Royal Australasian College of Surgeons

Te Whare Piki Ora o Māhutonga

Briefing to Chief Executive (Acting) Te Whatu Ora - Health New Zealand

February 2025

Tēnā koē Dr Bramley

Te Whare Piki Ora o Māhutonga - the Royal Australasian College of Surgeons (RACS) congratulates you on your appointment as the Interim Chief Executive of Te Whatu Ora – Health New Zealand and looks forward to working with you.

Government needs good information to comprehend the critical nature of current situations in the health sector in Aotearoa New Zealand, and to work collaboratively with doctors to address the deep-seated issues plaguing the system and resulting in inequity and inefficiencies.

We have prepared this briefing for three purposes:

- to inform you of the current issues facing surgical services in Aotearoa New Zealand
- to set out the role of RACS in the healthcare system
- to improve communication and collaboration with yourself, the Minister of Health and the Commissioner of Te Whatu Ora - Health New Zealand.

RACS sees the biggest priorities needing action as:

1. Health reforms – stabilisation and funding
2. Workforce – supply, training and retention
3. Needs-based equitable healthcare – access, service delivery, and outcomes
4. Maintenance and improvement of existing Health Infrastructure
5. Planned care – meeting targets to reduce waiting lists
6. Sustainability – reducing emissions, reusing and recycling surgical waste.

RACS has a wealth of clinical expertise and system intelligence we are happy to share with the Minister, Commissioner and Chief Executive to facilitate effective decisions and advance concrete action to implement health reform.

Ngā mihi nui,

Dr Ros Pochin

Chair, Aotearoa New Zealand National Committee

Royal Australasian College of Surgeons

1. Health reforms

RACS recognises the need for a reset of Aotearoa New Zealand's health system and supports the goals of the *Pae Ora (Health Futures) Act 2022*, particularly in addressing health inequities, improving access to care, and promoting wellness.

However, the College expresses concern regarding the slow pace of progress and the uncertainty surrounding ongoing reforms.

Key concerns include:

Workforce Stability: Current change proposals are destabilizing the health workforce, which threatens the delivery of a fair, safe, and sustainable healthcare system.

Service Quality: There is insufficient focus on maintaining service quality, patient safety, and health outcomes for at risk populations; particularly for Māori, Pacific, disabled, and rural communities.

Risks of Reforms: Specific reforms in clinical leadership and digital services may increase risks to patient safety and lead to increased costs, undermining intended savings.

Digital and Data Systems: Many healthcare data systems are outdated and lack uniformity across regions, resulting in inefficiencies, particularly when patients move between hospitals or regions.

RACS urges a more strategic approach to ensure reforms are effective, sustainable, and beneficial for the entire population.

We are looking forward to working with you, your team and the health agencies more broadly to unlock the opportunities to make our health system a world leader.

Recent and current change proposals and subsequent destabilisation of the health workforce are putting at risk the delivery of a fair, safe and sustainable healthcare system in Aotearoa New Zealand. There has been a noticeable absence of explicit attention to service quality standards, ensure good clinical governance, excellent patient safety and outcomes. Proposals also consistently ignore discussion of the impact on access to needs-based services for population groups with known poor

health outcomes including Māori, Pacific and disabled people, and those in rural areas.

What RACS is doing:

1. Providing advice and information when we see the opportunity to support the reforms and calling out unintended adverse consequences for system performance and patient safety.
2. Members are involved in numerous existing initiatives, including clinical guidelines and digital projects, that could be scaled up and provide avenues for collaboration with Te Whatu Ora.

Government action required:

1. Involve clinicians, including the Council of Medical Colleges, at all stages of the health reforms to assist in delivering a fair, safe, and sustainable healthcare system.
2. Apply a clinical governance approach to the healthcare system, demonstrating accountability for:
    - achieving explicit service quality standards,
    - patient safety, experience and outcomes,
    - fair, needs-based and equitable access to a responsive health system for all population groups including Māori, Pacific and disabled people, and those based in rural.
3. Commit to fund the number of staff required to deliver this, supported by adequate physical and digital infrastructure.
4. Pause the current and foreshadowed Te Whatu Ora restructuring proposals and staff cuts.

How RACS can help you:

1. We are willing and able to provide expert advice from the frontline of medicine in Aotearoa New Zealand through our network of 1400 surgeons, Trainees and Specialist International Medical Graduates (SIMGs).
2. Provide examples of good practice resulting in streamlined processes and reducing inequity and system inefficiencies, and existing initiatives which could be scaled up and provide avenues for collaboration.
3. Offer advice about both short-term fixes and the long-term changes to set the health system up for a healthy future.

2. Workforce

There is a looming crisis in the workforce in several surgical specialties for senior specialist surgeons (Senior Medical Officer or SMO).

Currently, some surgical specialities have insufficient staffing to provide sustainable and safe services in their specialty area and are not meeting patient needs. This is likely to worsen in the next five to ten years with retirements and a paucity of new specialists in training in Aotearoa New Zealand.

The ratio of surgeons per 10,000 population in Aotearoa New Zealand fell from 1.9 in 2022 to 1.7 in 2023, while Australia remained at 2.2.

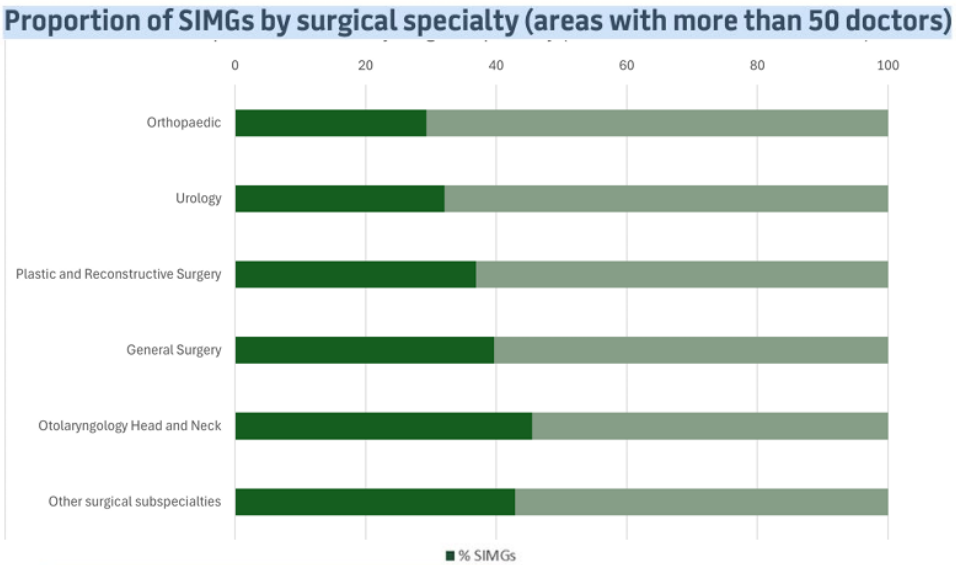
RATIO OF SURGEONS PER 10,000 POPULATION

2.2
Australia

1.7
Aotearoa
New Zealand

Most surgeons work either exclusively in public hospitals or work in both public and private settings.

Aotearoa is also very reliant on Specialist International Medical Graduate (SIMG) surgeons to provide a service, particularly in rural centres. We don't train enough domestic surgeons to service our motu:



MCNZ, The New Zealand Medical Workforce in 2024

What RACS is doing:

1. RACS maintains a complete and comprehensive national overview of the surgical workforce across the nine surgical specialties (more so than any of the medical colleges and specialty societies). Our information covers surgeons, surgical Trainees and SIMGs showing current, future and predicted workforce needs.
2. We deliver comprehensive Continuing Professional Development (CPD) programmes for RACS Fellows in Aotearoa New Zealand and Australia. Continuous professional development is compulsory for surgeons to retain their registration with MCNZ.
3. We have recently streamlined the process for assessing internationally trained surgeons (SIMGs) wanting to work in Aotearoa New Zealand. We meet MCNZ targets for timeliness of processing 91% of the time.

Government action required

1. Fund Te Whatu Ora in Budget 2025 to target matching Australia at 2.2 surgeons per 10,000 population (we fell from 1.9 in 2022 to 1.7 in 2023).

   To achieve this target there would need to be additional funding for new surgical training posts/positions in hospitals, where the Trainee (registrar) has a dual role of learning and service delivery. This would enable us to be less reliant on SMIGs to staff surgical centres.
2. Urgently develop and action strategies to prevent newly qualified surgeons from moving to Australia or other overseas destinations; particularly by providing more transparency around recruitment into senior specialist surgical positions in public hospitals (Senior Medical Officers or SMOs) or bonding surgical Trainees to Aotearoa before they complete their training overseas, so they have a known job to which they can return.

How RACS can help you:

1. Surgery is a team sport. We have a firm understanding of the health professions our surgeons work with daily and how their workforce issues impact on the delivery of both acute and planned care surgery. RACS is in a unique position to collaborate and work with government to ensure robust future health workforce planning regarding surgery.
2. We would like to work with Te Whatu Ora to improve workforce planning and future job security for surgical Trainees. If there was more transparency around recruitment to SMO positions, we could prevent newly qualified surgeons from moving to Australia or other overseas destinations.
3. We are ready to train more surgeons. We have already asked the surgical specialist societies how many extra training posts they need in the short and long term. We can readily ‘stand up’ and support more Trainees if training posts are increased.

3. Needs-based equitable healthcare

Despite significant efforts to deliver services which meet the healthcare needs of different populations, in recent years we have seen an increase in unfairness across the health system in Aotearoa New Zealand. This is particularly the case for Māori and Pacific peoples, women, rural Aotearoa New Zealand.

RACS is committed to design and delivery of healthcare services that provide access to healthcare for all population groups based on their needs, with a view to achieving equitable access, equitable service delivery and equitable health outcomes.

The health of Māori and Pacific peoples

Being Māori or from the Pacific community is, by itself, an independent risk factor for poor health outcomes. There is substantial evidence supporting ethnicity as a determinant of health for Māori and other population groups.[1]

Māori experience disproportionately higher rates of morbidity and mortality, exacerbated by systemic barriers to accessing healthcare. For example:

- Māori have shorter life expectancies and are more likely to die prematurely from preventable conditions.[2]
- Māori face higher rates of chronic disease, including diabetes, cardiovascular disease, and stroke. They also experience these conditions at a younger age compared to non-Māori.[3]
- Māori women have one of the highest incidences of breast cancer in the world and this can only in part be explained by modifiable risk factors such as higher rates of obesity. Māori women are more likely to experience delays in receiving treatments, are less likely to receive radiotherapy, and are more likely to be treated with mastectomy.[4]
- Disparities in access to specialist care persist, further compounding inequities in outcomes.[5]

There is an opportunity cost for government in ignoring the impact of ethnicity. Ethnicity should be considered when developing service design and when prioritising service delivery. Analyses based on good-quality ethnicity data should be routinely used to identify need, design health interventions, and monitor the effectiveness of the health system.

[1] Loring B, Reid P, Curtis E, Mclead M, Harris R and Jones R. Ethnicity is an evidence-based marker of need (and targeting services is good medical practice), Te Ara Tika o te hauora hapori - New Zealand Medical Journal 2024; 137:1603A.
[2] Ministry of Health. 2024. Health and Independence Report 2023 - Te Pūrongo mō te Hauora me te Tū Motuhake 2023. Wellington: Ministry of Health.
[3] Health Quality and Safety Commission. 2019. A window on the quality of Aotearoa New Zealand's health care 2019 – a view on Māori health equity. Wellington: Health Quality & Safety Commission
[4] Lawrenson, R., Seneviratne, S., Scott, N., Peni, T. Breast cancer inequities between Māori and non-Māori women in Aotearoa/New Zealand. Wiley March 2016;25(2):225-230.
[5] Ibid.

Māori are at least 17.8 percent of the population, but only 5.1 percent of doctors. Just under 9 percent of New Zealanders identify as Pacific Peoples compared to 2.4 percent of doctors.[6]

What RACS is doing:

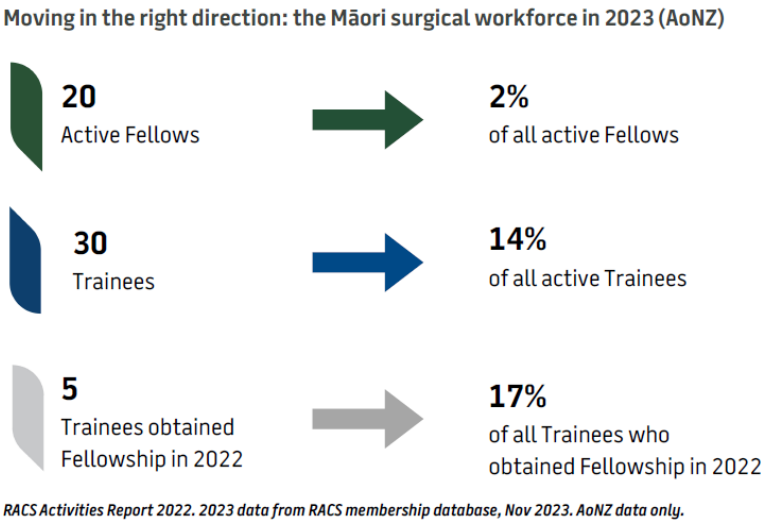
1. *Te Rautaki Māori - Māori Health Strategy and Action Plan 2024-26* sets out the path toward a culturally safe and competent surgical workforce and greater health equity for Māori.
2. RACS has established Te Rau Poka Māori Surgical Academy to identify and support Māori medical students and Trainees. We are working to achieve population parity for Māori surgeons by the bicentenary of Te Tiriti o Waitangi; this requires 150 fully trained Māori surgeons by 2040.

Government action required:

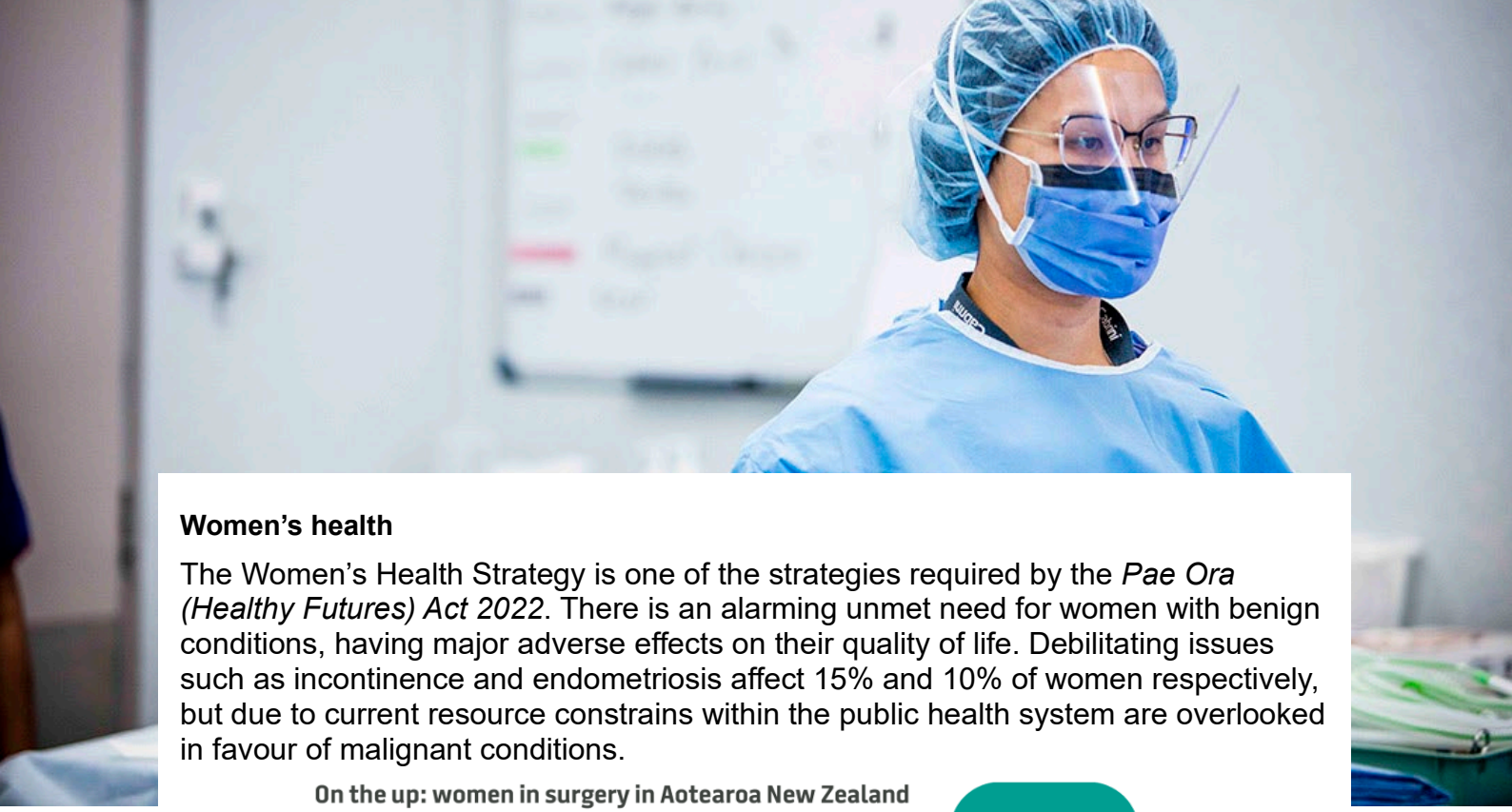
1. Acknowledge there is already substantial evidence supporting ethnicity as a key determinant of health for Māori and other population groups.
2. Strengthen the quality of ethnicity data and analysis available for design of healthcare interventions to enable better allocation of resources and to monitor the effectiveness of the health system
3. Adopt the target of 150 fully trained Māori surgeons by 2040. Commit to maintain the *Māori and Pacific Admission Scheme* at Auckland Medical School and *Te Kauae Paraoa* at Otago Medical School
4. Ensure the Manatū Hauora works collaboratively with RACS to implement:
   - Government's Hauora Māori Strategy for Aotearoa New Zealand
   - RACS' *Te Rautaki Māori - Māori Health Strategy and Action Plan* 2024-26.

How RACS can help you:

1. We are willing and able to provide expert advice face-to-face on a regular schedule, and promptly as issues arise.
2. Our Māori Health Advisory Group is willing to provide expert advice and support to the Māori Health Directorate at Manatū Hauora – Ministry of Health.

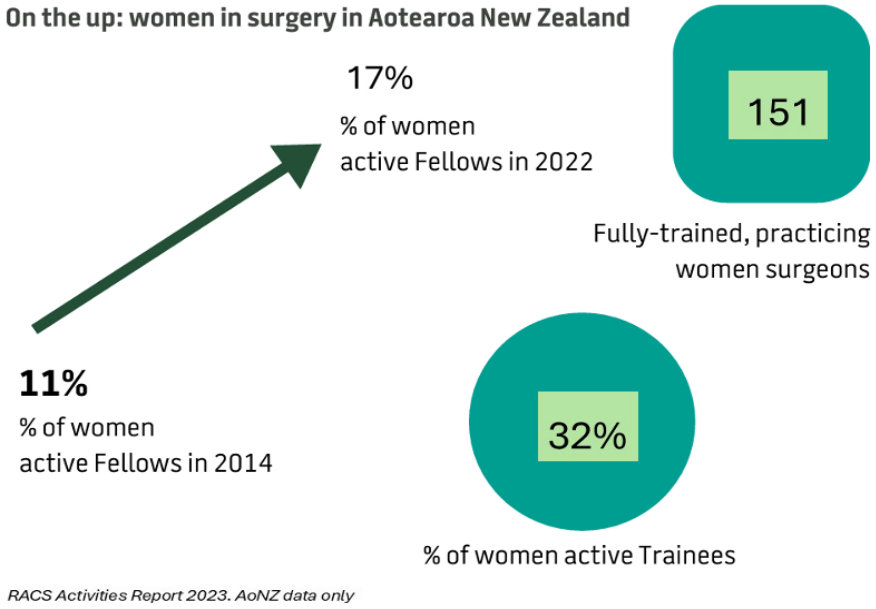


[6] MCNZ, The New Zealand Medical Workforce in 2024. Note the proportion of Māori and Pacific Peoples in the population is likely greater given the available census data is five years old.



Women's health

The Women's Health Strategy is one of the strategies required by the *Pae Ora (Healthy Futures) Act 2022*. There is an alarming unmet need for women with benign conditions, having major adverse effects on their quality of life. Debilitating issues such as incontinence and endometriosis affect 15% and 10% of women respectively, but due to current resource constrains within the public health system are overlooked in favour of malignant conditions.



RACS Activities Report 2023. AoNZ data only

What RACS is doing:

1. We are actively encouraging women into the surgical specialties through initiatives, including Women in Surgery and Building Respect, including training in overcoming discrimination, such as micro-aggressions.

Government action required:

1. Fund Te Whatu Ora to allocate time for mentoring women junior doctors and trainee surgeons.
2. Fund Te Whatu Ora to cover the incremental costs of employing surgeons in less-than-full-time positions to allow flexible training.

How RACS can help you:

1. We are willing and able to provide expert input into the development and implementation of the *Women's Health Strategy*.

Regional, rural and remote health care

Te Pae Tata Interim New Zealand Health Plan 2022 recognises the over 700,000 New Zealanders living rurally - particularly Māori, Pacific peoples, older people, families with children and those on lower incomes - face inequitable access to health care.

Access to hospital-level care is particularly affected by distance, travel times and associated costs. Regional, rural and remote populations, including small farming communities, are at greater risk of not being able to access urgent surgical response.

Recent Te Whatu Ora change proposals would have had disproportionate adverse impacts on rural healthcare services and surgeons delivering those. For example, the (abandoned) proposal to remove Chief Medical Officer positions in four rural hospitals, and the current proposal to reduce Digital Services support to regional hospitals where the risk is arguably greater than for larger hospitals in well-served locations.

What RACS is doing:

1. RACS' *Rural Health Equity Strategic Action Plan* and Aotearoa New Zealand-specific *Regional and Rural Health Equity Strategy* contain actionable solutions to the issues of rural health inequities. (as below)
2. The RACS Rural Health Committee looks at barriers to rural health equity, and the Rural Surgery Section support surgeons working rurally.

Government action required:

1. Expand the hub and node model, where surgeons from better-resourced centres visit more remote patients rather than requiring rural patients to travel to them.
2. Review the National Travel Assistance scheme to improve access to hospital-level care and improve emergency transport networks and telehealth options.
3. Ensure Te Whatu Ora Change proposals explicitly address impacts on rural communities, rural health services, rural doctors and specifically surgeons.
4. Fund Te Whatu Ora for more surgical training positions in regional hospitals.
5. Ensure the availability of appropriate paid locums to allow surgeons in smaller regional hospitals to meet their CPD obligations and take annual leave.
6. Fund Te Whatu Ora to increase the number of and support for Nurse Practitioners to take up some of the workload that cannot be covered adequately in regional and rural communities.
7. Ensure co-ordination between health agencies and the Ministry for Primary Industries in '*rural proofing'* government programmes.

How RACS can help you:

1. We are willing and able to provide early expert input into the development and implementation of strategies to provide equitable healthcare to regional, rural and remote communities, including by consulting with rural surgeons who have strong linkages into the regional and rural communities they serve.

Figure 1. An overview of the RACS Rural Strategy. It addresses multiple points of the surgeon's career cycle with consideration to common intersecting characteristics.

RACS Rural Health Equity Strategic Action Plan.

4. PLANNED CARE – MEETING TARGETS TO REDUCE WAITING LISTS

- **Surgery Demand vs. Capacity**: The demand for surgery in the public health system has significantly outstripped its capacity, leading to long waiting lists for elective surgeries.
- **Constraints in Public Hospitals**:
  - Public hospitals are struggling to reduce waiting lists due to prioritisation of trauma and acute surgeries.
  - There is insufficient capacity in operating theatres, intensive care units, dialysis facilities, and beds, compounded by workforce shortages.
- **Growing Inequity**:
  - As the system becomes more strained, there is an increasing inequity in the provision of planned surgery.
  - Rising thresholds for surgeon reviews are pushing those who cannot afford private insurance to wait longer for surgery, if they receive it at all.
- **Impact on Disadvantaged Groups**: The most disadvantaged populations are disproportionately affected, with limited access to timely surgical care.

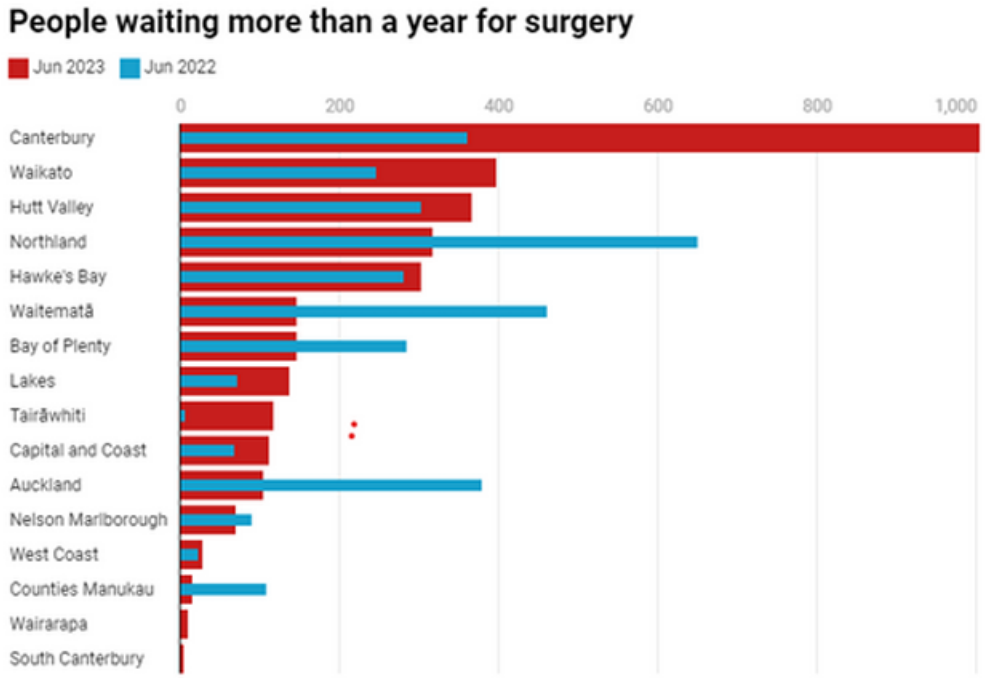
The Office of the Auditor-General announced 29 January 2025 an audit of planned care system at Te Whatu Ora.[7] Demand for planned care has been increasing, waiting lists for treatment have been getting longer, and there are inequities in access to treatment, “People living in rural areas, disabled people, Māori people, and Pacific people can wait longer for treatment than other New Zealanders. This is partly because of inconsistencies in the ways that patients are prioritised for treatment.”

The Auditor General published data from the first quarter of the 2024/25 year showing just 61% of patients had a first specialist appointment within the deadline of four months, down from 66% a year earlier. Around 62% of patients had their operation within the four-month deadline – well short of the long-term target of 95%. The proposed audit will also look at whether prioritisation of patients has been consistent throughout the country.

RACS does not have access to adequate data on surgical waiting lists, or those people who don’t make it onto a waiting list, including distribution across the motu. (The graph overleaf, based on incomplete data at June 2023 is the latest available.)

Our surgeons are on the frontlines of health and know what works. We could significantly increase the volume of planned surgery done by the public sector to achieve your targets for reducing waiting lists with increasing staffing in public hospitals, using operating theatres at weekends, more outsourcing to the private sector, and increasing the scope and number of anaesthetic technicians.

[7] Our intentions: Looking at equitable access to planned care — Office of the Auditor-General New Zealand



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

Te Whatu Ora.

What RACS is doing:

1. *RACS* has developed a position statement on outsourcing surgical waiting lists for the Aotearoa New Zealand Healthcare environment. This document emphasises the importance of following a clinical goverance approach and inclusion of education and training of trainee surgeons being incorporated into any arrangements.

2. We are ready, willing and able to provide expert advice from the frontline of medicine in Aotearoa New Zealand to design and implement models to significantly increase the volume of outsourcing, outplacing and insourcing planned surgery done by the public sector to achieve your targets for reducing waiting lists.

Government action required:

1. Work with RACS and surgeons to develop the best models of outsourcing, outplacing and insourcing public sector surgical waiting lists to private hospitals and day surgery facilities.
2. Provide additional funding in Budget 2025 to implement these models to achieve agreed initial targets for outsourcing, outplacing and insourcing surgical waiting lists by July 2026, with a commitment to review funding for Budget 2026.
3. Ask MCNZ to review the scope of anaesthetic technicians, and Te Whatu Ora to increase the number employed.

4. Fund Clinician FTE: Allocate funding for clinicians to review colonoscopy waiting lists, supported by an endoscopy nurse with the aim of:
    a. Removing ineligible patients from the lists
    b. Assessing, who may not benefit from a colonoscopy
    c. Moving to the National Bowel Screening Programme as eligible.
    d. Ensuring adherence to the latest guidelines, including the use of alternative tests where appropriate.
5. Allocate funding for o look at endoscopy waiting lists along with an endoscopy nurse to remove ineligible patients and enable uptake of the latest national guidelines – such ordering alternate tests and assessing whether some groups of people who will not benefit from colonoscopy should be moved from the waiting lists completely or moved to the National Bowel Screening programme.
6. Work with RACS as below to build an up-to-date picture of surgical waiting lists, and those who do not make it onto the waiting lists (the unknown unmet need) and increase the visibility of this data.
7. Asking the Minister for Statistics New Zealand to include specialist surgical waiting lists in the priority set of Tier 1 Health Statistics.

How RACS can help you:

1. As above, we are willing and able to provide expert advice face-to-face on a regular schedule, and promptly as issues arise, in relation to the long-term workforce and infrastructure requirements of surgical services.
2. We have ideas about when treatment isn't always the best option and how we could cut waiting lists by being more realistic about costs vs benefits or alternative investigations/procedures. Just because we can doesn't always mean we should.
3. We could work with you to build an up-to-date picture of surgical waiting lists across the public and private sector, including ACC referrals, across all nine surgical specialties
4. Working with our anaesthetic colleagues we can improve peri-operative review, evaluation and management.
5. Applying evidence based and cutting-edge research to the care of patients to ensure safer, effective care and improved outcomes.

5. SUSTAINABILITY

Sustainability of our health system is vital our hospital and primary care infrastructure from physical buildings to digital and data systems to appropriate workforces as all levels, particularly those in support roles is weak. Hospitals that are rebuilt often do not meet the increasing capacity. Digital and data infrastructure is creaky and frequently leads to inefficiencies.

6. ENVIRONMENTAL SUSTAINABILITY

Climate change is having increasingly destructive effects on the health of New Zealanders. Ironically, the provision of health services has a significant negative impact on the environment. Healthcare facilities are massive producers of carbon dioxide emissions including from anaesthetic gases, disposable instruments, and surgical waste,

The UK has been successful at “greening” the NHS.

Aotearoa needs to quantify the environmental consequences of health care decisions and recognising the opportunities to minimise environmental damage.

OraTaiao (New Zealand Climate and Health Council) and Sustainable Healthcare Aotearoa (SHA) are national organisations for healthcare workers and active in this field fighting for sustainability.

What RACS is doing:

1. RACS was the first medical college in Australasia to sign up to the newly released Green College Guidelines, developed in collaboration with the Australian Medical Association and Doctors for the Environment Australia. These provide guidance to medical colleges on how they can reduce the carbon emissions of their organisation by incorporating practical changes to the way they operate.
2. As an organisation we support the call for sustainable surgical practice and this has become an increasing advocacy priority for RACS including the establishment of a dedicated Environmental Sustainability in Surgical Practice Working Party (ESSPWP).
3. We encourage surgeons in Aotearoa to consider and implement the Intercollegiate Green Theatre Checklist developed by the four UK and Ireland surgical colleges to reduce the carbon footprint of surgery.
4. The RACS Annual Scientific Conference in 2024 included a significant educational session on sustainability. The RACS position paper - environmental impact on surgical Practice is largely guided by the “five R’s - Reduce, Reuse, Recycle, Rethink and Research”.

Government action required:

1. Consider how Te Whatu Ora can become more sustainable in terms of physical, data and digital and personal resource.
2. Recognise the significant environmental consequences of health care decisions and the importance of making healthcare more environmentally sustainable.
3. Fund Te Whatu Ora to appoint a position in each hospital to identify opportunities to reduce use, for safe multi-use or recycling of surgical instruments, and recycling of other surgical waste.

How RACS can help you:

1. Provide expert advice on how carbon emissions and environmental waste can be reduced in the provision of surgical health services in the Aotearoa New Zealand health system.

2. Encouraging surgeons to Reduce, Reuse, Recycle, Rethink and Research

ABOUT THE ROYAL AUSTRALASIAN COLLEGE OF SURGEONS (RACS)

Our mission 'to improve access, equity, quality and delivery of surgical care that meets the needs of our diverse communities' is strongly congruent with the Pae Ora (Healthy Futures) Act 2022. We are the leading advocate for surgical standards, professionalism and surgical education in Aotearoa New Zealand and Australia.

RACS is a binational, not-for-profit, specialist medical college, governed by a bi-national Council. Council is supported by committees and staff focused on training, education, professional standards, representative groups, and special and regional interests.

As the peak body and accredited training provider for the surgical workforce in Aotearoa New Zealand, we represent nearly 10,000[8] active and retired Fellows, surgical Trainees and overseas-trained surgeons (Specialist International Medical Graduates or SIMGs). Around 1300 of these live and work in Aotearoa New Zealand.

Membership as a Fellow of RACS (FRACS) signifies excellence in surgical care. Our nine surgical specialties are Cardiothoracic, Neurosurgery, Orthopaedic, Otolaryngology Head and Neck, Paediatric, Plastic and Reconstructive, Urology and Vascular, and General Surgery. We ensure surgeons and Trainees have the right skills and knowledge at every stage, setting professional standards, collaborating on research, and assessing the eligibility of SIMGs to work in Australia and Aotearoa New Zealand.

In Aotearoa New Zealand RACS is based in Poneke, Wellington. It is governed by an elected national committee with representatives from the nine surgical specialties and supported by special interest subcommittees, including the Māori Health Advisory Group, and a small RACS Aotearoa team of staff. We focus on the interests of Aotearoa's surgeons, surgical Trainees and SIMGs, advocating on their behalf on national issues and providing a trusted voice on important health issues. Health advocacy is a central competency of a surgeon, and a core value of this College.

We were gifted the name Te Whare Piki Ora o Māhutonga, which broadly means 'the school of ascension to health under the Southern Cross'. This reflects the College's commitment to excellence in learning, health promotion, and its binational focus.

[8] RACS member database, 30 October 2023.

Our people

Dr Ros Pochin, Chair, Aotearoa New Zealand National Committee

Ros is a consultant general surgeon. After attending medical school in the UK she moved to Aotearoa in 1996 and spent her registrar years here before returning to the UK to continue specialist fellowship training. She has worked as a consultant in Nelson since 2008.. She has and does hold multiple leadership roles in her region and within RACS. Ros has a strong interest in professional skills and a Masters in Surgical Education. Ros has sat on 4 RACS skills and training committees; been involved in writing 14 educational programmes for the College; and was one of the writers of its Operate with Respect campaign to transform the culture of surgery and ultimately improve patient outcomes.

Dr Sharon English, Deputy Chair, Aotearoa New Zealand National Committee

Sharon is a Consultant Urological surgeon. After completing her urological training, Sharon undertook a fellowship position in Houston, USA, working with Dr Ed McGuire specialising in both male and female urinary incontinence and bladder reconstruction work.

Sharon returned to Christchurch in 1997. She worked there until 2024 taking roles including Clinical Director at Te Whatu Ora Waitaha and Director at Urology Associates. Sharon is currently working as a Locum in smaller centres around New Zealand.

Dr John Mutu-Grigg, Chair, Māori Health Advisory Group, Member, Aotearoa New Zealand National Committee

John gained Fellowship in Orthopaedic Surgery with the Royal Australasian College of Surgeons in 2011. Obtained sub-specialist training at the University of Western Ontario in Canada in Arthroplasty, and the University of Toronto in Hand and Wrist surgery. He has a number of leadership roles within the New Zealand Orthopaedic Association and RACS.

He is the chair of the RACS Māori Health Advisory Group and Ngā Rata Koiwi (the Māori Orthopaedic Surgeons). He is Ngāti Kahu, Te Rarawa and Ngāti Whātua. He is chair of the Health Portfolio for Ngāti Kahu.

Dr Sarah Rennie, Aotearoa New Zealand Surgical Advisor; Aotearoa New Zealand National Committee

Sarah is a rural academic general surgeon and surgical endoscopic with a passion for surgical education. Sarah started her surgical training in the UK before moving to Aotearoa to complete a PhD in Surgical Education. She undertook the Surgical Education and Training programme in Aotearoa and is a Fellow of RACS, RSCEd and ACS. She is currently working clinically in Te Whatu Ora Wairarapa and is also their Medical Education Director providing support to the Prevocational Educational Supervisors and Non-training registrars. She supervises collaborative national and international research in the Wairarapa and conducts her own qualitative research projects, holding an honorary senior lecturer position with the University of Otago.

We look forward to working with you to build resilient surgical services that meet the needs of Aotearoa New Zealand's growing and changing population.

Find out more about RACS at www.surgeons.org.

Contact RACS in Aotearoa New Zealand on college.nz@surgeons.org