Cutting Edge

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Aotearoa New Zealand National Committee

Associate Professor Andrew MacCormick (Chair)

FROM THE CHAIR

INSIDE THIS ISSUE

If your practice is anything like mine, then this time of year seems to be a litany of fast approaching deadlines as everyone tries to beat the Christmas/ New Year cutoff. I hope that in amongst all of this you are able to reserve time for yourself and your loved ones.

Surgical registries

As part of the Aotearoa New Zealand National Committee's ongoing advocacy we were recently requested to make a submission to the parliamentary select committee on a petition to stop the implantation of pelvic mesh. In response to this request, we raised the need for a registry. I was reminded of the great work many of our colleagues have done to establish other surgical registries in Aotearoa New Zealand.

Clinical quality and safety registries (CQRs) provide great value across a number of aspects of surgical practice. These include post market surveillance of implants (orthopaedics, breast), new procedures, high risk/high cost procedures, and low volume procedures. They are designed to ensure safe and equitable care is provided to our patients. They have been shown to be highly cost effective, returning up to $7 for every $1 spent.

However, there is much still to be done. The current national databases do not provide the necessary functionality to link the required data. Recent work on a cancer quality performance indicator project showed only nine of 19 suggested indicators were able to be measured.

There is a cost to running CQRs in terms of time and money – and these are things of which surgical societies are often short. In the UK there is a centralised registry hub. This provides for economies of scale and efficiencies in process.

We have met with the head of Data and Digital at Manatū Hauora, Ministry of Health, to progress the case for registries. There are a number of projects underway looking at clinical systems, collections systems and infrastructure across primary, secondary and tertiary care. These include HIRA (connecting data silos using underlying IT standards) and DISH (data information strategy for health) that have four and one year timelines respectively.

We will be following up with Data and Digital in Te Whatu Ora to keep registries on their radar. However, in the meantime we will be approaching the surgical community to get a comprehensive list of registries both existing and putative.

Workforce planning

Workforce planning remains one of our priorities. You may have heard about the workforce planning meeting at Parliament on 12 November at which we had representatives. However, RACS still needs to have better data around the numbers of surgeons required by each specialty into the future, and how many surgeons are potentially retiring soon. I hope you were able to complete the RACS Surgical Workforce Census (https://bit.ly/3XQT5vn) to assist us in making submissions to the Workforce Taskforce.

Environmental sustainability

Environmental sustainability of surgical practice is also one of our priorities. We have met with the climate change working party from Te Whatu Ora, which is focused on health system decarbonisation, circular healthcare solutions, and health system resilience and adaptation to climate changes.

RACS is the first medical college to sign up to the newly released *Green College Guidelines*. The guidelines were developed

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FROM THE CHAIR (continued)

by the Australian Medical Association and Doctors for the Environment Australia. They provide guidance on how medical colleges can reduce carbon emissions.

Further to this, the four Surgical Colleges of the UK and Ireland have produced a *Green Theatre Checklist* to help understand the environmental consequences of surgery and how we can reduce the carbon footprint of surgery. Please see the more detailed report later in this newsletter.

Wishing you the best for the holiday season,
Andrew

Key dates

3 March: AoNZNC meeting (virtual)
3 March: *Cutting Edge* content deadline
22-24 March: Urological Society of Australia and New Zealand (USANZ) New Zealand Section conference (New Plymouth)

29-30 April: New Zealand Association of General Surgeons (NZAGS) ASM (Nelson)

1-5 May: RACS ASC (Adelaide)

2 June: *Cutting Edge* content deadline
9 June: AoNZNC meeting (in person; followed by annual dinner)

17-18 August: New Zealand Association of Plastic Surgeons (NZAPS) ASM (Queenstown)
31 August - 1 September: *Surgery 2023* (RACS Aotearoa New Zealand ASM)

1 September: AoNZNC meeting (online/virtual)
1 September: *Cutting Edge* content deadline

5-7 November: New Zealand Orthopaedic Association (NZOA) ASM (Nelson)

1 December: AoNZNC meeting (virtual)
1 December: *Cutting Edge* content deadline

News in brief

The new healthcare system in Aotearoa New Zealand (AoNZ) continues to take shape with a clear focus on equity

Te Whatu Ora, Health New Zealand, and Te Aka Whai Ora, the Māori Health Authority, outlined how they will build the foundations of a sustainable, affordable, unified health system over the next two years with the release of *Te Pae Tata Interim New Zealand Health Plan 2022*. *Te Pae Tata* includes a focus on growing the healthcare workforce, addressing inequities, and improving health outcomes especially for Māori, Pasifika and disabled people. Find out more: https://bit.ly/3gVnpnA

A health plan for Pacific families and communities from 2022 to 2024 has also been released as a companion document to *Te Pae Tata*. *Ola Manuia*, an interim Pacific health plan, outlines how health services will support Pasifika in AoNZ to stay well and better access care. It aims to address health inequities where Pasifika have the lowest life expectancy and highest obesity rates in AoNZ. Read more: https://bit.ly/3TzUdjl

Pandemic increases the urgency to solve planned care backlog

One of the major challenges facing healthcare in AoNZ is surgical waitlists for planned care, with estimates suggesting it could take between three and five years to clear the backlog. COVID-19 has exacerbated the problem, causing the number of patients waiting more than 12 months for their first specialist appointment to increase 17-fold.

The Planned Care Taskforce, headed by RACS Fellow and Counties Manukau's chief medical officer Dr Andrew Connolly, has released 101 recommendations which aim to reduce the backlog, as well as improve equity and access. Read more: http://bit.ly/3U0rqFY

Medical workforce survey publishes 2022 results

Female doctors will outnumber their male colleagues in AoNZ by 2025, predicts Te Kaunihera Rata o Aotearoa, Medical Council of New Zealand. The New Zealand Medical Workforce in 2022 survey puts the percentage of women actively working as doctors at 47.4 per cent; up 1 per cent on last year. There has been an increase in the proportion of Māori doctors as well. The figure has doubled since 2000, although at 4.6 per cent, it is still far short of the 16.5 per cent of the general population who identify as Māori.

Council Chair and RACS Fellow Dr Curtis Walker says the progress towards a more diverse workforce is positive.

"It is very important that the medical profession reflects the demographics of the communities it serves."

Read the full report: https://bit.ly/3EB6KPx

Unified mortality review body to reduce inequities

A single national mortality review committee in Aotearoa New Zealand will be established next year, replacing the five existing committees which currently report into the Health Quality & Safety Commission New Zealand. The current committees review deaths related to surgery, as well as deaths of children and young people, mothers and babies, and deaths related to family violence and suicide. One of the main reasons for the transformation is to address inequities in Māori mortality rates. Read more: https://bit.ly/3MKbO6p

RACS Library: New titles to get you reading

What is the experience of care for Māori in Aotearoa New Zealand's hospitals? Find out in the latest reads available through the RACS Library collections. Check out the Library from the RACS homepage: surgeons.org (Note: Member sign-in required to access Library.)

Thomas C, Weller J, Rahiri J-L, Harwood M, Pitama S. Māori experiences of hospital care: a qualitative systematic review. AlterNative: An International Journal of Indigenous Peoples. 2022;18(3):455-464.

Find the article here: https://bit.ly/3iTRx3A

Alamri Y. The landscape of research during post-graduate medical training in New Zealand. Internal Medicine Journal. 2022;52(11):2001-2004.

Find the article here: https://bit.ly/3EydJHM

Bowman MJ, Bolam SM, Wright M. The effect of COVID-19 on orthopaedics in Aotearoa New Zealand-a survey of orthopaedic surgeons and training registrars. New Zealand Medical Journal. 2022;135(1564):50-58

Find the article here: https://bit.ly/3U3BUn7

Cubitt M, Braitberg G, Curtis K, Maier AB. Models of acute care for injured older patients-Australia and New Zealand practice. Injury. 2022.

Find the article here: https://bit.ly/3Bxc6Jv

Grae N, Singh A, Jowitt D, Flynn A, Mountier E, Clendon G, et al. The prevalence of healthcare-associated infections in New Zealand Public Hospitals 2021. Journal of Hospital Infection, October 2022.

Find the article here: http://bit.ly/3AJYDxB

For further information or assistance, please contact the Library team college.library@surgeons.org

"There's no point giving up" says wheelchair-bound surgeon

A passion for teaching drives plastic and reconstructive surgeon and double leg amputee Dr Cary Mellow to continue giving back to a profession he loves.

To mark International Day of Persons with Disabilities, on Saturday 3 December, RACS spoke to Dr Mellow about his career and how he has adapted to a slow deterioration in his mobility over the past 20 years.

Despite having a minor congenital back deformity, Dr Mellow can't pinpoint when it was his back problems first began. Twenty years into his surgical career he had a couple of minor injuries which left him with a prolapsed spinal disc.

He seemed to recover well but over the next 3-4 years he began noticing a weakness in his legs. By the late 2000s he was using a walking stick.

It didn't impede his work, or his positive attitude, and he continued to run his successful private practice in Auckland, Aotearoa New Zealand.

His mobility continued to deteriorate however and in 2012 he had spinal fusion surgery. He may have recovered well if two days later he hadn't suffered a heart attack, leading to an extended hospital stay that got in the way of his rehabilitation.

Now Dr Mellow was using crutches.

While this may have proven a major obstacle to his work, Dr Mellow says he "adjusted relatively easily".

"I managed to pretty much do everything", he says, finding it possible to perform most surgeries from a chair.

That he was still operating at a high level is born out by the fact Middlemore Hospital, which he had left 10 years prior, invited him back on a part-time basis. He was still running his private practice too.

At Middlemore, Dr Mellow was part of a team to establish a 'see and treat' clinic designed to keep down waitlists and maximise theatre slots; an initiative that has proved successful, even continuing, albeit with reduced capacity, throughout the worst of the COVID pandemic.

Unfortunately, Dr Mellow's health issues took a turn for the worse in 2018, when an injury resulted in the below-knee amputation of his right leg. He saw it would be difficult to retain his private credentialling from Southern Cross and closed his practice.

Dr Cary Mellow.

Despite this Dr Mellow's capacity and enthusiasm for work remained intact, and does to this day, even though he is wheelchair-bound and a double amputee after a further operation to remove his lower left leg.

"It's all manageable. You have to adapt and keep going. There's no point giving up."

He also credits "an accepting and helpful" hospital department with supporting him to continue in his profession. He says he never feels like he's treated differently.

Some of his patients are curious though when they first meet him.

"It's never negative. They just want to know how I came to be in a chair or for how long."

Dr Mellow continues to work at Middlemore, as well as teaching at Auckland Medical School.

At Middlemore he mostly assesses patients and supervises registrars but he does still operate too. Following the Whakaari White Island eruption, Dr Mellow stepped onto the theatre list to free up the registrars to focus on the burns victims.

He enjoys working at the medical school as well.

"I missed teaching in private practice. It's great to get back to training. I like seeing [students and registrars] succeed and passing on my knowledge."

A more representative surgical workforce

We have the highest ever number of Māori surgical Trainees (over 30) signed up for 2023.

This is an important milestone. Diversity brings fresh perspectives, new ideas and helps with workforce sustainability. It is also important for the health workforce to reflect the patients it serves, helping it understand their needs better and closing the gap on health inequities.

From the edge

A word from our Surgical Advisors Dr Sarah Rennie and Professor Spencer Beasley

Demographic data collection by the College

RACS is trying to address the gaps in demographic data (special category data). We are giving proformas to all specialist societies that currently report on gender demographics in their specialty to better enable consistent reporting.

Several Aotearoa New Zealand (AoNZ) surgical societies indicated they were "not allowed by New Zealand law to collect these data". Yet other societies were comfortable to provide these data.

Clarity over what can and cannot be done legally in this space is probably needed. It is important under AoNZ privacy law people are not coerced or "required" to provide these data. However, it can be requested voluntarily.

It has been shown that collecting demographic data - and importantly, analysing it - helps organisations develop a deeper understanding of their members. It helps to understand members' lived experience and to identify any gaps that might reflect unintentional biases and impediments to inclusion. It is generally accepted that diversity strengthens creativity and social justice, as well as being more representative of the range of perspectives of a group. It enables unique information and a broader range of experiences to be brought to our College and societies, and ultimately results in better decision-making and problem-solving.

We encourage all surgical societies to collect these data, analyse it and then share it with our College. Ideally, in AoNZ, we should be collecting ethnicity data as well, as an integral part of our commitment to Te Tiriti o Waitangi. In the current environment, consideration should also be given to looking at disability and sexual orientation information. RACS has stated a commitment to increasing diversity in the surgical workforce – this commitment will be enhanced by collecting these data.

RACS finances

Contrary to the perception many Fellows have of our College, RACS is not in as strong a financial state as it was a few years ago. And despite rumours to the contrary, it does not have the finest wine cellar in the Southern Hemisphere!

Although RACS is asset rich in terms of buildings, it is currently cash flow poor. Like most businesses, it has been adversely affected by the higher inflation rate, pressure on wages and salaries, higher costs, a downturn in the share market (where much of our income is derived) and increases in travel costs. Not to mention the additional costs created by the restrictions around COVID-19.

Also, there have been significant needs within RACS that had to be addressed, such as better, more robust IT systems and renovations to our old buildings to make them fit-for-purpose. These too have proved costly.

There is the danger of eroding our capital base significantly. This would have long-term consequences for funding scholarships and other RACS activities.

Numbers of staff have increased to enable projects to be delivered. RACS now has to consider how it balances the projects it would like to engage with against the need to balance the books so as not to compromise its financial viability in the longer term.

There is concern about the increasing numbers of committees within RACS and the costs associated with these, which will be addressed. Some of the planned building renovations to our Melbourne office have been placed on hold to help minimize projected borrowing.

Over the coming years RACS will need to carefully consider its expenditure and revenue to ensure it remains financially stable during these volatile times. As a membership-based organisation it is likely we will all have a part to play in this.

Sarah Rennie and Spencer Beasley, Surgical Advisors (Aotearoa New Zealand)

Structured conversation with a peer: A new MCNZ/RACS CPD requirement

In July this year, Te Kaunihera Rata o Aotearoa, Medical Council of New Zealand, introduced a new element into the Continuing Professional Development (CPD) framework: *Structured conversation with a peer.*

The objective of a structured conversation with a peer, colleague or employer is to reflect on your development needs, learning goals, and professional activities and intentions for the year ahead. You are encouraged to use the information you have obtained across the different types of CPD activities to assist with this conversation. It is also an opportunity to receive constructive feedback and share best practices.

You should also review your practice to ensure you are providing culturally safe care for your patients, and operating a culturally safe environment for yourself, your colleagues and fellow team members.

This is a good opportunity for you to assess your own health and wellbeing, providing yourself the chance to reflect on your current role, and future aspirations.

This year, you can claim *structured conversation with a peer* within the 'Performance Review – Self' category. In 2023, this requirement will be incorporated into your Learning Plan, providing a comprehensive review process.

For more information on the new Aotearoa New Zealand CPD framework, please visit the Te Kaunihera Rata o Aotearoa, Medical Council of New Zealand website: https://bit.ly/3Fk925T

For information on your new CPD requirements, please visit the Te Whara Piki Ora o Māhutonga, Royal Australasian College of Surgeons website: https://bit.ly/3AXsBOT

Upcoming training courses - 2023

Difficult conversations with underperforming trainees - Wellington:

Date: 04-08-2023
Location: RACS Aotearoa New Zealand Office, Wellington

Find out more and register: https://bit.ly/3Utik3l

Foundation skills for surgical educators – Wellington and Christchurch

Date: 20-07-2023
Location: RACS New Zealand Office, Wellington

Date: 17-10-2023
Location: Crowne Plaza Christchurch

Online course dates available too.

Find out more and register:
https://bit.ly/FoundationSkillsforEducators

Non-technical skills for surgeons - Auckland:

Date: 30-03-2023
Location: Rydges Auckland

Find out more and register: https://bit.ly/3VpaqK7

Process communication model: Seminar 1 - Auckland:

Date: 15-09-2023 to 17-09-2023
Location: Cliftons Auckland

Find out more and register: https://bit.ly/3XSzQBB

Promoting advanced surgical education - Wellington:

Date: 25-08-2023 to 26-08-2023

Location: RACS New Zealand Office, Wellington

Find out more and register: https://bit.ly/3Vv1Klp

Operating with respect (for Fellows) – Auckland, Wellington and Christchurch:

Date: 29-06-2023 **Location:** Auckland

Date: 31-08-2023 **Location:** Christchurch

Date: 31-10-2023 **Location:** Auckland

Date: 23-11-2023 **Location:** Wellington

Online course dates available too.

Find out more and register: https://bit.ly/3FhTgZi

Process communication model key2me - online:

Date: 21-03-2023 to 28-03-2023

Date: 9-05-2023 to 16-05-2023

Find out more and register: https://bit.ly/3B1YqpU

Welcome to our new team members...

We've been busy recruiting and three new staff members have joined us in the Wellington office.

Brendan Ralph is the Aotearoa New Zealand (AoNZ) Senior Accountant, working with the Australian Finance team and keeping an eye on all matters regarding AoNZ's money. Brendan has been qualified with CPA Australia since 2017 and is a member of the institute's Wellington Committee. Brendan has nine years of experience of accounting under various brands of the global marketing firm WPP, most recently the web design agency AKQA (formerly Heyday).

Rachel Lods is the Office Coordinator and the friendly face that will greet you when you come to the office. Rachel comes from a fashion and retail background and was previously a Business Experience Manager at a health and safety and asbestos consultancy. The role focused on ensuring the branding experience aligned with the company values. In this role, Rachel worked alongside both government and construction entities.

Haare Stewart-Shaw is the Senior Policy and Advocacy Specialist, with a focus on AoNZ issues. He has experience in both government and the health sector. Before joining RACS he was at the Ministry of Business, Innovation and Employment as a Senior Business Advisor. Prior to that he was at the NZ Midwifery Council, where he focused on compliance and regulation.

...and find out more about one who isn't so new

There is a different, more respectful culture in surgery in Australia and Aotearoa New Zealand (AoNZ) compared with even just five/six years ago, says Professor Spencer Beasley.

He's well qualified to judge, given his position as vice-president of RACS in 2017 when the College was tackling allegations of bullying in the surgical profession.

Professor Beasley, now a surgical advisor to RACS AoNZ, helped get agreement across the College as to the best way forward. This involved owning up to past bad behaviour and implementing the recommendations of the Expert Advisory Group which included establishing the *Building Respect, Improving Patient Safety* initiative.

"We've been able to significantly alter the perception of what constitutes acceptable behaviour. Overall, when I listen to the talk around the hospital and in theatre it is very different now from what it used to be. Surgeons tend to be more respectful, and as a consequence I expect are probably more respected."

While things are still not perfect, Professor Beasley says the College's work in this area is something it should be "justifiably proud of".

Moral courage such as this is something Professor Beasley admires. He feels this is one of the attributes he brings to his work, both at RACS and at Christchurch Hospital, where he leads the Paediatric Surgery service which covers the entire South Island (as well as the lower North Island currently).

"I genuinely believe if you want to be effective it is important to be prepared to make the difficult decisions. That takes courage."

Professor Spencer Beasley.

Professor Beasley has certainly proven himself to be effective, holding numerous key leadership positions throughout his 40-year career. His direction of the Christchurch Paediatric Surgery service has enabled his team of six surgeons to provide equitable access and high quality of care to children across the South Island. His team currently also provides a service to the lower half of the North Island while new Wellington surgeons are being recruited.

In case you thought Professor Beasley was a one trick pony, here are some other fun facts about the multifaceted surgeon:

- He has nine children.
- He's competed three times in the famous Coast to Coast endurance race.
- He has been involved in the separation of three pairs of conjoined twins.
- He worked 108-hour weeks while training in the UK.
- He's a qualified general surgeon and paediatric surgeon.
- He's both a New Zealand and Australian citizen.
- He is the New Zealand advisor to Solar Space Technology

Learn more about RACS Building Respect initiative: https://bit.ly/BuildingRespect

Quality statements to guide melanoma diagnosis and treatment in New Zealand

By Dr Susan Seifried FRACS, Chair of the 2022 National Melanoma Working Group

Aotearoa New Zealand continues to have the highest melanoma incidence and mortality rates in the world. There is an urgent need for our country to address these statistics and as health professionals we have an important role to play.

In October this year, the Melanoma Network of New Zealand (MelNet) formally released the second edition of *Quality Statements to Guide Melanoma Diagnosis and Treatment in New Zealand.* These are clinical guidelines which aim to achieve national consistency in the access and delivery of quality melanoma care.

The development of these evidence-based statements has been driven by the sector to proactively address our world-leading rates and, by detailing what good prevention, diagnosis and quality care look like, improve health outcomes for all New Zealanders diagnosed with melanoma. The document was developed in consultation with Te Aho o Te Kahu, the Cancer Control Agency, and has been endorsed by over 10 professional bodies.

You can find a copy of the statements on the MelNet website, along with recordings of a six-part webinar series providing an overview of the statements and associated good practice points: https://bit.ly/MelNetwebsite.
I encourage you to take the time to familiarise yourself with the statements and promote them widely amongst your network. Feedback is welcome at any time to melnet@melnet.org.nz.

RACS AoNZ and members in the news

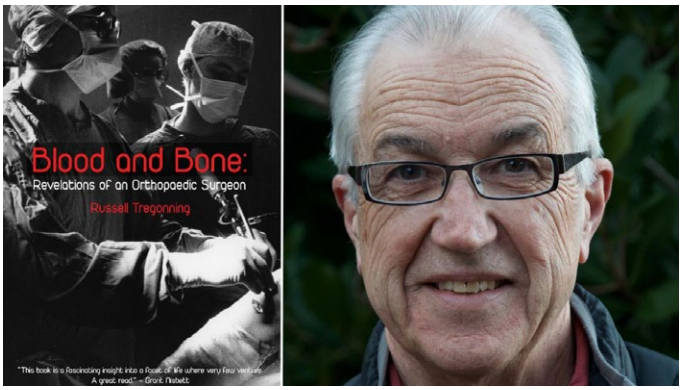
23 November 2022: Starship Hospital's Dr Neil Price, speaking as RACS Paediatric Surgical training spokesperson, explained how staffing shortages in Wellington Hospital's Paediatric Surgery department put pressure on Aotearoa New Zealand's ability to train surgeons locally. As clinical director for the Paediatric Surgery service in Christchurch, Professor Spencer Beasley also expressed concerns about workforce shortages.

Read the Stuff article: http://bit.ly/3UhWobD

Listen to RNZ's coverage on Checkpoint: http://bit.ly/3F7NuJJ

28 October 2022: An Aotearoa New Zealand (AoNZ) surgeon and RACS Fellow is raising the alarm about burnout, depression and anxiety among doctors. Professor Frank Frizelle, with Professor Roger Mulder, has written an editorial about the growing mental health crisis in the medical profession: https://bit.ly/3SEMa4p

22 October 2022: Dr Russell Tregonning, an AoNZ orthopaedic surgeon, talked with RNZ Saturday Morning presenter Kim Hill about his career, mental health struggles and new book *Blood and Bone: Revelations of an Orthopaedic Surgeon.* Have a listen: http://bit.ly/3XBXke0



Dr Russell Tregonning and his new book.

21 October 2022: Cardiothoracic surgeon and RACS Fellow Dr Nand Kerjiwal is sharing some of his skills with the wider community in a bid to improve survival rates for out-of-hospital cardiac arrests. Read the full story about this AoNZ surgeon and educator: http://bit.ly/3XFuvxa

Green surgery

By our Surgical Advisors Dr Sarah Rennie and Professor Spencer Beasley

Environmental sustainability within surgery is gaining traction. We are the stewards and guardians for the future and how we act today has a significant impact on the world we develop, including with regards to the environment. Two important green initiatives are worth noting – RACS adoption of the *Green College Guidelines* and the *Intercollegiate Green Theatre Checklist*.

Green College Guidelines

On 19 November 2022, RACS became the first Australasian medical college to publicly support the *Green College Guidelines* (https://bit.ly/3izkamx). The guidelines were produced by a collaboration between the Australian Medical Association (AMA) and Doctors for the Environment Australia (DEA). They detail ways medical colleges can reduce their carbon footprint by suggesting practical changes in the way we operate.

There is also a webpage on RACS position with regards to the environmental impact of surgical practice: https://bit.ly/3VuhdSR.

Green Theatre Checklist

Meanwhile, the four UK and Ireland surgical colleges are influencing our understanding of the environmental consequences of surgery, and how we can reduce the carbon footprint of surgery on a daily basis (apart from the frequent cancelling of planned care lists which has become the Aotearoa New Zealand method in recent years!).

The colleges have produced the *Intercollegiate Green Theatre Checklist* (https://bit.ly/3gXytkf) which they are encouraging surgeons and operating theatres to use during theatre briefings. There are four sections: anaesthetic care, preparation for surgery, intra-operative and post operative. Together they aim to affect the "triple bottom line" of environmental, social, and economic considerations, applying principles of sustainable quality improvement in healthcare.

The colleges have also complied a collection of peer-reviewed evidence, guidelines and policies that have informed the creation of the checklist.

Healthcare's climate footprint is equivalent to 4.4% of global net emissions (2 gigatons of carbon dioxide equivalent)[1]. Put another way, the global healthcare climate footprint is equivalent to the annual greenhouse gas emissions of 514 coal-fired power plants. If the health sector were a country, it would be the fifth-largest emitter on the planet.

Surgery is one of the most resource-intensive areas of a hospital. It uses 3-6 times more energy than the rest of the hospital and creates a lot of waste. The carbon footprint of a single operation has been calculated as ranging from 6 to 814 kg carbon dioxide equivalents[2] – between 22 and 2,907 miles in an average petrol family car.

We encourage you to look at the resources and consider implementing the green checklist in your own theatres. Any feedback on its use would be welcomed: Sustainability@rcsed.ac.uk

1 https://noharm-global.org/sites/default/files/documentsfiles/5961/HealthCaresClimateFootprint_092319.pdf

2 Rizan C, Steinbach I, Nicholson R, Lillywhite R, Reed M, Bhutta MF. The Carbon Footprint of Surgical Operations: A Systematic Review. Ann Surg. 2020 Dec;272(6):986-995. doi: 10.1097/SLA.0000000000003951. PMID: 32516230.

Surgical News:
Last issue of 2022 coming soon

The next issue of *Surgical News* is on its way!

The theme is *Enhancing Member Value* and provides the latest news and updates on advocacy, professional development, CPD, research and education.

There are a number of articles from Aotearoa New Zealand (AoNZ). Read about the latest health reform announcements and how they've been received. Learn about the journey one Specialist International Medical Graduate (SIMG) took from private practice in South Africa to an AoNZ public hospital. Find out what RACS is doing to encourage Māori college-age students into surgical careers.

Bookmark the page and find the latest issue in December:
https://bit.ly/SurgicalNewsLatestIssue

James Barry (he/him)

By Dr Bridget Watson, the Aotearoa New Zealand Younger Fellows Committee Representative

Military surgeon Dr James Barry was born in Cork in 1799. He attended medical school in Edinburgh, graduating in 1812. Exit examinations at that time were conducted in Latin at the professor's house.

Dr Barry's first job was at Guy's and St Thomas' working under Drs Astley Cooper and Henry Cline. He later joined the British Army and practiced surgery across the British Empire, including in Canada, the Caribbean and South Africa, over a career spanning more than 50 years. He rose to the level of hospital inspector in South Africa. It was in Africa too where he performed the first Western technique of caesarian section where both mother and baby survived.

Over his career Dr Barry championed improved public health measures and the care of prisoners and people with leprosy. He worked in the army until his retirement on the grounds of ill health and old age.

His colleagues described him as being tactless, impatient and argumentative and he won a pistol duel with a captain of the 21st Light Dragoons. He was also noted to have marked technical skills and a good bedside manner.

At the end of his life Dr Barry insisted he be buried in the clothing he died in and did not consent to a postmortem.

In the tradition of the 'Irish giant' evading surgeon anatomist Dr John Hunter, this wish was ignored. At postmortem, Dr Barry was revealed to have a uterus.

His life illustrates that the surgical profession has had a long, if in some cases hidden, relationship with the trans community. WorldPride is taking place in Sydney in 2023. The combined medical colleges, including RACS, have been granted a float at the parade. I would like to thank all of the people who have worked together across Aotearoa New Zealand and Australia with the respective colleges to make this a reality. I hope Dr Barry would approve of the College supporting doctors being their most authentic selves and representing the community we serve.

WorldPride runs in Sydney from 17 February to 5 March 2023.

Reference:

du Preez, Michael; Dronfield, Jeremy (2016), *Dr James Barry: A Woman Ahead of Her Time*, London: Oneworld Publications

I would also like to acknowledge Dr Lauren Siggins for access to her poster presentation *Crouching Tiger, Hidden Surgeon* on James Barry presented at the RACS Annual Scientific Conference, 2021

Step back in time

RACS head office might be in Melbourne, but the first ever meeting of the College council was held in Dunedin.

New Zealander Sir Louis Barnett was a driving force behind the establishment of an Australasian body to raise surgical standards and recognise surgical expertise. It was at a meeting of the Australasian Medical Congress, of which Sir Louis was president - held in February 1927 in his hometown of Dunedin - that the first council was elected.

Sir Louis, initially one of two vice presidents, become College president from 1937 to 1939.

He was also a big advocate of aseptic principles and was an early adopter of masks and gloves in the operating theatre.

Advocacy update

The AoNZ team has been busy representing members, advocating on your behalf over a range of subjects. Read on to find out more.

Petition of Sally Walker: Suspend the implantation of mesh sling for stress urinary incontinence

RACS was asked by the Petitions Committee to comment on the petition seeking the suspension of implantation of vaginally inserted mesh slings for stress urinary incontinence (SUI).

After careful consideration RACS took the view it is neither for nor against the proposal. We are aware improvements need to be made regarding the implantation, assessment, and reporting of anti-incontinence surgery.

We suggested the suspension be time limited (end of 2023) with exceptions allowing for limited use at mesh specialist centers by surgeons credentialed to remove mesh and after multidisciplinary team discussion. While the suspension is in place, it is vital measures to ensure patient safety are introduced and appropriately funded. These include increased scrutiny, regulation, education, accreditation, credentialing, and follow-up (registry).

Consultation: Doctors and health-related commercial organisations

Te Kaunihera Rata o Aotearoa, Medical Council of New Zealand (MCNZ), sought feedback on a proposed draft statement to ensure it is adequately managing potential biases or conflicts of interest.

The consultation came at a time news emerged that the Institute of Independent Radiologists was heading to court to order ACC to stop surgeons from owning private radiology companies that do medical scans.

RACS agreed the new summary points MCNZ added to the draft statement were reasonable and well-constructed but said the expectations doctors would disclose any relevant potential conflicts of interest should still be included.

Feedback was submitted on *Principles to consider when you interact with health-related commercial organisations* as there was no clear information on how documentation occurs. RACS also said it was not practical for doctors to disclose a relationship with a medical device company when they are assisting in the education of staff or supporting the use of the product.

The statement that practitioners "must ensure that your patient is aware of, and has access to, other sources of care" RACS felt would be impossible to comply with. It would require the practitioner to maintain full up-to-date lists of whatever the "other sources" were and whether each of those were not able to accept a referral at that time. That is not something that should be the responsibility of a practitioner.

Consultation on Firearms Registry

We had the opportunity to provide comment on the proposed regulations to support the new Firearms Registry, which is intended to be in place between 2023 and 2028.

We fully support a Firearms Registry in Aotearoa New Zealand, and for the registry to include full and time-relevant information on the owner/dealer, their license status and the on-sale of any firearms.

RACS does not support the proposed five-year timeframe however, nor the two-month grace period for this information to be entered into the registry.

We believe the intention for there to be a registry is not new and any owner or dealer should be aware this is happening. We do not consider such long timeframes to be necessary and propose there be a 2-year maximum to establish the registry.

The Challenges of Informed Consent for Medical Students Involvement in Patient Care: An updated consensus statement

RACS welcomes the increased focus on this revised document in consideration of the impact of cultural competency and safety, and the greater focus on encompassing the Māori worldview and the demonstration of a commitment to Te Tiriti o Waitangi.

However, RACS believes the document doesn't address the need for workforce sustainability of healthcare services because giving medical students practical experience on patients gives them the training they require to become competent doctors of the future. We also found it was not clear how or where the informed consent dialogue should be recorded, with most clinics now being paperless.

We endorse the need for consent where there is the potential for serious consequences or adverse events, and we agree in these circumstances patients should be aware if a medical student is the one providing the medical care.

However, RACS feels greater trust should be given to surgeons to determine what is appropriate given the circumstances for their specialty and there should be greater recognition there is a spectrum of risk, and that the specialist is best placed to determine the risk.

From South Africa to Aotearoa New Zealand – a SIMG's journey

Also published in Surgical News volume 23 issue 6

Urologist Dr Lodewikus (Wikus) Vermeulen gave up a lucrative but hectic private practice in South Africa and moved his family to a slower-paced life working in a public hospital in Tauranga.

The realisation life could pass in the blink of an eye in 16-hour workdays prompted him to make the move nearly two years ago.

After 18 months of supervision, Dr Vermeulen is now fully registered to practice in AoNZ and is seeing opportunities to innovate and bring positive change to the health system in his adopted homeland.

Overseas trained surgeons like Dr Vermeulen are an important addition to the healthcare workforces in Australia and AoNZ, helping ease staffing shortages and bringing diversity, new expertise and knowledge.

RACS plays an important role. The College makes decisions on the suitability of Specialist International Medical Graduates (SIMGs) to work in Australia. The process in AoNZ is different, where the Medical Council of New Zealand (MCNZ) makes that call but with advice from RACS.

The process can be long and not always straightforward. Initial assessments, both paper-based and sometimes via interview, can take several months in AoNZ.

Depending on the outcome, an SIMG may be required to undergo additional surgical training; attend RACS courses; make their logbooks available for regular review; or work under supervision once on the ground in AoNZ.

The whole process, from application to full registration, usually takes around two to two-and-a-half years.

Was his 18 months of supervision justified? Dr Vermeulen says "totally".

Dr Lodewikus Vermeulen

"I completely support it."

He understands the frustration of some who have practiced as surgeons without restriction overseas, including in countries that may be considered similar to AoNZ such as the UK or the United States. However, he says the risks to patients of taking a less-cautious approach outweigh the inconvenience.

"RACS and MCNZ take on a huge responsibility as gatekeepers and to be less than thorough with the evaluation process would be risky. How do you know how someone will perform in a new healthcare system? What if something happens to a patient? Where does the buck stop? I understand why RACS is super rigorous when doing its due diligence on a new doctor."

Dr Vermeulen went further than merely accepting the RACS recommendations. He chose to take as many RACS courses as he could, including *Operating with Respect, Conflict and You,* and *Intercultural Learning for Medical Specialists*, to learn about the culture of the AoNZ healthcare workforce. He also found MCNZ's course introducing overseas doctors to AoNZ practice extremely helpful.

"I had gone from working in a largely private system, where money could buy any procedure, technology or drug, and you had the luxury to be able to perform all procedures in theatre with no limitations to resources.

"The system is so completely different over here where theatre time, hospital beds and staff shortages create challenges," Dr Vermeulen says.

One of the things he learned under supervision was how to navigate a new network of support structures, including Allied Health and district nurses—services he praises.

Dr Vermeulen suggests the supervision period could be reviewed at 12 months, and this might be enough for some SIMGs, but says, "I don't see how someone could learn or adapt to the complex public health system in a shorter period than that.''

He found the supervision period "helpful and enriching".

He also found RACS in AoNZ to be a great support to him through the process, although the move itself was not always smooth.

"I went from being in a position of power and respect to being right at the bottom [in terms of] status. I had to prove myself all over again and earn respect."

It was worth it though. He says he has more time for his patients now and is wasting no time making a difference.

Dr Vermeulen points to the huge wastage in systems in countries like South Africa and the United States and says they are neither sustainable nor equitable.

He is enjoying the thinking outside the box that comes from having fewer resources and has, along with an SIMG colleague from Brazil, Dr Flavio Ordones, initiated projects expected to save Tauranga Hospital up to NZ$450,000 per year.

They are using new equipment and technology to enable more procedures to be performed as day-cases or in outpatient settings. Not only a cost saver, the innovations free up theatre time and reduce surgical wait lists.

WorldPride and the medical colleges: Sydney 2023

By Surgical Advisor Dr Sarah Rennie

The first WorldPride to be held in the Southern Hemisphere runs in Sydney from 17 Feb – 5 March 2023. It will celebrate the 50th anniversary of the first Pride Week, 45th Sydney Gay and Lesbian Mardi Gras, and the 5th anniversary of marriage equality in Australia. More than 500,000 people are expected to participate.

The parade is the largest event of Sydney WorldPride with 12,500 marchers and over 200 floats from around Australia and the world. It is a display of LGBTQIA+ strength in pride and self-expression and the continuing fight for equality as a community.

The theme for 2023 is *Gather, Dream, Amplify* and is described as: "A time to dream. Imagine the future we want and demand it. For some, a time to step aside, making sure there is an abundance of space for everyone. New voices. New dreams. A time for new perspectives and possibilities."

Pride in Medicine, initially Pride in Surgery, has approached all the medical colleges in Australia and Aotearoa New Zealand for support for a float in the parade and for a commitment to ongoing advocacy for LGBTQIA+ doctors, medical students and patients. RACS was the first college to show its support, demonstrating its commitment to the rainbow community and a big shift by the College.

RACS was silent during the marriage equality debate in Australia when other medical colleges indicated their support. Participating in WorldPride demonstrates an evolution in RACS policy on this topic, supporting the rights, achievements, culture, and aspirations of the LGBTQIA+ communities. It signals to LGBTQIA+ surgeons and patients that the College is inclusive and welcoming of all. It indicates to medical students and junior doctors that RACS not only welcomes but encourages aspiring LBGTQIA+ surgeons to be a part of our College. Having representation for the WorldPride parade also speaks to the values of the College: service, respect, integrity, compassion, and collaboration.

This also provides an excellent opportunity for RACS to advocate for the health of LGBTQIA+ communities. Research has shown these communities face health disparities that are often linked to societal stigma, discrimination, and denial of civil and human rights. Often patients do not feel safe accessing surgical care. Early next year *Surgical News* will feature articles about how surgeons can engage LGBTQIA+ communities in a safe way.

RACS has further demonstrated its commitment and will be hosting a breakfast event at its Sydney office on Saturday 25 February. If you would like to join the WhatsApp group, be involved in the parade or the RACS Breakfast event, or have ideas for LGBTQIA+ advocacy articles for *Surgical News* please get in touch: Sarah.Rennie@surgeons.org

Sarah Rennie (front left) on the steps of RACS head office in Melbourne with RACS President Sally Langley (front centre), CEO John Biviano (third row, far left) and other LBTQIA+ supporters.

OBITUARY

JOHN BOWER MORTON FRCS(ED) FRACS

9 January 1935 – 19 September 2022

General and vascular surgeon

John Morton was born in Invercargill, the son of John Thomas and Johan Morton (neé Calder), and grew up on Top View Farm, Seaward Downs near Edendale in Southland. John attended the one-teacher Seaward Downs School and Southland Boys' High School where he excelled in singing and began his sailing journey which later included helping build and sail the *Tuarangi* to Australia.

John graduated MB ChB in 1961 from the University of Otago. In 1959 he had also completed a BMedSc in the Microbiology Department where he first became interested in the transplantation of human tissues. He was awarded a Blue for yachting.

He worked at Wellington Hospital between 1962 and 1964 as a junior doctor where he first saw patients with chronic kidney failure and was involved with the vascular access provision for the dialysis treatment of a man with a crush injury causing acute renal failure. This experience sparked a lifelong interest in the provision of vascular access for patients needing haemodialysis.

While working in Wellington he met Irene Wood, a laboratory technician at the hospital. They were married in 1965 and had three children: Lisa, Carolyn and Bruce. John and Irene separated in 1982 and John married his former theatre nurse, Allison Coster, in 1986.

In 1965, he joined the surgical training scheme established by Sir Brian Barratt-Boyes at Auckland Hospital. While he was there the first kidney transplant in Aotearoa New Zealand was done and John gained his first experience in donor nephrectomy and assisting with transplant operations.

In 1968 he travelled to Edinburgh as a ship's doctor and worked for a short time at the University of St Andrews as an Assistant Lecturer in the Department of Anatomy before being appointed registrar in the Nuffield Transplantation Surgery Unit headed by Professor Sir Michael Woodruff. There he trained as a renal transplant surgeon.

He joined the newly established Academic Department of Surgery at Christchurch Hospital in 1973 and set up its kidney transplant programme. John gained his FRACS in General Surgery in 1975. He was Chairman (1988-92) and then Clinical Director (1992-96) of the Department of General and Vascular Surgery at Christchurch Hospital and was made an Associate Professor of Surgery in 1979. From 1973 to his retirement from surgical practice in 1996 John provided skilled and compassionate care for hundreds of kidney patients in the South Island who remember him with affection and respect.

In the early days of kidney transplantation in Aotearoa New Zealand, John was a leader in how best to obtain permission for organ donation, compassionately taking into account the needs of grieving families. He worked tirelessly to improve the public's understanding of the benefits of organ donation and to improve the rate of donation.

He pioneered the introduction of modern brain death protocols critical to ensuring community support for organ donation after death and the development of a national standard of practice for solid organ transplantation.

John's wisdom and encouragement were key factors in the start of living donor kidney transplantation at Christchurch Hospital in 1974 and in the Christchurch Transplant Group carrying out the first altruistic non-directed living kidney transplant in Australasia in 1998.

John was a dedicated and popular clinical teacher. He was awarded the University of Otago's Gold Medal for Excellence in Teaching in 2013. Two of his surgical trainees - Justin Roake and Stephen Munn - became transplant surgeons and professors of surgery.

In 1996 John took up a position as Medical Advisor to the Resident Medical Officer Unit at Christchurch Hospital and became a Living Donor Counsellor for the South Island Renal Transplant Service.

John was a member for ten years, and Chairman for five, of the Medical Council's Complaints Assessment Committee.

John had an interest in ethics from an early age. He enjoyed teaching medical ethics to his students and was Chairman of the Christchurch Hospital Ethics Committee for ten years from 1980. Another interest, influenced by Archie Cochrane's writings, was the study of the effectiveness of surgical interventions.

John is survived by his three children, two grandsons and sister.

Kelvin Lynn FRACP, Justin Roake FRACS and John's children.

Regional and rural health become cornerstone RACS policy

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

Rural health continues to be a key area of focus for our College. The *RACS Rural Health Equity Strategic Action Plan* is available on our website (https://bit.ly/3gTegfG) and has been published in the ANZ Journal of Surgery: https://bit.ly/3XXzObl. Rural health equity initiatives are now embedded as a flagship item to be incorporated in activities by all RACS portfolios.

As mentioned in my last update, the draft *RACS Aotearoa New Zealand Regional and Rural Health Equity Strategy* was approved by the Education Committee in June 2022.

The plan spans across four broad areas of select, train, collaborate and retain and there are many actions flowing from these themes. The Steering Group recognises many of the actions are Australian-facing and therefore is developing specific actions for the Aotearoa New Zealand (AoNZ) context. These tie into the overarching strategy rather than standing as a separate strategy.

Chief among these themes is the need for a consensus on the definition of rural for the purposes of health policy and research in AoNZ. Definitions vary between sources and have evolved over time.

Terms such as provincial are no longer widely used. Standard urban/rural classifications, particularly rural categorisations, are not always appropriate, based as they are purely on population size, rather than access to services. Otago University researchers have developed the *Geographic Classification for Health*[1], which has an urban/rural split based on population size and urban accessibility for rural areas.

Tatauranga Aotearoa, Stats NZ has recently recommended a new classification called 'functional urban areas' (FUAs)[2]. FUA is widely used in the OECD and is defined as such: "A functional urban area consists of a city and its commuting zone. Functional urban areas therefore consist of a densely inhabited city and a less densely populated commuting zone whose labour market is highly integrated with the city".

FUAs link cities with the people who work and undertake other activities in them. They are categorised by population size:

- Metropolitan area – 100,000 or more residents
- Large regional centre – 30,000 - 99,999
- Medium regional centre – 10,000 - 29,999
- Small regional centre – 1,000 - 9,999

Rural settlements are smaller clusters outside of these areas. Medium regional areas are considered a good minimum proxy for the presence of services such as hospitals and supermarkets. Some of our training scheme documents classify anywhere outside of the main centres of Auckland, Hamilton, Tauranga Wellington, Christchurch and Dunedin as regional/rural, which also fits in with this classification. The *Aotearoa New Zealand Regional and Rural Health Equity Strategy* recommends the use of FUAs, but we will continue to monitor recommendations.

We don't currently collect locality data at RACS but this is proposed for the next Surgical Workforce Census. It would give us more information about rural and regional healthcare access. It is likely the postcode of your main workplace will be requested, and this will be mapped onto definitions.

In the next issue of *Cutting Edge*, I will discuss the 'hub and node' model for rural/regional care.

1 https://blogs.otago.ac.nz/rural-urbannz/

2 Functional urban areas – methodology and classification. Retrieved from https://www.stats.govt.nz/methods/functional-urban-areas-methodology-and-classification

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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:
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