SurgicalNews

Volume 24 | Issue 1

Royal Australasian College of Surgeons

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ROB 058-11-22 ANZ. [11932-112022]

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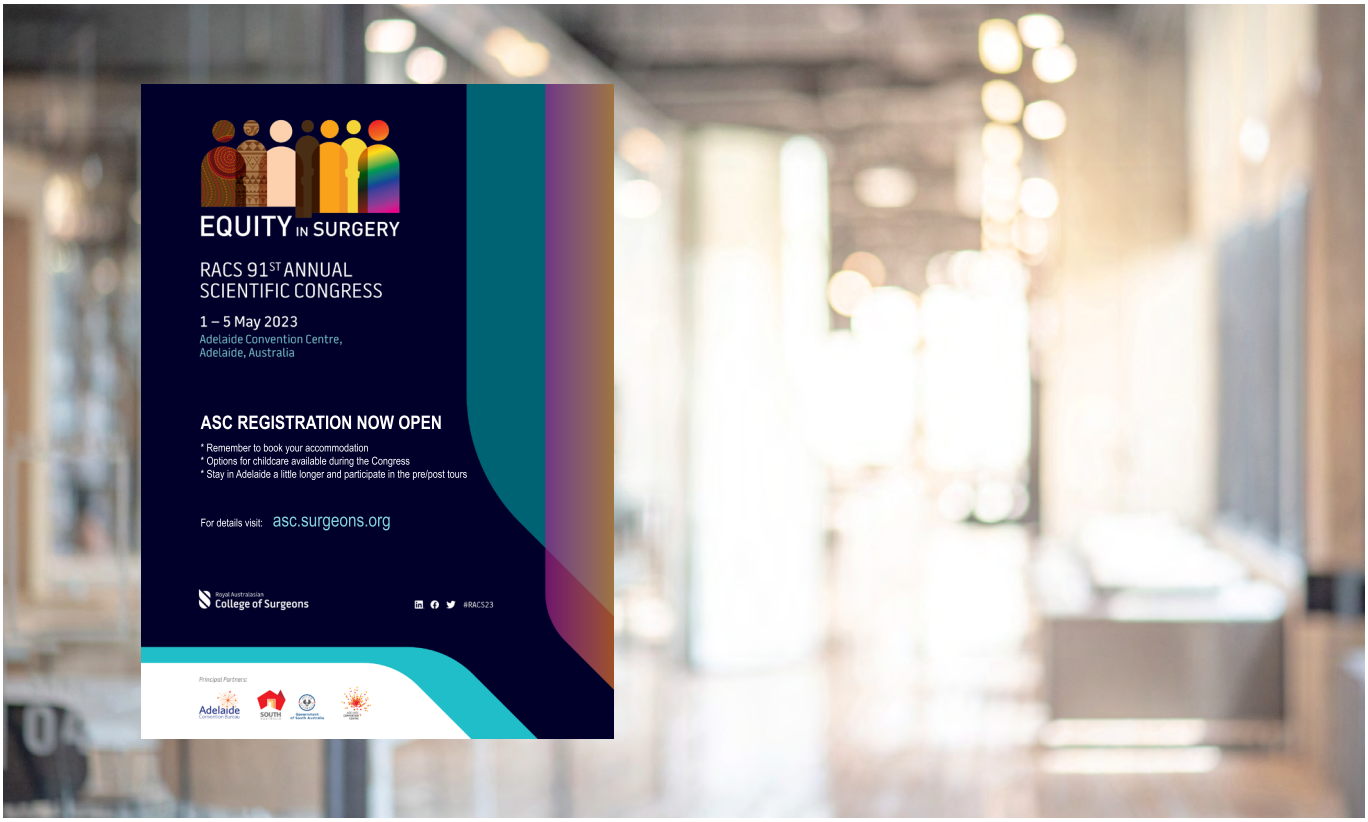
Contributing writer: Fleur Morrison
www.surgeons.org
ISSN 1443-9603 (Print)/ISSN 1443-9565 (Online).



President's perspective

Our two countries have repeatedly sustained severe weather events in the last few years. This time it was the storms and heavy rain, which affected the north of Aotearoa New Zealand at the end of January. Lives have been lost and there is huge disruption due to flood damage to homes and businesses. Any prospect of returning to normal following the pandemic has been delayed. Kia kaha, stay strong – to those who were affected.

I look forward to welcoming many familiar faces at the 91st RACS Annual Scientific Congress (RACS ASC) which will be held in the beautiful city of Adelaide, South Australia from Monday 1 – Friday 5 May 2023.

The theme for 2023 is 'Equity in Surgery', which aligns with our 2022 – 2024 Strategic Plan with its overarching message of building a culture of respect and the priority—'Serving all Communities Equitably'. The RACS ASC 2023 is in the good hands of the convener, Associate Professor Amal Abou-Hamden, scientific convener, Dr David Walters, and their team.

We chose the theme of equity because as a College we need to fully represent the gender and the diverse Indigenous and ethnic composition of our community. We also need to work harder to serve communities that live outside our metropolitan areas and prioritise equitable services to all—regardless of their demographics. While we have made some progress on improving gender equity in our surgical specialties, we are taking steps to acknowledge LGBTQIA+ representation in our surgical workforce and society.

The RACS ASC 2023 will offer you lots of opportunities to learn more about the challenges and barriers preventing equity and your role as a leader in the health profession and how you can contribute to the improvement of a workforce that is diverse and that serves all our people.

Registrations for the RACS ASC 2023 are now open (bit.ly/3Rx5rpx).

We are pleased to launch the Professional Skills Curriculum, which will ensure safe and high-standard surgical care for our patients and communities. This is the first time RACS has defined standards common to all surgical specialties. I commend Dr Rebecca Garland, an Otolaryngology Head and Neck surgeon in Wellington, Aotearoa New Zealand, and chair of the working group who wrote the new curriculum and presented it at the October 2022 meeting of the Committee of Surgical Education and Training where it was endorsed unanimously.

The RACS Professional Skills Curriculum was developed to guide training, learning, and assessment in eight of the 10 RACS competencies for SET Trainees, Specialist International Medical Graduates (SIMGs), and specialty trainers and supervisors.

Surgical practice requires RACS Fellows to be competent across all 10 RACS competency domains.

Towards the end of 2022, we became the first Australasian medical college to publicly support the Green College Guidelines. The guidelines, produced by Doctors for the Environment Australia, detail practical steps that medical colleges can take to reduce their carbon footprint. This is an important step as surgery is one of the most resource intensive areas of a hospital and we need to do everything we can to cut emissions and reduce waste without compromising the quality of care.

In Aotearoa New Zealand we recently shared our concerns about the increasing number of patients waiting more than four months for planned surgery in Aotearoa New Zealand.

We believe there has been a fall of approximately 25 - 30 per cent in planned care procedures in Aotearoa New Zealand and predicts this trend will continue without urgent interventions. The backlog has been caused primarily by the lack of anaesthetic technicians, resulting in surgery cancellations and delays, which can have severe consequences for our patients.

We met with the Australian and New Zealand College of Anaesthetists to discuss the issue and have also consulted with Dr Andrew Connolly, Te Whatu Ora Counties Manukau Chief Medical Officer and chair of the government's Planned Care Taskforce. We need to move quickly to put in place strong workforce sustainability measures including training enough people in each field as well as other shorter-term measures such as increased wages and overseas recruitment drives, among others.

In our January 2023 Council Executive meeting we approved a new Māori Koha policy and procedure as part of our ongoing work to promote an Indigenous focus in our profession. A koha is a term given to the cultural practice of Māori people of gifting support and assistance to facilitate achieving an outcome for the community or family. Koha is central to relationship building in the Māori world and is given to enhance the mana (power and authority) of the hosts and by doing so enhances the mana of the giver.

Dr Sally Langley
President

Australia Day Honours 2023

RACS would like to congratulate and thank all of the recipients of 2023 National Honours.

Member of Order of Australia (AM)

Dr Michael David Levitt, FRACS
General Surgeon, Western Australia

Dr Leslie Karl Nathanson, FRACS
General Surgeon (retired), Queensland

Dr Timothy William Proudman, FRACS
Plastic and Reconstructive Surgeon, South Australia

Order of Australia Medal (OAM)

Dr Raymond John Cook, FRACS
Neurosurgeon, New South Wales

Dr Richard Gallagher, FRACS
Otolaryngology Head and Neck Surgeon, New South Wales

Dr Rodney James Woods, FRACS
General Surgeon, Victoria

Vice president's perspective

Welcome to 2023! As we begin a new year, we recognise that while we achieved much in 2022, there is still work to be done in many spheres.

One issue that continually saddens me is that sexual harassment is still prevalent in the workforce. The College has been actively advocating for change. We wrote to the Australian government and the Australian Human Rights Commission in recognition of legislation that recently passed the Australian parliament. We were pleased to see the government adopted the recommendations outlined in the Respect@Work report. We look forward to continuing to work with state and territory governments and other stakeholders to create policies, programs, and processes that will foster a culture of respect and safety in the health sector.

We are delighted that many agencies across the health sector in Australia and Aotearoa New Zealand now share our appetite to foster cultural change that better protects patients, is safe for individuals, and enables teams to perform at their best.

We are also excited to participate in the first WorldPride event in the southern hemisphere, which will be held in Sydney from 17 February to 5 March. This event demonstrates our commitment to supporting the rights, achievements, culture, and aspirations of the LGBTQIA+ communities. 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.

I am pleased to see our scholarships and grants offering doctors opportunities to further their studies and research. In 2022, we gave 74 scholarships and grants, worth more than $2.5 million. In this issue of *Surgical News*, we feature some of the award recipients. Congratulations to Rowan Nicks scholar, Dr Tika Ram Adhikari from Bhutan who recently joined the Otolaryngology Head and Neck Surgery department at John Hunter Hospital in New South Wales. Sydney surgeon, researcher, and biostatistician Tony Pang received the 2022 Tour de Cure Cancer Research Scholarship. The scholarship will enable him to develop an ex vivo vascularised organoid model of pancreatic cancer metastasis.

I would also like to congratulate and thank our volunteer medical teams (VMTs) who generously contribute time and effort to support our initiatives in the Asia-Pacific region. Through the DFAT-funded Pacific Islands Program, RACS VMTs conducted nearly 2000 surgeries and performed 6527 patient consultations. Our VMTs donate their valuable time, skills, and experience to work intensively and collaboratively, with Indo-Pacific clinical partners to provide surgical procedures that patients may not be able to access locally.

Through the DFAT-funded Pacific Islands Program, RACS VMTs conducted nearly 2000 surgeries and performed 6527 patient consultations. Our VMTs donate their valuable time, skills, and experience to work intensively and collaboratively, with Indo-Pacific clinical partners to provide surgical procedures that patients may not be able to access locally.

COVID-19 has further exacerbated surgical backlogs in the Pacific with some patients having waited for more than two years for surgery. VMTs will also find time for more structured training once all planned procedures have been completed. The work of the VMTs has an important dual focus on direct service delivery and clinical capacity development.

On a sad note, I'd like to share my condolences with the families and friends of several colleagues who have passed away. Professor Sir Peter Morris, a Vascular and General surgeon, was an inspiring and encouraging person to work with and many of the transplant units in Australia and Aotearoa New Zealand are still staffed by surgeons (and some physicians) he trained and mentored. Dame Clare Marx, who was a previous president of the Royal College of Surgeons England; Dr Malcolm Gordon Dunshea, and Dr John Robert Thomson, both Otolaryngology Head and Neck surgeons; Dr Douglas Beard, a general surgeon, Dr Justin Henry Kelly OAM, a Paediatric surgeon, Dr William Downing Walker, a Plastic & Reconstructive surgeon, and Dr Francis Hugh Dominic Breslin, a Urologist.

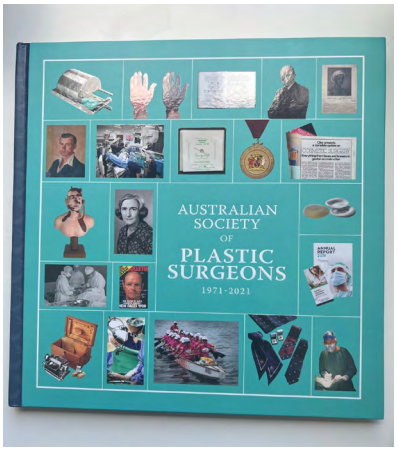
Professor Chris Pyke
Vice president

Dame Clare Marx speaking at the RACS Annual Scientific Conference in Brisbane 2016.

Opposite page: Ear Nose and Throat team. Volunteer trip to Rarotonga, May 2022.

Standing left-right: Alison Macdonald, Kerry-Lee Webb, Rebecca Brown, Dr Gabriel Pauu, Salote Rerealoa, Kirstien Atingakau, Jaqui Mclean, Joyce Sakai.
Seated left-right: Dr Ben van der Griend, Dr Robert Allison, Dr Deacon Teapa, Dr Teokotai Maea.

Good reads



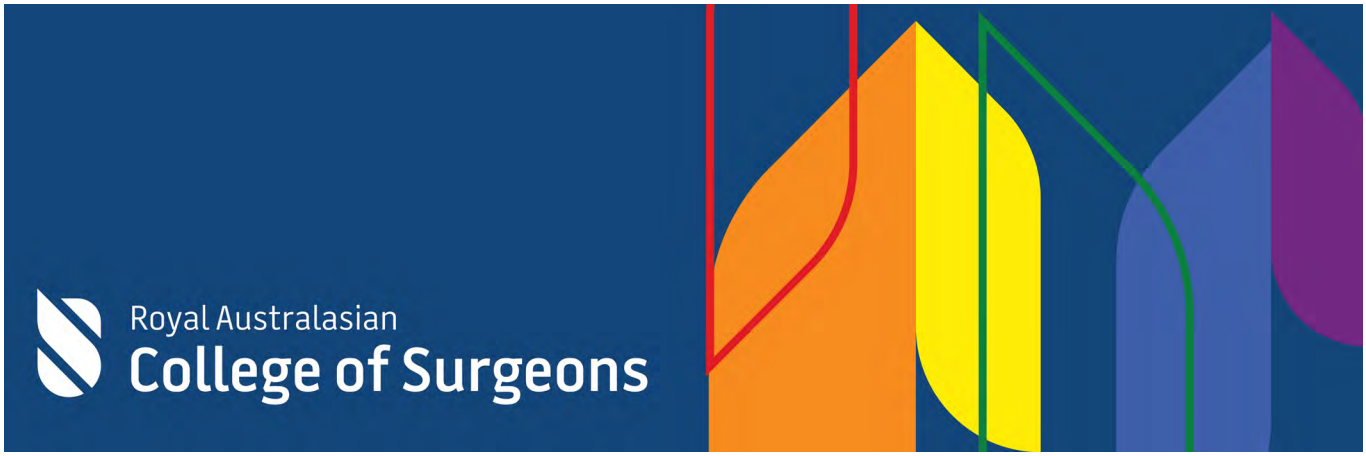
Celebrating 50 years of the Australian Society of Plastic Surgeons 1971 – 2021

The Australian Society of Plastic Surgeons (ASPS) published a beautifully illustrated hard cover book titled *Celebrating 50 years of the Australian Society of Plastic Surgeons 1971 – 2021* to commemorate its 50th anniversary.

The book provides a great overview of the history of plastic surgery and the role the society has played in Australia.

ASPS was formally incorporated on 19 April 1971.

If you would like to purchase a copy of this book ($30.00AUD including postage) please contact the ASPS office on +612 9437 9200 or info@plasticsurgery.org.au



WorldPride and medical colleges Sydney 2023

The first WorldPride in the southern hemisphere will take place in Sydney from 17 February to 5 March 2023. It will celebrate the 50th anniversary of the first Pride Week, the 45th Sydney Gay and Lesbian Mardi Gras, and the fifth anniversary of marriage equality in Australia. More than 500,000 people are expected to participate.

A parade will be the largest event of Sydney WorldPride with 12,500 marchers and more than 200 floats from around Australia and the world. It is a display of LGBTQIA+ pride, self-expression, and the continuing fight for equality.

The 2023 theme 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.'

The Pride in Medicine—initially Pride in Surgery—group has approached all the medical colleges in Australia and Aotearoa New Zealand for support for a float in the parade and 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 significant shift by the College.

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 surgeons within the LBGTQIA+ community to be a part of our College.

'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.'

Representation in 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. Patients do not always feel safe accessing surgical care.

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 in Sydney, or have ideas for LGBTQIA+ advocacy articles for *Surgical News* please email: Sarah.Rennie@surgeons.org

Dr Sarah Rennie
Aotearoa New Zealand
Surgical Advisor

Recognising our rural champions

Meet the RACS Rural Surgeon Award recipients

For 20 years, RACS has recognised the immense contributions our Fellows have made towards communities in the rural, regional, and remote areas of Aotearoa New Zealand and Australia. Their contributions have been acknowledged by the Rural Surgeons Award.

Fellows who have displayed at least 10 years' continuing involvement in the development of a high standard of surgery, commitment to quality assurance, and ongoing education and training of local healthcare staff are honoured and celebrated through peer nomination.

In 2022, Drs Michael Wilson and William (Bill) Ross were acknowledged for their significant work.

Dr Michael Wilson has been an otolaryngologist and a Fellow for more than 40 years, and for the past 30 years has practised at the Kilmore and District Hospital. He was the first ENT surgeon at the hospital and was the only practitioner in the area for more than 20 years. Since then, several ENT surgeons have joined to work alongside him.

Before Kilmore, Dr Wilson was the visiting surgeon at the Goulburn Valley Base Hospital and Swan Hill District Health.

In recognition of his work, he has received several awards including, RACS Educator of the Year, RACS Indigenous Health Medal, and RACS Certificate of Outstanding Service.

Dr Wilson is the Life Governor of the Kilmore and District Hospital and is admired by his patients, hospital staff, and colleagues. He was presented with the RACS Rural Surgeon Award at the Australian Society of Otolaryngology Head And Neck Surgery meeting in August 2022.

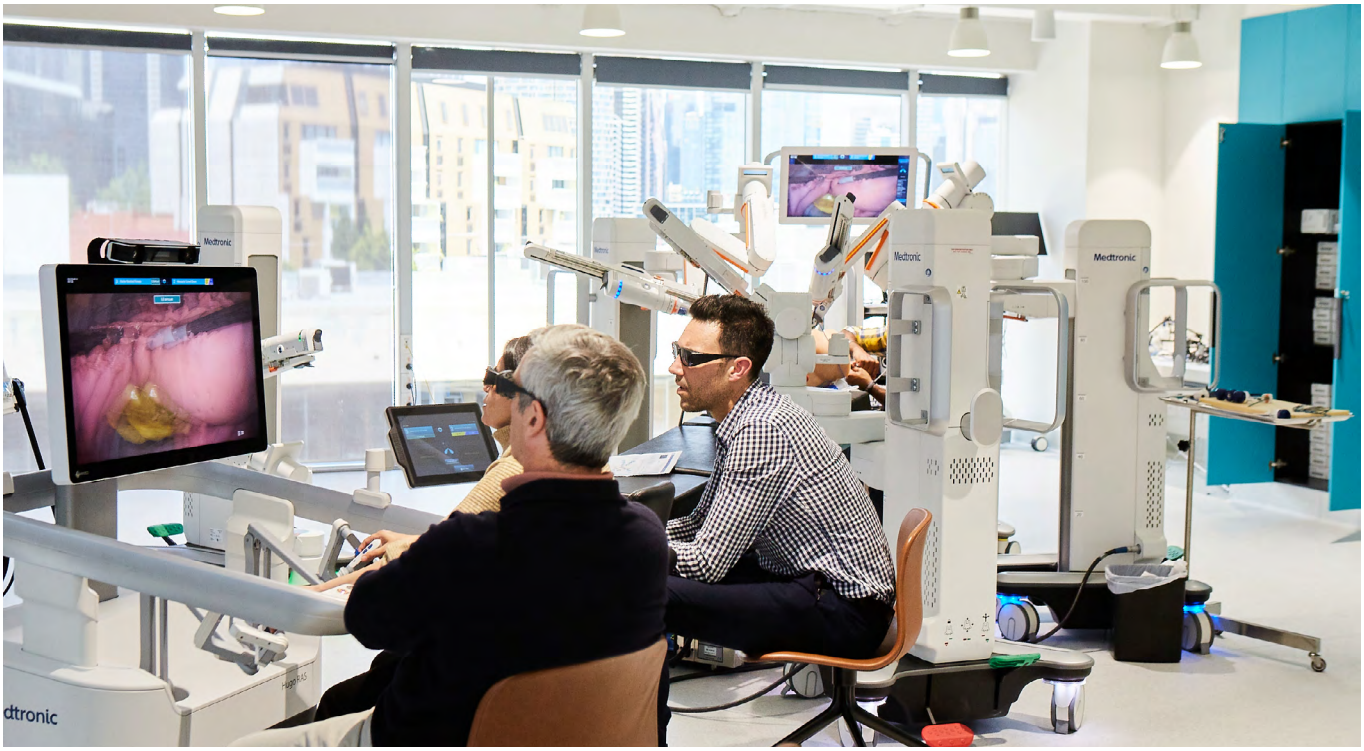
Dr William (Bill) Ross has served the Coffs Harbour community for 24 years as a general surgeon specialising in breast and melanoma.

He established the breast cancer service in Coffs Harbour, implementing quality measures such as a breast multidisciplinary team and breast care nurse before they became the standard of care. He also established sentinel node biopsy for breast and melanoma in the region, ensuring patients had access to high-quality care locally.

A long-time surgical supervisor, FRACS examiner and teacher of RACS courses, Dr Ross has contributed extensively to the education and development of future surgeons. Along with these achievements, Dr Ross embodies the qualities of integrity, excellence, and community service that RACS values.

Do you know a rural surgeon who has made significant contributions to surgery in rural settings in Aotearoa New Zealand and Australia? Please consider nominating them for the Rural Surgeons Award. Nominations are now open and must meet the criteria outlined in the policy. More information is available on the website https://bit.ly/3H2g9zt

Images (from left): Dr Michael Wilson; Dr Ross presented with his Rural Surgeons Award by Secretary for NSW Health Susan Pearce at the RACS NSW Rural Surgery Conference, Coffs Harbour, in October 2022.



Setting standards in robot-assisted surgery

As the peak body for training and graduating surgeons, RACS has an ethical responsibility to uphold and maintain standards of surgical training and practice across Australia and Aotearoa New Zealand.

It is assumed, and expected, that surgical procedures performed by RACS Fellows are taught as part of our surgical training programs or equivalent accredited programs.

Despite the rapid adoption of robot-assisted surgery, there are no independently accredited training or credentialing programs in this area of surgery across our two countries.

Currently, most training and credentialling in robot-assisted surgery occur through vendors of robotic systems who develop and deliver their training curricula. Standardised and independently accredited curricula that incorporate validated educational practices across all 10 RACS competencies are paramount to ensure competence and safety in robot-assisted surgery, thereby minimising potential risks to patients. Surgeons who undertake independently accredited training programs will also be better placed to contribute to the growing evidence base on new technologies, ensuring outcome metrics are reliable.

As robot-assisted surgery continues to rapidly establish its presence, RACS has an obligation to be at the forefront of setting the standards of training, credentialling, practice, and continuing professional development in robot-assisted surgery.

To this aim, RACS and the International Medical Robotics Academy (IMRA) have entered into a multi-year service and collaboration agreement with a shared commitment to provide high-quality education and experience in the practice of surgery. The goal is to equip surgeons to best meet the needs of patients and the community.

RACS is collaborating with IMRA to harness their experience and expertise in the robotic surgical space as an independent, agnostic provider of education and technology. This will ensure that surgeons and Trainees are given the right training on the latest robotic technology, using ethical and academically validated training systems.

The services and collaboration agreement will align programs of training in areas of robot-assisted surgery, to define standards for those using this modality. It will also ensure that Fellows, Trainees, Specialist International Medical Graduates (SIMGs), and prevocational doctors can undertake independently accredited training in robot-assisted surgery at all stages of learning.

IMRA, previously the Australian Medical Robotics Academy (AMRA), was established in 2017 from government seed funding as a non-profit organisation. In 2021 a corporate entity, Robotic Surgery Evolution Ltd, was created to operate as a profit-making entity and sustainably fund the educational operations previously

conducted by AMRA. Funds are used to research, develop, and evaluate education and training resources around robot-assisted surgery.

IMRA supports RACS vision to lead surgical performance, professionalism and improve patient care. Likewise, RACS supports IMRA's efforts to develop sustainable, ethical, and accessible robot-assisted surgical training that is led by the profession, and that integrates virtual reality, simulation, synthetic training materials, and educational best practices. RACS and IMRA support the rights of all healthcare professionals to a safe and independent training environment free from direct (or perceived) influence by industry and manufacturers, where clinicians can realise the full potential of medical robotics to improve patient care.

IMRA has collaborated with the Melbourne University and the University of Rochester to develop, research, and validate synthetic hydrogel models as a viable, ethical and sustainable alternative to animal and cadaveric models currently used in medical and surgical training. Johns Hopkins University has licensed IMRA's robotic training curriculum. IMRA is in negotiations with the Royal College of Surgeons in Ireland and surgical institutions in North America, the United Kingdom, and Europe to roll out its training curriculum.

IMRA recently received funding from the Victorian Department of Health to develop an extensive four-tiered linear curriculum and provide the robot-assisted surgery training pathway for Grampians Health (Ballarat Base campus). IMRA's training program follows the full IMRA curriculum pathway for a clinical team of surgeons, nurses, theatre technicians, and registrars who were identified in consultation with the Robotic Director at Grampians Health.

IMRA was selected to contribute to this important initiative and develop a gold standard curriculum to be used in the public hospital system where robot-assisted surgery is being adopted. Clinicians will be provided with access to the IMRA faculty and proctoring and will be trained to proficiency, including safety and effectiveness, before being signed off by a master surgeon to work independently.

The Grampians Health project includes a data collection framework that will be used by RACS to inform standards for credentialling and practicing in robot-assisted surgery across Australia and Aotearoa New Zealand. RACS is also reviewing the training program to ensure it meets the required standards for teaching and assessment across our competencies.

The RACS Robot-Assisted Surgery working party, which convened in June 2022, will provide guidance on the use of robot-assisted surgery and the future introduction of relevant education and training pathways. It will also recommend to Council how training should be introduced into the College's training programs, including the requirements for credentialling and continuing professional development in robot-assisted surgery. The working party is chaired by Professor Henry Woo and is independent of the collaboration with IMRA.

The agreement with IMRA is a significant step in strengthening RACS leadership in setting standards in surgery and will consolidate our current and future relevance in the vocational training space.

Dr Adrian Anthony
RACS Censor-in-Chief

RACS launches Professional Skills Curriculum

RACS is proud to launch the publication of the *Professional Skills Curriculum*.

Dr Rebecca Garland, an Otolaryngology Head and Neck surgeon in Wellington, Aotearoa New Zealand, and chair of the working group who wrote the new curriculum presented the final version to RACS at the October 2022 meeting of the Committee of Surgical Education and Training (CSET) where it was endorsed unanimously.

To ensure safe and high-standard surgical care for our patients and communities, the RACS *Professional Skills Curriculum* was developed to guide training, learning, and assessment in eight of the 10 RACS competencies for SET Trainees, Specialist International Medical Graduates (SIMGs), and specialty trainers and supervisors. Surgical practice requires RACS Fellows to be competent across all 10 RACS competency domains.

This is the first time RACS has defined standards common to all surgical specialties. These will support learning and assessment for the competencies of collaboration and teamwork, communication, cultural competence and cultural safety, health advocacy, judgement and clinical decision-making, leadership and management, professionalism, and scholarship and teaching. It is hoped that clarifying behaviours in these competencies will complement specialty training curricula in medical expertise and technical expertise.

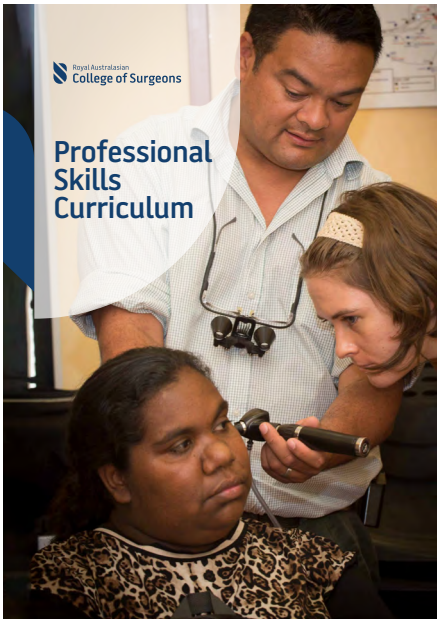
Dr Garland shared with the CSET the roles the RACS *Surgical Competence and Performance Guide* (2020) and *Code of Conduct* (2016) played in anchoring the RACS *Professional Skills Curriculum* to the RACS competencies and ethical and professional principles.

She celebrated the contribution of specialty training boards' and committees' collaborative efforts in the development process. There was widespread representation from surgical specialties and RACS education staff in the working group. Comments and feedback on several drafts were incorporated from RACS surgical specialties, associations, College sections, special interest groups, executive director for Surgical Affairs (Australia), surgical advisors in Aotearoa New Zealand, Indigenous Health Committee members, Māori Health Advisory Group members, RACS Trainees Association, community members, and other specialty medical colleges.

In introducing the approach to learning presented in the curriculum, Dr Garland described the ways learning outcomes in each competency build through stages of training—leading to graduate outcomes. She also emphasised the commonalities and overlap between the competencies and referred to learning and assessment tasks. These will integrate multiple competencies, weaving these concepts into existing teaching and assessment, and support Trainees and SIMGs to develop their skills.

Dr Garland said the curriculum, "is only the beginning of the journey. It will inform other documents and other platforms. It's a reference guide, and for it to be effective, it must be a living document. It will only become meaningful when it's used daily for teaching, learning, and assessment." She reminded the group that this may create some challenges, particularly if supervisors and trainers are unfamiliar with the content or the standards. She reinforced that, "Not only do Trainees learn from us, but there will be times when we have to learn alongside the Trainees." She also urged specialty supervisors and trainers to accept the challenge as an opportunity for growth and learning.

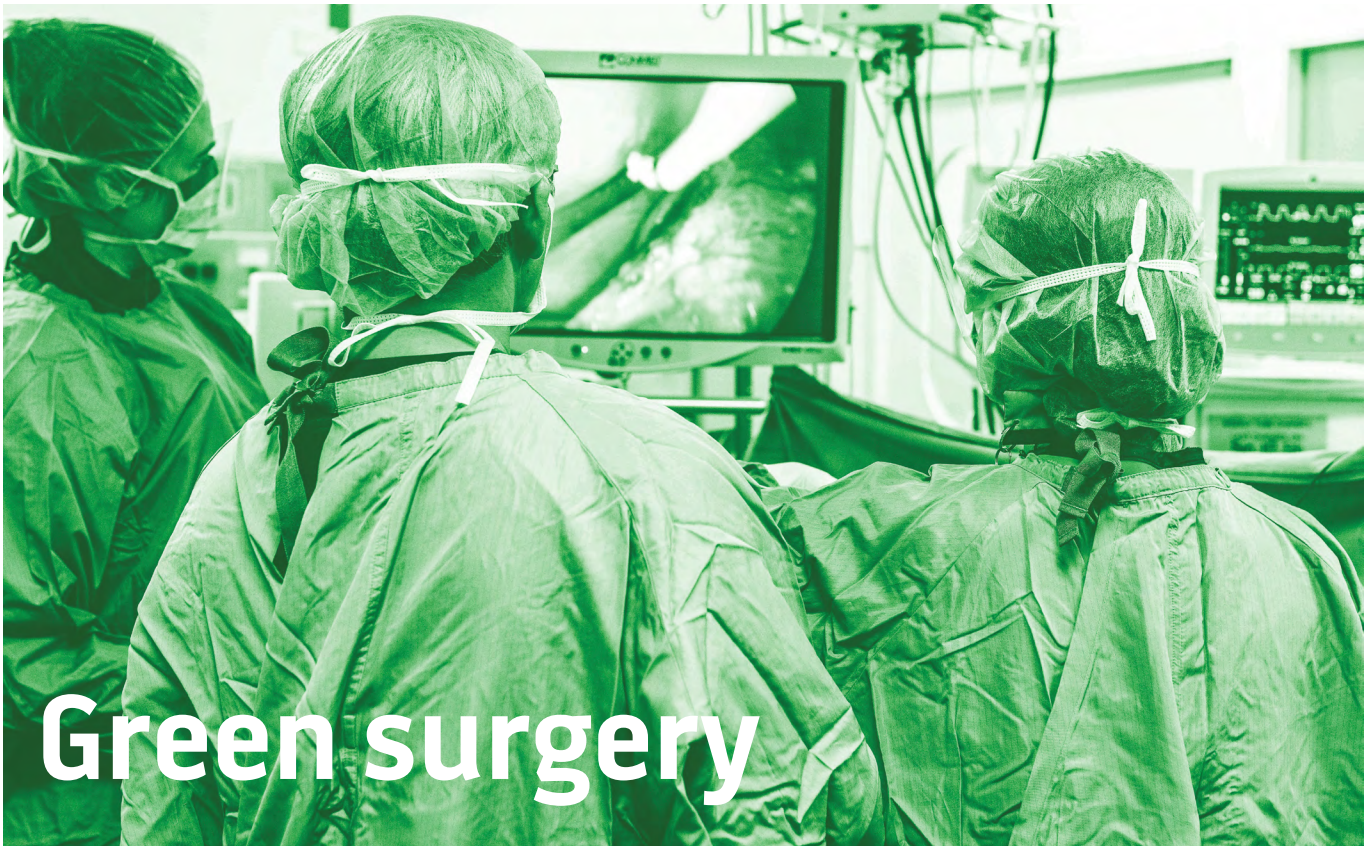
Emphasising the evolutionary and continuous nature of curriculum development, Dr Garland thanked Associate Professor Phil Truskett AM, who will lead the next phase of this project as he chairs a working group to develop



principles and guidelines for assessments aligned to the RACS *Professional Skills Curriculum*.

Dr Adrian Anthony, RACS Censor-in-Chief, commended Dr Garland and the team for the work undertaken to develop the curriculum, which he described as "practical and usable". He agreed that the next step for training boards is to consider further how it is implemented and used.

If you have any questions about the RACS *Professional Skills Curriculum* please email Tamsin.Garrod@surgeons.org



Green surgery

Environmental sustainability within surgery is gaining traction, and not before time. We have a responsibility to our children and those who follow us to be wise stewards and guardians for the future. How we act has a significant effect on the world today and into the future. Increasingly we understand that medicine, including surgery, has a marked impact on the environment.

On 19 November 2022, RACS became the first Australasian medical college to publicly support the *Green College Guidelines* (https://bit.ly/3izkamx). The guidelines, produced by Doctors for the Environment Australia (DEA), detail practical steps medical colleges can take to reduce their carbon footprint.

Meanwhile, there is a growing interest in the medical profession itself as to how it can cut emissions and reduce waste without compromising the quality of care.

Enter the *Intercollegiate Green Theatre Checklist* (https://bit.ly/3gXytkf). Four UK and Ireland surgical colleges have developed this checklist and are encouraging surgeons and operating theatres to make them part of their daily practice as part of 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, and in this way are applying the principles of sustainable quality improvement in healthcare.

The colleges have also compiled 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 per cent of global net emissions (two 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 three to six 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 six to 814 kg carbon dioxide equivalents[2] – between 22 and 2907 miles in an average petrol family car.

We encourage you to look at the resources and consider implementing the green checklist in your own operating theatres.

You can send your feedback to: Sustainability@rcsed.ac.uk

Authors: Dr Sarah Rennie and Professor Spencer Beasley, Aotearoa New Zealand Surgical Advisors (pictured below)

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.

Developing sustainable health systems worldwide

(Left to right)Professor Kelvin Kong and Dr Tika Ram Adhikari

For more than three decades, RACS has invested generously towards the longevity of human societies through its scholarship programs. The aim is to support the development of sustainable and resilient health systems worldwide.

Scholarships like the Rowan Nicks and Weary Dunlop Boon Pong Fellowships are vital in providing valuable training to future leaders in health and improving the delivery of care. This is done through increased localisation of skills development and regional capacity building.

The recently formed Global Health Scholarships team is supporting Fellows and scholars to continue the tradition of 'teaching the teacher to teach others'. Since 2022, RACS Fellows have welcomed new inflows of talent to Australia and Aotearoa New Zealand to study under their guidance.

Rowan Nicks scholar, Dr Tika Ram Adhikari from Bhutan recently joined the Otolaryngology Head and Neck Surgery department at John Hunter Hospital in New South Wales. His supervisor was Professor Kelvin Kong, Fellow and New South Wales nominee for Australian of the Year.

With limited opportunities for otology training in Bhutan, Dr Adhikari has been impressed with Australia's advanced Ear Nose and Throat (ENT) technology after observing unique surgeries and engaging in research activities for cochlear ear implants.

Currently, Bhutan has no early intervention services. Most children with ENT problems become permanently hearing-impaired with longstanding developmental issues.

In five to 10 years, Dr Adhikari will introduce universal hearing screening, cochlear ear implants for children born deaf, and adult rehabilitation services. This will profoundly impact patients' capacity to become fully participating members of Bhutanese society.

Dr Payothorn Decharin from Thailand is the latest Weary Dunlop Boon Pong Fellowship recipient and recently completed his Fellowship at the Royal Melbourne Hospital neurosurgery unit. His supervisor was Professor Kate Drummond, AM, MD, MBBS, FRACS.

Dr Decharin observed awake cranial surgeries, and after learning about Australia's brain cancer biobank, has been inspired to establish comprehensive brain tumour centres in Thailand in the next couple of years.

Dr Decharin's dream is to implement this initiative in collaboration with neighbouring countries like Laos and Myanmar. Patient care will improve with updated specimens and data collected from local and international clinics—yielding sustained progressive research into the future.

Such stories would not be possible without the efforts of Associate Professor Hamish Ewing, MBBS, FRACS, who has been overseeing Rowan Nicks scholars since 2015. Associate Professor Ewing is closely acquainted with the Nicks family. He says, "the scholarship is something dear to my heart."

In spite of the COVID-19 lockdowns and international travel restrictions, Associate Professor Ewing facilitated supervisory arrangements between suitable Fellows and scholars. This entails factoring in the scholar's skillset and future potential plus the supervisor's capacity to provide optimal learning environments.

Associate Professor Ewing has also been instrumental in the establishment and facilitation of the Global Health

Scholarships like the Rowan Nicks and Weary Dunlop Boon Pong Fellowships are vital in providing valuable training to future leaders in health and improving the delivery of care. This is done through increased localisation of skills development and regional capacity building.

Professor Kate Drummond and Dr Payothorn Decharin

Dr Payothorn Decharin

Scholarships Panel, of which he is a member. The panel intends to engage the Fellowship and rejuvenate scholarship supervisory activities above pre-pandemic levels. He said, "While it will take time to get the show on the road, it is imperative it gets going again. We look forward to ongoing support from our surgical colleagues."

Dr Adhikari and Dr Payothorn are just two examples of the positive impact RACS Fellows have on developing nations. Through the transfer of expertise, these scholarships assist to empower their societies to sustain the wellbeing of future generations.

RACS scholarship funds pancreatic cancer research

Sydney surgeon, researcher and biostatistician Tony Pang received the 2022 Tour de Cure Cancer Research Scholarship.

The scholarship will enable him to develop an ex vivo vascularised organoid model of pancreatic cancer metastasis.

By creating this novel disease model, Associate Professor Pang aims to better understand pancreatic cancer and ultimately contribute to the development of a method of improving its treatment, and the prognosis for patients.

The general surgeon and consultant pancreatic and hepatobiliary surgeon at Westmead Hospital in Sydney says patients in his subspecialty typically face poor prognoses.

“Overall, less than 10 per cent of people with pancreatic cancer will survive more than five years, so it’s a terrible disease.

“About 80 per cent of patients who present with pancreatic cancer are at a stage where it’s not operable because it has already spread, and that means their prognosis might be a matter of months.

“And for those people on whom we operate, they have a huge operation, and they end up with a 30 per cent chance of significant complications.

“Even then, only about 20 per cent will live for five years,” Associate Professor Pang said.

“The prognosis has only improved a little in the past 30 years—by a couple of percentage points in terms of survival,” he said.

Associate Professor Pang believes that research provides a more promising pathway to lengthen the lives of patients than surgery.

“Surgery can be a way of improving the prognosis, but it’s not the key to actually dealing with the disease, and so that’s my motivation with this research.”

The research will create a new way of studying the spread of cancer with a disease model, which removes the need to use animals and other techniques that can be complicated and costly.

Associate Professor Pang says the model aims to recreate the environment in which cancer spreads so the cells involved can be studied closely.

The RACS scholarship has enabled him to continue to build on research he completed during his PhD through the University of New South Wales (UNSW) into the role of circulating pancreatic stellate cells and circulating tumour cells in pancreatic cancer.

Associate Professor Pang studied medicine at UNSW after enjoying science, engineering and biology at school.

He fell into basic surgical training as it was the first training program he could apply for as an intern. He completed advanced training in General Surgery before deciding to undertake the challenge of focusing on the liver and pancreas.

Having completed training and gained Fellowship with RACS at a relatively

> "If it works, then this may be an important tool in helping us understand how pancreatic cancer spreads."

young age, he considered taking a year or two off and trying his hand at engineering or undertaking a laboratory-based PhD.

He was accepted into the Australian & Aotearoa New Zealand Hepatic, Pancreatic & Biliary Association program in 2012, and spent one year in Sydney and the second in Singapore.

He later completed PhD studies, but In 2019, his plans to focus on clinical surgery were thwarted by the COVID-19 pandemic.

Instead, Associate Professor Pang applied for grants to pursue his interest in research—an outcome he now appreciates.

"At that time, I was really keen to get back into doing more surgeries and seeing more patients, and it was a bit frustrating.

"But in retrospect, it was actually the best thing that could have happened because otherwise I would have done my PhD and all those skills might have gone to waste."

He believes his research has the potential to make a significant improvement in the survival of pancreatic cancer patients and could even impact other types of cancer.

"I'm really grateful to receive the Tour de Cure Cancer Research scholarship, along with funding from the Westmead Charitable Trust grant, as this means that we can set up the research project. It's really good news," he said.

"If it works, then this may be an important tool in helping us understand how pancreatic cancer spreads."

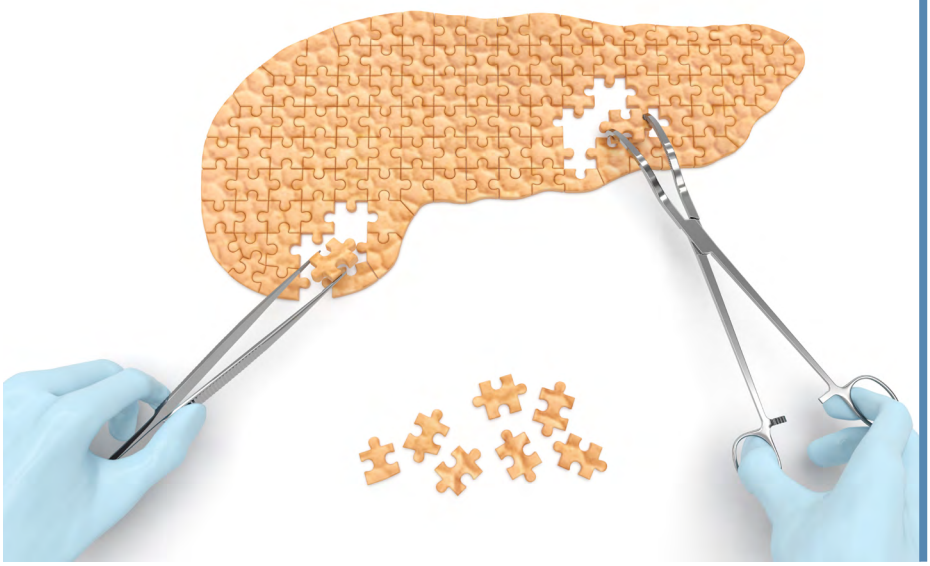
Along with raising two young children, Associate Professor Pang is also involved in medical entrepreneurship, co-inventing a device, nicknamed 'kidney PJs', which keeps the kidneys cool during transplantation.

The device is seeking regulatory approval from the Food and Drug Administration in the US and Therapeutic Goods Administration in Australia.

Associate Professor Pang hopes approvals are received by the end of the year so testing on transplant patients can begin.

He enjoys the opportunities his career pathway has offered to pursue diverse professional interests in surgery, research, and medical entrepreneurship.

RACS manages more than 70 scholarships and grants, many of which are on offer each year through its Scholarship and Grant Program. To learn more, visit www.surgeons.org/scholarships



Meet Dr Sukgu Han

Delegates at the ANZSVS conference 2022 were fortunate to be joined by Dr Sukgu Han, an internationally renowned invited speaker, as part of RACS Visitor Grant Program.

Dr Han, a vascular surgeon, is a co-director of the Comprehensive Aortic Center at Keck Hospital of University of Southern California, USA. He is an Assistant Professor of Surgery in the Division of Vascular Surgery and Endovascular Therapy, Keck School of Medicine of USC.

Dr. Han has been instrumental in advancing the Aortic Center at Keck Medical Center of USC as one of the most robust programs in the country for care of patients with aortic emergencies and complex aortic pathologies. He is a frequently invited lecturer on complex aortic repairs at both national and international meetings.

Dr Han presented on a range of topics including spinal cord revascularisation during complex endovascular aortic repair and the role of in situ FEVAR fenestrated endovascular aortic repair for ruptured thoracoabdominal aortic aneurysm repair and SRAAA at a regional aortic centre.

The ANZSVS Conference 2022 was held in person at the Hotel Grand Chancellor, Hobart, Tasmania from 21–24 October 2022.

Annual Academic Surgery Conference highlights

(L-R) Professor Sandra Wong and Associate Professor Payal Mukherjee

The Section of Academic Surgery Annual Academic Surgery Conference (NAASC) was held as a hybrid event in Sydney at the RACS New South Wales state office on 3 and 4 November 2022.

Associate Professor Payal Mukherjee, the November Annual Academic Surgery Organising Committee Chair, and her colleagues curated a list of exceptional speakers who addressed topics relevant and contemporary to the target audience. The program speaker list reflected gender diversity and included discussions on critical issues faced by clinicians contemplating an academic career, such as impact and leadership, inviting key insights from patient advocates, policymakers, and funding institutions such as the Medical Research Future Fund.

The 2022 Association for Academic Surgery guest speaker, Dr Prerna Ladha, from Case Western Reserve University School of Medicine, presented a reassuring exploration on 'Imposter Syndrome: Out with the Doubt!' during the Section of Academic Surgery sessions.

She followed this up with 'Diagnostic Adjuncts in the Assessment of Hypovolemia – Is it all a Shot in the Dark?' which was presented at the Surgical Research Society meeting.

Professor Sandra Wong from the Geisel School of Medicine at Dartmouth was the guest speaker of the Society of University Surgeons. She inspired attendees with her insightful presentation on: 'We are Better Together – Surgery is a Team Sport', encouraging attendees not only learn how to manage patients, but also themselves and others in their team, to provide better supportive care. Professor Wong then made a motivating presentation on 'Measuring What Matters', which focused on measuring the patient's perspective of their care and quality of life.

Professor Christobel Saunders

Professor Christobel Saunders inspired attendees with her Jepson Lecture on Translating research into practice and policy – 'How can we make the leap, and why do we sometimes fall over?' Her presentation provided insight into the long and winding journey from identifying and making discoveries to having them implemented into clinical practice. Her talk was laced with stories from her experience to emphasise that the journey can involve both successes and failures.

Ninety-four abstracts were submitted, and the quality of the work made it difficult to arrive at those selected to present during the Surgical Research Society sessions. The selection was reduced to 14 oral presentations and 15 quick-shot presentations, due to a few last-minute withdrawals.

It was great to see that surgical research activities in Australia and Aotearoa New Zealand are continuing to expand and that the quality of the research is improving every year.

We were also pleased to introduce a new award for inclusion in the Surgical Research Society of Australasia presentations from the ANZ Chapter of the American College of Surgeons for the best presentation by a Fellow (not more than five years from the award). Once again, the presentations were of extremely high calibre.

We are eagerly looking forward to our 2023 conference to be held in Melbourne.

Authors

Professor Marc Gladman
Chair, Academic Surgery Committee
Professor Jonathan Karpelowsky
Chair, Surgical Research Society of Australasia
Associate Professor Payal Mukherjee
Chair, November Annual Academic Surgery Conference Organising Committee

Chris Varghese

Dr Cameron Wells and Dr Jonty Karpelowsky

Dr Philippa Smith, Dr Jonty Karpelowsky and Dr Alexander Lam

Dr Siobhan McKay and Professor Andrew Hill

Lorane Gaborit and Dr Jonty Karpelowsky

Dr Prerna Ladha

Meet the winners:

Young Investigator Award – Dr Cameron Wells
Variation in management of perioperative anaemia in major abdominal surgery (POSTVenTT): a prospective study in Australia and Aotearoa New Zealand

Developing a Career and Skills in Academic Surgery (DCAS) Course Award – Lorane Gaborit
Opioid analgesia are overprescribed at discharge from surgery: results of an international prospective cohort study

ANZ Chapter of the American College of Surgeons Award – Dr Siobhan McKay
Determining variation in the diagnostic pathway for patients with periampullary cancer across the UK: RICOCHET a national prospective study

Travel Award 1 – Dr Philippa Smith
Demographics and diversity of the Australian Surgical Workforce

Travel Award 2 – Chris Varghese
Variations in timing of cholecystectomy across Aotearoa New Zealand (CHOLENZ): a prospective national cohort study

Travel Award 3 – Dr Tim Hsu-Han Wang
Non-invasive thoracoabdominal mapping of post-oesophagectomy conduit function

Travel Award 4 – Dr Alexander Lam
Middle Meningeal Artery Embolisation for Chronic Subdural Haematoma, A multi-centered randomised controlled trial

New sexual harassment legislation in Australian workplaces

Community dialogue and expectations about acceptable behaviour and culture have profoundly altered our operating environment and reshaped community views. Action to address and eliminate sexual harassment is now mandated in Australian workplaces.

All recommendations made by National Sex Discrimination Commissioner, Kate Jenkins, in her *Respect@Work* report are now legislated. After a 12-month phase-in period, employers will have an active responsibility to prevent sexual harassment, sex discrimination, and victimisation—extending their previous responsibility to respond to and manage individual instances. In healthcare, surgeons will be part of this change.

Recent research with members of our profession tells us that sexual harassment is still an issue in surgery, just as it is in the wider workforce in Australia.

The latest Australian Human Rights Commission's (AHRC) national workforce prevalence survey found that there was significant work to do Australia-wide to eliminate sexual harassment. According to the 2022 AHRC survey results, one in three workers in Australia experienced sexual harassment in the last five years.

Recent research with members of our profession tells us that sexual harassment is still an issue in surgery, just as it is in the wider workforce in Australia.

In surgery, the latest RACS prevalence survey (conducted in 2021 with the independent evaluation of our Building Respect work), found the incidence of reported sexual harassment has increased significantly in the last six years. In 2015, seven per cent of respondents said they had experienced sexual harassment at some time. In 2021, 21 per cent of respondents reported they had experienced sexual harassment within the last year.

While this increase in reporting may reflect greater awareness and knowledge of behaviours that constitute discrimination, bullying, and sexual harassment, and more community confidence to discuss it, the fact remains that sexual harassment persists in surgery.

The AHRC characterises the implications of the Respect@Work legislation as a fundamental shift from reactive to proactive responsibilities for employers about sexual harassment.

According to Commissioner Jenkins, the Respect@Work legislation in effect shifts the emphasis from a complaints-based model of dealing

with sexual harassment, towards an environment in which employers must act, and continuously assess and evaluate whether they are meeting their responsibilities.

The program of work detailed in *RACS 2022: Building Respect, Improving Patient Safety Action Plan* is consistent with the intent and implications of the Respect@Work legislation.

RACS 2022 Building Respect Action Plan maps out an ambitious, long-term program of work. It focuses our efforts on strengthening professionalism and civility in our profession and converting awareness of the impact of unprofessional conduct on patient safety, into action to prevent it. It includes specific actions to help Fellows, Trainees, and SIMGs understand their opportunities and meet their responsibilities to reduce sexual harassment in the profession.

Implementing the action plan will see the College work closely with partners and colleagues across the health sector to foster a culture in surgery that is grounded in respect and strengthened by diversity. We have set the aim to keep pace with community standards and expectations and effect real change.

We are delighted that many agencies across the health sector in Australia and Aotearoa New Zealand now share our appetite to foster cultural change that better protects patients, is safe for individuals, and enables teams to perform at their best.

With the Respect@Work legislation now in place, there is a legal as well as an ethical imperative to advance our work to eliminate sexual harassment in surgery. Collaborations and partnerships are key to our approach. We will be working externally with hospitals and other employers, and in partnership with specialty societies and training boards, as we strive to rid surgery of sexual harassment. Together, we can all help build a culture of respect.

Find out more

RACS provides resources to help individuals keep their knowledge and skills up to date and to support individual surgeons to be accountable for their own 'respect' literacy.

RACS micro module 'Recognising and Responding to Sexual Harassment' is available online, providing CPD points to participating surgeons (bit.ly/3lJhtA8).

Every surgeon can speak up for a culture of respect, with dedicated training provided in the RACS Operating with Respect face-to-face course, (bit.ly/3H32VTd) with follow-up support accessible through the Speak Up app.

Knowing where to get help is another critical skill—useful to each of us when we need it, and also to share with others when we see they do. Those wishing to have a confidential discussion regarding sexual harassment that they have witnessed or experienced may wish to contact the RACS Complaints and Feedback team (bit.ly/3GRTHJm).

RACS Fellows, Trainees, SIMGs, and their families have access to free psychological support through the RACS Support Program delivered by Converge International (bit.ly/3XuVYRQ). Doctors can access support and healthcare through DRS4DRS.

You can get more information on each of the above by clicking on the relevant links or visiting the RACS website (bit.ly/3wmpv49).

Suren Krishnan and Scott Buadromo, Surgeon's Room, Operating Theatre, Labasa Hospital

Supporting global workforce sustainability

RACS Global Health has been supporting Indo-Pacific clinical partners to build the clinical capacity of healthcare workers as a means of strengthening health systems and improving service delivery for more than 25 years. Patient access to safe and affordable health care improves by building clinical capacity.

We contribute to clinical capacity development in our region in myriad of ways. One of our key approaches is to deploy Visiting Medical Teams (VMTs). These volunteer teams build vital clinical capacity through on-the-job training and mentoring local teams, while also creating an immediate and positive health outcome for patients through the surgical procedures they conduct.

Through the DFAT-funded Pacific Islands Program, RACS VMTs conducted nearly 2000 surgeries and performed 6527 patient consultations. Our VMTs donate their valuable time, skills, and experience to work intensively and collaboratively, with Indo-Pacific clinical partners to provide surgical procedures that patients may not be able to access locally. COVID-19 has further exacerbated surgical backlogs in the Pacific with some patients having waited for more than two years for surgery. VMTs will also find time for more structured training once all planned procedures have been completed. The work of the VMTs has an important dual focus on direct service delivery and clinical capacity development.

Through its various programs, RACS Global Health also supports online webinars and training, face-to-face short courses conducted by Australian, Aotearoa New Zealand and local faculty, and longer-term study at the post graduate level. As an example, RACS Global Health has been supporting cohorts of Pacific nurses to study for a Post graduate Certificate in Perioperative Nursing, through the Australian College of Nursing. One of the nurses who graduated in 2022 described the opportunity and the training as "life-changing".

One of our key strategies is to build the training capacity of local faculties so that clinical training is localised and sustainable. RACS Global Health, the PNG Advanced Paediatric Life Support (APLS) faculty, and APLS Australia have been collaborating on providing the suite of APLS training, which includes the Generic Instructor Course. There are now 16 instructors in the PNG faculty qualified to train other clinicians.

While this has taken a long-term commitment by all involved, APLS training in PNG will soon be able to be conducted entirely by the PNG faculty. This will ensure that more clinicians will have access to this valuable training, which builds their skills to treat and care for seriously ill and injured children. The paediatric workforce will continue to be strengthened by a cohort of highly competent and committed APLS instructors.

RACS Global Health also works collaboratively with regional bodies such as the Pacific Islands Operating Room Nursing Association and the South Pacific Community to develop clinical resources and to improve clinical practice and patient care. In 2022, our collaborative work resulted in the publication and launch of *Standards for Perioperative Nursing in Pacific Island Countries and Territories*.

These are only a few examples of the multi-pronged and collaborative approach that RACS Global Health adopts to contribute to sustainable health workforce development in the Indo-Pacific region.

Mentors play a crucial role for Dr Manju Chandrasegaram

The role of mentors has been central to Dr Manju Chandrasegaram's success in research and surgery.

Dr Chandrasegaram is a Hepatobiliary, Pancreatic and General surgeon and researcher at Prince Charles Hospital in Brisbane.

Born in Malaysia, she originally thought she had a future as a corporate lawyer.

However, after spending a few weeks in a hospital with dengue fever as a teen, she realised that she wanted to follow a different path.

"I think it made me see the impact of doctors looking after people who were dependent on them. It really changed my course."

In 2001, Dr Chandrasegaram moved to Aotearoa New Zealand to complete her medical degree at the University of Auckland.

Her understanding of the importance of mentors began with advice on how to become involved in research that she received when she was a medical student in Auckland.

"A neurosurgical registrar told me that when you're interested in something, you've got to start finding out who are the people doing research or willing to mentor you.

"Talk to them and find out if they will supervise you to do a project so that you can get the opportunity to interact, do research, and build your knowledge and interest. It was the best advice anyone could have given me."

Since then, Dr Chandrasegaram's career has benefitted enormously from the support and advice of a range of mentors in hospitals across Aotearoa New Zealand and Australia, where she moved in 2003.

She completed her general surgical training in New South Wales and subspecialty Australian & Aotearoa New Zealand, Hepatic, Pancreatic & Biliary Association training in South Australia in 2012 and 2013.

She then moved to Sydney in 2014 to consolidate her pancreatic cancer clinical experience and worked as an oncology research fellow for the Australasian Gastrointestinal Trials Group (AGITG).

She completed her doctorate in Clinical Surgery and wrote a national collaborative research paper on pancreatic cancer margins.

Her understanding of the importance of fostering positive professional relationships in both surgery and research informed her role as co-chair of the 24th AGITG Annual Scientific Meeting.

"The surgical profession can be very siloed and we don't always get the opportunity to have a discussion or debate," she said.

"The AGITG allows people across specialties, gastrointestinal oncology surgeons, medical oncologists, radiation oncologists, and scientists to come together."

As a consultant surgeon and senior lecturer, Dr Chandrasegaram appreciates the intellectual challenge offered by diseases of the pancreas, and the opportunity to develop non-surgical skills.

"Pancreatic cancer patients have a reduced survival rate and you often hear on the news that so and so lost their battle with cancer.

"But I think the story is not in the loss of battles, and it's not all about the surgery.

"For pancreatic cancer, 85 per cent of people have an inoperable disease and a lot of what I do is in palliation.

"This is a huge opportunity and honour to care for these patients. I try and buy quality time with a multidisciplinary approach with the assistance of the oncology team and try to deliver that news in a way that respects our mortality while creating empowerment and hope instead of fear and loss. Clinical research will pave the way for better outcomes.

"A very special patient of mine showed me that one can be brave and live life fully with their families with the time we can extend. He would say, 'I am not afraid—death comes to us all.'

"I have the potential to give these patients care with an emphasis on compassion and love, and to change that narrative of hopelessness and despair to one of hope and empowerment."

Dr Chandrasegaram continues to split her time between academic and clinical surgery and believes her research helps make her a better surgeon and train better future surgeons who will, more importantly, change the profession for the better.

In the future, she would like to see more young surgeons becoming involved in gastrointestinal research, contributing to the fresh outlook that new eyes can offer.

The mother of two primary school-aged children is a strong believer in the benefits of a diverse profession, leading to better outcomes for the community.

"I think it is important that we see more women out there and celebrate their stories. Women need to be proud that we bring a completely different perspective to the workplace and to surgery. Without it, I think surgery would be unbalanced."

Her advice to women entering surgical careers?

"Chase mentors, pursue opportunities and advocate for yourself. You need to play big, turn up, and work hard."

Professor Ray Sacks works towards a more diverse profession

Sydney Otolaryngology-Head and Neck (ENT) surgeon Professor Ray Sacks aims to create a more diverse profession in his many committee and board roles, including in his position as president of the Australian Society of Otolaryngology-Head and Neck Surgery (ASOHNS).

Professor Sacks is particularly interested in improving gender diversity to ensure women are better represented in the profession and providing training opportunities in regional and rural Australia and to First Nations peoples.

The ENT specialty currently has a membership of about 15 per cent women, but through his role with ASOHNS, Professor Sacks aspires to a membership of between 30 and 40 per cent women.

The ENT training program has currently slightly more than 30 per cent women Trainees and is increasing annually.

"It's a cultural problem and while RACS has been exceptional in promoting diversity, we need to do more," he said.

"At the end of the day, it's all about patient safety and doctors serving the community they belong to.

"That's why we need more Aboriginal and Torres Strait Islander surgeons, more women surgeons, and more regional and rural surgeons—so they can serve the communities they are part of. The evidence for this is really strong."

After many years in the profession and witnessing the high standards women bring to the profession when he was an educator and examiner, Professor Sacks is disappointed that a greater gender balance has not yet been achieved.

"We've seen in the College exams that women do as well, if not better, than their male counterparts across all specialities," he said.

"I think women make fantastic surgeons, and they have tremendous empathy, but we're not getting the applicant numbers that we would expect, and I think conscious and unconscious bias has a lot to do with that."

To help improve the balance, Professor Sacks aims to address barriers to entry into the profession for women, including improving working conditions that can currently be considered a deterrent to those who have or plan to have children.

"The number of women entering the profession and regional and rural training are two things I am most interested in, and advocating for, in my roles at RACS, as chair of the Court of Examiners and in the Australian Society of Otolaryngology Head Neck Surgery," he said.

Along with these roles, Professor Sacks is a RACS councillor and a member of the Aphra Working Group on cosmetic surgery.

This year he became the first Australian to be awarded an honorary life membership to the European Rhinology Society due to his contribution to educating surgeons in Europe.

All of this comes after years of service to RACS as an educator and examiner and holding the position of head of department of Otolaryngology Head and Neck Surgery at Sydney University until 2021.

Professor Sacks also finds the time to work in private practice and babysit his three grandchildren one day a week.

He sees his contributions to education at RACS and his membership of various boards and committees as a way of returning the favour to a profession that has given him so much.

Growing up in South Africa, surgery is a career that Professor Sacks aspired to as a high school student.

"I loved biology in school and was fascinated by anatomy," he said.

Originally, he thought he wanted to pursue a career in paediatrics and started training in paediatric medicine.

However, he changed his plans when he realised he could not tolerate the emotional pain of watching children with terminal disease and dealing with paediatric mortality.

He chose ENT as a specialty as it offered the opportunity to work with both the medical and surgical aspects of the pathology, as well as having paediatric patients as a high percentage of the workload, with these cases generally having excellent prognoses.

Alongside his clinical work, Professor Sacks has a passion for research, and he has published more than 150 papers and co-written two textbooks.

Throughout a decorated career, he has also received many awards for his contributions to clinical ENT surgery and education, including the ASOHNS Medal for 'Outstanding Contribution to the Art and Science of Otolaryngology – Head and Neck Surgery' and the International Rhinology Society certificate for 'Distinguished Service to the International Rhinologic Community'.

In 2020 Professor Sacks was presented with an Educator of Merit Award for his exceptional contribution to supporting Trainees and Specialist International Medical Graduates for more than two decades. He continues to educate junior surgeons and supervise PhD and Masters students.

"I had so many mentors and people in my career who helped me to achieve so much, and I feel that I want to do the same thing for others," he said.

Outside work, Professor Sacks also enjoys spending time and holidaying with his family. His eldest daughter has followed his footsteps into ENT, while his second daughter is a high school maths teacher, like her mother, and his son graduated in Actuarial Science and Data Science and works in corporate analytics.

"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.

Dr Mellow talks 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 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 few years he began noticing a weakness in his legs. By the late 2000s, he was using a walking stick.

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.

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 borne out by the fact Middlemore Hospital, which he had left 10 years earlier, invited him back on a part-time basis. He was still running his private practice.

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 proved successful, even continuing, albeit with reduced capacity, throughout the worst of the COVID-19 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 realised it would be difficult to retain his private credentialling from Southern Cross and closed his practice.

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 Hospital, as well as teaching at Auckland Medical School.

At Middlemore, he mostly assesses patients and supervises registrars but also operates. 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."

Advocacy at RACS

RACS has a strong history of advocacy across Australia and Aotearoa New Zealand. We are committed to effecting positive change in healthcare and the broader community by adopting informed and principled positions on issues of public health.

We regularly advocate for these positions across several different mediums—including through the media, public campaigns, negotiating directly, or providing written submissions to both government and non-government agencies.

Reforms restricting the title 'surgeon'

In December 2022, the Ministerial Health Council announced the very welcome news that the title 'surgeon' would be restricted to those registered in the specialties of 'surgery', obstetrics and gynaecology, and ophthalmology. The Health Policy and Advocacy Committee (HPAC) and many others across the College and the wider health sector have worked to achieve such an outcome over many years. We are waiting to see if any legislative amendments will transpire within Australia as a result.

National Gun Registry

RACS recently issued a media release (bit.ly/3wn7rXS) advocating for a compulsory Australian register of all firearms, which would allow police to quickly identify the owner of a gun across state boundaries. The media release also called for:

- the banning and prohibition of importation by individuals of semi-automatic and pump-action rifles and shotguns
- continued compulsory training, education, and licensing measures
- a mechanism for regular review of firearms control laws.

Breaches of the principle of medical neutrality

RACS has written to the Australian Minister for Foreign Affairs following recent reports of breaches of the principle of medical neutrality in Iran, and elsewhere.

Since the signing of the first Geneva Convention in 1864, a fundamental principle of international humanitarian law (IHL) has been that '[t]he wounded and sick shall be collected and cared for'. According to this principle, all wounded and sick persons, including civilians and wounded combatants who are considered 'hors de combat', are given a general protection. The Geneva Convention on the protection of civilians, along with customary IHL, extends protection to civilian medical units where the wounded and sick are cared for, including hospitals.

Our letter highlighted that the principle of medical neutrality, and people's trust in the safety and refuge of healthcare settings, must be protected.

Read the submission (bit.ly/3ZXi15a)

New funding arrangements for 'general use' surgical items

Over several years, mainly through HPAC, RACS has been engaging with the Commonwealth government's 'Prostheses List Reforms'. In December 2022, the Minister for Health and Aged Care announced that general-use items will be removed from the Prostheses List, but private healthcare funding will be mandated for 'General Use Bundles'.

RACS has previously advocated that reforms should not result in reduced access and choice of items defined as general use and we recently co-signed this submission (bit.ly/3D71UrT).

Want to know more about RACS advocacy?

RACS distributes an *Advocacy in Brief* newsletter, which includes detailed updates on recent RACS submissions from Australia and Aotearoa New Zealand, active consultations, and engagement opportunities, as well as various other items of interest.

If you would like to be added to the distribution list for future issues, please email the RACS Policy and Advocacy Team at RACS.Advocacy@surgeons.org

An important role of the Aotearoa New Zealand National Committee (AoNZNC) is to advocate on the behalf of our local members. Read about some of the issues we provided submissions on in 2022.

Workforce sustainability

The healthcare system in Aotearoa New Zealand (AoNZ) is undergoing a major reform. Some of the key aims include shifting the focus to illness prevention, improving access and equity, unlocking innovation, and building up the workforce.

The AoNZNC has been active in providing input into the reforms. This included being vocal, both with senior health officials and in the media, about the need for both immediate and longer-term solutions to workforce shortages and surgical waitlists.

In November 2022, the AoNZNC sent representatives to parliament to discuss workforce needs. The priority interventions recommended by the Workforce Taskforce for immediate workforce expansion are expected to begin and to be acted on in 2023.

Petition to suspend the use of surgical mesh to treat incontinence

RACS was asked to comment on a petition seeking to suspend the implantation of mesh slings to treat stress urinary incontinence.

After careful consideration, the AoNZNC took the view it is neither for nor against the proposal. Instead, it suggested the suspension be time limited and used to put measures in place to ensure patient safety. In particular the AoNZNC called for a clinical quality and safety registry.

The AoNZNC has met with Manatū Hauora, Ministry of Health, to progress the case for registries across a number of surgical areas. There are several projects underway already looking at clinical systems, collections systems and infrastructure across primary, secondary and tertiary care.

Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Bill 2022

The AoNZNC was supportive of the government's tough stance on smoking with proposed legislation to, among other things, prohibit the sale of smoked tobacco products to anyone born on or after 1 January 2009.

The law passed in December 2022 and will not only stop young people and future generations from taking up smoking, but will also improve health outcomes for Māori, who have higher rates of smoking compared to the general population.

While the new law is laudable, AoNZNC Chair, Associate Professor Andrew MacCormick says the AoNZNC would have liked the legislation to go further, tackling the issues of vaping too.

"While Aotearoa New Zealand has been at the forefront of tobacco control internationally for some time, we need to keep ahead of what is an emerging threat to public health."

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 when news emerged that the Institute of Independent Radiologists was heading to court to order the Accident Compensation Corporation (ACC) to stop surgeons from owning private radiology companies that do medical scans.

The AoNZNC agreed the new summary points MCNZ added to the draft statement were reasonable but had reservations about the practicalities of some of the requirements. These included how to document interactions with health-related commercial organisations, and how to keep patients fully informed of other sources of care when making referrals.

Consultation on Firearms Registry

The new Firearms Registry is intended to be in place between 2023 and 2028. In a submission, the AoNZNC fully supported the initiative. However, it did suggest that the proposed five-year timeframe for the information to be entered into the registry was unnecessarily long and should be reduced to two years.

The surgeon-scientist behind world-class ear research

An interest in the intricate structures of the ear first attracted Professor Marcus Atlas, AM, to otolaryngology.

The director of Ear Science Institute Australia in Perth, Western Australia, decided to pursue a career focusing on the ear and its diseases when he was a medical student.

"I did a term in otolaryngology, and I loved the ear, and particularly the intricate nature of the ear and its tiny bones.

"The ear and how it works, and the problems that occur and what can be done about them, has always intrigued me."

After leaving Perth, Professor Atlas worked around the world, settling in Sydney for a decade before returning to his hometown of Perth.

He was appointed the Passe Williams Foundation Chair of Otolaryngology at the University of Western Australia in 2000 and served in this position for 20 years.

In 2001 he co-founded the medical research institute, Ear Science Institute Australia, which he considers to be his greatest professional achievement.

Over more than two decades, the institute has brought world-leading translational ear and hearing research, clinical service, and education to Western Australia.

The work of surgeons, researchers and allied health professionals at the institute addresses a significant problem in the community, with one in six Australians affected by hearing loss, according to the Australian Network on Disability.

Professor Atlas gains great satisfaction from seeing the impact of research on patients suffering from hearing problems.

"I'm really interested in the translation of hearing-related research into actual new devices, drugs, or clinical activity and the concept of taking something from the lab or something from the clinic—research that will be available to the community," he said.

"As a surgeon, I can help one person at a time, which is hugely fulfilling. As a surgeon-scientist, I can potentially help millions of people with inventions, ideas, and scientific breakthroughs.

"To be able to do something that could have such a big impact through the development of new ideas and innovation and research is very appealing.

"It's about trying to find things that are going to make a difference in the near future, that is going to change the way we do things."

Professor Atlas' contribution to the institute saw him become one of only eight West Australians to be awarded a distinguished honour in the 2022 Queen's Birthday Honours List.

In 2022, he became the inaugural chair of Translational Ear Science at Curtin University in Perth, building important new ties between the university and Ear Science Institute Australia.

As chair, Professor Atlas aims to continue to pursue his goal of bringing the best of clinical hearing care and research to his home state, Australia, and the world.

"At Ear Science Institute Australia, we are an established medical research institute, and so this was a wonderful opportunity for Curtin to increase their health science-related activities.

"For us, the opportunity is to be involved with another university—a particularly good university—and one that's growing, that's interested, and that wants to do new things."

Alongside his clinical and research work, Professor Atlas is passionate about educating the future generation of scientists and surgeons.

As a surgical supervisor and RACS examiner for more than 25 years, he enjoys watching and supporting the progress of young surgeons.

"It's a really nice thing to contribute to the education of young, intelligent, interested, motivated people, whether they are surgeons, scientists, or young medical students.

"Being involved in education is a very fulfilling thing to do and it helps both the educators and the people who are being educated."

Outside work, Professor Atlas has two children who have followed in his footsteps into medicine. He is also a keen ocean water swimmer, loves to travel with his partner, and values the friendships he has developed with colleagues around the world.

"One of the best things about my job is the group of people that I have met throughout my career—starting in my registrar year in Adelaide and then ear and skull base surgical Fellowships in Sydney, Cambridge and the USA, then back in Perth," Professor Atlas said.

"I've made so many wonderful friends in my professional career and it's been one of the best aspects of my work."

Teamwork results in excellent care for patient

Case summary

An 83-year-old male hostel resident with multiple comorbidities was admitted following a backward fall in his bathroom. He sustained a spinal fracture, right posterior second to seventh rib fractures, an S3 vertebral body fracture, a laceration of his occiput and a small haemopneumothorax. A possible lower respiratory tract infection was also noted. His comorbidities included cirrhosis and an associated coagulopathy with an albumin of 23 g/L and international normalised ratio (INR) of 1.8.

The patient also had a history of gastric antral vascular ectasia, gastrointestinal bleeding, and previous transfusions. Other comorbidities included ischaemic heart disease with a non-ST-elevation myocardial infarction three months earlier and atrial fibrillation. At a recent clinic review a minimalist approach to care was decided on as the patient was 'not keen to have things done'.

The patient was thoroughly assessed in the emergency department (ED). The initial thoracic spine computed tomography was provisionally reported as an anterior wedge fracture. The patient was admitted to the medical assessment unit (MAU) overnight and was correctly diagnosed with a T7 three-column fracture, which was discussed with the spinal service of another hospital. Initial advice was that the 'moderate stable' fracture was safe without spinal precautions but to limit sitting to less than 70 degrees. The patient was reviewed by the orthopaedic registrar in the MAU. The spinal service subsequently advised fitting of a Jewett brace with orthopaedic consult. The high dependency unit (HDU) advised no need for HDU, and goals of care the following day were amended to maximum-level ward-based care by the orthogeriatrician team. Consultations by Cardiothoracic Surgery, General Surgery, Orthogeriatrics/ Orthopaedic Surgery were ongoing. Advice by General Surgery ruled out a transfer to a trauma service at a distant hospital. The patient's anaemia and coagulopathy were appropriately corrected.

An issue of concern occurred in the transfer of the patient to the orthopaedic ward from the MAU two days after injury. There is documentation from Orthopaedic Surgery (written in retrospect) stating their concerns about accepting care of the patient. Transfer apparently occurred without discussion beforehand. However, the orthopaedic team had reviewed the patient previously, which is documented in the notes. While on the orthopaedic ward, the patient developed a clinically significant left haemopneumothorax, and a left intercostal catheter was inserted by Cardiothoracic Surgery. They provided good, ongoing follow-up management of the haemopneumothorax. Over the next five days, the patient progressively deteriorated with ongoing orthogeriatrics review. Multiple organ failure developed, and he died with the support of palliative care.

Discussion

The initial surgeon case form and first-line assessment reports both highlight concern regarding this case being an inappropriate referral to Orthopaedic Surgery. They described the patient as having a stable injury that did not require orthopaedic input. Perhaps this was complicated by the initial incorrect provisional report while the patient was in the ED. However, the correct diagnosis and the management plan had been clearly documented by the time the patient was transferred to the orthopaedic ward.

The combination of severe comorbidities, spinal and chest injuries is a worrisome combination for any surgeon, but excellent multidisciplinary teamwork involving all health professionals did the best possible for this patient. On a thorough review of the notes, two things are very clear—this patient had excellent care throughout the final stages of his life, and he did have a significant orthopaedic injury.

Despite the final demise of the patient, the high quality of care is due to the input of multiple specialists throughout his admission. It is also clear that the patient was in the final stages of life before his fall. He was very unwell. He had several recent admissions and had decided to have minimal intervention in the management of his medical issues. He had expressed a desire to go into a nursing home. His family was involved and informed throughout his admission.

The patient's orthopaedic injury was significant and unstable, in contradiction to the surgical case form. It certainly wasn't a 'stable fracture' and 'not requiring inpatient care' as suggested. The most reliable evidence is from the spinal service who indicated an unstable T7 burst fracture, which should be managed in a Jewett brace. The fracture combined with the chest tube for management of the haemopneumothorax prevented fitting of the brace. This necessitated orthopaedic specialist nursing care.

Clinical lessons

Service is more than the surgeons and medical staff. Specific skills are needed when caring for spinal patients, and this is the main reason this patient should have been in an orthopaedic ward and under an orthopaedic surgeon. Equally important is the close support of other speciality teams caring for the patient. As stated earlier, the multidisciplinary care for this patient was excellent and provided the necessary support to the orthopaedic team and this unwell patient.

In conclusion, the patient would not have been better managed by a trauma team as overall care was excellent. Ironically, the patient's care would have been compromised if he was not on an orthopaedic ward.

Professor Guy Maddern
Chair, ANZASM

Recognising those who inspire

Every year the Academy of Surgical Educators (ASE) presents the Educator of Merit Awards to acknowledge exceptional contributions by our surgical educators.

The Educator of Merit Awards consist of the SET Supervisor/SIMG Supervisor of the Year Award, which recognise the exceptional contributions by a SET supervisor/ SIMG Supervisor towards supporting Trainees and Specialist International Medical Graduates (SIMGs). It also consists of the Facilitator/Instructor of the Year Award, which acknowledges the outstanding contribution by a course facilitator or an instructor teaching professional development or skills education course.

Nominated supervisors have in several ways demonstrated the College's values, goals, and mission. They are considered exceptional teachers and role models—inspiring and supporting Trainees in their continued training and surgical education.

Educator of Merit 2023 nominations open in March. If your SET Supervisor/ SIMG Supervisor has made an impact in your surgical career, visit Academy Awards (bit.ly/3ZMVJTF) and complete the nomination.

Dr Joseph Hockley is a RACS Fellow and vascular surgeon based in Western Australia.

"I suspect like most people I initially fell into the role as part of my public hospital jobs as a registrar and then consultant. I've always enjoyed teaching and the added benefit within the hospital team environment is that when people know more, they tend to do their jobs better and look after our patients better.

"There have been lots of moments of pride, watching Trainees master new skills or present their research at international meetings. I really enjoy seeing our previous interns, registrars and Fellows pass their Fellowship exams and become consultants. Three years ago, we were able to employ one of our previous registrars as a consultant in our team and that was a wonderful step."

Dr Angela Butler, who specialises in Otolaryngology Head & Neck surgery in Christchurch, Aotearoa New Zealand, shared what inspired her to pursue surgical education.

"In all honesty, I fell into surgical education. On starting my consultant career, a new surgical supervisor was needed, and I was the only willing person to accept the role! I think this is frequently the case in smaller specialities. I believe that sometimes we learn the most when placed in unexpected situations. We have all experienced positive and negative aspects of our training. I saw this as an opportunity to influence the experience of Trainees, to improve the pathway for training."

Dr Butler believes education is a two-way process. "You will learn as much from Trainees, as they will learn from you. I felt I learned the most from challenging conversations. It is important to have open, transparent communication, while following due process. I also think it is important to show your own vulnerability."

New South Wales vascular surgeon, Dr Sarah Aitken, explains what inspired her to become an educator.

"I've had some fantastic mentors over my training, but it was clinicians who really excelled in education that stood out. They tapped into my natural curiosity about people and why we do things and inspired

me to follow education as a pathway. I'm always really proud when my students and Trainees receive awards or have their own successes! A real highlight for me is when I get positive feedback on my Trainees from patients. One of my patients said to me that they'd been seen by one of my registrars in the emergency department and said, 'she looked at me just like you do; as if she had all the time in the world to understand what I needed at that moment'. I was pretty proud that I'd effectively role-modelled patient-focused care!"

Dr Aitken also offers this advice for new surgical educators who are just getting started: "Always be open to learning, be curious, and think deeply. Think about the context you are teaching and learning in—context is where the interesting factors come out, where we have the intersection between clinician and person. As educators, we can use our contexts wisely to build and grow Trainees, or the context can be really detracting from growth mindsets."

Dr Jens Peters-Willke is based in Tasmania and specialises in Neurosurgery.

He reflects on what influenced him to develop his teaching style.

"When I was a Trainee, I had a very patient and supportive supervisor who encouraged me to progress my knowledge and skills each time I was with him. Often, he would push me even that little bit further—sometimes beyond my comfort level. My supervisor guided me well and was a real role model for me. When I am in surgery with a Trainee, I often have a flashback to my training times, which helps me understand the difficulties. I try to be a role model for them as well: let them feel you are there to help if they need it, but also allow them to make a mistake and learn from it. I always set targets—which are realistic—and it gives me and the Trainee a good feeling of satisfaction when the goal has been reached."

To read about more of our SET Supervisor/ SIMG Supervisor of the Year awardees in *Surgical News*, check out Volume 23 issue 6.

Spotlight on 2022 Award winners

Some of our award-winning educators share their thoughts on becoming educators who have made a positive impact on learners.

Associate Professor Charles Pilgrim's research offers insight into military surgery

The surgical management of Australian soldiers in Afghanistan has been analysed in depth for the first time in research by Associate Professor Charles Pilgrim.

In the study, the trauma surgeon at The Alfred Hospital in Melbourne and a reservist with the Australian Defence Force (ADF) looked at the medical records of 90 soldiers who were injured during their service and required surgical care.

One of the first things Associate Professor Pilgrim identified in carrying out the research was the low number of soldiers who suffered injuries that required repatriation during the 20-year conflict.

During the war between December 2001 and June 2021, approximately 30,000 Australians were deployed in Afghanistan and 259 were injured, with just over 100 needing surgical treatment.

Associate Professor Pilgrim said that the training and professionalism of the ADF went a long way towards ensuring the relatively low number of injuries, particularly in comparison with wars of the past.

"People are potentially shot in the chest and just walk away from it because they've got a thick piece of armour protecting them. That, along with other technological innovations and the high standard of training and preparation, has changed the nature of warfare-related injuries."

Most of the injuries requiring surgery were wounds and orthopaedic injuries caused by gunshot (47 per cent) or blast injury (39.6 per cent).

Associate Professor Pilgrim said his research found that despite the challenge of clinical care being at least partly undertaken in a war zone and the need to move soldiers between hospitals and countries, the surgical treatment was of consistently high quality.

"The take-home message was that they were all very well managed in accordance with what we would consider the highest level of trauma care in a civilian setting.

"The principles of damage control in surgery and damage control in orthopaedics, where you temporise things at the first instance to allow the patient to normalise and stabilise their other physiological parameters were all appropriately done."

Associate Professor Pilgrim points to the example of one patient with a major pelvic wound who successfully had three surgeries, in three different countries, by three different teams, as an example of the quality of care provided to soldiers.

One area that the study revealed could be improved was in the documentation and auditing of the surgical role in the military.

"The documentation is inherently limited because of the fact that they're in a war zone, and also because different countries are providing the treatment. All have their own paperwork and documentation processes."

The lack of a cohesive system of recording and auditing cases and processes also meant that surgeons arriving at their postings relied on training and advice from the previous incumbent, rather than having any formal documentation to rely on.

He recommended the establishment of a department of surgery within the defence force to improve the audit and governance of military surgery.

Associate Professor Pilgrim believes this would create more consistency for surgeons arriving at a war zone posting.

It is an experience he remembers when he took on a General Medical Officer posting to Afghanistan in 2010.

Years earlier, he had approached the ADF to express an interest in the military; it was the realisation of an ambition he had held since he was a teenager.

"I had been interested in the military since I was in high school, but I also knew I wanted to be a surgeon.

"You could say the military was an alternative career path, and I was interested in the leadership, fitness and teamwork aspects."

He successfully completed a selection process and trained at the Royal Military College in Duntroon, in the Australian Capitol Territory. He went to serve in Iraq in 2016.

Associate Professor Pilgrim values his war zone experiences both personally and professionally.

"I would encourage any surgeon to consider doing the same. It's a unique experience and a fantastic opportunity to broaden your worldview.

"You have the opportunity to visit places that most people never see and to experience a different culture and way of life.

"It also complements civilian surgery; in Australia, fortunately, you only very rarely see a bullet wound and never see a blast injury.

"When you are in a war zone you gain many years' worth of experience with these injuries."

One challenging aspect of the time away from home was leaving his wife and children. When he served in Iraq, he had two young children, with two more children joining the family since then.

Associate Professor Pilgrim is grateful for the opportunity his professional life has offered him to combine three of his interests: surgery, defence, and research.

He believes his engagement in research—his most recent defence study—provides an opportunity to contribute beyond surgery's impact on a single patient and contribute to the broader profession.

"I really feel that the academic side of things allows you to learn from what you do and has a pay-it-forward element.

"You don't just treat a patient and they go home and that's the end. If you learn from what's done there's an ongoing benefit—it really progresses the science," he said.

This article represents the views of Associate Professor Charles Pilgrim and does not reflect the views or position of the Australian Defence Force.

The autocrat of the Breakfast Table: Dr Oliver Wendell Holmes (1809-1894)

In 1889, Sir William Osler expressed his admiration for Oliver Wendell Holmes thus, 'the most conspicuous modern example of success in both medicine and literature'. He further noted that 'a complete set of the writings of Oliver Wendell Holmes should be in every medical library'.

Holmes' life was succinctly summarised by *Vanity Fair* magazine on 19 June 1886, as follows:

'Born seven-and-seventy years ago at Cambridge, Massachusetts, he grew up, took his degree at the age of twenty from Harvard University, and devoted himself to the study of the law. But after a few months, he found that the law bored him, and he determined to follow medicine.

'He accordingly came to Europe, walked the Paris Hospitals took various medical degrees, and on his return to his native land, married, and took to literature; and although he has filled for five-and-thirty years, to the great delight of the students and the amazement of his brother professors, the chair of Anatomy at Harvard, it is to literature that he belongs.'

Oliver Wendell Holmes was born on 29 August 1809 in Cambridge, Massachusetts, the fourth of five children. His father, Abiel Holmes, was a minister of Calvinist persuasion; his mother Sarah Wendell, was the daughter of a Boston merchant, from a long line of Dutch settlers in New England.

The elder Holmes arranged for 15-year-old Oliver to attend the Phillips Academy in Andover, in the hope that his son might following him into the ministry. The endeavour failed miserably, although, during that year young Holmes translated Virgil's *Aeneid* from Latin into English.

In 1825 he was accepted by Harvard College, matriculating in 1829, and living at home for the first few years rather than in the dormitories. Holmes described himself as measuring "five feet three inches when standing in a pair of substantial boots."

In 1829 he entered Harvard University to study law, however, by January 1830 he was disenchanted with legal studies and moved into a boarding house in Boston to attend the city's medical college.

He wrote two essays during this time, which detailed life as seen from the boarding house breakfast table. These essays were published in November 1831 and February 1832 in the *New England* magazine entitled, T*he Autocrat of the Breakfast Table*. In this year of transition from legal studies to medical studies, Holmes later noted, "I first tasted the intoxicating pleasure of authorship."

In 1833 he interrupted his medical studies in Boston to travel to Paris and studied under Pierre Charles Alexandre Louis (1787-1872), at the École de Médecine.

OLIVER WENDELL HOLMES AS DRAWN BY HIMSELF
From a pencil sketch.

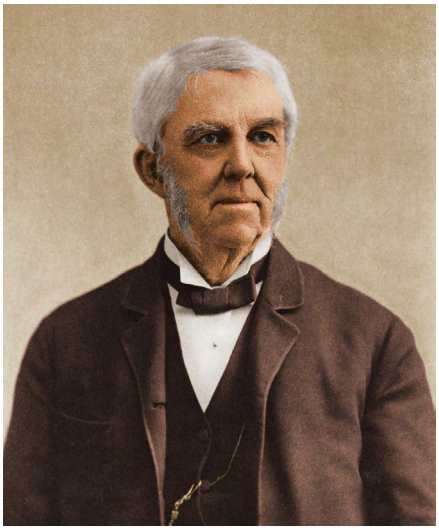
Louis, the founder of medical statistics, as distinguished from vital statistics, insisted on the meticulous gathering and recording of every patient's history and findings. Such statistical proof confirmed, for example, that bloodletting was of little value in pneumonia, thus doing away with its abuse in that illness.

Lecturers encouraged students to accompany them on daily early morning ward rounds, when at the bedside students were taught, inter alia, the use of Laennec's recently invented monaural stethoscope.

Holmes returned to Boston in December 1835 and received the Harvard degree of MD in 1836, for his hand-written doctorate dissertation on acute pericarditis.

Ward Boylston, from Boston, was an American merchant, philanthropist and a major benefactor of Harvard University who offered prizes including one designed to stimulate enquiry into areas of medicine where little was known. Holmes was granted the prize in 1836 for his essay responding to the question, 'How far are the external means of exploring the condition of internal organs to be considered useful and important in medical practice?'

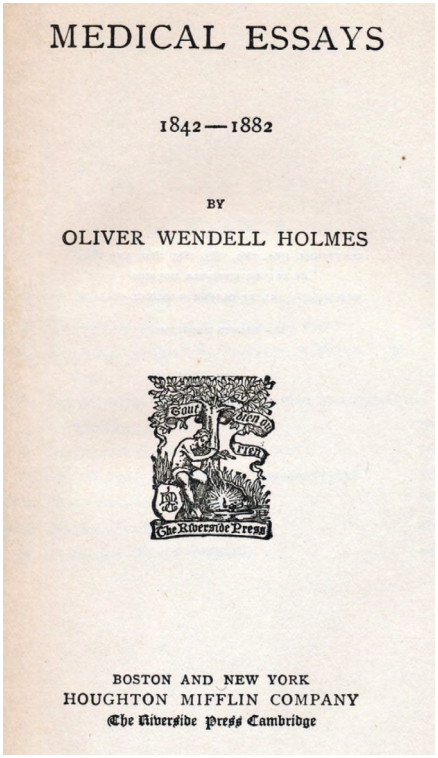
Using his Parisian experience, he advocated for the increased use of the stethoscope in clinical practice.



In fact, Holmes was hypercritical of contemporary American medical practice, which he regarded as primitive, with 'painful and repulsive aspects' including bloodletting and blistering.

Years later, at the 1860 annual meeting of the Massachusetts Medical Society, Holmes stated that, with exceptions, which included opium and anaesthetics, "I firmly believe that if the whole materia medica, as now used, could be sunk to the bottom of the sea, it would be all the better for mankind, and all the worse for the fishes."

In 1840, Holmes married Amelia Lee Jackson, who was an abolitionist and daughter of a Massachusetts Supreme Court Justice, and he returned to general practice. The couple had three children,



including Oliver Wendell Holmes Jr, a future Justice of the United States Supreme Court.

Holmes was the first to establish the contagious nature of puerperal fever, following his statistical analysis of cases and deaths, presenting his findings in a famous essay read before the Boston Society for Medical Improvement in 1843.

Published in an obscure and short-lived journal, six years before Semmelweiss—the 'defined' pioneer of antisepsis in obstetrics — Holmes' work, his most important contribution to medicine, 'disappeared'.

The essay was reprinted, with additions, in 1855, when Holmes observed, "I do not know that I shall ever again have so good an opportunity of being useful as was granted me by the raising of the question which produced this essay."

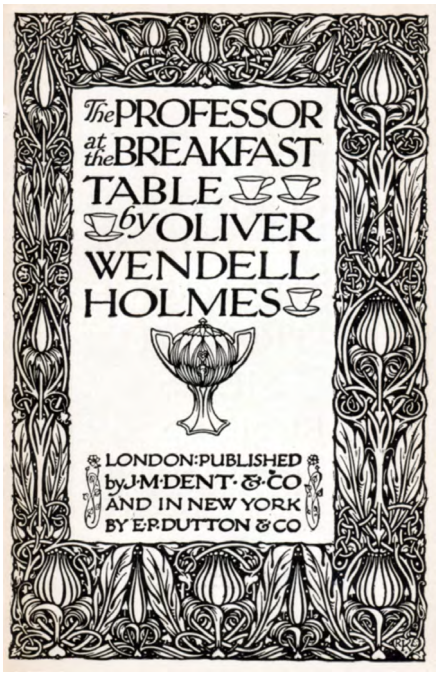
On October 16, 1846, at the Massachusetts General Hospital, William Morton, a Boston dentist and part-time medical student, administered an effective anaesthetic, by the inhalation of sulphuric ether, to a young man, allowing removal of a tumour from his neck.

Initially, the commonly used terms for the new process were 'insensibility' and 'etherisation'. A month later Holmes wrote to Morton stating, inter alia, 'My dear Sir: the state should I think be called anaesthesia, the adjective will be anaesthetic. Thus, we might say the state of anaesthesia, or the anaesthetic state.'

In 1847, Holmes was appointed Parkman Professor of Anatomy and Physiology at Harvard Medical School, where he served as Dean from 1847 to 1853. He remained at Harvard until he retired from his Chair of Anatomy in 1882. For more than half of that period, he gave instruction in physiology until that discipline became a separate department with an independent professorship.

After his tenure as Dean, Holmes dedicated his time to literary pursuits—with his written contributions assured—a new magazine *The Atlantic Monthly*, co-founded and named by Holmes, was launched. Holmes contributed a series of reproduced breakfast table articles, which were enthusiastically received, resulting in initial sales of 10,000 copies in three days.

Holmes addressed graduating medical students in 1871 with advice, which



included placing your patient, "so that the light falls on his face and not on yours. It is a kind of ocular duel that is about to take place between you; no matter how hard he stares at your countenance; he should never be able to read his fate in it."

Holmes was an extremely popular teacher, particularly in the basic sciences, notably anatomy. He used similes such as the resemblance of the corpus callosum to the band uniting Siamese twins. His fellow professors requested that Holmes deliver the last of the five morning lectures, as they knew he could hold the students' attention, even though the students were tired.

After finally retiring from teaching, Holmes once again visited Europe, with his daughter Amelia, and was awarded honorary degrees by the universities of Oxford, Cambridge, and Edinburgh.

Holmes died in Boston, aged 85, in his sleep, on 7 October 1894, and was buried beside his wife in the Mount Auburn Cemetery in Cambridge, Massachusetts.

Dr Peter F Burke
FRCS FRACS DHMSA

IMAGES:

Opposite (left-right): 'Spy' caricature of Holmes. 'The Autocrat of the Breakfast Table'; Self portrait of Anatomy Professor and Bibliophile.

This Page (clockwise from top-left): Oliver Wendell Holmes; Frontis: The Professor at the Breakfast Table; Frontis: Medical Essays, 1842-1882.

Recollections and memories of Royal Parade - Part 1

OPUS LXXIX

The more I walk in Royal Parade the more my avian friends greet me with courtesy. It is usually the fluff of the dark black and white feathers parting my remaining locks. I did not know that birds are mostly left-footed like cats, and how do I know this? Every time I pass a fragment of bread or biscuit to the mudlark, colloquially called a magpie, they use their left claw to stabilise the food before demolishing it with their pointed beak, which they sharpen on the bitumen.

I have now become a birdwatcher, especially the magpie who greets me every morning wanting her biscuit crumbs.

It is quite intriguing to observe the eating habits of a bird. We, humans, eat off a plate—we eat the main and finish the crumbs at the periphery, like the French use their baguette to soak the juice, whereas the bird fragments the biscuit but eats all the remnants of the crumbs before going back to the main piece.

These ideas all originated while listening to Rossini's 'The Thieving Magpie', a melodrama known for its magnificent overture inspired me to create the title for this dissertation. I wonder why he called it that and seeing the avid glee with which the magpies come and greet me for a morsel of bread, the genetics of desire may not have changed since the time of Rossini.

Also, let us not forget what Manet the French Impressionist once said regarding colour—it was because he was a lover and observer of nature. The bird's other diet is a worm, which is sometimes retrieved from the grass in Royal Parade, and this reminds me of Manet's other quote years ago about 'the early bird gets the worm' when he said, "I wonder what the worm thinks?" This reminds me of another of Manet's quotes about colour as we all know artists used black to exaggerate the quality of any pigment in any composition and one day the usual black tube of pigment was empty and the use of blue was substituted and he stated this colour change became the birth of Impressionism leading onto his world fame.

I quote the story of Rossini because he was not only one of the youngest composers of opera, but he was also one of the most successful in the early Romantic period in the 1810s. During his list of operas from 'The Thieving Magpie' to 'The Silken Ladder' he was always distracted before finishing compositions and the producers had to lock him in a room for a week on end before any composition was completed. This reminds me of our own publishing when the works are incomplete by the deadline.

Rossini ceased composing at the age of 37, and with his gifted merits evidenced since his teenage years, creating operas. He enjoyed the merits of his financial rewards but also was known as a gourmande, reflected by his weight and size as illustrated in the musical history catalogues. The story goes that he only cried twice in his life, once when his mother died and the next when he dropped his roasted chicken stuffed with truffles onto the kitchen floor. It must have been a Poulet de Bresse—tears welled in his eye as the story goes.

So, after a career in plastic surgery and now in my medico-legal phase, I thought it would be nice to put some remnants of the important entities that have lived on Royal Parade since the time of Benny Rank before any amnesia surfaces.

Royal Parade and the fading vista of this surgical boulevard

Those surgeons established at the RMH subsequently had their focus in the city as Collins Street specialists—who had the reputation of being the best. In one of my earlier *Surgical News* articles, I talked about Dr Jim Beaney with his bejewelled hands when operating and his surgical exploits and commercial developments eventually owning Cromwell House at 139 Collins Street in the late 19th century. Successful surgery produced wealth but there were still contentious issues, more so now about wealth accumulation and what has been adopted by the cosmetic cowboys—money before patients' care and publicly advertised.

Benny Rank bought 29 Royal Parade (illustrated) in the late 1940s after returning from overseas service and walked to work at the RMH for his surgical and political and scholastic contributions. He was appointed Commonwealth Professor of Surgery in 1958, president of the British Association of Plastic Surgeons in 1965 and was the past president of RACS from 1966–68. He had everyone in the Melbourne scene at his beck and call, surgically speaking, as I have recounted ad nauseum over the years. If you were invited to Benny's Christmas drinks, you knew you had 'made it' to enjoy the company of Benny and his surgical legion.

Benny Rank's rooms at 29 Royal Parade

1926 Ford doctor's coupe with back access for the medical bag very similar to the one outside Piercy's place.

Benny's property was subsequently bought by Trinity College for student accommodation but with the COVID-19 restrictions on overseas students was recently sold to a private equity firm for development with a dermatological flavour—now the centre of permit controversy at VCAT as they want 40 parking spaces.

On the corner of Royal Parade, John Piercy had his oral and maxillofacial practice while working at the RMH in association with the late Bob Cooke who recently died.

John was a superb technician and the consulting rooms in the restoration were masterly. I still remember the way he designed and installed timber lining beneath the verandas throughout this large property, on a ladder and meticulous in its workmanship—mirroring his surgical ability. He even made a set of louvre doors to cover all the downstairs windows, in keeping with the French tradition that offers protection and security.

John Hueston was at 89 Royal Parade with the biggest plastic surgical practice in Australia in the 1970s—from hands to oncology to aesthetics. He installed a communicating wall between John Piercy's rooms and his to facilitate combined consultations, if and when necessary, without causing inconvenience to the patient.

June Allen, former theatre sister-in-charge at the RMH and John's upstairs tenant, had a forceful reputation—even pulling Edward 'Weary' Dunlop (a famous WWII surgeon from Changi prison camp) into line one day when he threw an instrument on the floor in disgust. June is reported to have said, standing in the doorway with folded arms, to the young theatre sister "leave it there".

I moved into 75 Royal Parade in 1974 on Benny Rank's suggestion as I was about to get married to Mariette. He suggested we live upstairs and have the surgery downstairs, which is similar advice John Hueston adopted for his consulting rooms. I could not afford the house at the time but thanks to my father who gave me a deposit and the mortgage facility had obvious tax benefits.

And to cap the explanation of Royal Parade and why it was so named, I must repeat what I have said in earlier publications about its origin. Would you believe it, from my Marsden days doing head and neck cancer as Ian Wilson's assistant, we often socialised with important dignitaries who were grateful for their surgical management.

The Marsden was the most important oncological centre for Europe, like Sloane Kettering in NY. On this occasion, this gentleman who was Chairman of Imperial Chemical Industries (ICI) at the time had a successful ear procedure for melanoma and as a bonus, took the whole surgical team to Covent Garden to see Aida where they had real live elephants walking across the stage. ICI had a block 10 seat booking for every concert—how the wealthy live—so there was no worry with numbers.

Incidentally, the ICI chairman had an Australian wife and would visit Melbourne regularly and would visit my late wife Mariette and me regularly bringing Christmas presents for my children. On one occasion he asked if I knew the origin of the Royal Parade name. He explained that Sydney Road was renamed Royal Parade in preparation for the location of Government House, which was to be sited at the definitive place where the Melbourne Zoo is now located.

Royal Parade was the joie de vivre, an exultation of spirit and of surgical excellence since the beginning of the century.

So, in conclusion, having spent almost 50 years in Royal Parade knowing almost every tree and every house and every piece of history, the ultimate satisfaction has been the way a little magpie flashes across my vertex once more asking for morning and afternoon tea and to see her enjoy the biscuit crumbs is nature personified—there is no guile.

Associate Professor
Felix Behan

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In memoriam

RACS publishes abridged obituaries in *Surgical News*. We reproduce the opening paragraphs of the obituary.

Full versions can be found on the RACS website.

The College has received notification of the passing of the following Fellows

Dr Malcolm Gordon Dunshea

Dr Justin Henry Kelly OAM

Dr Douglas Beard

Dr John Robert Thomson

Dr William Downing Walker

Dr Francis Hugh Dominic Breslin

If you wish to notify the College of the death of a Fellow, please contact the relevant office:

ACT: college.act@surgeons.org

NSW: college.nsw@surgeons.org

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Professor Sir Peter Morris

Vascular and General Surgeon, FRACS, OA

17 Apr 1934 – 29 Oct 2022

Professor Sir Peter Morris was born in Horsham, Victoria. He was appointed Nuffield Professor of Surgery in Oxford at 39 years of age and became a world leader in renal transplantation, clinical immunology and tissue typing.

Peter excelled at sports, representing Australia in baseball and university in cricket. Competitive tennis and cricket matches later became an annual event between the Oxford and Cambridge Departments of Surgery. Peter was also an accomplished golfer.

He moved to the UK—working in Southampton and later at the Hammersmith, where the first living non-related kidney transplant was performed. In 1964, he moved to the Massachusetts General Hospital, Boston as a surgical resident and research fellow.

He returned to Melbourne in 1968 and was appointed as a transplant surgeon at the Royal Melbourne Hospital (RMH). He was appointed first assistant in the Department of Surgery at RMH and became Director of the Australian Kidney Foundation.

In 1974 he started his position as the Nuffield Professor of Surgery at the University of Oxford. He established an internationally renowned research department in the Nuffield Department of Surgery, specialising in transplant immunology, tissue typing, cross-matching, tolerance, and more. The results improved transplant survival rates close to the excellent figures we now have.

Peter was elected president of the Royal College of Surgeons of England from 2001 to 2004. He also served as chairman of the British Heart Foundation and President of the Medical Protection Society. He was awarded the Medawar Prize in 2006, the Lister Prize in 1997, knighted for services to medicine in 1996, and made Companion of the Order of Australia for services to medical sciences in 2004.

Royal Australasian College of Surgeons
Foundation for Surgery

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