Jill Hall, a physiotherapy student, and a close friendship developed. At the end of the fifth year, Stu was the recipient of the ophthalmology prize and it was hoped he might proceed into this speciality.

Stu spent his house surgeon years at Auckland Hospital and then worked in general practice in Panmure. Deciding to follow a surgical career, he commenced as a surgical registrar at Waikato Hospital, completing his training at Auckland Hospital and obtaining his FRACS. In 1977 Stu and Jill married, subsequently having a family of three boys. Gaining an appointment as a general surgeon, he returned to Waikato Hospital. There, working alongside Graeme Campbell, a general and paediatric surgeon, he developed an interest in Paediatric Surgery and in 1983 obtained a one-year Fellowship at the Melbourne Royal Children's Hospital.

Returning to Waikato Hospital in 1984, Stu joined Graeme Campbell as co-founder of today's regional tertiary paediatric surgical service. He subsequently dedicated the next 32 years of his professional life to the development of the service, retiring in 2015. He was instrumental in developing many aspects of tertiary Paediatric Surgery and, significantly, under his purview provided the first Paediatric Surgery outreach service. A 12-year stint of 1-in-2 call, which required continuous call when the other surgeon was on leave, finally ended in 1995 with the appointment of a third Paediatric Surgeon. Stu played a key role in establishing and developing various clinical services including a multi-disciplinary Spina Bifida Clinic, a neonatal surgical service, paediatric endoscopy and bronchoscopy.

Stu was a very able, technically skilled and innovative surgeon and was highly respected by medical, nursing and managerial colleagues. He was thoughtful in his decision-making and an excellent teacher, renowned for some of his pithy words of advice: "You should never give a first opinion if you are afraid of a second opinion" and "Surgery occurs in planes. Dissect in planes. Work from the good to the bad, the known to the unknown."

He was never critical or judgmental, but always supportive and interested. Generous with his time, knowledge, skill and resources, he helped anyone who asked for assistance and the word 'no' didn't seem to exist in his vocabulary. Strongly supportive of younger surgeons in the team in the management of complex surgical cases, Stu was a key participant in the separation of conjoined twins in 1987 and 2004. A loyal and sociable colleague, he valued the profession and its professional bodies



(especially ones that put on a function with beer!). Often arriving late, because of work obligations and looking like he'd been in the garden, Stu was good company.

Stu took on a number of leadership roles. He was a co-founder of the New Zealand Paediatric Surgical Association and held governance roles subsequently. A member of the New Zealand Medical Association he served as chair of the Waikato division. He held governance roles in the Waikato division of the Cancer Society, the Braemar Hospital and the Ministry of Health. In 2017 Stu was made a Member of the New Zealand Order of Merit (MNZM) for services to children's health.

Acquiring land with views and ready access to the sea at Aotea Inlet, Stu built a family bach in the mid-2000s. Separated from Jill he met Trish, a local café owner and a continuing friendship evolved. Stu enjoyed windsurfing and became an avid sailor, participating in numerous off-shore races including the Sydney-Hobart, Auckland-Suva and Round the North Island races. After retiring in 2015, he made his bach at Aotea his permanent base, but enjoyed travelling with trips to India, the Greek islands, South America and Africa. He also honed his fishing skills, focusing on marlin and snapper, as well as flounder in the harbour. Following the purchase of a microbrewery, he began a passion for brewing his own beer, named The Salty Dog.

Stuart Brown died unexpectedly, but peacefully, on 24 September 2022 aged 78 years. The brother of Olwyn and Royston, he was the loving partner of Trisha, proud father of Ben, Sam and Brad, and grandfather of Alby and Arabella.

By Dr Allan Panting FRACS

*Dr Cam Buchanan FANZCA, Udaya Samarakkody FRACS and Brad and Royston Brown contributed to the preparation of this obituary.*

**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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