

Cutting Edge

August 2025

FROM THE CHAIR

Welcome back to *Cutting Edge*



We're delighted to be back after a hiatus—and there's plenty to update you on. Many Fellows may not be aware of the full extent of the College's behind-the-scenes advocacy and representation work, so I'd like to take this opportunity to lift the veil on just some of what's been happening.

Structural changes at the College

Since our last issue, there have been significant changes within the College's governance:

- a new constitution has been adopted
- work is underway to implement these changes throughout the College's structure, including the establishment of a separate Financial Board.

Improved Aotearoa New Zealand representation

There have been notable gains in representation for Aotearoa New Zealand Fellows:

- The Chair of the Aotearoa New Zealand (AoNZ) National Committee is now:
 - a co-opted councillor on College Council
 - a member of the Council Executive
 - involved in the CPD Committee and the Centenary Planning Committee.

This ensures a strong Aotearoa New Zealand voice in all key decision-making forums.

- All presidents of Aotearoa New Zealand surgical specialties sit on the AoNZ National Committee, which serves as a vital conduit between individual specialty societies and RACS Central.
- Including the Māori Health Advisory Group and the AoNZ Trauma Committee.

The Aotearoa Executive meets regularly with senior leaders across the health system, including:

- Te Whatu Ora senior management
- The CEO of Southern Cross
- ACC leadership
- The Chair of the Health Workforce and System Efficiencies Committee.

Council of Medical Colleges (CMC)

As chair, I also represent surgeons on the Council of Medical Colleges (CMC)—a group comprising the presidents of all 18 medical colleges across Aotearoa New Zealand. I've recently been elected to the CMC board.

The CMC meets quarterly to engage with sector leaders and provides informed policy advice to ministers, government agencies, and other key interested parties on matters including workforce development and postgraduate training. This is another way our profession ensures its voice is heard at the highest levels.

Advocacy and policy submissions

With rapid changes in the healthcare landscape, we've made several submissions on key bills and policies, including:

- Treaty Principles Bill
- Regulatory Standards Bill

- Putting Patients First: Modernising health workforce regulation
- Regulation of Physician Associates
- Changing the age for access to the National Bowel Screening Programme
- Medicines Amendment Bill
- Speed Limit Reforms
- Gun Legislation Reform.

Position statement on outsourcing

In February 2025, the Aotearoa New Zealand section of RACS submitted a comprehensive position statement on the principles of outsourcing. This was ratified by Council and widely circulated to:

- the Ministry of Health
- all Te Whatu Ora hospital regions
- New Zealand Private Surgical Hospitals Association
- all surgical departments.

RACS does not endorse the concept of outsourcing. The opinion of RACS is public patients should have their surgery within public facilities to enhance patient safety, their continuity of care, and to ensure Trainee surgeons have access to the full extent of opportunities to enhance their training in all surgical competencies.

We are concerned outsourcing will lead to greater inequity of care and lack of investment in the public healthcare system.

However, we accept outsourcing is going to occur and have generated some principles to mitigate some of the potential negative impacts on patient safety and training future surgeons.

A copy of the [position statement is available on our website.](#)

Continue to page 2...

Issue highlights

From the Chair	01	Leadership changes and advocacy in Aotearoa New Zealand's health system	08	Surgical vacancies	16
Surgery 2025: enhancing quality and compassion in surgery	03	Messages from the Health and Disability Commissioner	10	Connect with us on Bluesky	16
A strong voice for Aotearoa New Zealand	04	RACS library: new titles to get you reading	11	RACS CPD app: the easiest way to manage your CPD	17
Join us for the DCAS course and develop your career in academic surgery	04	Dr Teriana Maheno: leading the way in surgery and equity	12	Applications – 2026 RACS examiner intake for the Fellowship examination	17
Reflections from the Aotearoa New Zealand Surgical Advisor	05	ANZASM assessors needed	13	Dr Jamie-Lee Rahiri: 2025 John Corboy medal recipient	18
Uniting minds for better outcomes in brain trauma – join us at the Trauma Symposium 2025	05	Train the colonoscopy trainer	13	A Life of Service	20
Upcoming events and PD courses for our AoNZ members	06	Our RACS publications	14	Navigating the early years together	21
Louis Barnett Prize	06	Organ preservation in rectal cancer on the rise: Trainee-led ACCORD findings released	15	Plastic surgery pioneer	22
Advancing healthcare for Māori children	07	Dr Jeremy Rossack – new Aotearoa Censor	16	A Surgeon of Skill, Compassion and Calm Leadership	23

Calling all SET Trainees in Aotearoa New Zealand – have your say

Te Kaunihera Rata o Aotearoa - Medical Council New Zealand (MCNZ) is launching Torohia – Medical Training Survey for New Zealand.

Torohia is an annual online survey for doctors in training across Aotearoa New Zealand to feed back on their training experiences. This includes supervision, workplace culture and skill development.

By completing the survey, you will help identify what's working well, what

needs improving, and how the MCNZ can better support change that works for doctors and patients.

Why this matters?

Aotearoa New Zealand's doctor shortage is a widely recognised issue and Torohia is one way you can actively contribute to the solution. The insights gathered will help shape more supportive, culturally safe, and effective training environments that

encourage doctors to stay and thrive in Aotearoa New Zealand.

What happens next?

All Trainees will receive a survey link from 18 August. Those who receive the link will have until 8 September to participate in this survey.

[Find out more](#)

Continued from cover...

Core principles of the statement include:

- surgeon involvement in system design, implementation, and monitoring
- mandatory training opportunities for surgical Trainees in all outsourcing contracts
- strong safety protocols to avoid risks from inadequate handover, follow-up, or documentation
- encouraging continuity of care—surgeons taking on patients, not just

procedures (noting this may be debated as core business)

- a commitment to equity of care for all patients.

Media engagement

The executive has participated in multiple TV and radio interviews to publicly highlight the risks and impacts of current health reforms. We've been focused on educating both the public and policymakers on areas of concern.

Open communication

As always, we welcome your thoughts and concerns. Please feel free to reach out to me directly at chair.nz@surgeons.org—we are here to represent and support our Fellows and Trainees to the best of our ability.



Dr Ros Pochin,
Chair, Aotearoa New Zealand
National Committee

ANNUAL SCIENTIFIC MEETING

Surgery 2025: enhancing quality and compassion in surgery

It's the highlight of the RACS Aotearoa New Zealand year, and you're invited!

On behalf of the organising committee, we warmly invite you to join us at this year's Aotearoa New Zealand Annual Scientific Meeting, on Thursday 4 and Friday 5 September.

Held at the stunning venue of Parliament in Wellington, this event presents an opportunity for us as a profession to connect, reflect and the share our knowledge with surgeons from across RACS, key health leaders and other industries from around the motu (country).

This year's theme, enhancing quality and compassion in surgery, brings together a powerful lineup of speakers and topics designed to inspire, inform, and equip surgical professionals with the tools they need to thrive in today's evolving healthcare landscape.

We're excited to welcome key health leaders including Helen Stokes Lampard, Andrew Connolly, Derek Sherwood and Audrey Sonerson, who will share insights on navigating change within a dynamic health system. You'll also hear from Michael Webster, Privacy Commissioner, and Morag McDowell, Health & Disability Commissioner, on developing professional skills that support ethical and effective practice.

Join us to explore other key issues shaping the future of surgery, including:

- Workforce and equity: review specialty data and discuss solutions to surgical system inequities.



Surgery 2025

- Professional Skills: learn best practices in consent, privacy, and psychological safety.
- Mistakes and legal processes: understand what happens when things go wrong, with insights from coroners, legal experts, and regulatory bodies.
- Burnout and resilience: take away strategies for managing demands and reducing burnout.
- Patient-centred data: discover how to build registries and make PROMS more meaningful.

A special highlight will be presentation by Dr Jo Prendergast, as a psychiatrist, comedian, author, parent and cancer survivor on the Friday. With her unique blend of professional insight and personal experience, we're looking forward to Jo

telling her story with warmth, resilience and humour.

You can register and view the full provisional programme [here](#).

Thanks for taking the time to read this, and we look forward to welcoming you all to this event.



Dr Sharon English, FRACS

Dr Sarah Rennie, FRACS

Dr Mike Bergin, FRACS

RACS Aotearoa New Zealand Annual Scientific Meeting convenors.

A strong voice for Aotearoa New Zealand

General Manager, Aotearoa New Zealand

Kia ora, and welcome to the first issue of the rebooted *Cutting Edge*. I'm Calum Barrett, the new(ish) General Manager for RACS' Aotearoa New Zealand office.

For those of you who have been around RACS for a while, I may look familiar. I previously worked at RACS in the Aotearoa New Zealand office from 2014-2018, before making a brief detour into the public service. Admittedly, the whole time I have been away I have kept one eye on the surgical profession, so it is nice to be back and working in a space, which I enjoy so much. It has also been great reconnecting with so many Fellows and colleagues I have previously worked with.

One of my priorities since returning to RACS has been to better understand our relationship with the Aotearoa New Zealand Fellowship and find out what the pressing issues are. There are a couple of themes, which I keep hearing repeatedly. The first is a desire

for RACS to improve its communication; we are not telling you about the things we are doing that matter to you. The second is for Aotearoa New Zealand to have a strong voice, particularly in the context of being a bi-national College. With regards to communication, I am hoping *Cutting Edge* will be the first step to improvements in this space. As for advocating for Aotearoa NZ, this is a top priority for myself and the Aotearoa NZ National Committee.

One of my favourite parts of this job is connecting with the amazing surgeons we have here in Aotearoa New Zealand and one of the main reasons why I was so keen to come back to RACS. We have our ASM at Parliament in early September, which is a great opportunity to spend time with colleagues in person and hear from leaders from across the sector. I have spent a lot of time with the organising committee, and they have put together an excellent programme.



If I don't see you there, drop me a line. I am always happy to hear from Fellows and can be reached at College.NZ@surgeons.org or call on 03 385 8247.

Join us for the DCAS course and develop your career in academic surgery

The Developing a Career and Skills in Academic Surgery (DCAS) course will take place on 13 November at the RACS Melbourne office. This marks the start of an exciting new three-day format for the Annual Research Conference.

In 2024, the Academic Surgery Committee made the strategic decision to bring DCAS into the fold of the November conference—creating a single, premier event for the Section of Academic Surgery. While DCAS will launch the conference, it remains a dedicated, stand-alone programme designed for students, Trainees, early-career doctors, and younger Fellows. Attendees can choose to participate in DCAS, the Annual Research Conference, or both.

The next two days—14 and 15 November—will feature the Annual Research Conference, packed with exciting presentations, expert speakers, and hands-on workshops.

- Surgical Research Society (SRS) presentations
- keynotes from international and local leaders in surgical science
- rapid-fire abstract sessions
- a research Delphi workshop
- an early collaborative study ideas session.

This is your opportunity to:

- present your research to a national and international audience
- connect with academic surgeons across diverse specialties

- gain insights from experts at the forefront of surgical innovation
- help shape future research priorities in Australasia.

Don't miss this dynamic event—where careers are launched, collaborations begin, and surgical science thrives.

Registrations are now open.

Check out the DCAS provisional [programme](#).

Questions? Get in touch with us at academic.surgery@surgeons.org

FROM THE EDGE

Reflections from the Aotearoa New Zealand Surgical Advisor



We are excited to announce the return of *Cutting Edge* for our Aotearoa New Zealand Fellows! I am pleased to share recent developments during this pivotal

time of reset and renewal following the financial challenges of 2023. A key focus is enhancing our Fellowship engagement. Your feedback is invaluable—what would increase your membership value? Please reach out with your insights.

We continue to be active members of the Mesh Round Table, with work ongoing as we explore next steps in pelvic floor incontinence surgery, aiming to provide patients with a safe and constructive experience. The Mesh Round Table is reviewing the credentialing process for surgeons and launching a dedicated registry to ensure long-term safety and

effectiveness for patients. Additionally, we are partnering with RANZCOG to create educational resources that prioritise quality and safety in pelvic floor surgery for both those that have achieved credentialing and those working towards it.

The College is committed to supporting Trainees and Fellows facing challenges. We are increasingly focused on the psychosocial safety of Trainees, adhering to our obligations to create a supportive environment—a legal obligation we share with Te Whatu Ora.

So, what exactly is psychosocial safety? It's about mutual respect and interpersonal trust within our teams, allowing Trainees to be their authentic selves and feel valued. When this safety is lacking, it can lead to fear-driven workplaces where concerns go unshared, negatively impacting learning and development.

As trainers, we can cultivate a growth mindset among our Trainees through several strategies:

1. Build rapport: engage meaningfully, ask questions, listen actively, and encourage openness.
2. Respect and empower: personalise interactions, invite diverse opinions, and elicit feedback.
3. Acknowledge vulnerability: embrace the learning process, reframe failures as opportunities for growth, and invite sharing.
4. Set clear expectations: define tasks, follow up consistently, and maintain a feedback dialogue.

Ultimately, fostering psychological safety benefits not just our Trainees, but also enhances patient safety.

Thank you for your continued commitment to excellence in surgery in Aotearoa New Zealand.

Uniting minds for better outcomes in brain trauma – join us at the Trauma Symposium 2025

Royal Adelaide Hospital

Friday 21 to Saturday 22 November 2025

Are you or someone you know dedicated to advancing trauma care? If so, join us for the 2025 Trauma Symposium, the RACS event for trauma professionals. This year's theme, *Navigating the Complexities of Major Trauma: Understanding Traumatic Brain Injury and providing comprehensive support* focuses on traumatic brain injury and concussion, exploring a range of topics from acute trauma to chronic concussion syndromes.

Here's why you should attend:

- Stay ahead of the curve: discover the latest research and clinical practices in brain injury management.
- Multidisciplinary insights: hear from leading voices in surgery, emergency medicine, nursing,

rehabilitation, and allied health. Plus, hear first-hand of personal experiences, too.

- Collaborative care models: learn how integrated, patient-centred approaches are transforming trauma recovery.
- Connect with peers: network with professionals who share your commitment to improving trauma outcomes.
- Practical takeaways: gain evidence-based strategies for diagnosis, treatment, and prevention you can apply immediately.
- Earn up to 11 CPD hours: boost your professional development with accredited learning opportunities.

This symposium offers a unique opportunity to deepen your expertise and collaborate across disciplines.



Explore the [programme here and register now](#).

We look forward to seeing you there.

Upcoming events and PD courses for our AoNZ members

As a member of RACS, you have access to a range of events and Professional Development courses no matter what stage of your career you're at.

See below what's coming up in AoNZ, and be sure to save the College Calendar of Events in your favourites tab.

August - October

Date	Name of event
Monday 25 August	Induction for Surgical Supervisors and Trainers
Monday 1 September	Trainee Feedback
Monday 1 September	Keeping Trainees on Track
Thursday 4 to Friday 5 September	Aotearoa New Zealand Annual Scientific Meeting
Monday 8 September	Foundation Skills for Surgical Educators
Thursday 2 October	Louis Barnett Prize 2025



Louis Barnett Prize 2025

Virtual event: Louis Barnett Prize 2025 – save the date

On Thursday 2 October, the spotlight turns to the finalists of the Louis Barnett Prize as they present their latest surgical research in a live virtual event.

Hear directly from Aotearoa New Zealand surgeons whose work is pushing the boundaries of academic surgery.

Join us for an evening celebrating excellence in surgical academic research and be part of the audience shaping tomorrow's surgical landscape. Registration details coming soon on our [website](#) – bookmark this page to stay up to date.

Advancing healthcare for Māori children

Dr Wiremu MacFater, awarded the 2024 RACS Johnson & Johnson MedTech SET Scholarship through the Indigenous program, describes it as “a good mix of mentorship and training.”

A Surgical Education and Training (SET) Trainee specialising in Otolaryngology Head and Neck Surgery (ENT) in Aotearoa New Zealand, his scholarship is advancing his research on middle-ear infections in Māori children. Dr MacFater hopes to mentor the next generation of Indigenous medical professionals.

Research focus: tackling middle-ear infections

Dr MacFater’s research identifies gaps in the middle-ear healthcare system, particularly for Māori children. His project involved interviewing healthcare providers in Te Tai Tokerau/Northland region who specialise in treating children.

“We need to understand what’s already in place before introducing new initiatives. Too often, projects are introduced without consulting those on the ground,” he says.

The goal is to improve care for children with ear diseases and ensure timely treatment. “Many children may not be accessing the care they need, and we need better ways to identify them early.”

His findings will guide future interventions to improve middle-ear healthcare.

Highlighting inequities in hearing loss treatment

Dr MacFater’s research also highlights disparities in accessing treatment for noise-induced hearing loss, particularly within Māori communities.

“We found a clear inequity in access to hearing loss treatment. This research was important in shedding light on those disparities,” he says.

While awaiting formal publication, his work has gained significant attention, with projects accepted for presentation at this year’s New Zealand ORL Head and Neck conference.

“As we achieve more, it creates a flow-on effect—more opportunities lead to even more opportunities,” Dr MacFater says.

Funding mentorship and future projects

The RACS scholarship also supports mentoring Indigenous students and Trainees. With funding still available, Dr MacFater is mentoring a junior doctor exploring ear surgery and ENT.

“She’s balancing family life and a surgical career. We’re considering helping her establish a master’s program.”

Central to his approach is the Māori Tuakana-Teina model, where experienced individuals (tuakana) guide those who follow (teina). This approach drives his research and nurtures future surgical careers.

Integrating technology for better care

Dr MacFater is exploring how new technologies can track hearing function and identify children who need intervention. Though not part of his original research, he is investigating technologies to enhance hearing screening and diagnose middle-ear disease.

“Currently, we assess a child’s hearing and recheck in three months, but we don’t know how much their hearing loss impacts daily life.

“This is crucial because these conditions directly affect a child’s learning and development. Current assessments offer only brief snapshots, missing the continuous data needed to pinpoint children who require surgery.”

A career shaped by mentorship

Dr MacFater began his career not fully understanding the profession’s depth.

“You start with the intention of helping people and making a difference. It’s as you progress that you truly realise where you want to be,” he says.

His decision to specialise in ENT surgery was influenced by personal interests and mentorship.

“When I chose ENT, I considered what issues would be stimulating and rewarding. But it was really about the people I worked with and how their guidance shaped my career.”



The value of the RACS scholarship

Dr MacFater describes the scholarship as a “fantastic opportunity” due to its flexibility.

“It’s not tied to strict criteria, which is rare. You can use the funds for research or other projects that align with your goals.”

He compares it to the whānau ora initiative, where communities determine their own needs.

“This kind of support is invaluable, especially when research can be tough to pursue during surgical training,” he says.

Balancing work and family

Professionally, Dr MacFater sits on the board for the Māori Doctors Association Te Ora (Te ohu rata o Aotearoa), handling strategic planning and meetings.

Outside work, he spends most of his time with his young family.

“I have three kids, aged five and under, so it’s a busy household! There’s not much downtime,” he says.

ADVOCACY

Leadership changes and advocacy in Aotearoa New Zealand's health system

The Aotearoa New Zealand National Committee and Wellington office continue to advocate for surgeons working within a health system undergoing major reform. These efforts unfold amid government attempts to accelerate progress despite workforce shortages, funding gaps, and infrastructure needs.

Since *Cutting Edge* hasn't been published recently, here are some examples of our advocacy work so far in 2025.

New leadership in health

The first quarter brought significant leadership changes: a new Minister of Health, a permanent Chief Executive of Te Whatu Ora – Health NZ, and a new Director-General of Health, who also serves as Chief Executive of Manatū Hauora – Ministry of Health.

RACS responded with written briefings outlining challenges facing surgical services and reaffirming our commitment to supporting health reform. We emphasized the need for improved communication and collaboration, offering our clinical expertise and system insights to government.

Our briefings identify the following six priorities needing action by Government with support from RACS:

- **Health reforms** – stabilisation and funding
- **Workforce** – supply, training and retention
- **Needs**-based equitable healthcare – access, service delivery, and outcomes
- **Planned care** – meeting targets to reduce waiting lists
- **Sustainability** – maintenance and improvement of health infrastructure
- **Environmental sustainability** – reducing emissions, reusing and recycling surgical waste.

Minister's priorities and infrastructure investment

In March, the Minister announced five key health priorities:

- Refocusing Health NZ on core services and targets

- Fixing primary care for timely GP access
- Reducing ED wait times (95% within six hours)
- Clearing the elective surgery backlog via private sector partnerships
- Investing in physical and digital health infrastructure.

In April, the Minister released the first New Zealand Health Infrastructure Plan, outlining over \$20 billion in investments over the next decade, alongside the Health NZ National Asset Management Strategy.

On 7 July, a new Board for Te Whatu Ora–Health NZ was announced. Professor Lester Levy will serve as Chair for 12 months to ensure continuity. Dr Andrew Connolly, FRACS was appointed Deputy Chair, bringing extensive clinical and governance experience. Hamiora Bowkett will act as Crown Observer, and Dr Margaret Wilsher will chair the new Ministerial Health Infrastructure Committee.

We continue to meet regularly with Te Whatu Ora–Health NZ and will meet the Minister on 14 August.

Outsourcing elective surgery

In February 2025, RACS Council approved the *Position Statement: Principles for outsourcing public sector waiting lists in the Aotearoa New Zealand health system*. The first sentence made it clear RACS does not support outsourcing to the private sector, preferring the government invests in the public health system. Dr Ros Pochin, AoNZ National Committee Chair, has advised our position in meetings with Manatū Hauora – Ministry of Health, Te Whatu Ora – Health New Zealand, and with frequent radio and online coverage. She has advocated consistently for the government to invest in the capacity of the public hospital system to deliver these surgeries.

The *Position Statement* was prepared in anticipation of the Minister of Health requiring a significant increase in the level of outsourcing. This was confirmed when the Minister announced on 7 March 2025:

- his five health priorities including “clearing the elective surgery backlog by partnering with the private sector to deliver more planned surgery”
- an Elective Funding Boost of \$25m for an additional 10,579 elective procedures by the end of June 2025.

As the outsourcing program proceeds at pace, we are speaking regularly with Te Whatu Ora, Southern Cross Healthcare (the largest private healthcare network in Aotearoa New Zealand), the NZ Private Surgical Hospitals Association, and the Accident Compensation Commission. We have also sent our position statement to the Chief Medical Officers in both public and private hospitals. We now see much of our content reflected in discussions and documents being developed within the health sector. The focus of discussions has shifted to ensuring arrangements are in place for surgical Trainees to receive the case mix and experience they need during surgeries outsourced to private facilities. We have also been vocal on ensuring continuity of care for patients who move between the private and public systems.

The Minister of Health advised Te Whatu Ora on 23 May 2025 of his expectation they move ‘towards longer term agreements (circa 10 years) to improve the cost effectiveness of delivery from the private sector and to provide clear investment signals.’

The Minister then announced on 1 June 2025:

- under the initial Elective Funding Boost 12,764 procedures were achieved
- statements of work had been issued to 60 private providers to deliver surgery at consistent national rates
- a further 21,000 elective procedures to be contracted over the next year
- reiterating his long-term goal is to treat 95 per cent of patients within four months by 2030.

We recognise most RACS members work across the public and private health systems, with training a significant component of the work of many surgeons. Whatever role members play,



we would all like to see 95 per cent of patients treated within four months of referral as soon as possible, effective training arrangements in place as part of outsourcing to the private sector, and significant investment in the public sector surgical workforce and facilities.

Regulatory Standards Bill

The Aotearoa New Zealand National Committee and Māori Health Advisory Group opposed the passage of the Regulatory Standards Bill, which would potentially undermine future government actions to protect public health and Māori rights.

RACS argued the Bill:

- is excessively focused on individual, corporate and property rights
- will undermine public health priorities such as health equity, climate change mitigation, and reducing harm from commercial determinants of health
- could also increase pressure on the already overstretched healthcare system
- will make it harder to enact laws protecting the environment, addressing climate change, poverty, public health, and vulnerable populations.

RACS highlighted the lack of explicit reference to te Tiriti o Waitangi (te Tiriti),

which is a foundational document in the Aotearoa New Zealand constitutional framework. Any set of principles for responsible regulation in Aotearoa New Zealand must address how the Crown will meet its obligations to Māori under te Tiriti. The absence of an explicit reference can be seen as enabling the Crown to limit the established role of te Tiriti as part of our law-making process.

The Bill should adopt a more comprehensive, fair, and sustainable approach, aligning with existing legislative frameworks, ensuring protection of both current and future generations.

[Read more](#)

Endoscopy

In March 2025 we expressed deep concern about the reversal of plans to lower the age for Māori and Pacific to age 50. Lowering the screening age to 58 may improve access for some, but it will widen the existing inequity for Māori. Bowel cancer is the second most common cause of cancer-related deaths in Aotearoa New Zealand, and Māori are disproportionately affected by late diagnoses.

[Read more](#)

Opposing speed limit reversals (Aotearoa New Zealand)

The AoNZ Trauma Committee made a submission on 13 May 2025, co-signed by the RACS President and the Chair of the Binational Trauma Committee opposing potential speed limit reversals in 16 places where state highways connect with urban environments.

RACS submitted the proposed reversal of speed limit reductions in these particular areas would be unsafe, noting the significant burden road trauma places on the healthcare system - on emergency departments, emergency medicine specialists, trauma surgeons, nurses, and allied health services. It has a direct impact on emergency department wait-times and clearance times, and the displacement of people on surgical waiting lists.

The AoNZ Trauma Committee also made a submission on a proposal to raise speed limits on two portions of State Highway 1 to 110km/h, noting that any such increase could only occur if the roads in question met the required design standards.

[Read more](#)

Messages from the Health and Disability Commissioner

Gender neutral pronouns

We have reached out to the commissioner multiple times advocating for the use of gender-neutral pronouns in the publication of Health and Disability Commissioner (HDC) reports. As of now, women comprise a minority within our surgical workforce, accounting for only 8% in orthopaedics, 22% in General Surgery, and 29% in Paediatric Surgery and plastics. Our concern is the use of the pronoun 'she' in HDC reports could lead to the identification of female surgeons cited in these documents. We are committed to continuing our advocacy on this matter.

General Surgery – laparoscopic colostomy formation

We have been informed of a case involving a laparoscopic colostomy aimed at improving a patient's incontinence issues. Unfortunately, the incorrect end of the colon was exteriorised and not immediately recognised, necessitating an urgent total colectomy and leading to serious post-operative complications for the patient. In response, the department involved recommends a flexible sigmoidoscopy be performed during the laparoscopic colostomy formation to ensure proper orientation. The commissioner has requested we advise general surgeons of this recommendation, emphasising its incorporation into standard practice to prevent such complications. Other strategies include marking the colon's direction with diathermy prior to exteriorisation and verifying orientation laparoscopically post colostomy formation.

Orthopaedic Surgery – timely operative management of fractured femurs

In a concerning case, a patient with a fractured femur faced significant delays in surgery due to competing cases in the acute theatre. What was initially presumed to be a short wait turned into a four-day delay, contravening international guidelines suggesting such surgery should be performed within



48 hours. Consequently, the patient suffered from atrial fibrillation and a pulmonary embolism—likely due to dehydration—which led to a subsequent stroke and ultimately death. The key criticism stemmed from a failure to reevaluate the priority status for acute theatre. Recommendations from a review emphasise the need to:

- Reassess Acute Theatre Guidelines to allow for reconsideration of priority status when initial triage times are exceeded. The risks associated with waiting for surgery must be factored in.
- Review standing orders to ensure daily assessments of inpatients awaiting acute surgery take into account their physiological status and confirm their priority status for surgery.

Orthopaedic Surgery – retained broken instrumentation

An incident arose where a guidewire broke during surgery, with the fragment remaining entirely within the bone. However, the guidewire later migrated into soft tissue, causing significant pain and stiffness for the patient. Imaging confirmed the issue three months post-surgery, and the guidewire was successfully retrieved, alleviating the symptoms. The expert orthopaedic

surgeon noted that instances of broken metalware are rare, and it is generally accepted practice not to retrieve fragments embedded within the bone at time of surgery. If an unexpected poor outcome occurs, an early postoperative X-ray is recommended if the metal fragment remains unidentified during surgery. Based on the X-ray results, further imaging or monitoring may be warranted.

Cardiothoracic Surgery – wrong site surgery, open disclosure, and informed consent

In a troubling case, a lung resection performed using a video-assisted thoracoscopic surgery (VATS) technique resulted in the removal of the wrong lung lobe due to disorientation and possible rotation of the collapsed lobes. This was discovered when no cancer was found in the pathological specimen, and the remaining lobe became infected due to a compromised blood supply—subsequent imaging confirmed the excision of the incorrect lobe. The HDC report criticised the lack of open disclosure regarding the surgical error and the insufficient informed consent about the necessity for further surgery. Though the surgeon ultimately disclosed the misstep to the

patient and their family post-second surgery, it underscores the necessity for early open disclosure. The surgeon now marks the lobe for resection with ink intraoperatively to prevent disorientation. Crucially, informed consent for the second procedure had been delegated to a junior doctor. It is vital that consultant surgeons adhere to the Medical Council of New Zealand's directive that they are responsible for the overall informed consent process.

General/Plastic Surgery – management of incompletely excised scalp SCC

This case involves an immunocompromised patient at risk for multiple skin malignancies, who regularly

underwent evaluation for skin lesions. A significant squamous cell carcinoma (SCC) on the temple was excised down to the periosteum and treated with a skin graft that later became infected. Histological examination revealed incomplete excision at the deep margin. The priority was deemed treating the infection prior to considerations of further excision, despite the lesion initially being excised to the periosteum. At this stage, the patient should have been referred through an MDM for possible bone removal or radiation. These tumours are generally highly radiosensitive and should be referred to specialists when excision is down to periosteum.

The report highlights the need for education among clinicians managing high-risk skin cancers in vulnerable patients, emphasising these are not mere 'simple skin cancers' but serious tumours that, if neglected, can result in significant morbidity and mortality.

RACS library: new titles to get you reading

Did you know 219,000 journal articles and 52,000 book chapters were downloaded via the RACS library in 2024? This shows the continued relevance and importance of our library resources.

Burnout among Aotearoa New Zealand's resident doctors and juggling parenthood and surgical training are just two of the latest articles available. Make the most of your RACS membership and explore what's on offer.

(Note: you'll need your RACS member sign-in to access library resources.)

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Dr Teriana Maheno: leading the way in surgery and equity

Dr Teriana Maheno is one of the first two Māori women to become an orthopaedic surgeon in Aotearoa New Zealand, breaking new ground in the country's medical field. A proud descendant of Ngāti Kahu, Te Aupōuri and Te Rarawa, Dr Maheno combines strong clinical skills with a commitment to cultural respect and equity in healthcare.

Her surgical training was marked by academic distinction and a strong sense of purpose. She was honoured with a korowai (Māori cloak)—Te Mātauranga Hāparapara—symbolising the pursuit of knowledge and breaking new ground.

Initially drawn to biostatistics and public health, Dr Maheno later realised her passion for hands-on, people-centred work leading her to medical school. During her time at the Dunedin School of Medicine, University of Otago, she discovered a love for orthopaedics. "I'm quite a practical person," she says. "I think I was always going to end up in a specialty with a technical aspect."

But it was the culture and camaraderie of the orthopaedic team at Tauranga Hospital where she started as a house

surgeon that sealed the deal. "The department is amazing; it's almost impossible to work here and not want to be an orthopaedic surgeon."

Representation and responsibility

As a Māori woman in orthopaedics, Dr Maheno acknowledges the weight of representation. "When you belong to a minority group—whether gender or ethnicity—it's not uncommon to be the first or the only," she says.

"There aren't traditionally many women or Māori in orthopaedics, but there are women and there are people of Māori heritage. I think it was only a matter of time before someone who was both a woman and Māori entered the field. It just happened to be Ruth (Dr Ruth Tan) and me."

While progress is being made—Aotearoa New Zealand's orthopaedic training program now sees near gender parity in new entrants—gaps remain. "For example, there are no women spine surgeons yet in Aotearoa New Zealand. And this year saw the first woman Pacific Island orthopaedic surgeon complete



FRACS—my good friend Dr Ailsa Wilson. So, there's still momentum needed," she says.

Dr Maheno actively advocates and mentors, driven by the belief that visibility matters. "Seeing someone like you can be really powerful."

She is candid about the pressures that come with being 'the first'. "There's always been an expectation—from myself mostly—to be involved in advocacy and to show you can succeed regardless of gender or ethnicity."

Though she never had role models who looked exactly like her, she speaks with gratitude about the mentors she has had—Māori, women, and otherwise. "Orthopaedics is full of smart, hardworking, phenomenal people. I've never felt unsupported, which I know isn't everyone's experience."

Cultural identity in practice

Her Māori identity informs how she practises medicine. "It's all about communication," she says. "A diverse background helps you understand how cultural context shapes a patient's healthcare journey. I enjoy spending time with patients—that's where I get most of my job satisfaction."

The next chapter: global learning

After completing her FRACS last year, Dr Maheno is pursuing a Master's degree at Oxford University—a part-time

program that requires frequent travel between hemispheres. "I've been flying to the UK every seven to eight weeks."

She's now in Dublin for a 12-month Adult Spine Surgery Fellowship at Mater Misericordiae Hospital. This will be followed by another year at Melbourne's Royal Children's Hospital focusing on paediatric spine surgery.

Dr Maheno has chosen these Fellowships for their high surgical volume and hands-on experience. She plans to bring back this expertise to Aotearoa New Zealand to enrich care in her community.

She reflects on work-life balance: "I don't think it exists in a perfect way. Some periods are more work-focused, others more personal. It balances out over time."



Firmly rooted in surgery's fast pace, Dr Maheno signals a future for Māori health leadership where excellence meets equity and tradition walks hand in hand with change.



Assessors needed

The Australian and New Zealand Audit of Surgical Mortality (ANZASM) provides an independent, anonymous peer-review of surgical mortality in all states and territories of Australia. We would like to invite you to participate in ANZASM as a first-line assessor.

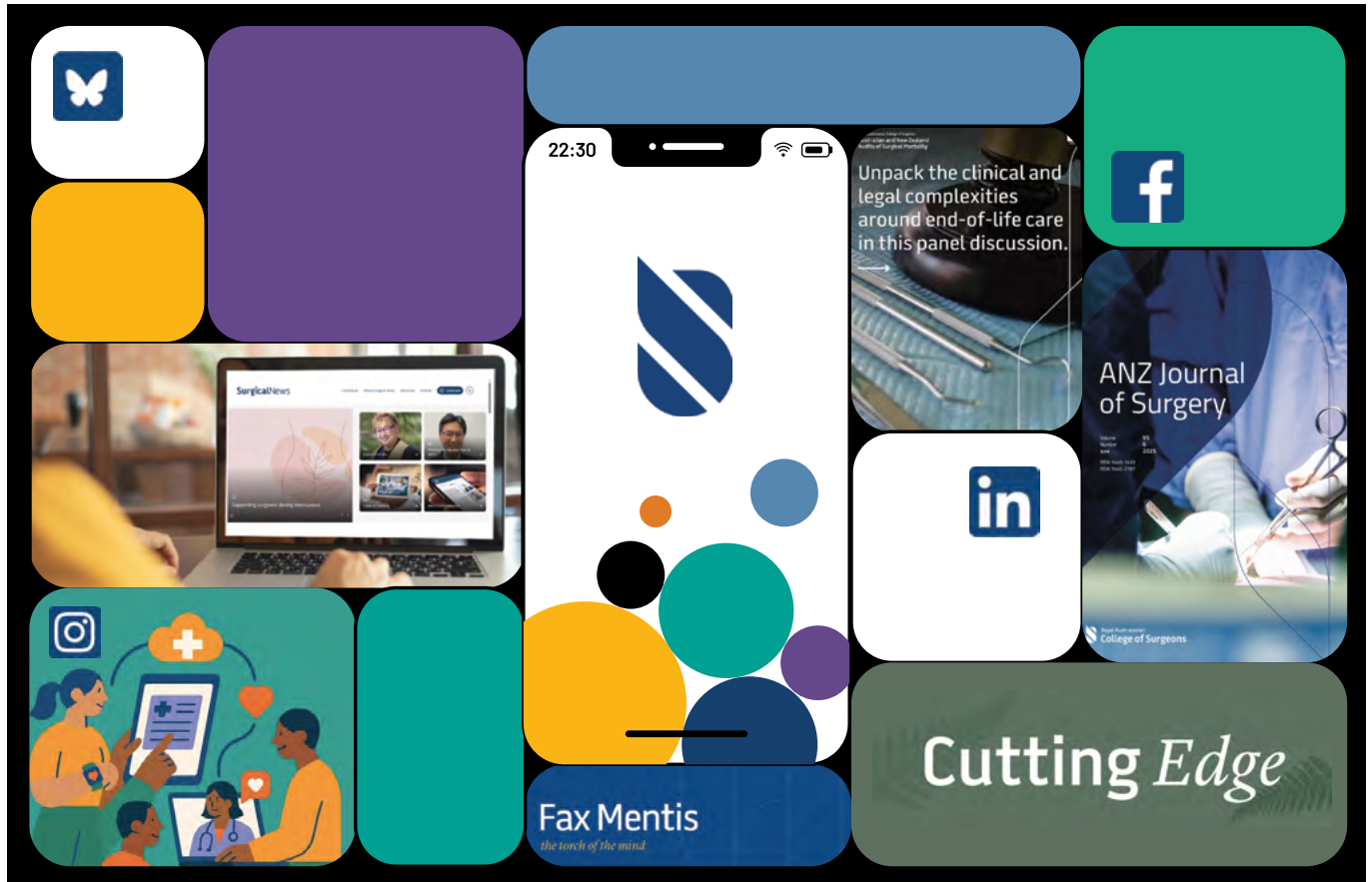
Participation as a first-line assessor remains entirely voluntary but is strongly encouraged. The efforts of our assessors underpin the ongoing success of the ANZASM program, and we would welcome your willingness to be a part of it. Participation as a first- or second-line assessor remains voluntary and is encouraged.

Please complete our form if you wish to update your contact details or opt in to being an assessor for ANZASM.

Train the colonoscopy trainer

The New Zealand Society of Gastroenterology (NZSG) is running a *Train the colonoscopy trainer* course on the 12 and 13 September in Auckland with lead facilitator Dr Russell Walmsley. Find out more at [NZSG Train The Trainer Course | New Zealand Society Of Gastroenterology](#).





Our RACS publications

Did you know we have a suite of online publications for you. Whether you're interested in surgical research, upcoming College events, CPD, advocacy, research activities and more, there's something for everyone.

These are:

ANZ Journal of Surgery: this leading publication has the latest in surgical research and clinical practice across Australia and Aotearoa New Zealand. Access the journal here: <https://onlinelibrary-wiley-com.ezproxy.surgeons.org/toc/14452197/2025/95/6>

Surgical News: our key publication that shares stories about you, our valued members. Each issue covers areas of interest including surgery, research activities, College events and courses, and news on our overseas programs across Australia and Aotearoa New Zealand.

Read the latest issue and share it: [Surgical News | RACS](#)

Got a story? We'd love to hear from you! Get in touch at surgical.news@surgeons.org

Fax Mentis: our fortnightly newsletter, highlighting key events, advocacy, CPD and all key information you need to know about what's happening at the College

across Australia and Aotearoa New Zealand.

Cutting Edge: all the news and updates on areas of interest including surgery, research activities, College events and courses just for our Aotearoa New Zealand members. Have a story or event to share to our Aotearoa NZ members? Contact us at Cutting.Edge@surgeons.org

Social media: stay updated on all things RACS following us on [Facebook](#), [Instagram](#), [Bluesky](#) and [LinkedIn](#). And make sure you tag us in your posts, too so we can share the fabulous things you're doing.



Organ preservation in rectal cancer on the rise: Trainee-led ACCORD findings released

By Dr Matt McGuinness and Dr Cameron Wells

Trainee-led collaborative research has been successful internationally and is now well established in Aotearoa New Zealand with the General Surgery collaborative group: STRATA (Surgical Trainee Research Audit and Trials Aotearoa). Its latest project, ACCORD, was recently published in the *ANZ Journal of Surgery* and highlighted in an editorial by Paterson et al. in the same issue.^{1,2}

The ACCORD study is the largest Aotearoa New Zealand study looking at the outcomes for patients with rectal cancer managed with a watch-and-wait (W&W) approach after initial chemotherapy and/or radiotherapy treatment. This study builds on the success of the three previous STRATA studies; RURAL, RIBZ and CholeNZ.^{3,4,5}

The ACCORD study was a national, retrospective cohort study investigating patients diagnosed with rectal cancer and managed with a watch and wait (W&W) approach across 17 Aotearoa New Zealand hospitals over an eight-year period.

The W&W approach is an emerging treatment paradigm that has gained significant traction in recent years. It is appropriate in a patient who has undergone neoadjuvant therapy and has a complete clinical response (cCR). Rectal resection is then potentially avoided, providing the patient with a chance of organ preservation.

The ACCORD study included 133 patients and encouragingly, found results similar to international data, suggesting safety of a W&W approach in an Aotearoa New Zealand context.

This study highlights the unique strengths of a collaborative research group, as without this structure, the scope of this study would be incredibly difficult to achieve. Firstly, 8055 patients were electronically screened, which identified 1518 patients across 17 Aotearoa New Zealand hospitals who were possibly managed with a W&W approach. Mini teams of surgical registrars were then



established in these 17 hospitals, allowing for individual retrospective case review of all patients and detailed data collection for the final cohort. This allowed almost complete capture of patients managed with a W&W approach in the public sector in Aotearoa New Zealand.

As an organisation, STRATA is continuing its momentum with a two further studies underway; PANORAMA and POET.^{6,7} If you are interested in learning more or joining our mailing list [please visit our website](#).

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3. Elliott BM, Bissett IP, Harmston C; STRATA Collaborative. The impact of delay and prehospital factors on acute appendicitis severity in New Zealand children: a national prospective cohort study. *ANZ J Surg*. 2023 Jul-Aug;93(7-8):1978-1986. doi: 10.1111/ans.18615. Epub 2023 Jul 28. PMID: 37515345.

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Dr Jeremy Rossaak is the new Aotearoa Censor



The Royal Australasian College of Surgeons (RACS) is pleased to announce the appointment of Dr Jeremy Rossaak, FRACS, as the new Aotearoa Censor, effective 1 July 2025.

Dr Rossaak brings a wealth of experience and leadership to this role, having assessed vocational registration applications since 2021. His strong background in surgical education and governance positions him well to support surgeons and Trainees across Aotearoa. He will also represent the Aotearoa New Zealand National Committee and work closely with the College on policy and professional standards.

As Aotearoa Censor, Dr Rossaak will:

- contribute to the development of education policy and uphold high

standards in surgical training and assessment

- represent the Censor-in-Chief where delegated
- liaise with Te Kaunihera Rata o Aotearoa – Medical Council of New Zealand (MCNZ) regarding vocational registration for International Medical Graduates (IMGs).

Dr Rossaak is a consultant surgeon at Tauranga Hospital and a senior lecturer at the University of Auckland. He holds a PhD from the University of Otago and has published extensively in peer-reviewed journals, with more than 50 publications spanning surgical innovation, education, and clinical outcomes. His governance experience includes serving as Acting Chairperson of the Aotearoa NZ Committee in General Surgery and Chairperson of the Aotearoa NZ General Surgery Training Sub-Committee.

We also take this opportunity to thank Dr Nigel Willis, FRACS, for his outstanding nine years of service as Aotearoa Censor. During his tenure, Dr Willis provided steady leadership, particularly through the challenges of the COVID-19 pandemic. His guidance saw a smooth transition from in-person to virtual interviews for vocational registration—a change that has had lasting benefits for applicants and assessors alike.

Dr Willis leaves behind a legacy of innovation, resilience, and unwavering dedication to the profession. His contributions have left a lasting mark on the College and the surgical community across Aotearoa.

Please join us in welcoming Dr Jeremy Rossaak to his new role and thanking Dr Nigel Willis for his years of dedicated service and leadership.



SURGICAL VACANCIES

[View the latest surgical vacancies in Aotearoa New Zealand listed on the College website.](#)

Do you have a position you need to fill? Advertise with us on our website and showcase your vacancies to our network. For more information, visit our [Submit a vacancy page](#) or contact us at RACS.Communications@surgeons.org

Connect with us on Bluesky

Did you know RACS is now on Bluesky?

Bluesky is a free social media platform that offers an alternative to X (formerly Twitter). It provides a more user-customised experience, with a focus on authentic engagement and community-driven content.

Our X account is now inactive but posts will remain as an archive. We encourage you to [follow us on Bluesky](#) to stay up to date with the latest College news. This is also a great opportunity to make sure you're following us on our other social media platforms – [LinkedIn](#), [Instagram](#) and [Facebook](#).

We hope to connect with you there.



RACS CPD app: the easiest way to manage your CPD

Learning is a lifelong journey, and RACS is here to support you at every step.

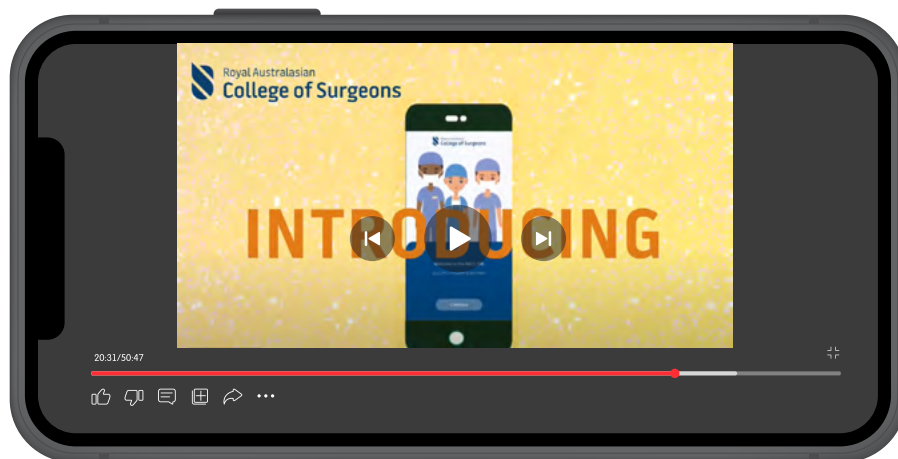
That's why we've enhanced our CPD app, making it easy for you to log activities as you complete them. Track your progress and stay on top of your requirements, all from the palm of your hand.

The RACS CPD app features our new dashboard, providing you with a comprehensive snapshot of how you're tracking throughout the year. A simple traffic light colour system makes it clear what requirements are outstanding, in progress, or completed.

It's fast, convenient and available today on all Apple and android devices. Simply go to your app store, search for 'RACS CPD' and tap 'Download' or 'Install' to get started.

The RACS CPD app:

- **Easy to access.** Once it's downloaded, just tap on the app icon to get started.
- **Familiar login.** Simply use your RACS username and password. Don't know or can't remember your RACS login? [Get help here.](#)
- **Optimised user experience.** Intuitive navigation and fast performance.



- **Your progress at a glance.** New CPD dashboard means you can:
 - see what requirements are outstanding, in progress and complete through a simple traffic light colour system
 - complete your CPD (Learning Plan) in two parts; goals and reflection
 - record activities and hours for audit, education, and performance review related activities
 - complete and manage audit, education, and performance review related activities
- record the exact hours and multiple types of peer reviewed audits you complete
- track and progress your Cultural Safety Practice, Addressing Health Inequities, Professionalism and Ethical Practice (CAPE) requirements as activities are updated

[Learn more about how to complete your CPD.](#)

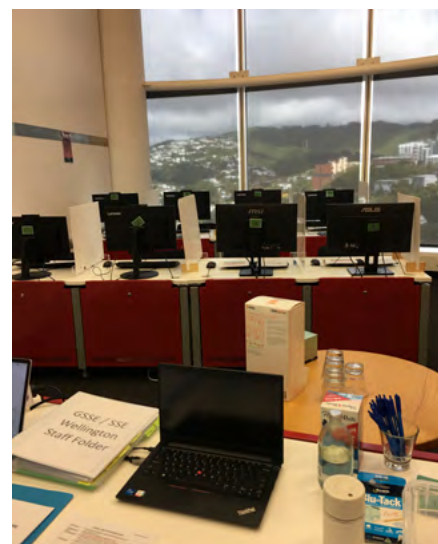
Applications – 2026 RACS examiner intake for the Fellowship examination

The application period for the 2026 examiner intake will open from 1 October to 30 November 2025.

Eligible Fellows are encouraged to apply during this timeframe. Applications submitted outside the designated period will not be considered. For further details, including eligibility criteria and application guidelines, [please visit the RACS Examiner Application for the Fellowship Examination webpage.](#)

Participation in the RACS examination process represents a significant professional contribution for Fellows. Serving as an examiner is both an

esteemed responsibility and a rewarding experience, offering Continuing Professional Development (CPD) hours for accredited activities, along with the opportunity to engage in meaningful collegial collaboration and uphold the standards of surgical education.





Dr Jamie-Lee Rahiri: 2025 John Corboy medal recipient

Congratulations to Dr Jamie Lee-Rahiri, recipient of the 2025 John Corboy medal. The John Corboy medal is the highest honour a surgical Trainee receives from RACS. It is one of RACS' distinguished awards and is awarded annually by the RACS Trainees' Association (RACSTA).

Dr Rahiri was presented with the John Corboy medal at the Trainee and Younger Fellows dinner during the 2025 RACS ASC in Sydney by Dr Sue Hui Ong, the Immediate Past Chair of RACSTA.

The medal commemorates Dr John Corboy, a General Surgery Trainee from Aotearoa New Zealand, who was also RACSTA Chair in 2007 before passing away during his tenure. The award reflects everything Dr Corboy strove to achieve—outstanding leadership, selfless service, tenacity and service to Trainees of the College. This medal is presented to Trainees who embody these traits.

Dr. Jamie-Lee Rahiri's remarkable accomplishments early in her surgical training have earned her this distinguished College award—a rare and impressive feat. At the time of nomination, Dr Rahiri was in her second year of surgical training in General Surgery in Aotearoa New Zealand.

Several nominations were made for Dr Rahiri, each showcasing her exceptional leadership in various capacities within the medical and surgical community. She is the founder of Te Piringa Kōtuku – a Kaupapa Māori Surgical and Primary Health Research Institute and a pioneer of initiatives including Te Poka Pū – National Māori Surgical Interest Group to support and advance Māori into surgery.

Dr. Rahiri has made significant research contributions and attained her PhD in 2020, which was awarded one of five prizes for best doctoral thesis across the University of Auckland. She mentors and supervises master's, honours, and doctoral students, while also supporting Trainees in entering the training program and facilitating their growth throughout their training. This work led to her recent receipt of the prestigious University of Auckland Early Career Research Excellence Award. Through her research, Dr. Rahiri dedicates herself to creating opportunities and support systems for Trainees, medical students and junior doctors.

Dr Rahiri attributes her receipt of the John Corboy medal to the unending support of her surgical sisters, mentors and whānau. As a proud Māmā to her three daughters, Dr Rahiri credits her success to the unwavering support of her parents and husband, Dr Jason Tuhoe.

In receiving the John Corboy medal, Dr Rahiri says, "It is an honour. Many of Dr Corboy's friends and colleagues have shared stories describing just how incredible he was. Some spoke of his support of fellow women Trainees and his ongoing service to the community while he was undergoing treatment for his leukaemia. To be recognised in the legacy of Dr Corboy is a privilege, and I want to acknowledge him and his whānau."

Dr Rahiri has achieved much more than mentioned here in her career to date, and we look forward to seeing what she accomplishes throughout her surgical career.



Mindful Medicine

Healthier patients - Happier health care professionals

Mindful Medicine Workshop

22, 23, 24 October 2025

Practicing medicine is becoming increasingly difficult. Disease complexity, resource limitations and higher patient expectations are but a few of the reasons for the unprecedented burnout rates.

What would it be like to work in an environment that promotes quality care, quality of caring and wellbeing for health care professionals?

Join us for a 3 day workshop designed to equip participants with skills to improve the quality of care they provide patients while nourishing their own wellbeing.

Using a variety of teaching methods including appreciative inquiry, narrative medicine and insight dialogue, the workshop covers topics such as how health care professionals think, self-compassion, work-related distress and working with intent.

No prior experience is required. The workshop is limited to a maximum of 24 participants.

What people are saying

An essential toolkit for a satisfying life and career in Medicine. Highly recommended.

GP

Your days will be full of meaningful activities, and the tutors are amazing. You will enjoy the beautiful environment and be enlightened. Highly recommended.

Nurse

I thought I would try it (workshop) because it was run by SMOs. I thought they would understand my challenges and they wouldn't be "airy fairy". I was right. I do not regret it. I strongly recommend this course.

SMO

Dates

22, 23, 24 October 2025

Venue

**Mana Retreat,
Coromandel.**

<https://manaretreat.com>

Cost

SMO \$700

Allied health
Professionals / Nurse
\$550

\$150 discount for those
sharing a room

Teachings are offered freely.
Cost covers food and
accommodation.

To register

Mindfulmedicine.nz@gmail.com

<https://forms.gle/sMV5MnMJFHLSToh8>

(Copy and paste the link)

Course Faculty

Dr Kendall Crossen is a Paediatrician at Tauranga Hospital who specialises in adolescent health.

Dr Jeremy Rossaak is a General Surgeon at Tauranga Hospital who specialises in pancreatic surgery.

Brigitte Eastwood is the Inpatient Physiotherapy Team Leader at Tauranga with an advanced skill set in paediatrics and respiratory physiotherapy.

OBITUARY

A Life of Service

Russell John Worth

22 September 1938 – 3 December 2023

Neurosurgeon

As a pharmacist, neurosurgeon, Fellow of two Colleges, Road Safety Campaigner, Medical Aviation Specialist, Honorary Wing Commander, Officer Brother of Order of St John, Officer NZ Order of Merit and public servant, Russell Worth's life touched many. Perhaps son, Stephen, and granddaughter, Hannah, sums up his life best. Stephen says, "His entire life was about sacrificing for the good of other people. In the big obvious ways with the rescue helicopter and neurosurgery, as well as so many small ways that no one ever saw." And Hannah says, "Russell was an extraordinary man. Brilliant, intelligent, genuine, determined, humble and brave, he was a man who never said no and never took no for an answer. He has left behind a legacy of service and selflessness, of dedication, hard work, strength, courage and kindness."

Russell Worth was born in Auckland and grew up with a younger brother, Donald (known as Peter), in Matamata, where his father, James was a schoolteacher and his mother, Rose, a theatre nurse. Learning to play the piano from the age eight years, he showed ability and progressed to Trinity Grade 8 level. He also participated in Scouts, becoming Matamata's first Queens Scout.

Although Russell had always wanted to study medicine he was deterred by a teacher, who told him he had no future as a doctor, and as such, he took an apprenticeship as a pharmaceutical chemist in Matamata. In 1958, during his final year, he met Beryl Brinkworth (a retail assistant), who would subsequently become his wife and staunch supporter. Despite receiving the Parke-Davis Award for being the second-best pharmaceutical student in New Zealand, Russell decided to follow his dream and become a doctor.

Russell completed Medical Intermediate in Auckland in 1959 and gained entry to Otago Medical School the following year. Russell and Beryl married in 1963 and had three children – Michael, Andrew

and Stephen. His interest in neurosurgery was sparked by Anthony James, a neurosurgeon and teacher at the Otago Medical School. Graduating in 1965, Russell spent three years as an in house surgeon and surgical registrar at Waikato Hospital.

In 1969, following the transfer of James to Wellington, as Director of Neurosurgery, Russell was encouraged to work with him as a registrar. Two years later, with James as his mentor, Russell, Beryl and three small boys travelled to Edinburgh, where he completed a pre-exam course and then the Primary Examination. During 1973 he held a registrar position at Hull Hospital working with Norman Guthkelch and was awarded his FRCSed. Russell then spent six months at the Adelaide Children's Hospital gaining experience in paediatric neurosurgery with Professor Donald Simpson and Trevor Dinning and becoming a FRACS (Neurosurgery). In Adelaide he met and formed a friendship with Dr Venkataraman Balakrishnan who was also training in neurosurgery.

Russell returned to Wellington in 1974 with a strong focus on paediatric neurosurgery joining James. With the appointment of Balakrishnan in 1976 a tertiary neurosurgical service was progressively created and this stimulated Russell's interest in developing a rapid case transfer trauma service in Wellington. Balakrishnan observed - "Russell was meticulous in his assessment of patients, especially those critically injured and with life threatening conditions. He spent considerable time with his patients and their relatives, especially in situations of serious illness or following severe trauma, explaining the seriousness of the situation and the likely outcome. He seemed to have a natural ability to manage the difficult conversations without upsetting or offending patients or relatives, particularly when they did not understand the seriousness of the situation and the expected outcome of the proposed treatment. With natural empathy for people, he committed to

immediate action where this was necessary, without considering his personal welfare and family obligations. Russell was particularly interested in

children with developmental malformations, especially children born with congenital spinal abnormalities such as spina bifida. A multi-disciplinary team was developed and met monthly to assess these children and determine how their problem might be most appropriately managed."

Anaesthetist, Grahame Sharpe observed – "Russell was a kind and gentle senior colleague who had an uncanny and, in my view, unique ability to convey bad news to often frightened and upset people. Russell would always find time to sit with relatives, explain to them what was happening, and answer questions. He showed personal kindness to students and junior staff at times when they were struggling in their careers. I was always impressed by him in these situations, so much so I would often send one of my own registrars with him as a learning experience, and they always commented on how worthwhile it had been."

The seeds of Russell's involvement with what became a highly successful helicopter rescue service go back to a chance meeting with pilot Peter Button at a Hataitai School fair in 1975. Button had just established Capital Helicopters and with an interest in a helicopter rescue service, arising from watching survivors struggle to get ashore during the 1968 Wahine disaster in 1976, he and Russell set up the Capital Helicopter Trust, New Zealand's first helicopter rescue service. Aligned on what they wanted to achieve, they were more like brothers and became tremendously close friends. Some of the challenges he came across included overcoming skepticism from some in the health and aviation communities, government resistance and dealing with the multiple layers of bureaucracy.



Sometimes it was simply easier to do it himself, so with this attitude and at their own expense they laid a concrete pad at Wellington Hospital to make a safe landing pad. Russell became a highly skilled paramedic and part of the flight crew, participating in hundreds of flights and providing expert medical care to those in need.

In 1982, with help from banker Bill Day working for CBA (later to become Westpac) and businessman Sir Mark Dunajtschik, Russell and Peter formed what is known today as the Life Flight Trust. Day credits Russell with taking Life Flight from having one helicopter to creating what is now an organisation that has three air ambulances, and which does everything from providing an emergency care service to transferring premature babies needing specialist medical care and police search and rescue work. He says, "Russell was always the star act when it came to fund-raising. He was just so knowledgeable and passionate about what he did." The trust evolved into the Life Flight Trust Air Ambulance Service,

which Russell chaired for 10 years and served a further 17 as medical director.

Russell enjoyed flying and made an effort to get a pilot's licence. There were never enough hours in his day to complete it, but he was made an honorary Wing Commander in the RNZAF in 1984 and a member of the Aerospace Medical Association in 1989. In the following year he gained his diploma in aviation medicine from Otago University, winning the President's Prize as top graduate. From 1995 until his forced retirement in 1996, as a consequence of a major cerebrovascular accident, he was the Director of Trauma at Wellington Hospital.

Son Michael observes – "The pressure of the job took Dad from us many times. At breakfast he was often gone, having risen at four to work in the office, before checking on his patients. He would repeat the visit after dinner, if that meal hadn't already been interrupted, as it was countless times by the ring of the phone. Hardest of all was the waiting. More than once, in the early hours of the morning,

waiting for the news the chopper was back from a mission, back on the ground, and Dad and Peter were safe." Because of his severe disability, Russell spent months in hospital. Accustomed to achieving things, it was not unexpected when he told by his doctors he was unlikely to walk again, to set himself the task of doing so. In similar fashion he learned to speak and read again and to return to playing the piano, this time with only one hand. Although he had to resign from his position with Wellington Hospital, he remained committed to Life Flight and was a revered figure in the organisation until his death.

Russell Worth is survived by his wife, Beryl, and three sons - Michael, Andrew and Stephen and four grandchildren – Hannah, William, Alexander and Rachael.

This obituary is based upon that prepared for The Post by Nicholas Boyack and Simon Wolf with further contributions by Venkataraman Balakrishnan FRACS, Grahame Sharpe FANZCA, Bill Day MNZM, Beryl Worth and other family members.

FROM THE AOTEAROA NEW ZEALAND YOUNGER FELLOWS REP

Navigating the early years together

Dr Mike Bergin, FRACS

Like many of you, I know how stretched it can feel during training and in the early years of a surgical career (and no doubt beyond as well). Particularly for those working in the public system, it can feel like we're in survival mode sometimes. I think that stops many Younger Fellows engaging with some of the opportunities we are presented with at RACS and that Younger Fellows Committee. The committee exists for Younger Fellows to support and guide each other through the early stage of our careers. We're all in the same boat, and by connecting, we can back each other and advocate for the changes that will make our professional lives better.

One of the issues at the top of our agenda right now is the growing challenge of providing clinical training opportunities to medical students, registrars and surgical Trainees. As more elective work shifts to the private sector, a move being encouraged by the government, Trainees may miss out on common

surgical procedures that are essential for their professional development. Public hospitals are under such strain that even maintaining service is difficult, let alone building in training opportunities. This will likely become even more challenging with the promised opening of the Waikato medical school.

Last year, I attended the Younger Fellows Forum in Hanmer. It was a once-in-a-career opportunity and an amazing experience. I hear the Sydney forum in May this year was just as valuable for delegates. These events are designed to build leadership and performance skills so new consultants can thrive within the surgical workforce and become leaders in their communities. They bring together surgeons who are motivated to step into surgical leadership, and I'd encourage you to attend one if you get the chance. You really do get so much out of it.

Outside of RACS, I've been involved in streamlining referral and treatment pathways for children with hearing loss



due to glue ear. It's been rewarding work and while not directly relevant to every surgical specialty it's a reminder that our contributions, as Younger Fellows, can improve systems and make a real difference.

I look forward to finding more ways for Younger Fellows in Aotearoa New Zealand to connect, share experiences, and work together to strengthen our surgical community.

OBITUARY

Plastic surgery pioneer

Onkar Nath Mehrotra

25 July 1931 - 10 August 2024

Plastic and Reconstructive Surgeon

Renowned plastic surgeon Onkar Mehrotra died peacefully in Auckland on August 10 2024 from metastatic pancreatic cancer.

Onkar was born in 1931, in Laharpur, Uttar Pradesh, North India to Ram Prasad Mehrotra, a jeweller, and Nandini. The second eldest of a large family, with six brothers and two sisters, he attended Sitapur School, where along with being a diligent pupil, he played hockey and represented his school in athletics. Graduating from high school with a first division ranking, he was determined to educate himself and not follow the family business. Onkar had always desired to be a surgeon, although he observed if that was not possible he would become a hair dresser and open his own salon. His youngest brother, Harish, was also inspired to follow his lead in medicine.

Onkar graduated from King George Medical School in Lucknow with MBBS in 1956 and MSurg (Hons) in 1960. He married Kusum Kacker, a political science student in 1959, following an introduction through her brother-in-law, who lived in Lucknow. After two years training in general surgery in Allahabad, one of the largest cities in northern India, in 1963 he secured a post in a very small district hospital in Pratapgarh – Kusum remaining in Laharpur. Alone and feeling unchallenged in this small hospital and wishing to expand his skills as a surgeon, he became determined to emigrate. He also wanted his young children, Rina and Pancho, to have access to good education. With a preference for the UK, NZ and USA, he responded to an advertisement in *The Lancet* for plastic surgery registrars at Middlemore Hospital, Auckland, the initial appointment being for 10 months.

Selling his scooter to pay for his flight to NZ, and with £20 in his pocket, Onkar arrived alone in Auckland in 1965 - the family joining him in 1966. William Manchester, head of the Middlemore plastic surgical unit was impressed with

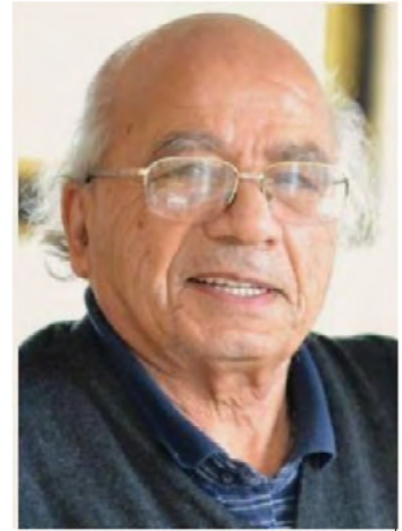
Onkar's superior anatomical knowledge gained through having taught anatomy in Allahabad for two years in preparation to sit the English FRCS exam and offered him a training post. Onkar sat and passed the FRACS in 1968 and was appointed full time plastic surgeon

Onkar was a slick and accomplished surgeon. He would complete a large local anaesthetic surgical list in one of the casualty theatres in record time with enough downtime between patients to read the *NZ Herald* from front to back page. Working with Don Liggins, using the new operating microscope donated by Sir William Stevenson, Onkar was a pioneer of early microsurgery techniques in the 1970s. In 1973 the two of them performed the first free groin flap at Middlemore. Onkar and Earle Brown, forming the famous Red Team, commenced a combined hand surgery service.

Onkar was loved and respected by generations of registrars for his enthusiasm, loyalty and 'You can do it' attitude. Numerous Trainee surgeons who were inspired by his dexterity and precision later specialised in hand surgery.

With a love for and good knowledge of anatomy, he happily helped many to pass anatomy exams. During the many years of his Middlemore practice Onkar published a number of papers on Hand, Facial and Lower Limb Trauma, Head and Neck Cancer and Flap Innovations. He commenced in part-time private practice in South Auckland in 1977, sharing facilities with Brian Otto an orthopaedic surgeon, and later established a practice in Remuera, with many of his procedures completed using local anaesthesia. An Honorary Professorship was conferred on Onkar by The King George Medical School when he participated as an invited lecturer at the First National Plastic Surgical Workshop in Lucknow in 1987.

After more than 30 years service at Middlemore Hospital, Onkar retired in 1996. He enjoyed a long retirement and golf became his new passion. He



was introduced to this sport by Patrick Beehan, a keen golfer who, in 1967 on a his return from the UK with his FRCS, taught Onkar to play on the neighbouring Middlemore Golf Course. He was a well-liked and respected member of Akarana Golf Club and achieved the much sought after 'hole-in-one' on three occasions. He also enjoyed reading the classics, travelling in style to Europe, Japan, Alaska, and making occasional visits back to India. He was an enthusiastic family man who supported his children and grandchildren to the end, generously and without question.

Onkar, who celebrated his 93rd birthday whilst hospitalised, is survived by his beloved wife, Kusum, and children, Rina and Pancho, their partners and grandchildren.

This obituary was prepared by Rina Mehrotra FRCA, Michael Klaassen FRACS and Peter Charlesworth FRACS.

OBITUARY

A Surgeon of Skill, Compassion and Calm Leadership

Roland Wilbur Farmilo

24 August 1949 - 28 February 2024

General and Vascular Surgeon

Wilbur Farmilo epitomised the art of surgery. Exceptionally skilled in talking with patients and their families, he made operative surgery look easy and enjoyable. He was a master technician - one of the last true General Surgeons, routinely completing operating lists that covered a multitude of diseases and organs, from the neck to the foot with most areas in between holding no fear. With his vast knowledge and sense of humour, Wilbur's ward rounds and outpatient clinics were educational, stimulating and fun, resulting in a large number of house surgeons and registrars following a career in surgery. The numerous leadership roles held during his career were characterised by his calm demeanor and carefully considered approach.

Roland Wilbur Farmilo (known as Wilbur) was born in Te Awamutu, the second of five children born to Ray and Zoe Farmilo, who were dairy farmers. The family moved to Warkworth in 1951, where Wilbur started school. At five years old, he fell off a horse by being led around the lawn at home, and sustained a broken arm. Fascinated by the medical environment when taken to

To the Auckland Hospital, he announced he was going to be a doctor and he never wavered from that declaration. When the family moved to Pukekawa in 1956, he attended the local school before commencing at Onewhero District High School in 1963. Two years later he transferred to Pukekohe High School, which offered a stronger science education. It was there he played the euphonium in the school orchestra, was runner-up Dux, obtained an A Bursary and a University Scholarship.

In 1968 Wilbur entered Auckland Medical School as a Foundation Member obtaining first his BSc followed by his MB ChB in 1974. Following graduation, he started as a house officer at Middlemore Hospital. This was to be Wilbur's professional home for the entirety of his long and distinguished public career, other than

for the rotations through hospitals during training and a period of post-Fellowship experience overseas. Wilbur gained his FRACS in 1982 and then worked six-month terms in a voluntary capacity in hospitals in India and the Philippines, before returning to Middlemore Hospital as a Senior Surgical Registrar. In 1985 he married Christine McKeown, a medical secretary, and subsequently moved to a position at the Bristol Royal Infirmary gaining experience in vascular surgery. Wilbur, Christine and his daughter, Rachel (born in 1987), returned to Auckland in 1988 and he commenced his senior surgical career at Middlemore Hospital. A second daughter, Katie, was born the following year.

Wilbur, one of the last truly "general" surgeons, was also a master of vascular surgery. His appointment as a consultant at Middlemore laid the foundation upon which vascular surgery as a distinct specialty was built in that hospital. Operating lists were a tour de force and many students and junior doctors who were exposed to his skills in this environment were stimulated to embark on a surgical career. As a consequence of personal experiences, Wilbur understood how stressful any serious diagnosis or impending surgery could be and this helped shape his approach to care and the enormous benefits of building trust between clinician and patient, thereby engendering confidence and putting the mind at ease. This vital surgical skill, not universally mastered by all, influenced many who each day witnessed this firsthand. As Wilbur's career blossomed, he also developed a successful private practice, but this never detracted from his commitment to the public sector. He would, for example, always delay private surgery commitments if a public case needed his more urgent attention.

Wilbur's contribution to health care stretched far beyond the ward, the clinic and the operating room. He served as the head of the Department of General and Vascular Surgery for four years and subsequently became Clinical Director of Surgery & Anesthesia, a role he held

for over three years. At a time of significant change and challenge, with increasing gaps between demand and capacity, he staunchly advocated for more resources in trying to provide the very best care for surgical patients. Wilbur also served as the deputy Chief Medical Officer for a lengthy period and in that position gave the medical staff considerable confidence, because he understood the realities of the coalface. With his calm, rational and non-partisan approach Wilbur was often the surgeon turned to if a regional issue required carefully considered advice. Alongside these key leadership roles Wilbur also served as a RACS examiner in General Surgery. In addition, he made time to provide voluntary aid in Nepal.

One of Wilbur's final roles whilst at Middlemore was to chair a regional process aimed at improving the design and delivery of head and neck cancer services across the city. This was a challenge he faced with his usual combination of calmness, integrity, intelligence and humour by putting the needs of patients in the centre of the issue and challenging artificial and at times parochial barriers. In recognition of his outstanding contributions to surgery and the community Wilbur received the RACS Community Achievement award in 2017 – a rare and richly deserved honour.

Wilbur retired in 2021 to enjoy more time travelling around New Zealand, playing golf, reading and of course watching rugby and cricket. Throughout his career he had enjoyed travel and the opportunity to visit and learn of other cultures.

In following his boyhood dream, Wilbur Farmilo made an outstanding contribution to the care of thousands of patients and to the provision of surgical services in Auckland. He is greatly missed by his wife and friend, Christine, daughters, Rachel and Katie, brothers, Neil and Steve, sisters, Raewyn and Glenda (deceased) and six grandchildren.

This obituary is based upon the contributions of Andrew Connolly FRACS and Christine Farmilo

