

# The RCPA(NZ) News

## Riveting Steele



*Chairman and Professional Administrator hard at work at the RCPANZ Office*

**W**elcome to the spring edition of the RCPA (NZ) news. I would first like to congratulate members for the excellent response rate to our workforce survey. We had over a 99% response rate, thank you. I would also like to thank Raoul for the tenacious way he “encouraged” some of our less forthcoming colleagues to submit their forms. I have seen the preliminary data and it has been sent to the College in Australia for a more formal analysis. Hopefully we will be able to present and discuss the data further at the upcoming Annual Scientific Meeting in Napier. I can say that there are a lot of people due to retire in the next 5-10 years which is of great concern to our workforce and to the country.

I would also like to thank those who responded to the draft letter to the Minister of Health with very helpful suggestions. There is clearly a good consensus regarding the problems that we face. However, engaging the Ministry and the DHB remains very challenging. As a College we will continue to call for a more co-ordinated, sustainable and less disruptive approach to the delivery of pathology services. We will continue to petition both the DHBs and government for a better way ahead. I would welcome further input on this matter from colleagues particularly regarding the ways to get more traction on this issue.

I look forward to meeting with members at the upcoming Annual Scientific Meeting in Napier. Both the out-going RCPA President, Dr Stuart Bryant, and the Senior Vice-President, Dr Bev Rowbotham, are likely to be attending. It will be an excellent opportunity to discuss issues within the College and plan for the year ahead.

Congratulations to Ian Beer who has been appointed President of the New Zealand Society of Pathologists on the retirement from that position of Professor Brett Delahunt. Ian also assumes the position of Deputy Chairman of the NZ Committee of Pathologists. Brett has given long and valuable service in both these roles and I am delighted that he has agreed to be co-opted to the Committee to provide his experience and continuity until the next NZ Committee elections.

Finally, all fellows should have received your voting papers for the upcoming elections for the senior positions in the College; the President, Senior Vice President, Vice President, and Treasurer. We have two New Zealand candidates for posts, Dr Ross Boswell and Dr Andy Tie, I wish them the best in the elections and I am sure that both these fellows would serve the College well.

*Richard Steele*



*Aren't you glad it's Spring!!*

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### DIRECTORY

#### NZ Committee of Pathologists

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**Next issue deadline:  
5 December 2007**

## CANDIDATE FOR SENIOR RCPA OFFICE

### *Dr Andy Tie*

#### **Expression of Interest in the position of Senior Vice-President RCPA**

I accept nomination for the position for the following reasons:

1. I have a longstanding commitment to College matters, and firmly believe that pathology has a central role in modern medicine.
2. I would welcome the opportunity to build on the achievements of the College in the areas of public relations, quality assurance and education.
3. I have experience in representing the needs of pathologists in the College and in other roles.

#### **Present College roles and duties:**

- Member RCPA QAP AP Programme Committee
- Trustee RCPA QAP
- Member NZ Committee and workforce subcommittee
- Examiner RCPA, referee for journal Pathology

#### **Previous College posts:**

- Treasurer and member RCPA NZ Committee 14 years
- Vice President for New Zealand RCPA 6 years

#### **Other current activities:**

- Chair of Specialist Council NZMA, member NZMA Council and Board
- Independent Advisor to Health and Disability Commissioner (NZ)
- Member IANZ Medical Testing Professional Advisory Committee (NATA equivalent in NZ)
- Member Management Committee NZ Assoc. of Pathology Practices

#### **Vision statement:**

Our College contributes greatly to clinical medicine and patient care. Automation, information technology, molecular science and quality assurance have changed pathology rapidly. The public has greater interest in pathology thanks not just to fashion in the news media but also to efforts by the profession to inform patients about our work. Pathologists have evolved from a sometimes retiring and boffinoid species to a well recognised and occasionally controversial one.

Our ability to provide service and training is affected by commercial and clinical demands, and workforce shortage. Pathology funding in all sectors suffers from a high degree of central control by governments. This has led to tension between sectors and subspecialties. Nonetheless, our common interests far outweigh our differences, and a strongly united college is essential to our future and to service standards.

Regulation is a major issue. Not only in the administration of contracts and agreements in the business of pathology, but in registration bodies which judge the actions of individuals. Self regulation is the hallmark of a profession, and for this to occur, there must be appropriate directly elected representation. This matter is under review in New Zealand and in the UK at present.

I believe that my interest and experience in these kinds of matters will allow me, if elected, to make a contribution to College affairs. I ask for your support

**If you have not yet returned your ballots, please complete the ballots as per the instruction sheet and return by the closing date, 11 October 2007.**





## CANDIDATE FOR SENIOR RCPA OFFICE

*Dr Ross Boswell*

### Expression of Interest in the position of Senior Vice-President or Vice-President RCPA

#### VISION STATEMENT



As I see it, the College is facing a number of difficult issues at present. Chief amongst them are:

- Workforce shortage, and the consequent difficulties of maintaining standards of pathology practice and training
- Potential encroachment on the College's domain by alternative providers of pathology training and qualifications
- Tensions between professionalism and salaried (corporate or government) practice
- Collision between the requirements of corporation law and the wish of Fellows to participate more actively in College governance

Not all of these problems are readily soluble, but all must be addressed if the College is to maintain its relevance to Fellows, to the practice of medicine in Australasia, and to the patients whose interests we serve.

As Vice President of the College it will be my role to participate in the work of its committees, and to be available to meet and correspond with individual Fellows, so that I gain a deeper and broader understanding of these and other problems confronting the College.

As a member of the Executive Committee I will have a duty to ensure that the issues surrounding these problems are thoroughly canvassed, and that fair and effective solutions are sought and agreed. It will further be my role to support the President, the Executive Committee and the staff of the College in implementing the agreed solutions on behalf of the Fellows

#### **SYDNEY OFFICE CONTACTS UPDATE**

For your information, the people you now need to talk to are:

***Trainee and exam matters:***

**Feon Chua, [boc@rcpa.edu.au](mailto:boc@rcpa.edu.au)**

***Laboratories and IMGs:* Heidi Nelson [heidin@rcpa.edu.au](mailto:heidin@rcpa.edu.au)**

***CPDP & courses:* Tracey Barrett, [traceyb@rcpa.edu.au](mailto:traceyb@rcpa.edu.au) or -  
[cpdp@rcpa.edu.au](mailto:cpdp@rcpa.edu.au) or [courses@rcpa.edu.au](mailto:courses@rcpa.edu.au)**

or ph: 61 2 8356 5818 (dds).

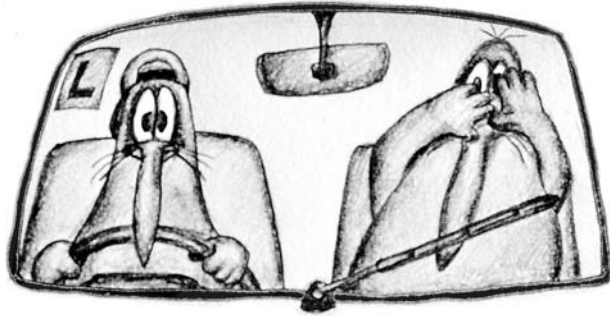
If you happen to be out and about, you don't need to remember the names, just email to [rcpa@rcpa.edu.au](mailto:rcpa@rcpa.edu.au) and messages will be forwarded to the right person.

**If you have not yet returned your ballots, please complete the ballots as per the instruction sheet and return by the closing date, 11 October 2007.**

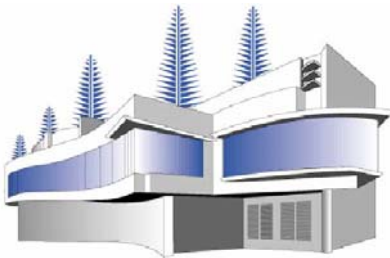


# Congratulations

To those Trainees who have passed their exams this year..



...and are getting to closer to the goal of driving solo.



## NAPIER WAR MEMORIAL CONFERENCE CENTRE

Congrats to those who have already registered for the ASM and to those who will carry out their intention to do so within the next week.

You can download the programme and a registration form from:

<http://www.rcpanz.org.nz/ASM/index.html>

Book your accommodation now to avoid disappointment (as it's school holiday time).



*Kiwi illustrations courtesy of Sasha Ketko ©*

## NEW PRESIDENT OF NZSP AND DEPUTY CHAIRMAN OF NZ COMMITTEE OF PATHOLOGISTS



### Dr Ian Beer

has been appointed by Trustees of the New Zealand Society of Pathologists to succeed Professor Brett Delahunt as President of the Society. Brett has served in this role for 11

years with prudent stewardship of Trust funds, complementing the NZSP role within the NZ Committee of Pathologists affiliated with the Royal College of Pathologists of Australasia, and supporting the Annual scientific Meetings of the Society. Brett has been elected President of the International Society of Urological Pathology for the next two years and he will remain as a Trustee and Committee member for the Society

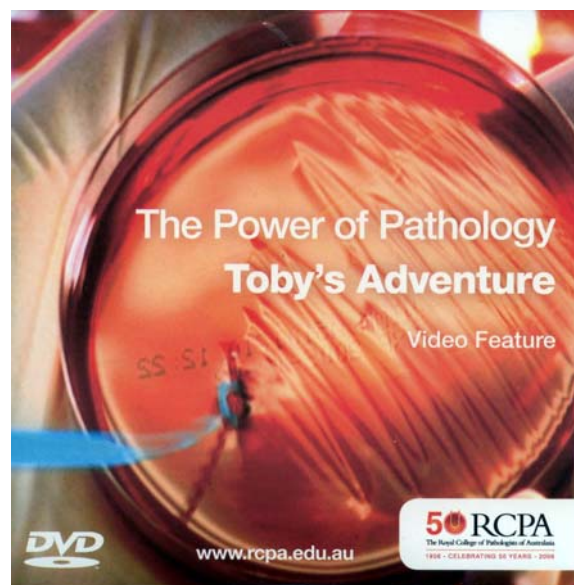
Ian has practised as a General Pathologist in the Bay of Plenty since 1985. He became a member of the Society as a pathology registrar in 1980 and served as the Secretary of the Society 1991 - 1994, member of the NZ Committee RCPA 1992 - 1998 and again from this year as the QASEC representative, and was Chair of the Association of Community Laboratories 1999 - 2004. The first task on Ian's agenda is to work on NZSP registration as a charitable trust.

# Calling all New Zealand Pathologists

**Can you help distribute a DVD to your child's NZ School?**

Last year the College produced a seven minute 'Adventure in Pathology' DVD, aimed primarily at 8-14 year olds. It follows the skateboarding adventures of a championship participant, Toby, and his foray into pathology following a fall and ill health. The story line uses language that is easy to understand with the pathology component providing an introduction to the various disciplines of pathology, illustrated with laboratory footage. It is a lovely way to open the door to the importance of pathology in medicine for younger children and their science teachers.

If you can help us distribute the DVD into New Zealand schools via your child's teacher please contact [bronwyns@rcpa.edu.au](mailto:bronwyns@rcpa.edu.au) to arrange for a copy to be sent to yourself, or directly to the school.



# From the lab

*In this issue -*

**Professor Peter Browett**, Haematologist, University of Auckland, discusses a case of Polymyositis provides an update on Non-Hodgkin's Lymphoma.



## Non-Hodgkin's Lymphoma Update

### Key Points

- lymphomas are a heterogeneous group of malignancies with variable clinical presentation, response to therapy and prognosis.
- Indolent lymphomas, eg, follicular lymphoma, usually present with slowly progressive lymphadenopathy.
- Aggressive lymphomas, eg, diffuse large B-cell lymphoma, may present with either rapidly enlarging lymph node masses or extranodal disease.
- Diagnosis of lymphoma is made on the basis of a tissue biopsy.
- Therapeutic decisions are based on subtype of lymphoma and stage of disease.

Non-Hodgkin's lymphomas comprise 2 to 3 per cent of all cancers, and in New Zealand are the sixth most commonly diagnosed cancer. They can present in all age groups, although the median age of onset is 60 to 65 years, with a steadily increasing incidence documented over the past three decades. The difficulty for the primary care clinician is that lymphomas are a very diverse group of lymphoid malignancies, leading to significant variability in clinical presentation and approach to therapy.

### Risk factors

In most patients, it is not possible to identify environmental or other risk factors that have predisposed to the development of their lymphoma. However, HIV infection is associated with an increased risk of lymphoma, and there is also an increased incidence in patients on long term immunosuppressive therapy following solid organ transplantation. There is also an association with some chronic inflammatory disorders, eg, Sjogren's syndrome, and gastric mucosa-associated lymphoid tissue lymphoma (MALT lymphoma) has been causally linked with *Helicobacter pylori* infection.

### Clinical presentation

Although there are many subtypes of non-Hodgkin's lymphoma, the two most commonly diagnosed are follicular lymphoma (approximately 25 per cent of cases), which is an indolent form of the disease, and diffuse large B-cell lymphoma (approximately 30 per cent of cases), which is a high grade or aggressive lymphoma.

Patients with indolent lymphomas usually present with slowly progressive lymphadenopathy which may have been present for several months before the patient is diagnosed. Extranodal involvement and the presence of systemic or B symptoms, eg, fevers, sweats and weight loss, are less common except in the more advanced stages of the disease. Bone marrow involvement is not uncommon at presentation, and this may result in anaemia and cytopenias.

In contrast, the more aggressive lymphomas, of which diffuse large B-cell lymphoma is the most commonly seen, have a much more variable clinical presentation. Many patients present with rapidly enlarging lymphadenopathy, with symptoms related to the site of lymph node enlargement. Twenty to 30 per cent of patients with aggressive lymphoma will present with extranodal disease, common sites of involvement being the gastrointestinal tract, skin, bone marrow, thyroid and central nervous system. Consequently, patients with lymphoma may present with a wide and often unexpected spectrum of symptoms and signs. Systemic symptoms are also more common in patients with aggressive lymphoma, and in rare circumstances fever alone can be the only presenting feature.



## Diagnosis

Tissue biopsy and histologic review remain the key investigations in the accurate diagnosis and subtyping of non-Hodgkin's lymphoma. Often this requires review by a pathologist with expertise in Lymphoma, with immunophenotypic, cytogenetic and molecular studies providing valuable supplementary information in some cases.

Fine needle aspiration (FNA) is a useful adjunct in diagnosis of lymphoma and frequently provides additional information on morphology, immunophenotype and molecular genetics of lymphoma cells. An FNA may also be useful in excluding lymphoma or other significant pathology, but on its own is not recommended for the initial diagnosis of lymphoma. Lymphomas are subtyped using the WHO classification for lymphoid malignancies. In addition to morphology, the WHO classification also takes account of immunophenotype, genetic and clinical features. This information helps to guide clinicians in selection of the most appropriate therapy for an individual patient.

## Initial evaluation

In New Zealand, patients with newly diagnosed lymphoma are usually referred to a major cancer treatment centre where their management is shared between haematologists, oncologists and radiologists. Because of the complexity of these cases, most centres have multidisciplinary meetings where clinical presentation, pathology, ancillary laboratory investigations and imaging are reviewed before recommendations are made.

Initial staging of a newly diagnosed lymphoma patient includes a careful history and examination, assessment of full blood count, renal and hepatic function, as well as a bone marrow examination in many cases. Serum lactate dehydrogenase and  $\beta 2$  microglobulin levels will also be requested as these provide prognostic information. Additional imaging will be undertaken to stage the lymphoma further. This usually includes body CT scanning, but in certain circumstances may also include MRI imaging and in some overseas centres PET scanning. Patients with high risk disease may also require a CSF examination to exclude CNS disease.

## Therapy

The indolent lymphomas have a lengthy median survival in the order of eight to 10 years, although at present the majority of these patients are not cured of their disease. Patients who are asymptomatic at diagnosis can be managed with a careful "wait and watch" strategy, with introduction of therapy when they develop symptoms related to disease progression. The optimal approach to more advanced disease is controversial, although recent studies have shown improved response rates, and event-free and overall survival for patients treated with a combination chemotherapy regimen in conjunction with the anti-CD20 monoclonal antibody, rituximab (MabThera). At present, MabThera is only funded for second-line therapy in follicular lymphoma, although this is currently under review. Localised disease may be treated with radiation therapy alone, with current studies exploring the benefit of additional chemotherapy and antibody therapy in this setting.

Aggressive lymphomas, eg, diffuse large B-cell (DLBC) lymphoma, are potentially curable using intensive combination therapy with the most commonly used regimen being CHOP chemotherapy (cyclophosphamide, adriamycin, vincristine and prednisone) combined with MabThera. Patients with localised disease may also benefit from local radiation therapy. Patients with relapsed or refractory lymphoma may be considered for high-dose therapy and autologous stem cell transplantation if they respond to a second line chemotherapy regimen.

## Dr Peter Browett

(First published in New Zealand Doctor in May 2007)

# From the lab

*In this issue -*

**Richard Steele, FRCPA, Immunologist, Wellington Hospital,**  
*discusses a case of Polymyositis*



## A case of Polymyositis

**A 60-year-old woman presents with muscle and joint aches, and gradual onset of weakness, particularly getting up from a chair or climbing stairs. Examination shows symmetrical proximal muscle weakness in upper and lower limbs. Blood tests reveal a positive rheumatoid factor; positive antinuclear antibody (ANA) 1:2560, speckled pattern; creatine kinase (CK) of 2800U/L (reference range 30-180U/L). How would you further investigate this patient?**

Based on the clinical and laboratory data presented, this woman has the presumptive diagnosis of polymyositis. There is a significant morbidity and mortality associated with this condition, and therefore all further investigations should be carried out urgently, with the assistance of a specialist with expertise in managing this condition. Depending upon local resources this may include a neurologist, general physician, immunologist or rheumatologist. Delays in treatment may lead to worsening of the weakness and a reduction

in the chances of a good outcome.

It is important when assessing this woman that other forms of muscle disease or possibly neuropathies are considered. These include the following:

- other forms of idiopathic inflammatory myopathy (in particular inclusion body myositis)
- drug-induced myopathies/myositis (including statins, corticosteroids, antimalarials, eg, hydroxychloroquine, antiretrovirals and alcohol)
- other conditions associated with muscle weakness (diabetes, thyroid disease, Cushing's syndrome, other forms of connective tissue disease, eg, SLE, sarcoid pyomyositis, myasthenia gravis, amyotrophic lateral sclerosis, HIV, parasitic disease)
- inherited disease of muscle, including mitochondrial myopathies (MERRF/MELAS), muscular dystrophy and myotonic dystrophy.

A careful history and examination with the information available above should rule out most of these conditions and do not require extensive as well as expensive investigations.

Further investigation of this woman would include inflammatory indices (ESR, CRP), looking for antibodies associated with polymyositis. There are many antibodies associated with polymyositis but the only one that is readily available through New Zealand laboratories is anti-Jo-I antibodies. This is found in only about 30 per cent of patients with this condition.

Jo-I antibodies are associated with a number of clinical features, including interstitial lung disease and Raynaud's phenomenon. The presence of interstitial lung disease is an ominous sign and worsens the prognosis. If other "ENA" antibodies are found, eg, anti-SSa,

anti-SSb, anti-RNP or anti-Sm, it suggests there may be another connective tissue disease, such as MCTD or overlap syndrome. The positive rheumatoid factor and speckled ANA are suggestive this may be the case with this woman.

The definitive diagnosis of polymyositis requires a muscle *biopsy* (possibly guided by MRI or EMG) and the characteristic EMG changes. I would again emphasise the need for early involvement of specialist care.

**Dr Richard Steele**

(First appeared in New Zealand Doctor in May 2007)

## Summary of Issues Raised on the College Matters Visits



*Dr Bev Rowbotham,  
Senior VP RCPA*

The following is a summary of issues that have been raised at the College Matters meetings to date. There are still several more meetings to occur but it was felt useful to provide a summary of the matters already raised. These issues were discussed at the Council Meeting in Adelaide on 16 August 2007 and NZ members will have an opportunity to take up these and other issues with Bev at the Napier Conference later this month.

### PROFESSIONAL ISSUES

- There were concerns generally over the lack of awareness of what Pathologists do and what Pathology is all about.
- There was general support for PathWay, with quite a number of suggestions for articles.
- Concerns were raised about workload levels and there were requests to have workload guidelines.
- It was felt that Pathologists who are NATA/RCPA assessors should look at workloads, working conditions, and supervision arrangements. The College guideline needs to be reinforced with Pathology Assessors, although one Fellow who just went through NATA training indicated the guideline was included.
- There were concerns raised over the lack of support for Scientists and there was general support for a Faculty of Medical Scientists
- There were requests for the College to have a salary/conditions benchmarking survey and it was also suggested that a list of conditions and professional requirements that pathologists should expect in contracts would be useful.
- Some raised concerns that Universities are supporting scientists in Pathology Departments rather than Pathologists.
- In regard to the Scope of Practice Certificates sent out recently, there was a query as to whether AP included Cytopathology and this was confirmed as being the case. It was suggested that in times of workforce crisis these certificates may cause some problems in restricting what Pathologists can supervise and it was explained that this was one of the reasons Pathologists had requested such a document.
- Fees for NATA/RCPA accreditation visits were a concern to some. Questions were raised as to why there were no other providers of laboratory accreditation approved by the Commonwealth in Australia.

### WORKFORCE ISSUES

- The shortage was seen as obvious by the majority of attendees, however in Victoria one Fellow disputed that there was a shortage in the major metropolitan hospitals as there were a few vacancies.

At the same time other Victorian Fellows spoke of huge increases in workloads and minimal increases in pathologist numbers, but stated it was useless asking for additional resources.

There was a real lack of empowerment of pathologists.

- There was support for looking at the concept of Pathologists Assistants to do cut-up, pull slides for meetings, and be a general assistant.
- It was suggested that there should be pathology indicators like surgical waiting lists to show that there is a problem, e.g. turn around time.
- There was some frustration that Commonwealth Funding for training positions is not available for Public laboratories

### EDUCATION ISSUES

- Queries were raised as to future directions of continuing professional development (CPD) such as whether the CPDP should be more rigid (e.g. use Inview type modules).
- There was a suggestion that revalidation should be structured as part of employment arrangements however it was noted that there is little support from organisations for continuing education
- Concerns were raised over the paucity of Pathology taught in undergraduate curricula. The RCPA Core Pathology Curriculum was flagged. This had been sent to all medical schools in Australia and New Zealand and also to the AMC to try to enforce the curriculum via its accreditation of medical schools. Lobbying of Deans of Medical Schools is ongoing on this issue. Further the College has recently committed in principle to the development of early streaming for Pathology training for a small cohort of medical students at UNSW. The medical students would still attain a medical degree that will entitle them to full general medical registration.



## TRAINING/EXAMINATION ISSUES

- Some raised concerns about the number of AP exams and pass rates .
- The idea was raised of having open book exams.
- Funding has recently been obtained from the Commonwealth Government to develop formal mock examinations. These will complement existing past exam papers that are available and sessions provided by all Chief Examiners for trainees at the Update meeting.

## FUNDING ISSUES

- It was asked that when new items or changes in the schedule are being contemplated that the Fellowship be notified of the issues. However the problems with the confidentiality requirements of the Commonwealth in relation to PSTC restricting what the College can report to Fellows was explained and it was flagged that the College has requested that these provisions be relaxed so the Fellowship can be better informed.
- Funding for Second Opinions was raised as an issue and it was stressed that the College is 100% supportive of this and still pushing it at PSTC.
- In regard to concerns over AP funding, an update was given regarding progress with the relativity study.
- Several Fellows were concerned over a decision some 4-5 years ago relating to the changing of some skin items from Complexity Level 5 to level 3.
- Although there were frustrations that the MOU was not delivering fee increases, when asked for suggestions as to what would be a better model there was none forthcoming. There is a need to canvas the Fellowship further on this.
- There was support to commission a health economist to demonstrate the value of pathology to facilitate obtaining more money for the agreement. A suggestion was made that an actuary may be useful also.
- It was suggested that a number of models for funding Pathology should be developed and then provided to the Fellowship for discussion.
- Several small laboratory pathologists indicated that they would have been happy to contribute finance data to the relativity study but they were not members of the AAPP. They were reminded that they could join the RCPA QAP Benchmarking Program and contribute this way.
- A pathologist in a small clinical laboratory raised the issue that there are considerable costs associated with running such laboratories that small AP laboratories did not have to incur. This needs to be kept in mind.

## COLLEGE ADMIN ISSUES

- There was a lot of support for these College Matters meetings and it was suggested that it would be good to rotate venues.
- There were reports that some bulk emails are not received by Fellows due to hospital firewalls etc and that a personal hard copy letter inviting people may be required.
- Some concerns were expressed about how few Fellows and Trainees attended some events and it was suggested by those present that everybody should encourage others in their Departments to attend.
- It was requested that issues under discussion by the Advisory Committees be posted on the web-site and/or published in Pathology Today.
- It was noted that it is difficult for Fellows to attend the AGM in November and because of ASIC requirements it cannot easily be moved. There was support for an Extraordinary General Meeting to be held at each Update rather than changing the AGM time and this is likely to commence in 2008.
- The suggestion was made that consideration should be given to paying members of the Executive Committee.
- The small size of the Management Team in comparison to some Colleges was flagged and there was a suggestion that fees could be increased to provide more support.
- The College was noted to be in a continuing strong financial position.
- It is noted that the web-site is being updated because the current format of the document library is difficult to access. This is an important resource for Fellows as it contains many policy documents that may be of interest. One recently approved document in the Roles and Responsibilities section is the **Council Charter** that was approved at the March Council meeting. It details how the College Council, Executive Committee and Management Team operate and the roles and responsibilities of various members.

## Meet our New Members

### *Auckland Anatomical Pathologist who reels them in.*

*Deborah Smith MBChB, FRCPA*



**I**t is seven months now since I gained my fellowship in Anatomical Pathology and joined the team at LabPlus, Auckland. Pathology certainly wasn't on the top of my list of career choices when I finished medical school. I enjoyed the subject, but was not aware of it as a discipline outside of medical school tutorials. I initially wanted to be a paediatrician, but that desire quickly vaporized when I started work in paediatrics. I didn't like paediatric resuscitations, and I certainly didn't want to spend my life being on call. While I was casting around for options my husband suggested pathology, and to their credit Palmerston North Medlab took me on board.

I spent three of my training years in Palmerston North, and successfully completed Part 1 from there. The nature of the lab, being relatively small and intimate with constant one to one consultant teaching provided an excellent grounding in the approach to pathology. I think this was particularly beneficial for me as it took a while for me to feel like I understood the slides enough to see the wood for the trees.

Subsequently we moved to Auckland to finish training and have been settled here for almost 3 years. Both of us enjoy Auckland, both for the work and lifestyle opportunities. I have really only started to explore the lifestyle part of life of course, having only just had one year of sweet freedom from study and exams. We've bought a boat and spend our weekends with decent weather on the water beside Kauwau Island (about 1 1/2 hours north of Auckland), then come home to eat fresh fish and dream of a bigger boat and island bach!! The included photo is from our recent trip to the Solomon Islands (where my parents live) where we combined a family holiday with a fly-fishing trip to Marovo Lagoon. The fish is Mahi-Mahi, and has the dubious distinction of probably being the first caught on fly in the Solomons, and my largest fish to date.

At work my interests include gastrointestinal pathology, working alongside Kai Chau at LabPlus. This is a large area, with a lot of upper as well as lower GI surgery in Auckland. I also coordinated a New Zealand wide registrar weekend (with Irene Low of Middlemore) earlier in the year, which was very successful thanks to the efforts of our contributing consultants. The idea arose out of long pre-Part 2 study break discussions during which we lamented the demise of the Monash course in Australia.

Ian and I are currently awaiting the arrival of our first child, due in November, and I am gradually winding down and starting to focus more on other matters. I've booked a year off work, and am looking forward to the break and change of pace. I envision a year of lazy brunches, gardening, concrete sculpture, and the odd tropical fishing holiday, although some have tried to tell me that it is really all about sleepless nights, nappies and baby poo. **I guess we shall see!**

## FEATURE Ross Boswell reflects on his term as Chairman of the NZMA (2005-07)



For two years until May this year I served a term as chairman of the NZMA. The experience was interesting and rewarding, but brought with it a share of frustration. I have been asked to write a column for the newsletter reflecting on this time.

The constitution of the NZMA has its chairman as the chief officer of the association. The role involves chairing the biennial meetings of the council, chairing the meetings of the board which are held about 6 times per year, and attending as an ex-officio member the meetings of the Specialist, General Practice and Doctors-in-Training councils each of which meets at least 4 times per year. The chairman is the principal spokesman of the NZMA, and is frequently called upon to make media comment. The chairman is also expected to represent New Zealand at national meetings and meetings of some regional and international medical associations.

Although these are the formal roles, the reality is that the position is widely seen as, de facto, representing the views of the medical profession, and the public and media exposure is substantial. The Chairman also leads the NZMA's extensive advocacy programme, involving regular and frequent contact with Ministers, other politicians and key officials, as well as meetings with other medical organisations and their leadership.

As you might imagine, all of this takes considerable time. In consequence, the NZMA provides an honorarium for its chairman based on an assessment that the post requires about a half-time commitment. Without such remuneration, it would be impossible for a private practitioner to undertake the role. In my case, the honorarium was paid to my employing DHB and I remained a full-time DHB employee, in effect subcontracted to the NZMA.

During this period I found I became heavily reliant on technology. Cellphone, laptop and mobile internet access were my friends and saviours. I needed, and was generally able, to process email every day. I was able, if not to answer, at least to respond within an hour or so to messages left on my cellphone. A few bad experiences made me wary of the vagaries of air travel. I found that if my attendance at some morning meeting in Wellington was crucial, then it was preferable to travel the afternoon or evening before and stay there overnight than to plan a morning arrival. Despite my natural-born pessimism I had generally good experiences with travel, although delays on departure from Wellington in the evenings were not uncommon, often weather-related. The Koru lounge became a home away from home, and I appreciated it when wireless internet access was instituted there.

One of the particular bonuses of the role was to travel overseas to places I had never particularly contemplated visiting, and to be hosted there at meetings by medical colleagues. I greatly enjoyed meeting and discussing medical systems with doctors from many different countries. I grew to appreciate some of the benefits we have for medical practice in New Zealand, principal amongst which is the Accident Compensation framework that frees us from much of the litigation and restriction on commonsense practice that doctors in other countries have to deal with. It was interesting too to discover that restrictions on medical practitioners in New Zealand, through such mechanisms as the replacement of the Medical Practitioners Act by the Health Practitioners Competence Assurance Act, mirrored moves made by governments in other countries against their medical practitioners. It is apparent that our health administrators and politicians talk to each other and together develop ideas to "manage" doctors. It seems essential that we doctors talk to each other and



share information on these encroachments on medical practice, and ways to combat them.

I would like to pay tribute to my colleagues at Middlemore, to the office-holders and staff of the NZMA, to the members the Board of Censors and Council and the staff of the RCPA, and to my family, all of whom supported me during this period. I was busy, and none of you got as much of my attention as you deserved (although undoubtedly some of you saw more of me than you wanted!). Without your help and forbearance, I would not have survived. Thank you.

At the end of my two-year term I have two particular disappointments.

One is the extent to which we – the public, the news media and doctors – have allowed ourselves to be taken in by the sleight-of-hand that claims to separate the DHBs from the Minister and Ministry of Health. Whenever there is some dispute about medical services, these organisations pass the parcel of responsibility between themselves with great alacrity.

The current organisation of health services in New Zealand is clearly designed for the political end of centralising control whilst peripheralising blame. We should refuse to be taken in by it. The Ministry is an arm of government, and the Minister is responsible for it. The DHBs are responsible to the Minister, and a number of their members and all of their chairmen are appointed by the Minister. We have in a very real and literal sense a government health system, operating government hospitals and providing government subsidies for private practice. We need to ensure that the government is held to account for the quality and scope of the health services it provides for its people.

My second disappointment is the extent to which we doctors in New Zealand make it easy for others to control us because of the fragmentation of our professional organisations. We have medical colleges, unions, associations and societies, and many of us belong to a number of them. These bodies are all well-intentioned, but the effect is that there is no unified strong voice representing medicine and medical practice in New Zealand.

If we had been more unified, we might for example have rolled back elements of the HPCA Bill before it was enacted, and avoided the current situation where we are governed by a council appointed by politicians rather than elected by us from amongst our colleagues. Progress has been made on that issue – the Minister has agreed to think about it – but in the meantime the damage has been done, and undoing it is proving difficult.

If we are to be effective, New Zealand doctors need to present a united front. In my view, the best organisation to unite us is the NZMA, because it is the only medical organisation that all New Zealand doctors, from medical students to the retired, whether salaried or in private practice, regardless of specialty, can belong.

To quote Benjamin Franklin:

***"We must hang together, [ladies and] gentlemen . . . else, we shall most assuredly hang separately."***

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*Ross Boswell graduated in the inaugural class from Auckland Medical School in 1974, trained in Christchurch as a registrar in pathology and medicine, and gained a PhD in molecular biology. He worked in the UK for five years at Cambridge and Southampton Universities, before returning in 1987 to the Christchurch School of Medicine where he was Professor of Pathology. He has worked as a chemical pathologist and physician at Auckland's Middlemore Hospital since 1996.*

# Fourteenth Annual Practical Pathology at Whistler January 29 – February 1, 2008

Fairmont Chateau Whistler  
Whistler, British Columbia, Canada  
Course Director: Dr. K. W. Berean

The Department of Pathology, University of British Columbia, will present a 3-day postgraduate course entitled *Practical Pathology at Whistler*. The guest faculty will consist of Dr. Andrew Rosenberg of Harvard Medical School and Massachusetts General Hospital and Dr. Stuart Schnitt of Harvard Medical School and Beth Israel Deaconess Medical Center.

The objective of the course will be on improving skills and understanding of practical issues in anatomic pathology of relevance to practising pathologists. The guest faculty will discuss issues related to musculoskeletal and breast pathology. Members of the UBC Department of Pathology faculty will discuss a wide variety of topics, including pulmonary pathology, dermatopathology, head and neck pathology and immunohistochemistry.. Lectures will be the primary mode of instruction, supplemented by discussion periods, both formal and informal. Participants will receive a comprehensive syllabus covering all of the presented material as well as a CD containing the PowerPoint presentations.



The course takes place at the Fairmont Chateau Whistler, one of the premier hotels in North America. Guest amenities include a spa, several excellent restaurants, pool, and access to Blackcomb and Whistler Mountain just a few steps away. These two mountains provide the largest ski area on the continent, with over 8,000 acres of skiable terrain, more than 200 marked trails and 12 massive alpine bowls, three glaciers, three half-pipes and 2 terrain parks. This trail network is serviced by the most advanced lift system in the world with 15 express lifts in a total system of 38 and covered by average annual snowfall of 30 feet (nine metres), complemented by extensive snow-making systems. Whistler is consistently rated among the best North American ski resorts according to Skiing and Ski magazines.

The course has Category 1 accreditation for 12 hours CME credit by the American Medical Association. Registration fees for the course will be US\$550.00 (US\$300.00 for residents and fellows). A special rate is available for members of the Canadian Association of Pathologists.

For further information and registration forms, contact the Department of Pathology, UBC at 604-822-7102 (Susana Martin) or by email at [cme@pathology.ubc.ca](mailto:cme@pathology.ubc.ca). Additional information and downloadable registration forms are available at our web-site: <http://www.pathology.ubc.ca/cme>.



# Ten Commandments for a Colleague

- I. Whenever and whatever thou knowest not, thou shalt say that thou knowest not.
- II. Thine ego is a dangerous beast, and thou shalt keep it on a leash at all times.
- III. When thou reviewest thy colleague's case, thou shalt find and note every aspect of said case with which thou agreest, and thou shalt express thine agreement.
- IV. If thou must disagree with thy colleague in front of thy clinicians, thou shalt do so with utmost respect. If thou must disagree with thy colleague's report, thou shalt advise thy colleague forthwith.
- V. Thou shalt be patient with thy registrar, for thou wert thyself equally ignorant not so very long ago.
- VI. Thou shalt not report cervical intraepithelial neoplasia after five of the hours of the afternoon, lest thine hunger and fatigue play tricks with thine eyes.
- VII. Thou shalt not try to do thyself the work of three slaves, lest thy hospital's Pharaoh be minded of this, and demand this from thy successor after thou fallest over.
- VIII. Thou shalt make certain that thy colleague abandoneth his microscope while the sun shineth still, lest thy colleague break Commandment VII.
- IX. Before thou has formally reported thy case thou shalt not give thy clinician thine off-the-cuff diagnosis, for thus wilt thou surely err and thy face be coated with egg.
- X. Thou shalt never threaten thy Quality Manager with thy brain knife, no matter how grievously she hast pist thee off.

*Contributed by Dr Anon Ymous*

From the  
**RCPA**



# COMMUNIQUE FROM DURHAM HALL

*Dr Chris Hemmings, Hon Secretary RCPA*

Email: [Chris.Hemmings@member.rcpa.edu.au](mailto:Chris.Hemmings@member.rcpa.edu.au)

*I will be at the Annual Scientific Meeting in Napier and I look forward to seeing as many of you as possible then. I will be happy to discuss College issues with you.*

*Meanwhile, I urge you to cast your votes for the senior College positions. This is an important election for the future of the College.*

*Regards*

*Chris*

*P.S. Your ballot papers must be returned to Durham Hall by October 11<sup>th</sup>*

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## RESEARCH GRANTS

The Breast Cancer Research Trust is calling for another round of medical grant submissions. The Breast Cancer Research Trust is a charitable trust whose purpose is to raise funds to invest in research that will contribute towards finding a cure for Breast Cancer in our lifetime. We are seeking to support radical research that will deliver improved outcomes for all potential victims of this disease and directly contribute to reducing the incidence of Breast Cancer death through greater understanding of the causes and reasons for the increase in this disease.

If you have opportunities that fit with these objectives, we are seeking submissions between now and **November 18th 2007** to determine the allocation of our next round of grants.

Please visit our website at [www.bcrf.org.nz](http://www.bcrf.org.nz) for information on research including appropriate submission forms or email: [admin@bcrt.co.nz](mailto:admin@bcrt.co.nz) or P0 Box 91127, Auckland Mail Centre, Auckland 1142.

**For further information on our research criteria you may contact our senior medical advisor and trustee, Dr John Hannan; [j.harman@smwh.co.nz](mailto:j.harman@smwh.co.nz)**



# A Touch of Humour

*Let's lighten up a little*

*Laughter is good medicine*

## 63 AND PREGNANT

A woman went to the GP's group, where she was seen by a young, new doctor.

After about 3 minutes in the examination room, the doctor told her she was pregnant. She burst out of the room and ran down the corridor screaming.

An older doctor stopped her and asked what the problem was. After listening to her story, he calmed her down and sat her in another room. Then the doctor marched down the hallway to the first doctor's room.

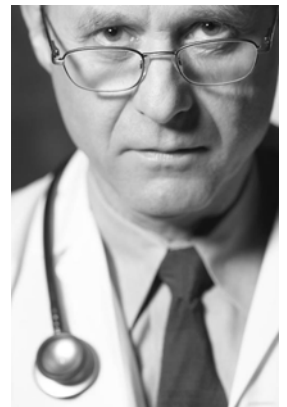
"What's the hell's wrong with you?" he demanded.

"This woman is 63 years old, she has two grown children and several grandchildren, and you told her she was pregnant?!!!"

The new doctor continued to write on his clipboard and without looking up said: "Does she still have the hiccups?"

FINALLY... a doctor who tells it like it 'should be'!!!!

Love this DOCTOR!!!!




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## HEALTH QUESTION & ANSWER SESSION

Q: I've heard that cardiovascular exercise can prolong life; is this true?

A: Your heart is only good for so many beats, and that's it... Don't waste them on exercise. Everything wears out eventually. Speeding up your heart will not make you live longer; that's like saying you can extend the life of your car by driving it faster. Want to live longer? Take a nap.

Q: Should I cut down on meat and eat more fruits and vegetables?

A: You must grasp logistical efficiencies. What does a cow eat? Hay and corn. And what are these? Vegetables. So a steak is nothing more than an efficient mechanism of delivering vegetables to your system. Need grain? Eat chicken. Beef is also a good source of field grass (green leafy vegetable). And a pork chop can give you 100% of your recommended daily allowance of vegetable products.

Q: Should I reduce my alcohol intake?

A: No, not at all. Wine is made from fruit. Brandy is distilled wine, that means they take the water out of the fruity bit so you get even more of the goodness that way. Beer is also made out of grain. Bottoms up!

Q: How can I calculate my body/fat ratio?

A: Well, if you have a body and you have fat, your ratio is one to one. If you have two bodies, your ratio is two to one, etc.

*Continued over page*

Q: What are some of the advantages of participating in a regular exercise program?

A: Can't think of a single one, sorry. My philosophy is: No Pain...Good!

Q: Aren't fried foods bad for you?

A: You're not listening....Foods are fried these days in vegetable oil. In fact, they're permeated in it. How could getting more vegetables be bad for you?

Q: Will sit-ups help prevent me from getting a little soft around the middle?

A: Definitely not! When you exercise a muscle, it gets bigger. You should only be doing sit-ups if you want a bigger stomach.

Q: Is chocolate bad for me?

A: Are you crazy? HELLO Cocoa beans! Another vegetable. It's the best feel-good food around!!

Q: Is swimming good for your figure?

A: If swimming is good for your figure, explain whales to me.

Q: Is getting in-shape important for my lifestyle?

A: Hey! 'Round' is a shape! !

Well, I hope this has cleared up any misconceptions you may have had about food and diets.

***And remember:***

"Life should NOT be a journey to the grave with the intention of arriving safely in an attractive and well preserved body, but rather to skid in sideways - Chardonnay in one hand - chocolate in the other body thoroughly used up, totally worn out and screaming, ***"WOO HOO, What a Ride!"***"




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## TALKING DOG FOR SALE

A guy is driving around the back woods of Tennessee and he sees a sign in front of a broken down shanty-style house: "Talking Dog For Sale."

He rings the bell and the owner appears and tells him the dog is in the back yard. The guy goes into the back yard and sees a nice looking Labrador retriever sitting there. "You talk?" he asks."



Yep," the Lab replies.

After the guy recovers from the shock of hearing a dog talk, he says "So, what's your story?" The Lab looks up and says, "Well, I discovered that I could talk when I was pretty young. I wanted to help the government, so I told the CIA. In no time at all they had me jetting from country to country, sitting in rooms with spies and world leaders; because no one figured a dog would be eaves- dropping. I was one of their most valuable spies for eight years running."

"But the jetting around really tired me out, and I knew I wasn't getting any younger so I decided to settle down .I signed up for a job at the airport to do some undercover security, wandering near suspicious characters and listening in." I uncovered some incredible dealings and was awarded a batch of medals. I got married, had a mess of puppies, and now I'm just retired."

The guy is amazed. He goes back in and asks the owner what he wants for the dog. "Ten dollars," the guy says "Ten dollars? This dog is amazing! Why on earth are you selling him so cheap?"

"Because he's a liar. He never did any of that stuff."

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# Vacancies



## Diagnostic Medlab, Auckland Anatomic Pathologist

Diagnostic Medlab, part of the Australasian Sonic Healthcare Group, is the largest private pathology laboratory in NZ processing 70,000 histology specimens and more than 150,000 cytology specimens a year. The laboratory services the Auckland region which has a population of more than a million people, and includes providing a pathology service for several private hospitals.

We are seeking an anatomic pathologist, full or part time, permanent or locum, for our Histology/Cytology Department. Our specimens cover a wide range of specialties and opportunities are available for pursuing sub-specialty interests.

The successful applicant will have medical and post graduate qualifications registerable in New Zealand and will preferably be competent in both histology and cytology. We will also consider applications for a locum tenens position.

Auckland is the largest city in New Zealand, known as the City of Sails for its beautiful harbours and outdoor opportunities.

***For further information*** , please contact **Dr Mee Ling Yeong** on

tel: +64- 9- 571-6456 or email: [myeong@dml.co.nz](mailto:myeong@dml.co.nz)

Please apply online at [www.dml.co.nz/careers.asp](http://www.dml.co.nz/careers.asp)



## Anatomic Pathologist

### Christchurch New Zealand

A vacancy exists for a full-time anatomic pathologist in the Histology and Cytology Department at Southern Community Laboratories in Christchurch. The workload is varied and includes cases from private hospital-based specialists and community-based general practitioners. Expertise in cytology (both gynaecological and non-gynaecological) would be an advantage. The appointee will be expected to hold Fellowship of the Royal College of Pathologists of Australasia or a similar recognised postgraduate qualification, and be eligible for registration as a Specialist in Anatomical Pathology with the Medical Council of New Zealand. Registrars who complete Part 2 RCPA examinations in 2007 are eligible to apply as the laboratory is accredited by the RCPA for registrar training.

For further information contact:

Dr James White ([james.white@sclabs.co.nz](mailto:james.white@sclabs.co.nz), ph:(03) 363 4806)

or Dr David Roche ([david.roche@sclabs.co.nz](mailto:david.roche@sclabs.co.nz), ph:(03) 363 4803)

# Vacancies



## Dunedin Hospital Consultant Haematologist

Dunedin Hospital is a 350-bed hospital providing primary, secondary and tertiary services to a population of 181,500. The services provided include: Mental Health, Women's Health, Public Health, Paediatrics, Maternity, Oncology, Haematology, Emergency, Intensive Care as well as Medical and Surgical Services (including cardiothoracic and neurosurgery).

The hospital is situated in the centre of the city and has close links with the Medical School at the University of Otago. To find out more about the District Health Board please visit our website: <http://www.otagodhb.govt.nz/Portal.asp>

The website contains many links that will tell you about our city, country and health system.

The Haematology Service is looking for a full time Haematologist to join our team. Candidates must hold, or be eligible for, Vocational Registration with the Medical Council of New Zealand for clinical and/or laboratory Haematology (FRACP & FRCPA or equivalent e.g. MRCP & MRCPATH).

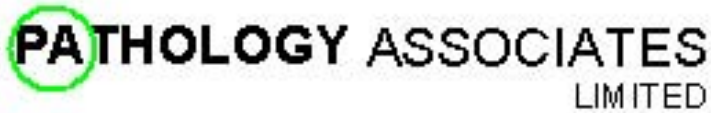
The position involves clinical Haematology services to the Otago and Southland region and diagnostic Haematology work at Southern Community Laboratory. The Haematology Service shares beds in a 14-bed inpatient unit, provides chemotherapy and day patient services in a purpose-built day unit, and conducts regular outpatient clinics in Dunedin and Invercargill.

Remuneration and terms of employment will depend on experience and qualifications and all applications will be confidential.

For information regarding these positions, contact details for Clinical Leaders, job descriptions and applications *please contact:*

Barbara McClenaghan – Administration Assistant, Oncology, Haematology and Palliative Care – telephone 03 4747007 ext 8188

or Email [Barbara.mcclenaghan@healthotago.co.nz](mailto:Barbara.mcclenaghan@healthotago.co.nz)



Medlab Bay of Plenty  
Pathlab Waikato

## **SPECIALIST PATHOLOGIST ANATOMICAL OR GENERAL HAMILTON, NEW ZEALAND**

**Pathology Associates Ltd is a private company providing medical laboratory services to three large geographical regions. The Laboratories are Pathlab Waikato, Medlab Bay of Plenty and Diagnostic Rotorua, involving over 300 staff and nine full time pathologists.**

**The position is based in Hamilton and involves participation in community laboratory services primarily in the Waikato district. Some flexibility is required to assure coverage of professional services across the three laboratories.**

**Our laboratories serve a population of over 300,000. We see over 50,000 surgical specimens a year, over 40,000 gynaecologic cytology specimens. We also have a thriving fine needle aspiration service.**

**We have a vacancy for an additional pathologist, either a general pathologist with a strong interest in histopathology or a specialist anatomic pathologist. Competence in Cytopathology is an advantage but not a necessity. Your post graduate qualifications will need to be registrable with the NZ Medical Council.**

**Attractive salary and terms will apply.**

**Applications of interest should be directed to:**

**ID Beer  
Pathology Associates Ltd  
E-mail: [ianb@medbop.co.nz](mailto:ianb@medbop.co.nz)  
P.O. Box 130, Tauranga 3015, New Zealand  
Phone (64 7) 577 4505, Fax (64 7) 571 8007**



# Invitation to contributors

**New material for *The RCPA(NZ) News* is invited as follows:**

**Pathology news items** (any length)

**Articles** (1200-1500 words): These can be papers, reviews, essays, commentaries, critiques or polemics.

*Suggestions for interesting themes are always welcome.*

## Reminiscences

Articles by retired (or about to retire) Pathologists are especially welcomed. Please attach photo of self.

**Reports** (1000 words): Interesting meetings and travel experiences.

**Columns** (600 words): Regular columnists would be welcome to exercise their thoughts.

**Pathological creative writing:** All literary forms including: short story, serial, surrealism, poetry.

**Appreciations** (1000-1200 words) We prefer appreciations on honours, awards or retirement to the sad necessity of obituary.

**Photo-journalism:** Favoured subjects include pathologists doing something interesting; e.g. mountaineering; outdoor sports; pets; children; interesting food and drink; and snaps from abroad.

**Cartoons:** Any would-be cartoonists out there?

**Curettings:** Jokes and humorous titbits always needed to spice up the newsletter.

**Debate:** Letters to the Editor are welcome but may be shortened for publication or converted into articles. All criticisms of organisations or named individuals will entitle the parties to a right of reply. Argument will usually be curtailed after one cycle.

**Trainees: Are especially encouraged to submit material in any and all of the above categories. Publication in *The RCPA(NZ) News* may impress appointment committees! (Anything's possible)**

**Current editorial desires:** the Editor is currently seeking material from trainees, comment on current affairs in pathology, occasional columnists, innovations in pathology and humorous writing on pathology topics.

**All suggestions are welcome.**

*RCPA(NZ) News* is published quarterly – sometimes a bit late. Regular publication dates are.

## Issue Publication month Copy date

**AUTUMN** March 5th March

**WINTER** June 5th June

**SPRING** September 5th September

**SUMMER** December 5th December

**All newly arrived international medical graduates (IMGs) and all pathologists recently awarded FRCPA** are invited to send an article to the Editor ([rcpanz@rcpanz.org.nz](mailto:rcpanz@rcpanz.org.nz)). A recent photograph should accompany the item.

Copy is best submitted by email (in the body of the email or as an attachment as a *Word doc* or *rich text format (rtf)*). Illustrations or photos preferred in jpg (jpeg) format. Address to:

**[rcpanz@rcpanz.org.nz](mailto:rcpanz@rcpanz.org.nz)**

Editor