Royal Australasian College of Surgeons 80th Annual Scientific Congress

2-6 May 2011 - Adelaide

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Philippa Bowers

The Royal Australasian College of Surgeons 80th Annual Scientific Congress (ASC) is a national conference, with many prominent internal surgeons invited to speak, that is a premier event for the college of surgeons.

I was privileged enough, with the incredible help of the RAMUS team, to attend as a final year medical student. I was hoping to gain from this conference an excellent platform to learn more about the broad scope of practice in surgery, begin to establish contacts in my intended field and in particular gather information about the possibilities and practice of surgery in rural and remote areas.

Tuesday

My week started on Tuesday with the Inaugural Medical Student breakfast. This was a fantastic opportunity to mingle with other like minded students and gain valuable understanding of the surgical training system. The talks that morning centred around what was required for selection into the college and what the college offered trainees. It was an informative talk, outlining the SET system, the various subspecialties available and tips and tricks for applying. It was interesting to learn about the best areas to focus our energies on when applying, such as the interview. We were also advised about the different courses to apply for to further our application. The realities of applying in PPGY2 for start in PGY3 versus postponing application where also discussed. All this information is invaluable for when I come to applying to the College of surgeons.

From here I attended the Plenary session which focussed on the interface between surgery and government. It was an educational session talking about the challenges of medical professions interacting with the government and vice versa. Professor the Lord Darzi gave an inspiring speech about this relationship between health and government as he talked about his experiences with the NPS and its development in England. Professor David gave other successful examples of work that has inspired government funding and how best to go about achieving this.

One afternoon session, “Are Trauma Surgeons a Dying Species?”, was a very interesting debate about the relevancy of trauma surgeons in this day and age. As an aspiring trauma surgeon I found the discussion regarding the future of this speciality (surprisingly not recognised as a subspecialty by the College) very interesting. From what I understood, it appears that the role of the trauma surgeon is ill-defined and its future is still uncertain.

Lastly I attended the final Medical Student day session centred around Life, Family and Surgery. I thoroughly enjoyed this session and it provided insight into the realities of surgical training and
especially being a women. My most favourite talk was by Ben Loveday a RACS trainee (SET 3). He spoke about the all important balance about life and work and helpful hints to train an achieve this.

**Wednesday**

On Wednesday I attended a session about the future of robotics surgery in not only urology but, head and neck and neurosurgery. It was great seeing the future of surgery, the history of the development of robotics, and watch videos showing the actual functioning of the robots.

The afternoon was dominated by furthering my biomedical knowledge during the sessions about gallstone management dilemmas. This session encompassed topics such as asymptomatic gallstones, gallbladder cancer (with nodal involvement the most important predictor of prognosis) and Mirizzi syndrome and the uses of ERCP, MRCP and CT cholangiogram. All this added to my medical education and I learnt about the current gold standard management practices relating to these topics.

**Thursday**

Thursday saw the ASC addressing the upcoming tsunami of students and how they will deal with the training of such numbers. I found it very interesting to learn that it is not the College itself that sets training numbers, but rather hospital jurisdictions that offer up training position to be accredited by the college. The discussions today revolved around simulation training and the possibility of training future surgeons in the private sector. Many issues where raised. Dr Kneebone spoke of new horizons in simulation with the development of affordable and transportable simulation settings. The hope of these setups was to promote “rehearsals” between surgical and other teams present in operating theatres. He spoke about how in the past the focus has always been on practising (skills and the like) and performing, (performing surgeries in the operating theatre) often without any form of rehearsal of the surgery and interacting with the various teams involved in patient care in the operating theatre. It was a fascinating topic. In terms of training surgeons in the private sector, the issues included problems with funding and funding options, patient reactions, but also the concept that often consultants are already involved in training in the public sector, and that their private hours are their “sanctum”. As the start of the medical graduate tsunami there was a lot of food for thought presented at this session. One glimmer of hope was that it was spoken about the fact that with the want for balanced lifestyles and the surge of female surgeons, the need for surgeons is going to climb in the future. So it appears that the challenge will not be numbers, but training the numbers.

In the afternoon I attended the Rural Surgery session focused on telemedicine. It covered a vast range of topics from farm accidents, triaging and the transferring of patients, hypothermia as an important predictor of mortality and what can be done and internet access and medicine. This session highlighted the challenges faced by rural surgeons, the dilemmas of when to transfer and when to instigate definitive treatment and the advances in these areas with the advent of internet access and telemedicine.
The formal conference dinner that evening was wonderful to network with other doctors from both Australia and New Zealand and get a feel for what life in the college can be like.

**Friday**

My last event of this conference was the Women in Surgery networking breakfast. This was another fantastic experience to meet like minded women and learn from their experiences and challenges. I gained a vast amount of understanding of what it means to be a female in the surgical sector. This information will certainly inspire me and help me through the harder times of surgical training.

Overall this conference was an incredible experience. I have taken away quite a substantial amount of insight and learning from the past 4 days. Thank you to RAMUS and the National Rural Health Alliance for funding me for this experience.
On May 4 2011 I flew to Adelaide to attend the 80th Annual Scientific Congress. I had registered to attend Thursday 5 May program, which included the presentation of a research paper I had been involved in preparing for the past year.

An early start on the Thursday, to make the most of my time at the conference, involved attending an early meeting to assist in the preparation for our presentation- “Medium-term outcomes of elderly patients with odontoid fractures: is quality of life associated with radiographic evidence of union?”. One of the senior authors of our paper who is an unaccredited Orthopaedic Registrar decided to present the paper to improve their chances of gaining an accredited training position for next year. Although the presentation had been prepared well in advance, it was interesting to see a room full of nervous doctors practicing their presentations to colleagues and making last minute adjustments. I was glad to be in the observer role rather than in the ‘hot seat’ for my first experience at an International conference! The presentation went very well and the audience asked some thought provoking questions and comments, which we will consider and possibly incorporate in our plans to expand the project to other hospitals in Melbourne.

Learning and understanding the requirements necessary to gain a position in a training program was one of my aims in attending this conference, and talking to trainees and prospective trainees about their path was very useful in achieving this. I also spoke to a General Surgical registrar who had commenced her training in rural centres, was currently at the Royal Melbourne Hospital, and was planning a move to Darwin to finish her training. She gave me a great summary of the pros and cons of training in the rural setting vs metropolitan hospitals, and her rationale behind moving to Darwin. Again this was a useful perspective in navigating my way through the requirements and benefits of rural training.

The Plenary Session which was held after morning tea was very relevant to my level of medical training- “Training the Tsunami of Medical Graduates”. This consisted of the CEO of Health Workforce Australia (Mark McCormack) discussing the aims to increase the numbers of locally trained doctors, nurses and midwives to completely account for the increasing need for these health practitioners, without having to rely on overseas trained professionals. The aim is to complete this before 2025. Members of the private sector also spoke in how private hospitals are hoping to be involved in advanced trainees and also intern positions, and how this would assist in the number of positions available for specialty training. My perspective from listening to these speakers is that the requirements and pathways to specialising, not only in surgery but other disciplines, will likely change in the next five to ten years as the demand for places increase and the infrastructure and supervisors available to assist in this training decline. Increased use of simulation centres are a strong possibility; and these are likely to be built in metropolitan areas, which will influence those
who train in rural areas. Watching these very experienced speakers from the UK and various parts of Australia address the audience was beneficial in itself, as their manner and skills in public speaking were impressive.

Networking in between the sessions was another benefit, and I met many new trainees and consultants from a variety of disciplines, all who were willing to give me their perspective on their respective training program and advice for my next few years in training. This was another positive feature of my experience which could not be gained in any other way but attending a conference such as this.

The afternoon session consisted of presentations on a variety of issues in rural health; including medical education and surgical training in rural Australia, farm accidents and burns, triage and transport, rural trauma, helicopter retrieval of patients and others. These were useful in giving me an insight into the breadth of rural medicine, and the huge number of obstacles and issues in practicing rural medicine.

One of my goals in attending this conference was to attend the medical student program; unfortunately this was held on Tuesday, and my clinical school was unable to allow me to attend more than one day of the conference. This would have been a useful session; particularly the question and answer segment, however I still feel I had all of my questions answered, and the remainder of my aims for attending the conference were fulfilled. By missing out on this session, I was further motivated to ask questions and gain as much information as possible from attending the full day’s events on Thursday. I attended a conference dinner on Thursday night which was very enjoyable, and returned to Melbourne early Friday morning.

Overall I really enjoyed my experience at this conference and am grateful for the opportunity to attend; an experience I would not have been able to have without the support of RAMUS.
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Dr. Kylie Siauw

It seems that nothing is ever really new or unique. That’s certainly what struck me as I listened to Dr. Nadine Caron, a rural surgeon and lecturer from The University of Northern British Columbia in Canada at the RACS Annual Scientific Congress in May this year. Rural medical workforce shortages, sub-optimal Indigenous health and under-representation of Indigenous students in medical school are all problems being addressed in Canada too. Dr Caron started by saying she always enjoys giving talks in Australia, where she’s “speaking to the converted.” As a member of the audience I certainly appreciated her insight into these issues.

Dr Caron is quite an inspiring figure herself – she was the first female First Nations student to graduate from the University of British Colombia (UBC), graduating as the top student! She trained in San Francisco in the US after graduating, but ultimately returned to northern Canada to work, and to develop Indigenous and rural health care back home. As an intern who’s chosen to do my clinical school and internship in my hometown of Shepparton, I could definitely relate to wanting to work where you came from, and found her career path to be enormously encouraging.

I also found it interesting that in recent times in Canada they’ve taken similar initiatives to Australia in dealing with the rural medical workforce shortage. UBC now has a Northern Medical School program – very similar to the University of Melbourne’s Rural Clinical School that I attended. The idea was to move medical education to where the workforce shortage exists, away from the more densely populated parts of Canada bordering the United States. In doing this, they have indeed found that students in the program are returning to work in rural areas more often, and choosing to work in primary care more often (another area of workforce shortage, with students in the Northern program exposed to more primary care in their clinical teaching). These are similar findings to Australian rural incentives, yet I find them personally very encouraging. Unfortunately, as a medical student I found there is still an uncomfortable amount of stigma surrounding the choice of a rural career path – that it might somehow be inferior to something “big” in the city. These statistics reiterated my own experience – that when students actually see what rural practice involves, rather than being swayed by ignorance and stigma, they enjoy it and even choose it as a career path. Personally it gives me more confidence in my plans and preferences.

The conference gave a good insight into the future of the surgical workforce at large. A plenary session on “Training the Tsunami of Medical Graduates” highlighted that aside from the vast shortage of surgical services in regional and remote Australia, there is a shortage of surgeons at large, and the pressure is now on the College to deliver the new generation of surgeons that meet these ever-increasing demands. I’m not sure this will translate to any concession for applicants gaining better access to training places in the near future. It did, however, illustrate two points to me. Firstly, that surgical skills are valuable and highly sought after in medical professionals. I also

Reports submitted by RAMUS scholars and Alumni who attended this conference with support from the RAMUS Conference Placement Program
noticed that consultants presenting options for regional training places demonstrated an exciting breadth of experience in regional practice, which confirmed my long held suspicions that regional general surgeons really do get to be general surgeons and not focus on one thing – something I find really appealing.

In terms of actually becoming a surgeon, I learned an enormous amount about steps involved in being accepted into training as well as actually gaining more surgical knowledge. It was very helpful to see some former students and interns from Shepparton presenting research at the conference – be it poster displays or actual talks. As less research occurs outside of the major tertiary hospitals, but doing such research is an advantage when applying for training, I learned valuable lessons about how research is conducted and presented, methodology and potential research topics.

The scientific content of the conference itself certainly increased my medical and surgical knowledge, something that will be very useful into the future regardless of the area I ultimately choose to practice in. Having done almost all of my clinical training thus far in a regional area, I gained a broader knowledge of areas of surgery not practiced outside metropolitan areas. I particularly enjoyed video-based general surgery forums discussing how different operations are conducted in different centres. It was great to see what can be done and the particulars of how best to do it! Even highly specialized talks increased my knowledge in areas I hadn’t gained a good grasp of in medical school, such as endocrine surgical conditions.

Two of the consultant surgeons from Goulburn Valley Health, as well as two registrars, attended the ASC. It was good to be a part of the team on an extended learning exercise like this conference; it allowed me to demonstrate interest and commitment to surgery, which will no doubt be useful when referring back to these colleagues for career advice and job references. Similarly, I enjoyed talking to other RMO’s about their jobs at different hospitals and finding out about good jobs to apply for to gain further experience in this field. I was also able to talk to representative from the College directly, and get answers to questions I had regarding applications, curriculum, and how to find more resources for these – questions that my colleagues aren’t always able to answer but are also difficult to enquire about via emails and phone calls.

Attending the ASC was definitely worthwhile and I’m glad I did it.