

Cutting Edge

September 2026

OUR VOICE IN RACS

Priorities for the year ahead

In July the position of the chair of the RACS Aotearoa New Zealand National Committee (AoNZNC) was handed over to me with Dr Chris Adams as the deputy chair.

My sincere thanks to Dr Ros Pochin for all her good work as chair for the last two years. We continue to be represented on the RACS Council with the AoNZNC chair being co-opted on with full voting rights. This is in addition to our elected members on council. Currently, Aotearoa New Zealand has a strong voice with Dr Phil Morreau as the RACS president and four other councilors coming from here.

At the local College level, we continue to advocate for our Fellows. It was recently announced that three private providers had signed multi-year contracts with the government to deliver public orthopaedic surgery in private hospitals. Our position is that it is great that patients are receiving their surgery, but this approach may further widen inequities within our health system for areas that don't have access to private hospitals, such as the West Coast of South Island. The low-risk patients who are being operated on in private are also the key patients that are needed for training our future workforce. Memoranda of Understanding (MoU) around the use of Trainees in these procedures in the private setting are being worked on, but the concern remains that learning opportunities are being lost.

We recently met with the Medical Council of New Zealand (MCNZ), along with the chairs of all the other colleges in New

Zealand and CMOs from around the country, at MCNZ's annual meeting. One of the key items discussed was the regulation of Physician Associates. The title for these roles has been set by our health minister, and no amount of advocacy from the health sector has encouraged him to change this stance. Currently, MCNZ has released a discussion document on its proposed regulatory framework. MCNZ has been mandated as the regulatory body, which means a representative of the Physician Associates will now sit on the medical council.

At the end of August the Torohia training survey was sent out to all junior doctors for the second time by MCNZ. Last year's results are available at <https://www.torohia.org.nz/>, which has valuable data on the Trainee experience across specialties and professions. You can see how Trainees in your specialty rated their training by clicking on the vocational training link. Unfortunately, if the number of respondents is less than 10, then this data is not published. Please

encourage your RMOs to complete the survey.

Finally, with this being election year, we have asked the major parties about their health policies. A copy of our election manifesto, and the answers from the political parties who responded, is published on page four in this issue of Cutting Edge.

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.

Dr Sharon English,
Chair, Aotearoa New Zealand National Committee

Image: View from the new Wellington office.





1927-2027
Celebrating 100 Years

11 - 13 February 2027 | Dunedin, NZ

<https://founderscentenary.eventsairsite.com>

RACS FOUNDERS CENTENARY

Evolution Through Necessity

Celebrate 100 years of RACS in the city where it all started

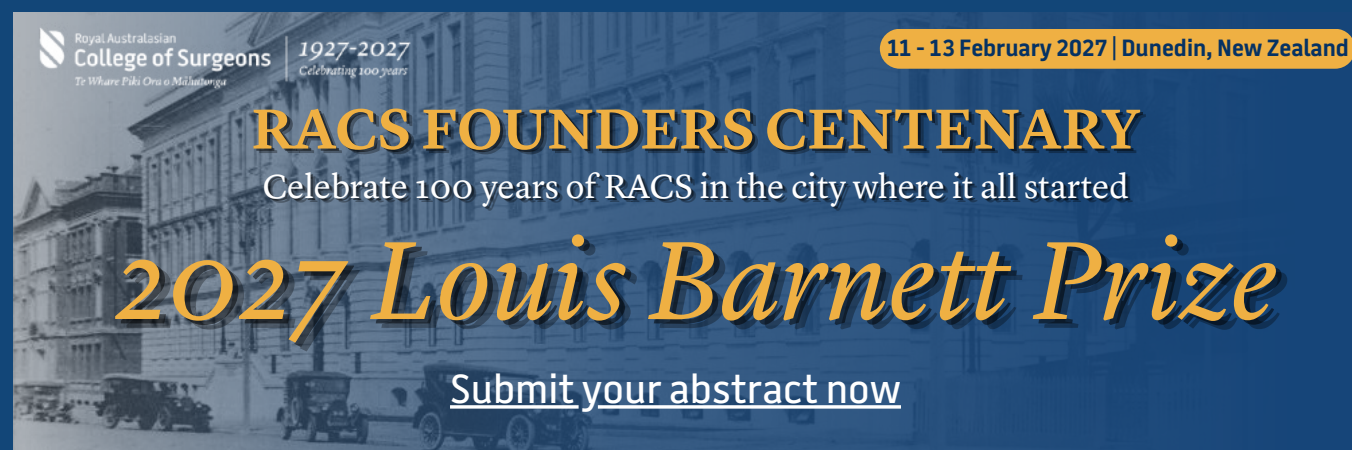
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Royal Australasian College of Surgeons | 1927-2027 Celebrating 100 years

11 - 13 February 2027 | Dunedin, New Zealand

RACS FOUNDERS CENTENARY

Celebrate 100 years of RACS in the city where it all started

2027 Louis Barnett Prize

[Submit your abstract now](#)

Be part of a proud history

Abstract submissions are now open for Louis Barnett Prize

Next year marks 100 years of RACS and 65 years of the Louis Barnett Prize, which recognises excellence in surgical research in Aotearoa New Zealand. Make it your year too.

Established in 1962, and one of the College's most prestigious prizes, the prize honours Sir Louis Barnett CMG, a pioneering surgical researcher, founding member of RACS and the first surgeon from Aotearoa New Zealand to serve as president of the College. For more than six decades, the award has recognised excellence in surgical research and highlighted the significant contributions of emerging surgeon-scientists.

As part of the RACS Founders Centenary celebrations in Dunedin in February

2027, finalists will present their research in the Barnett Theatre, named in Sir Louis' honour. The winner will then be announced at the Centenary Dinner at Larnach Castle, providing a fitting backdrop for this milestone year.

The prize is open to Trainees and Fellows within their first five years of Fellowship who are citizens or permanent residents of Aotearoa New Zealand. It offers an opportunity to showcase research on a prestigious stage, gain professional recognition, and join a proud tradition of surgical innovation and discovery.

Eligible applicants are encouraged to submit an abstract and be part of this landmark celebration. If you know a colleague whose research deserves

wider recognition, consider sharing this opportunity with them.

Key dates

Entries close: 11.59pm, Monday 16 November 2026

Finalist presentations: Thursday 11 February 2027, Barnett Theatre, Dunedin

Winner announced: Friday 12 February 2027, Centenary Dinner, Larnach Castle, Dunedin

Prize: NZD \$2500.

Submit your abstract [here](#) or find out more about this award [here](#) to [Louis Barnett Prize](#) | [RACS](#)



Your 2026-2027 Aotearoa New Zealand National Committee members

RACS would like to extend its sincere thanks to all the Fellows who participated in the election process for the Aotearoa New Zealand National Committee (AoNZNC). Your engagement helps ensure strong representation and governance across the College.

The AoNZNC was ratified during June Council Week, marking the beginning of a new term for Fellows who have committed their time and expertise to supporting their local surgical communities. We would like to welcome the committee's newly elected members who started their terms on 1 July 2026, Dr Matthew McGuinness and Dr Chun Wu. While much of their work is not highly visible, AoNZNC members play an essential role within the College. Supported by their local RACS Aotearoa New Zealand office, committee members:

- represent the local Fellowship in a range of forums
- maintain relationships with government and other stakeholders
- provide advice and recommendations to Council on local issues and assume responsibility for those local issues
- support and nurture medical students, junior doctors, Trainees, IMGs in Aotearoa New Zealand and Fellows in their career development.

We encourage our Aotearoa New Zealand Fellows, SIMGs and Trainees to contact the AoNZNC regarding advocacy, governance, engagement or other matters affecting the profession.

These responsibilities require significant commitment and are often undertaken alongside demanding clinical, teaching and leadership responsibilities.

We also acknowledge and thank the committee members who have concluded their terms: Associate Professor Andrew MacCormick (completed a nine-year term), Dr Christine Goh, Dr James McKay, and Dr Subhaschandra Shetty. Their contributions, advocacy and stewardship helped strengthen the College and support the surgical community across Australia and Aotearoa New Zealand.

If you are interested in contributing to your profession and local surgical community, nominations for the AoNZNC open in February every year. We encourage interested Fellows to consider putting their names forward. Serving on the AoNZNC is recognised as a Continuing Professional Development (CPD) activity and attracts CPD hours.

We encourage our Aotearoa New Zealand Fellows, SIMGs and Trainees to contact the AoNZNC regarding advocacy,

governance, engagement or other matters affecting the profession.

The strength of our College depends on Fellows who are willing to contribute beyond their clinical practice. To all who have participated—thank you.

Contact the AoNZNC via email at College.NZ@surgeons.org

Image: Aotearoa New Zealand National Committee 2026-2027, at the new RACS National office in Wellington.

(L-R): Matthew McGuinness, Jeremy Rossack, Chun Wu, Edward Yee, Alice Febery, Bridget Watson, Sharon English, Andrew Parker, Alison Scott, Matthew Clark, Bevan Jenkins, Chris Adams, Mike Bergin, Marcus Bisson, Sarah Rennie, Cameron Wells, and Christopher Phoon



Manifesto 2026

Advocacy targeting the 7 November general election in Aotearoa

RACS has begun advocating for three priority commitments in the lead up to the general election in November in Aotearoa.

There is considerable unmet need for timely access to surgical services which cannot be met by the existing workforce. At the same time, limitations in the health system's digital, data and physical infrastructure constrain our ability to respond to current and future demand. Equitable access to quality surgical care remains a significant concern for Māori, Pacific peoples, and people living in rural and regional communities.

Dr Sharon English, Chair of the Aotearoa New Zealand National Committee, invited each party's health spokesperson(s) to respond to RACS' three priority commitments for surgical care in Aotearoa New Zealand.

We have asked the political parties contesting this election to make commitments in relation to:

- **Workforce** - commit to planning, growing, and retaining a surgical workforce capable of meeting current and future need for safe, effective, and timely surgical care within an adequately resourced health system.
- **Needs-based equitable healthcare** - commit to making evidence-based decisions on the allocation of resources

to address unmet need for surgical care whilst achieving needs-based equitable access to safe, effective, and timely surgery for our diverse communities.

- **Accelerate investment in infrastructure** - commit to planning and accelerating investment in better data, digital, physical, and sustainable infrastructure to support the public healthcare system so we can meet current and future demand for surgery.

These priorities are set out in the attached single page *RACS Manifesto 2026*, and *Appendix*. They were developed in consultation with the Aotearoa New Zealand National Committee and the specialist surgical societies and associations. RACS members are welcome to use the Manifesto in advocacy to influence candidates and opinion leaders over the next few weeks.

The Manifesto provides a platform for us to work collectively to achieve our mission:

To improve access, equity, quality, and delivery of care which meets the needs of our diverse communities.

Political Party Responses

The responses received (listed in order of receipt) are presented below under each of the College's three priorities, enabling Members to compare the parties' respective proposals and commitments. RACS members are welcome to use the Manifesto in communications and advocacy to influence candidates and opinion leaders over the next few weeks. The information from political parties can also support your local advocacy with electoral candidates and in exercising your own electoral choices. [Read more here.](#)

1. Workforce

RACS priority:

Commit to planning, growing, and retaining a surgical workforce capable of meeting current and future need for safe, effective, and timely surgical care within an adequately resourced health system.

New Zealand Labour Party

Labour would reinstate transparent and collaborative workforce planning to ensure patients receive the care they need. It would also seek to ensure the Health Practitioners Competence Assurance Act 2003 includes workforce objectives.

Green Party

The Green Party supports long-term workforce planning, including training more health professionals locally, improving placement and supervision capacity, and creating conditions that retain experienced staff in the public system. Its response also identifies adequate funding, safe staffing, fair pay, Māori and Pacific health workforce pathways, and practical support for rural and regional services as priorities. The Greens also support working with RACS and others to ensure training, recruitment, retention and wellbeing initiatives respond to evidence and future demand.

ACT Party

ACT supports the Ministry of Health working with health stakeholders to develop a 10-year workforce plan, including identifying the roles and training required for the surgical workforce.

The Opportunity Party

The Opportunity Party proposes a 10-year Health Plan with funded workforce projections, published and reported annually to Parliament. The plan would provide longer-term funding certainty so colleges and districts can determine training intakes and fund supervision. Its first priority for new funding would be retaining clinicians already in Aotearoa, expanding training places, and registering overseas-trained health professionals.

Te Pāti Māori

Te Pāti Māori supports planning, growing and retaining the surgical workforce and proposes an additional \$1 billion annually for health workforce development, alongside increased training opportunities for the Māori health workforce. It would also explore a full student loan write-off for people who work in Aotearoa for five years to encourage health professionals trained here to remain in the health system.

2. Needs-based equitable healthcare

RACS priority:

Commit to making evidence-based decisions on the allocation of resources to address unmet need for surgical care whilst achieving needs-based equitable access to safe, effective, and timely surgical care for our diverse communities.

New Zealand Labour Party

Labour supports universal access to care and improving data and digital systems to better serve patients. Over the longer term, it proposes developing ways to measure unmet need and support well-informed decisions about prioritisation.

Green Party

The Green Party supports directing resources towards people with the greatest unmet need for surgical care, supported by better data on unmet need, waiting times, outcomes and barriers to access. It specifically identifies Māori, Pacific peoples, disabled people, older people, and rural and regional communities. The Greens also support transparent decision-making, stronger public health planning, and investment in prevention, diagnostics, primary care and hospital capacity.

ACT Party

ACT supports needs-based healthcare for all New Zealanders and greater use of clinical evidence and cost-effectiveness in healthcare funding decisions, particularly within Health New Zealand.

The Opportunity Party

The Opportunity Party proposes measurable equity goals with public reporting, alongside obligations to meet Te Tiriti commitments. Rural access would be treated as a specific outcome measure, with Health New Zealand allocating resources within the funding envelope established through the proposed Health Plan.

Te Pāti Māori

Te Pāti Māori supports evidence-based allocation of resources to address unmet surgical need and achieve equitable access. Its proposed measures include re-establishing Te Aka Whai Ora, investing in marae-based clinics and mobile health units, and lowering screening ages to reflect health inequities. It considers these measures would support earlier and more equitable identification of surgical need across communities.

3. Accelerate investment in infrastructure

RACS priority:

Commit to planning and accelerating investment in better data, digital, physical, and sustainable infrastructure to support the public healthcare system so we can meet current and future demand for surgery.

New Zealand Labour Party

Labour supports working with RACS to identify practical and effective investments to increase long-term capacity in the public health system. Its response highlights investment in data and digital upgrades and hospital infrastructure.

Green Party

The Green Party supports sustained public investment in health infrastructure, with long-term capital planning that is transparent, evidence-based and aligned with current and projected population need. It also supports reversing Data and Digital job cuts at Te Whatu Ora to strengthen digital health infrastructure and meet future demand.

ACT Party

ACT highlights the potential for new technologies, including artificial intelligence, to improve health productivity and supports pathways for the quicker adoption of new medical technologies into the health system.

The Opportunity Party

The Opportunity Party proposes long-term infrastructure planning supported by legislation, with published projections covering infrastructure, demand, workforce and costs. Its proposed approach would prioritise maintenance of existing assets and hospitals, while on the digital side it would seek to connect and complete existing systems through national interoperability standards and records that follow patients.

Te Pāti Māori

Te Pāti Māori supports increased investment in physical health infrastructure and improved data collection that upholds data sovereignty and provides a more accurate picture of the health issues affecting communities. It also commits to strengthening environmental sustainability and protecting te taiao in the development of new infrastructure.

Manifesto 2026

COMMITMENTS WE SEEK AND HOW RACS WILL CONTRIBUTE

1. Workforce

After years of fragmented planning, funding, and organisational change the current surgical workforce in the public health system is insufficient to meet the current and future need for surgery across Aotearoa.

We invite you to commit to planning, growing, and retaining a surgical workforce capable of meeting current and future need for safe, effective and timely surgery within an adequately resourced health system:

a. Workforce planning – commit to planning and resourcing a surgical workforce capable of addressing unmet need now and in future for safe, effective and timely surgical care

- commit to plan for sufficient capacity through the pipeline from medical school to vocational training to the surgeons in service delivery, supervision and professional leadership roles.
- commit to continue working with RACS and the Council of Medical Colleges to build a comprehensive view of training needs across the sector
- commit to working with RACS and the surgical specialty societies and organisations to build a clear picture of the current surgical pipeline including allocation across Aotearoa.
- commit to ensuring workforce planning allocates sufficient funded capacity to enable surgeons to cover service delivery, supervision of trainees and IMGs, and professional leadership roles

RACS will:

- work within the Council of Medical Colleges to provide a comprehensive view of training needs across the surgical specialties and across Aotearoa.
- provide professional advice and intelligence to Manatū Hauora to undertake the work above.

b. Surgical trainees - commit to immediate resourcing of sufficient additional surgical training positions, including collaborative public-private training partnerships

- commit to maintain the Māori and Pacific Admission Scheme at Auckland Medical School and Te Kauae Paraoa at Otago Medical School
- commit to immediate resourcing of sufficient additional surgical training positions to meet demand
- fully implement advance offers of employment to surgical trainees before the end of 2026
- work with RACS to identify and remove barriers to Māori, Pacific, and rural candidates taking up surgical training positions
- increase the number of surgical training positions in regional and rural hospitals
- utilise surgical training capacity in the private sector, including in association with outsourcing arrangements.

RACS will:

- support the educational programmes for doctors considering surgical training
- use equity-focused recruitment processes to attract Māori, Pacific, and rural candidates to surgical training
- collaborate with the nine surgical societies to accredit training sites and deliver surgical training programmes
- strengthen the focus on cultural safety, cultural competence, and Hauora Māori within all training programmes
- work within the Council of Medical Colleges to provide a comprehensive view of training needs
- provide professional advice and support to Te Whatu Ora to implement the programme above.

c. Surgeons - commit to employment and retention of additional surgeons to meet current and future needs for surgical services, and for supervision and leadership roles they also deliver:

- commit to employing sufficient additional surgeons (consultants, Senior Medical Officers) to meet current and future needs for surgery
- provide immediate funding for additional positions for surgeons (SMOs) in locations with acute need
- incentivise surgeons to practise in regional and rural areas, rather than metropolitan areas
- targeted employment of surgeons to be increasingly representative of the population they will serve
- commit to support for immigration, employment, and retention of suitable internationally trained surgeons (specialist international medical graduates, IMGs) who will commit to stay in Aotearoa
- support IMGs to adapt to healthcare as practised in Aotearoa
- strengthen focus on cultural safety, cultural competence and Hauora Māori within the surgical SMO workforce
- allocate sufficient SMO capacity to cover both service delivery, and supervision of trainees and IMGs
- support clinical networks to reinforce surgical standards and collaboration across the country

RACS will:

- provide a comprehensive, structured continuing professional development programme supporting surgeons to strengthen their surgical practice and maintain their registration with MCNZ
- provide advice to MCNZ on the suitability of international medical graduates for registration in Aotearoa
- work within the Council of Medical Colleges to provide a comprehensive view of workforce needs
- provide professional advice and support to Te Whatu Ora to implement the programme above.

d. Allied surgical workforce - commit to employing sufficient additional allied surgical workforce to meet current and future needs for surgery:

- planning for and employing sufficient additional allied surgical workforce personnel [anaesthetists, anaesthetic technicians, nursing staff (theatre, perioperative, endoscopy, ward-based), cleaning technicians, administrators, and orderlies)
- incentivise allied surgical workforce personnel to practise in regional and rural areas, rather than metropolitan areas
- targeted employment of allied surgical workforce personnel to be increasingly representative of the population they will serve
- strengthening focus on cultural safety, cultural competence and Hauora Māori within the allied surgical workforce personnel
- allocating sufficient allied surgical workforce personnel capacity to cover service delivery.

RACS will:

- provide professional advice and support to Te Whatu Ora to implement the programme above.





2. Needs-based equitable healthcare

We must achieve needs-based equitable healthcare for Māori, Pacific peoples, regional and rural communities, and other under-served groups.

We invite you to commit to making evidence-based decisions on the allocation of resources to address unmet need for surgical care whilst achieving needs-based equitable access to safe, effective and timely surgery for our diverse communities:

a. commit to acknowledging there is already substantial evidence supporting ethnicity as a key determinant of health for Māori, other population groups. and regional and rural communities,

- allocate resources using the substantial evidence base supporting ethnicity as a key determinant of health for Māori and other population groups
- allocate resources using the substantial evidence base supporting rurality as a key determinant of health for rural community groups

b. commit to investing in high quality ethnicity and rurality data to support design of healthcare interventions

- invest to 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
- invest to strengthen the quality of regional and rural data and analysis available for design of healthcare interventions, including the appropriate mix of surgical specialist scopes required in regional locations, to enable better allocation of resources and to monitor the effectiveness of the health system in responding to these needs

c. commit to supporting RACS in developing a surgical workforce which reflects the Māori, Pacific, and rural profile of the population in Aotearoa:

- adopt the target of 150 fully trained Māori surgeons by 2040

RACS will:

- continue to implement Te Rautaki Māori - Māori Health Strategy and Action Plan 2024-26
- work collaboratively providing professional advice and support to Manatū Hauora and Te Whatu Ora in implementing government's *Hauora Māori Strategy for Aotearoa New Zealand*.

3. Infrastructure

The current state of digital and data systems and hospital facilities across Aotearoa constrains the ability of the health system to deliver surgical care today even where the workforce exists and will become a greater constraint in future without significant investment.

We invite you to commit to planning and accelerating investment in better data, digital, physical, and sustainable infrastructure to support the public healthcare system so we can meet current and future demand for timely access to surgical care:

a. Digital and data infrastructure – commit to accelerating investment in interoperable digital and data systems to enable seamless flow of information nationally between public and private providers so we can provide seamless care and improve patient safety.

- invest in safe, evidence-based AI solutions for all aspects of healthcare provision, supported by prudent clinical governance and monitoring arrangements
- invest in a national health information exchange in a joined-up patient management system across hospitals, allied health services, and primary care
- supporting and investing in nationally consistent, surgical performance and outcomes reporting, to enable benchmarking, service planning, and quality improvement across regions
- require seamless transfer of patient information between facilities when surgeries are outsourced.
- adequately resource the range of registries required, including the NZ Breast Device Register

RACS will:

- develop guidelines around safe use of AI within healthcare
- incorporate use of AI and other digital and data systems into Surgical Education and Training
- will provide professional advice and support to Te Whatu Ora to implement this programme.

b. Physical infrastructure – commit to investment in public hospital operating theatres, procedural suites and availability of inpatient beds to remove constraints on meeting current and future demand for both acute and planned surgery.

- better utilise current hospital capacity for surgical services, including after hours and weekends
- better maintenance of current operating theatres and other facilities which support surgical services
- commit to planning for and investing in new operating theatres, procedural suites, and availability of inpatient beds in areas of high and growing demand for surgery
- address supply chain constraints - caused by global uncertainty - which cause delays to surgery
- long term infrastructure planning aligned with population growth projections and predicted future demand for both acute and planned surgery.

c. Sustainability – commit to strengthening environmental sustainability, including climate mitigations, within the healthcare system:

- ensure every policy and operational decision requires consideration of environmental sustainability and climate change implications
- integrate resource stewardship and climate mitigation across the health system
- require Te Whatu Ora to reduce the use of physical resources, including by safe multi-use or recycling of surgical instruments and other surgical waste
- establish a long-term plan to progressively decarbonise healthcare, monitoring reduction in health system emissions, energy use and waste of physical resources.

RACS will :

- will provide professional advice and support to Te Whatu Ora to implement this programme
- recognises the role of the College and individual surgeons in reducing the carbon footprint of surgery
- continue as a signatory to the Green College Guidelines and the Intercollegiate Green Theatre Checklist
- Position paper: *Environmental Impact on Surgical Practice* uses the five R's - Reduce, Reuse, Recycle, Rethink, and Research
- continue to include in our CPD programme *Environmental sustainability in surgery*, based on work of the RACS Environmental Sustainability in Surgical Practice Working Party.
- promote *Choosing Wisely* to reduce low value care and resource use by unnecessary surgery
- ensure the implementation of sustainability initiatives does not inadvertently compromise patient safety, quality of care, and equitable access to surgical services.



Finding a new way to ensure a fair go for all in health and welfare

The people of Aotearoa New Zealand have a history marked by some great achievements, particularly in health and wellbeing.

With the Social Security Act of 1938, we were the first country to promise a free health system and a comprehensive welfare system for everyone.

However, the spirit of providing ‘a fair go for all’ has been undermined by two problems. First, Māori, Pacific peoples and those living in poverty have never really been offered the opportunity for the same good health and long life as the rest of us.

Second, the division of wealth and prosperity between the ‘haves’ and ‘have-nots’ has grown much wider since the 1980s, when the ideology called neoliberalism crept into our thinking, motivations, actions, and, most crucially, our economics and governance.

That way of viewing the world has led to the idea that addressing these problems and improving national health, disability and welfare are not the responsibilities of government. Instead should be left to private business interests and be centralised in speciality centres in a small number of big cities.

On the new road, which we are recommending, the health and welfare system for the whole country will be supported by a collaborative network organisation. It will have widespread local centres in small and large communities, each in open two-way collaboration with regional centres, with whom more difficult healthcare problems will be regularly and openly discussed.

This approach has left us with the embarrassingly dysfunctional health and welfare systems we have today. As a nation, we are at a crossroads with two ways ahead.

Either we can take the advice of those with power, economic and political, and continue traveling on the present road. This will allow more of our health and welfare services to be taken over by businesses, big corporations, and private capital, progressively centralised to big population centres, and increasingly costly. This unthinking road ultimately leads to an American-style health and welfare system which is the most expensive, inefficient, and unequal in the world.

Or we can make a fresh start down a more difficult road that sees us work together

with the clear aim of restoring the notion of a ‘fair go for all’.

On the new road, which we are recommending, the health and welfare system for the whole country will be supported by a collaborative network organisation. It will have widespread local centres in small and large communities, each in open two-way collaboration with regional centres, with whom more difficult healthcare problems will be regularly and openly discussed.

For challenging cases, a separate consultative national networking arrangement would be built, linked to both local and regional centres, and staffed by a group of participating specialists, located throughout the country.

Networked centres will have governance bodies made up of local representatives: local council, iwi, NGOs, volunteers, healthcare and disability workers, etc. These groups will have a big say in what their communities' health and welfare needs are and what resources are needed to fill them. They will not be led by generic managers but by senior healthcare professionals and others with specific knowledge of how health, disability, and welfare systems work.

These local groups will monitor whether their approaches are working by doing regular local surveys of unmet needs, rather than relying on arbitrary centrally generated waiting-time targets.

The centres will be connected by a defined network of responsibilities and collaborations, so that healthcare and welfare services can be provided as close as possible to where people reside. Such a network of people and organisations will work together for both the good of their own community and the good of the whole country.

They will be most aware of, and responsive to, local differences and hence able to make more efficient use of

costly and rarer health skills and physical resources.

Most of all, the network will bring people together with the unifying purpose of free access for all to more appropriate levels of health, disability and welfare services.

To approach these lofty ideals, we need to base our collaborative network organisation on the groundwork established by Te Pae Ora (Healthy Futures) Act 2022 (as originally passed, not the current version that was amended in 2026 undoing many of the foundational changes).

We also need to have a central government that reaffirms its responsibilities for the funding and supervision of appropriate and adequate health and welfare services. We will need to work to achieve a health workforce more culturally and socioeconomically representative of the communities they serve.

Health service training would be provided free of charge and located most often in the environments in which individual trainees will eventually work. Recruitment and retention schemes would aim to give Aotearoa

a self-sufficient health workforce.

Communication between health professionals would be enhanced by a unified functional national database.

Most of all, to make this new start work, we will need to change the way we think about ourselves and how we relate to each other as the people of Aotearoa. The changes need strong leadership and trust in the good intentions and skills of our fellow citizens.

The goal of a fresh approach to health and welfare, with a truly fair go for all must surely be worth all the effort. The world is rapidly changing; we must embrace that as an opportunity rather than an unwelcome challenge.

The authors of this piece are, Phil Bagshaw (Christchurch Charity Hospital), John Potter (Massey University), John Goddard (barrister), Fiona McDonald (Victoria University of Wellington), Sue Bagshaw (Otago University Canterbury), Matt Roskrug (Massey University) and Ganesh Ahirao (former chair of Productivity Commission).

Opinion originally published in The Press on 24 July 2026, republished with authors' permission.

Returning to where it all began: Registrations open for RACS Founders Centenary

One hundred years after the first RACS Council meeting was held in Dunedin, Aotearoa New Zealand, the College will return to its birthplace to mark a historic milestone.

Registrations are now open for the RACS Founders Centenary, taking place from 11-13 February 2027, bringing together past and present Fellows, Trainees and International Medical Graduates from across Australia and Aotearoa New Zealand to celebrate the College's first century and look ahead to the future of surgery.

The Centenary program will feature the Aotearoa New Zealand Annual Scientific Meeting, centred on the theme *Evolution through necessity*, alongside a Cultural Competency Workshop facilitated by the Māori/Indigenous Health Innovation

Department at the University of Otago and the prestigious Louis Barnett Prize, to be held at the Otago Medical School Barnett theatre.

Attendees will also gather for a Centenary dinner and cèilidh at Dunedin's iconic Larnach Castle, celebrating the people and achievements that have shaped the College over the past century.

Members are encouraged to register early, with registration details, the provisional program and accommodation information now available on the [Founders Centenary website](#).



Pūhoro- it's a wrap

Te Rau Poka surgical academy has completed another round of Pūhoro STEMM wānanga. These wānanga would not be possible without the surgeons, registrars and medical students who volunteered their time to talk to groups of Year 11 and 12 high school students in six locations across the country.

Whangārei presenters:

**Dr Maxine Ronald FRACS,
Dr Rhys Martin and Dr Whiti Hori**

Tāmaki Makaurau presenters:

Dr John Mutu-Grigg and Dr Jamie Harvey

Manawatū presenters:

**Dr Jonathan Koea, Dr Maia Tipene
and Dr Mikayla Kahi**

Whanganui presenters :

**Dr Nigel Henderson and
Dr Mairarangi Haimona**

Taranaki presenters:

**Dr Nigel Henderson, Dr Awhina Meikle
and Dr Jaimee Hand**

Ōtautahi Christchurch presenters:

Dr Andrea Cross and Dr Nasya Thompson.

He mihi arohanui ki a koutou ngā ringa raupa! Thanks so much to the busy hands!

Professor Jonathan Koea, Kaiārahi (Director) of Te Rau Poka started the series of wānanga in Manawatū, at the Palmerston North racecourse venue. He was joined by Maia Tipene, a PGY3, and Mikayla Kahi, now a TI at Palmerston North Hospital, who had participated in the Pūhoro programme nine years earlier.

Mikayla was keen to present to the students and to let them know she was sitting in the same seat as a student. While RACS was not part of Pūhoro then, she talked about why she chose medicine and gave credit to the mentors she met along the way. She is looking at ophthalmology as a future vocation.

The sessions were supported by Wellington staff, Dr Ruth Herd (Kaiwhakarite Hauora Māori) and Liberty Koea (Kaiāwhina), who travelled in Terms two and three of the school year to transport and set up the equipment and merchandise.

The feedback from students across the country was highly positive with most enjoying the hands-on activities and also meeting real-life surgeons who are working in their local hospitals.

Some of the feedback we received from students were:

"This was my favourite because there were a lot of interactive things to do."

"I loved the teachers speaking about their backstory on how and why they got to be a surgeon."

Pūhoro staff shared that the RACS sessions were popular among students, and they were highly successful, engaging, and inspiring. The combination of practical skill-building, interactive learning, and authentic career insights created a powerful experience that supported both learning and future aspirations in the medical field.

Images (clockwise from top left): Awhina Meikle – Taranaki; Maxine Ronald – Whangarei; Mikayla Kahi presenting at Manawatū; Nasya Thompson PGY3 – Ōtautahi; Rhys Martin, teaching students how to suture.





Image (from top): John Mutu-Grigg speaking to the group in Auckland; Jaimee McNab-Hand and Awhina Meikle at the back running suturing tables in Taranaki; Nigel Henderson – Taranaki



He Ngakau Ora – recognition for first Māori general surgeon

Whakanuiatia e te Rangatira. We celebrate Professor Jonathan Koea who was recognised by his peers at Te Ohu Rata o Aotearoa-Māori Medical Practitioners Association 30th annual conference in Auckland with the prestigious Paratene Ngata 'Ngakau Ora' award.

This award is given in Dr Pat Ngata's memory to one who has shown outstanding concern for the wellbeing of individual members. The award was presented by members of Dr Ngata's whānau, including his widow, who spoke poignantly about her husband—a teacher and mentor to many Māori doctors including Jonathan.

Through his role of Kaiārahi/ Director of Te Rau Poka surgical academy, Jonathan has for the past several years led the programme and provided support for a growing number of trainees and students under his tutelage. He is also the first Māori Professor of Surgery and gave his inaugural lecture in 2024 at the University of Auckland.

Along with his many commitments, Jonathan has been learning te reo Māori

for the past three years, which included attending several wānanga each year at Urenui Pā.

Jonathan also spoke at Tā Maui Pomare Day in Waitara and was invited to speak at the first anniversary of Kuini Ngā Wai Hono i Te Pō at the Koroneihana in Ngaruawahia. His dedication to his learning journey is eloquently stated in the whakatauaki (proverbial saying) from Ngāti Mutunga:

Kia ū ki te Marae, mā te Marae ka kīa koe he Tangata

Hold fast to the marae, for it is the marae that makes you stand tall and be somebody

Image: Jonathan on the night with proud members of his immediate and extended whānau



AoNZ Advocacy report

Update on health legislation in Aotearoa New Zealand

A number of health legislation changes are progressing in Aotearoa New Zealand as the elections approach. The *Healthy Futures (Pae Ora) Amendment Act 2026* has now taken effect, introducing changes to health system governance, strategic direction-setting and accountability, including the role of health targets. Meanwhile, the Health Practitioners Competence Assurance Amendment Bill is before Parliament proposing changes to the regulation of health practitioners, including greater ministerial direction powers of direction over responsible authorities including the Medical Council.

[Read the full story.](#)

Changes to road rules

The government has confirmed it will shortly make four changes to road rules. These reflect [RACS' submission to the NZ Transport Agency - Waka Kotahi](#) in March 2026.

Children under 12 will be allowed to bike on footpaths with a caregiver; e-scooters to use cycle lanes; minimum gap of 1.5 metres when passing; give way to buses leaving bus stops on roads under 60 kph.

Full update and link to submission -
[RACS makes submission on lane use improvements | RACS](#)

Update on the regulatory framework for Physician Associates in Aotearoa New Zealand

RACS has submitted feedback on the draft Professional Standards for Physician Associates. RACS has also contacted Health Minister Simeon Brown following his confirmation of the title "Physician Associate", urging that it be changed to "Clinical Assistant" because we believe the current title is misleading and has the potential to compromise patient safety through confusion about the role.

Full update and link to submission
[Update on the regulatory framework for Physician Associates in Aotearoa New Zealand | RACS Update on the regulatory framework for Physician Associates in Aotearoa New Zealand | RACS](#)

RACS contributes to submission on Legislation (Definitions of Woman and Man) Amendment Bill

RACS contributed to a submission by the Council of Medical Colleges strongly opposing the *Legislation (Definitions of Woman and Man) Amendment Bill* in Aotearoa New Zealand. Our position is that the Bill fails to reflect scientific complexity, will have a negative impact on specific groups of people, and will result in unintended consequences causing harm to patients.

[Read CMC submission.](#)
[Read the full update.](#)

Arms Act 2026 passed in Aotearoa.

The Arms Act 2026 will come into force on 23 September 2026, with stricter gun licensing controls and stricter penalties for non-compliance. Gang members will not be able to hold a firearms licence. An independent Firearms Regulator will be established.

The Arms Act 2026 brings in important provisions RACS has advocated for over several years, including:

- retaining the ban on Military-Style Semi-Automatic (MSSA) weapons
- retaining universal registration of gun ownership
- stricter gun licensing criteria and protocols, and stricter penalties for non-compliance
- closing loopholes which facilitate illicit transactions.

Full update and link to submission -
<https://www.surgeons.org/News/Advocacy/Arms-Act-2026-passed-in-Aotearoa-New-Zealand>



From milestones to memories: help tell the story of RACS' first century

“The history of the College isn’t just found in official records. It’s found in the people who helped shape it, the milestones that marked our progress, and the photographs, documents, instruments and objects that tell the story of where we’ve come from. As we approach our centenary, we have an opportunity to uncover and preserve these important pieces of our shared history, helping us understand not only where we’ve been, but where we’re going.”

Associate Professor Michael Hollands Chair,
RACS Centenary Committee

As our College approaches its centenary in 2027, we’re inviting members, staff, patients and the wider community to contribute to 100 years. 100 stories. - an initiative designed to capture the stories that have shaped the College’s first century.

We’re looking for stories that help tell the history of RACS. While many of these may be personal, we’re particularly interested in submissions that connect to the College itself, its people, programs, milestones, achievements and evolution over the past 100 years.

As we reflect on 100 years of the College, we especially welcome stories from across Aotearoa New Zealand that highlight local firsts, pioneering surgeons, landmark achievements and the unique contributions New Zealand Fellows, Trainees and communities have made to RACS’ history and evolution over the past century.

Perhaps it’s the story of a Fellow who played an important role in College life, a significant training initiative, a memorable Annual Scientific Congress, an outreach activity, a wartime

contribution, a landmark moment in governance or education, or an innovation that influenced the way the College supports surgeons and patients. It may be a photograph, document, instrument, medal or other object that captures an important chapter in RACS history.

Personal experiences can provide valuable context, but they’re most powerful when they help illuminate a broader story about the College and its impact.

Together, these stories and artefacts will help build a richer record of RACS’ first century, preserving the moments, people and achievements that have shaped the organisation we know today.

Every milestone, object and memory connected to the College helps tell the story of RACS. Help us preserve it for the next century.

[Watch the video](#) to learn more, then submit your story via the [online form](#).



Your scalpel shapes lives. Your research shapes surgery

Your work shapes lives every day. Your research shapes the future of surgery. That message underpins the RACS Annual Research Conference 2026, to be held at the Australian Hearing Hub, Macquarie University, Sydney, on 12-13 November. Hosted by the RACS Academic Surgery Committee in partnership with the Association of Academic Surgery (USA), the conference will bring together Fellows, Trainees, Specialist International Medical Graduates (SIMGs), medical students, researchers and educators to explore the latest developments in surgical research, innovation and education.

Day one features the popular Developing a Career and Skills in Academic Surgery (DCAS) program and discussions on contemporary issues in academic surgery. Day two will focus on innovation, with presentations examining advances in education, research translation and entrepreneurship.

Professor Payal Mukherjee, Chair of the Academic Surgery Committee, said

research remains central to the future of surgical practice.

“Research is integral to high-quality surgical care. Whether improving outcomes, evaluating emerging technologies or informing education and training, members of the surgical community play a vital role in generating and translating evidence. This conference provides an opportunity to share that work, build collaborations and contribute to the future of surgery. I invite you to come together to celebrate excellence, build careers and foster connectivity within academic surgery.”

Featured speakers include Associate Professor Sarah Aitken, Professor Matt Read, Professor Zolt Balogh and Dr Quinlan Buchlak, alongside international faculty from the United States and South Africa. A key highlight of the event includes the Jepson Lecture, delivered by Professor Ian Bissett from Aotearoa New Zealand, along with sessions on publishing research and avoiding burnout, and a Cochlear site visit.

Associate Professor Anthony Glover, Conference Convenor, said the conference offers valuable opportunities to learn from leading researchers and build new collaborations.

“The Annual Scientific Research Conference (ARC) brings together the Australian and New Zealand surgical community to share research, build careers, and celebrate achievements.”

Whether you are presenting research, developing an academic career or exploring innovation in practice, the conference offers practical insights, meaningful discussion and opportunities to help shape the future of surgery.”

Whether you are a Fellow, Trainee, IMG or medical student, register now and join colleagues from across Australia, New Zealand and the United States this November. Because while your scalpel shapes lives, your research shapes surgery.

For more information, view the [provisional program](#) and [register here](#).

Younger Fellows

Kia ora tatou. Warm greetings as we transition into Spring for another year. A special welcome to all of our new Younger Fellows. It's great to have you with us and congratulations on your achievement. You are an important voice in our College and together we comprise around a quarter of RACS's total membership. We bring a unique and necessary perspective on workforce participation, training capacity, service delivery, and future workforce needs in Aotearoa New Zealand, and beyond.

Despite being such a significant part of RACS, sometimes the perception of Younger Fellows is not particularly helpful. At the 2026 Perth Annual Scientific Congress during the President's Lecture it was suggested that one factor contributing to increasing specialist fees is that younger surgeons seek to work fewer hours while charging higher fees, thereby compounding the issues of affordability and access to care for patients. Several audience members questioned this assertion, noting that there was no supporting data presented. Many Younger Fellows who attended the session expressed concern regarding this comment, that such statements reinforce a perception that Younger Fellows' billing practices differ from, or are not aligned

with, those of the broader surgical profession. We believe it is important that this perception be examined and, where unsupported by evidence, corrected. To help with this we are preparing a short questionnaire which will be sent to all Younger Fellows anonymously asking you about issues such as post-fellowship training before starting as an SMO, private setup and running costs, how your FTE is split and how easy it was for you to find work after training. We would be very grateful for your time in helping us to get a better picture of some of the issues facing our Younger Fellows.

Elsewhere in the College, our Younger Fellows Strategic Plan 2026-2028 was approved at the recent Professional Standards and Fellowship Services Committee meeting.

The key themes of this plan are Engagement, Leadership Development, Advocacy & Representation, and Education. Some examples of this include better promotion of the annual Younger Fellows forum and support for new Fellows to attend this; ensuring a Younger Fellows voice is heard on various RACS

committees; mentoring Younger Fellows into leadership roles; and supporting Younger Fellows through travelling fellowship and exchange scholarships.

The Younger Fellows committee have also been exploring some new CME options for professionalism. We are hoping to partner with the Australian Institute of Higher Education (AIHE) to develop relevant trans-Tasman courses to help Younger Fellows at the start of their careers with some of the more challenging issues which may not have been covered by SET training. At our committee meeting earlier this year, we had a taster in the form of a workshop: dealing with difficult colleagues. This was well received and we are considering running something similar at the Younger Fellows forum, or during the ASC, or possibly online to facilitate easier participation across Australasia.

More information about Younger Fellows activities can be found [on the College website](#) or contact us at younger.fellows@surgeons.org.

Ngā mihi,
Mike Bergin, AoNZ Younger Fellows representative

From Health NZ - the Direct Payment Process for College Fees

As of December 2025, Health NZ introduced a simplified way to support trainees by paying training and membership fees directly. This process applies to Health NZ employees, employed as RMOs. The College will work directly with Health NZ to confirm eligibility.

If you are a trainee employed under the ASMS collective, Health NZ are unable to pay your College fees directly, however, the usual claiming processes, as outlined in your terms and conditions of employment, will still apply.

What you need to do

- Keep your MCNZ number up to date with your College
- Submit your training/placement details early

- Let your College and RMO Support Service know if you want to opt out
 - if you change districts, please notify the new RMO Unit to make them aware you wish to opt out

What this means for you

- Less admin for you
- Training & membership fees paid directly, no need for claims

Have any questions?

Please reach out to either your RMO Support Service in your employing district or the RDSS Coordinator, Michelle Lind michelle.lind@tewhatauora.govt.nz

Update from the RACS NZ-IMG Team

Intro to the Vocational Registration Portfolio

International Medical Graduates (IMGs) play an essential role in Aotearoa New Zealand's surgical workforce, contributing significantly to the delivery of specialist surgical services across the country. On behalf of the Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (MCNZ), Te Whare Piki Ora o Māhutonga | the Royal Australasian College of Surgeons (RACS) provides independent specialist advice across its nine surgical specialties to support a rigorous, consistent, and evidence-based IMG assessment process. This process evaluates the comparability of an IMG's training, qualifications, and professional experience with those of a surgeon trained and practising within the corresponding vocational scope in Aotearoa New Zealand. While RACS contributes expert professional advice to inform the assessment, responsibility for decisions relating to vocational registration rests solely with the MCNZ. Through RACS advisory role to the MCNZ, the College supports the maintenance of high standards of surgical practice while facilitating the integration of suitably qualified international surgeons into the New Zealand health workforce.

Assessment for Fellowship of the Royal Australasian College of Surgeons is a separate process and is independent of vocational registration. Surgeons who are granted vocational registration in Aotearoa New Zealand may subsequently apply to RACS for consideration for Fellowship through the College's IMG Assessment pathway.

College submissions

Between January and August 2026, the College provided comprehensive and timely advice to support the assessment of IMGs. During this period, the College achieved on-time submission rates of 76% for interview-based assessments and 71% for paper-based assessments.

A total of 24 paper-based applications were assessed and advice was submitted to the MCNZ. A further six paper-based applications are under active review. In addition, 25 interview-based applications



were assessed and advice submitted, while 10 interview assessments remain in progress.

During the same period, the College completed 19 assessment and logbook reviews, providing advice to the MCNZ to inform the evaluation of applicants' clinical experience and practice in Aotearoa. Eight IMGs were approved for full vocational registration, reflecting the successful progression of suitably qualified surgeons through the vocational registration pathway.

Assessors

The NZ-IMG Team greatly values the time, expertise, and dedication contributed by its Assessors, whose ongoing commitment is fundamental to the success of the programme. The Assessor pool currently comprises 23 Assessors representing all nine surgical specialties, including the Aotearoa Censor and Deputy Censor, providing a broad range of senior surgical expertise to support the IMG vocational registration pathway.

College Assessors are vocationally registered Fellows from across Aotearoa New Zealand who play a critical role in supporting the safe and effective integration of appropriately trained and experienced IMGs into the surgical workforce. Through their assessments, they help ensure that IMGs meet the standard expected of a locally trained

consultant surgeon, thereby contributing to the delivery of high-quality and safe patient care.

Assessors support the vocational registration process by undertaking detailed reviews of IMG application documentation and participating in interview assessment panels, as required by the MCNZ. Their expertise underpins the College's ability to provide robust, independent, and evidence-based advice to the MCNZ to inform its registration decisions.

Projects

Guidelines for Eligibility to Assess Applications for Vocational Registration

The MCNZ has a Memorandum of Understanding with RACS. This MoU commits the Council and the College to work collaboratively to ensure doctors are safe and competent to practise, and the public is protected. The Council relies on the advice it receives from the College to inform its decisions on the eligibility of IMGs for provisional vocational registration. These guidelines stipulate who can act as a representative of the College assessing IMG applications for provisional vocational registration. The NZ-IMG Team is working closely with Assessors to develop Guidelines for eligibility to assess applications for vocational registration to supplement those of the MCNZ.

Restoring sleep, rethinking care

There is a moment from a Wilderness Medicine Course in Queensland that Dr Sumit Samant has never forgotten. The instructor posed a scenario: you come across an accident far from medical help. Your instinct is to rush in. Instead, the instructor stopped everyone.

“Before you do anything, stop. Assess the scene. Make sure it’s safe. If you rush in without thinking, you may simply create another victim.”

For Dr Samant, an Auckland-based otolaryngologist head and neck (ENT) and sleep surgeon, the lesson extends far beyond first aid.

“It’s exactly the same principle we use in surgery. The first instinct shouldn’t be to act immediately. It should be to pause, assess, gather information and then make the best possible decision,” Dr Samant says.

That ability to think before acting lies at the heart of how he practises medicine today. It is also what he believes FRACS truly represents. Patients see the operation. They rarely see the judgement behind it—the years of training, reflection and continuous professional development (CPD) that shape every clinical decision.

Growing up in Varanasi, India, Dr Samant learnt an early lesson about medicine from his father, an ENT surgeon. When his father opened his private practice, he chose a former throat cancer patient, not a politician or celebrity, to inaugurate it.

“It taught me that medicine is fundamentally about relationships with people rather than prestige.”

His career has taken him across three continents. After completing his ENT training at Mumbai University’s KEM Hospital in India and working as a consultant, he spent four years in the UK before moving to Rockhampton, Queensland. He later settled in Auckland, where he has lived for the past 18 years.

What he did not expect was being told that despite years of surgical experience and supervising registrars, his three-year Indian specialist training was not considered equivalent to the five-year Australasian program. To become a Fellow, he would have to retrain.

There were 21 applicants for one training position. He got it.

The decision to start over was not an easy one. But he remembered the words of a senior colleague in Mumbai before leaving for the UK: “You won’t just learn more surgery. You’ll learn how to learn, and you’ll learn how to think.”

That advice proved prophetic. The College recognised two years of his previous experience, so he completed three years instead of five. Looking back, Dr Samant says the Fellowship transformed him—not because of the qualification itself, but because it changed the way he approached medicine.

“People often think Fellowship is about passing examinations. But the real value lies in the way it changes how you think.”

For Dr Samant, CPD is not simply about keeping skills current. It is about remaining curious throughout a career and approaching unfamiliar challenges with a structured way of thinking.

As his interest in sleep medicine grew, he realised patients rarely fitted neatly into one specialty. Rather than asking how to perform another operation, he began asking whether the system itself could be improved.

“I’ve always enjoyed looking at systems and asking how they could work better.”

Six years ago, he proposed a multidisciplinary sleep service bringing together specialists from around 10 disciplines. Today he chairs the multidisciplinary sleep meeting in Auckland’s public health service. He also established Auckland Sleep, a multidisciplinary clinic where surgeons, sleep physicians, psychologists, dentists and other specialists work together under one roof.

“Innovation isn’t about inventing something completely new. It’s about improving the way care is delivered.”

He now sees his role as extending beyond the operating theatre. “I’m still a surgeon, and I love operating. But I also see my role as helping design better systems of care.”

He believes that is where modern surgical leadership is heading. “Medicine has become far more complex. The best



surgeons today aren’t necessarily those who perform the most operations. They’re the ones who know how to work collaboratively.”

Leadership, he says, is not about being in charge. “It’s about creating an environment where good people can do their best work.”

His advice to younger surgeons is simple: “Technical skill is essential, but it isn’t enough. The best surgeons are lifelong learners—curious, willing to ask questions and able to work collaboratively.”

“As surgeons, we also need to look after ourselves. Without that, we’re simply not the best version of ourselves.”

For Dr Samant, Fellowship was never the finish line. It marked the beginning of a career built on curiosity, judgement and continuous learning, much of it invisible to patients but present in every decision he makes.

Professional Development Opportunities:

Strengthen your leadership, education and communication skills

Whether you're supervising Trainees, leading teams, or looking to enhance your professional practice, RACS Professional Development offers a range of CPD-accredited learning opportunities designed to support Fellows at every stage of their surgical career.

All courses are aligned with the RACS Surgical Competence and Performance Guide, incorporate key RACS competencies, and can contribute towards your Continuing Professional Development (CPD) requirements. Courses are delivered online, allowing you to learn flexibly from anywhere in Aotearoa, New Zealand.

Featured course

Difficult Conversations with Underperforming Trainees

Managing performance concerns can be one of the most challenging aspects of surgical supervision. This practical online course equips Supervisors with the skills and confidence to have constructive conversations with trainees who continue to struggle despite previous feedback and support.

Participants will learn strategies to:

- prepare for difficult performance discussions
- communicate clearly and respectfully
- build trust while maintaining accountability
- apply principles of procedural fairness
- develop effective follow-up plans that support trainee improvement.

The course builds on the foundational skills taught in the Foundation Skills for Surgical Educators (FSSE) program, however that is not a pre-requisite for attending.

Who should attend?

Fellows, Surgical Supervisors and Trainers.

Course duration:

7 hours (self-paced online learning plus compulsory webinar)

Compulsory webinar:

12 October 2026 8.00pm to 10.30pm NZDT

Course fee:

- RACS Members : NZ\$535 | Non-members: NZ\$645

REGISTER HERE

For more information on courses and to register, visit [Professional Development | RACS](#)

Enquires welcome, please email the Professional Development team at PDactivities@surgeons.org

Additional online professional development courses – commence anytime, free for RACS members

Course name	CPD hours
The Aboriginal and Torres Strait Islander Health and Cultural Safety eLearning program	10 hours per course
Women in Surgery Microlearning Activity	One hour
Introduction to Operating with Respect	One hour
Facilitating Online	Two hours
Identifying and Addressing Microaggressions	One hour
Keeping Trainees on Track	Three hours
Trainee Feedback	One hour

Webinars

[Educator Studio Sessions](#)

2026 program can be accessed here. Academy members can view all past Educator Studio Sessions [here](#)

AoNZ Library

The following articles are now available from the RACS Library:

Fleischl W, McGuinness M, Rajaratnam S. The rising demand of emergency general surgery: a 15-year study at a metropolitan New Zealand hospital. ANZ Journal of Surgery. 2026.

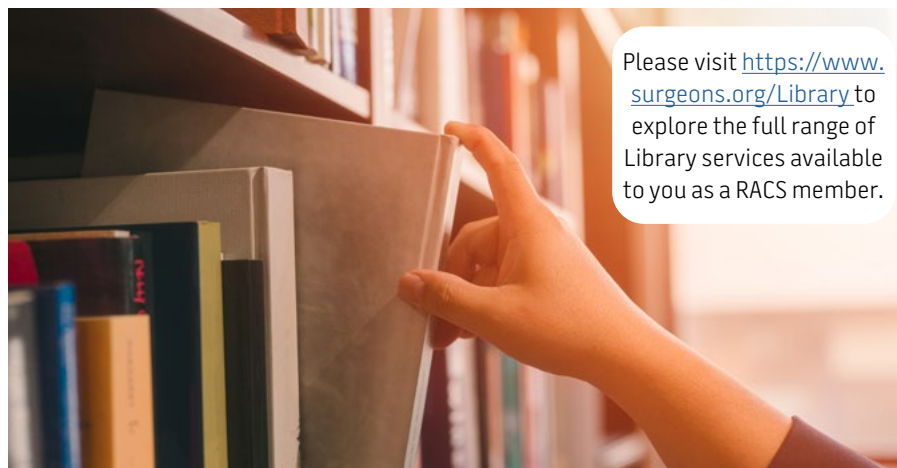
<https://ezproxy.surgeons.org/login?url=https://onlinelibrary.wiley.com/doi/full/10.1111/ans.70825>

Lew C, Robinson SJA, Goh S, Karim MN, Ilic D. Global surgery in Australia and New Zealand universities (GANZ): a binational cross-sectional study of medical student education. Surgery. 2026.

<https://ezproxy.surgeons.org/login?url=https://www.clinicalkey.com.au/playContent/1-s2.0-S0039606026002357>

Masters-Awatere B, McClintock R, Potaka U, Enoka L, Ruru S, Boulton A. Hybrid leadership for Māori health: a systematic review. International Journal of Environmental Research and Public Health. 2026;23(5):559.

<https://www.mdpi.com/1660-4601/23/5/559>



Raos M, Moore JE. The future of trauma care in Aotearoa New Zealand: towards a collaborative model. Emergency Medicine Australasia. 2026;38(3):e70280.

<https://ezproxy.surgeons.org/login?url=https://onlinelibrary.wiley.com/doi/10.1111/1742-6723.70280>

Southerland LT, van Oppen JD, Chartier LB, Allingham SF, MacLulich AMJ, Hullick C. A comparative analysis of hospital-acquired complications and sentinel event reporting across Australia, Canada, New Zealand, England, and the United States. Joint Commission Journal on Quality and Patient Safety. 2026;52(8):374-391.

<https://www-clinicalkey-com-au.ezproxy.surgeons.org/#!/content/1-s2.0-S1553725026001054>



Save the date!

The NZAGS 2027 ASM is to be held at the University of Waikato –Tauranga Campus, 20-21 March 2027, with a robust and full programme entitled “Collaboration in the Midst of Controversy and Complications”, reflects the realities and opportunities facing modern surgical practice. General surgery is increasingly delivered within complex health systems, evolving models of care, multidisciplinary teams, and a rapidly changing clinical landscape.

Registrations open 1 December 2026

Call for Abstracts now open

Abstracts are invited for Oral Presentations or Poster Display.

Deadlines for Submission

Abstract submission open
Monday 17 August 2026

Abstract submission close
Tuesday 27 October 2026

Notification of abstracts
Wednesday 16 December 2026

ASM registration closes
Sunday 14 March 2027

Abstract Submission

Before submitting you must read and adhere to the instructions and submission process found here: [Call for Abstracts now open - NZAGS](#)

Submit your abstract [here](#)

CMC Chair Dr Samantha Murton's advice on cultural safety

I am proud to chair Te Kaunihera o Ngā Kāretī Rata o Aotearoa | The Council of Medical Colleges (CMC), which connects and represents the eighteen medical Colleges in Aotearoa New Zealand, including RACS. Cultural safety has been an important focus of our collective work over the past decade.

At its heart, cultural safety is part of providing excellent patient care. It asks us to remain curious about the people we care for and willing to reflect on how our own experiences, assumptions and ways of working can influence those relationships.

For surgeons, technical expertise is fundamental. But excellent surgical care draws on a much broader set of skills. RACS recognises this through its ten surgical competencies, encompassing communication, collaboration, professionalism, judgement and decision-making, and cultural competence and cultural safety alongside technical expertise.

These capabilities matter throughout the surgical journey. Clear communication

helps to avoid misunderstandings that lead to missed appointments or a fail to follow pre op instructions leading to cancellations. Trust enables people to ask questions and share clinically relevant information. Understanding what matters to a patient, their circumstances and the people they want involved can help you tailor your advice to better meet the needs of them and their whānau – leading to better post-operative recovery.

Cultural safety adds another important dimension: considering not only what we intended in an interaction, but how care was experienced by the person receiving it. All of us bring our own culture, experiences, assumptions and biases to clinical practice. Cultural safety invites us to remain curious about those influences, reflect on power within our relationships with patients and whānau, and identify opportunities to strengthen our practice.

This makes cultural safety well suited to meaningful CPD. Alongside RACS' cultural safety and health equity requirements, we can bring this lens to activities reviewing our

performance and outcomes. When considering an unexpected outcome, cancelled procedure or breakdown in communication, we might ask not only *what happened?*, but *what might we not yet understand about the patient's experience of their care?*

[CMC's cultural safety toolkit](#) provides practical tools to support this reflective practice and is freely available to RACS fellows and members.

Cultural safety is not something any of us simply complete or master. Like other dimensions of good medical practice, it develops through curiosity, reflection, feedback and a willingness to keep learning.

NZSOHNS update – a year of progress and collaboration

It has been a busy and productive year for the New Zealand Society of Otolaryngology Head and Neck Surgery (NZSOHNS), with significant progress across governance, training, advocacy and member engagement.

Our first 38 policies, registers and Charter are now live, and work is underway to develop the supporting procedures and implement the new processes confirmed through our Constitution and Charter. Our biennial audit is also underway, supporting our commitment to strong and effective governance.

Our 79th Annual Scientific Meeting kicks off in Auckland this year, with a stronger equity lens and a more diverse portfolio

of presenters. The AGM, held during the ASM, will be an important milestone, with new members welcomed, our new Constitution finalised, and at least two key Council positions to be filled.

Planning for our 80th ASM in Fiji is progressing well, while our Training, Education and Accreditation Committee (TEAC) has welcomed six trainees, with three currently undertaking research positions ahead of entering training.

Collaboration and advocacy have also been a strong focus. NZSOHNS, New Zealand Association of General Surgeons (NZAGS), New Zealand Association of Plastic Surgeons (NZAPS) and RACS New Zealand have been working closely to

align our strategies and positions, with Surgical Education and Training (SET) identified as a key priority for advocacy with the next Minister of Health.

Overall, working together in our new office space has brought us closer together and strengthened our ability to collaborate and advocate. We look forward to 2027 being an even stronger year of collective advocacy, as we work together to achieve meaningful improvements for surgery and surgical education in Aotearoa.

Richard Cooper

Kaiwhakahaere Matua | Chief Executive Officer

UPDATE FROM THE MINISTRY OF HEALTH

Pause on use of surgical mesh for stress urinary incontinence

In August 2026, it will be three years since the pause on the use of surgical mesh for stress urinary incontinence procedures was introduced. The pause remains time-limited, but it also remains in place.

The pause will not be lifted automatically, and there is no confirmed timeframe for any recommendation or decision about lifting it. Before the pause can be reconsidered, the four agreed safety conditions must be in place and operating effectively:

- mandatory credentialling of clinicians undertaking these procedures
- structured informed consent supported by patient decision aids
- multidisciplinary review of cases
- a national pelvic floor procedure registry.

The Ministry of Health remains committed to a careful, evidence-informed, and patient-centred approach

If and when all four conditions have been met, the Surgical Mesh Roundtable (SMRT) (Surgical Mesh Roundtable) will consider whether there is sufficient confidence that the necessary systems, safeguards, and oversight arrangements are in place to support the safe reintroduction of these procedures. Any recommendation from the SMRT would then be provided to the Director-General of Health for consideration.

The Ministry of Health remains committed to a careful, evidence-informed, and

patient-centred approach. In considering any future advice, the SMRT will take account of whether the agreed safety mechanisms are functioning as intended, feedback from consumers and clinicians, system readiness, and residual risk.

In the meantime, clinicians should continue to assess, advise, and manage patients on the basis that the pause remains in force. Patients should be counselled using currently available treatment options, rather than expectations about a future change to the pause. Clinicians should not advise patients that mesh procedures are expected to become available again within any particular timeframe.

Are you a Plastic and Reconstructive Surgeon in Aotearoa New Zealand?

RACS is seeking Plastic and Reconstructive Surgeons to join its Aotearoa Network of Assessors for Vocational Registration.

We are particularly interested in hearing from Fellows with experience in training, examination, accreditation, governance, Training Boards, or other College roles.

To apply email your availability, interest, relevant experience and expertise to
IMG.NZ@surgeons.org



2026 Foundation for Surgery spring campaign and supporter survey

The Foundation for Surgery is striving for a world where all children, families and communities can access quality surgical care when they need it most.

The Foundation for Surgery 2026 Spring Campaign will be launched in late September. This Spring Campaign is an opportunity for you to be part of that change. Your gift will:

- support Indigenous health initiatives that improve access and outcomes for Australian First Nation and Māori peoples.
- fund global health programs that deliver critical care and strengthen health systems in the Pacific and Asia.

- provide scholarships and grants to emerging surgeons and researchers, ensuring the next generation has the tools to advance surgical excellence.

The Spring Campaign will be accompanied by a Supporter Survey. The Foundation for Surgery Committee would appreciate your time to submit a response to the survey so that we can meet the needs and expectations of our donors.

Please keep an eye out for the campaign and survey.

Your donation will ensure that RACS can keep helping those in need. [You can make a donation today.](#) All donations over NZD\$5 are tax deductible.



CPD requirements and support: Aotearoa New Zealand

Kia ora,
Now is a great time to reflect on your professional development goals and ensure you are on track to meet your 2026 continuing professional development (CPD) requirements.

Meeting Cultural Safety and CAPE Requirements

To support CPD requirements, the following opportunities and microlearning resources are available:

- Groundwork Te Tiriti Workshops: Self-paced or facilitated workshops, including Applying Te Tiriti in Health and Understanding Te Tiriti.
- RACS Cultural Safety Resources & Training
- Introduction to Māori Health (online)
- Microlearning Topics: Activism in Healthcare, Academic Opportunities in Sustainable Healthcare, and Excellence through Diversity, Equity and Inclusion for Rural Healthcare

We are here to help

If you require support managing your CPD, the RACS CPD Team provides confidential assistance:

- Exemptions: Apply for full or partial exemptions for extenuating or special circumstances via 'My CPD'.

- Remediation and individual support: Reach out for confidential guidance on meeting your obligations.

For any questions, to clarify requirements, or to book a short appointment, contact us on +64 4 595 1432 or email cpd.college@surgeons.org.

		Aotearoa New Zealand	CAPE
Category requirements	CPD Plan	Yes	Plan/Reflect
	Structured Conversation with a Peer	Yes	At least one activity in any category: Cultural Safety Addressing Health Inequity Professionalism Ethical Practice
	Audit and Peer Review	10 Hours	
	Education Activities (min. 2 activities)	25 Hours	
	Performance Review Performance of Self (min. 1 activity) Performance Review of Others (min. 1 activity)	15 Hours	

OBITUARY

John Rex Inder

John Rex Inder

5 April 1935 – 8 February 2026

General Surgeon & Urologist

John Inder was born in Christchurch, the younger son, of Lewis Inder (Commission Agent) and Gladys Archibald (Housewife) – Derek was his older brother. John attended Christchurch Boys High School where he excelled in both sciences and arts. He was also a very capable sportsman, becoming a swimming champion and winning a place in the 1st XV. When quite young he decided he wanted to become a doctor and after completing Medical Intermediate at Canterbury University gained entry to Otago Medical School in 1953. In Dunedin John resided at Selwyn College for two years before going flatting. Following graduation in 1958, he spent two years in Christchurch as a house surgeon. Rotated through Grey Hospital he was inspired to become a surgeon when working with Steve Barclay, a well-known general surgeon working there. He subsequently spent two years as a surgical registrar in Christchurch. There he met Gabrielle Deimel, a theatre nurse, and they married in 1962.

John and Gabrielle travelled to the United Kingdom where John trained in surgery in hospitals in Surrey, Warwickshire, and Yorkshire obtaining experience in both general surgery and urology and gaining his FRCS in May 1965. During this time a family was established with the arrival of three children – Catherine, Michael and Richard. Despite initially considering pursuing his medical career in the United States, John with Gabrielle and family, returned to New Zealand in 1968, first to Wellington and later moving to Blenheim. John was awarded his FRACS during 1969. In 1971, soon after commencing at Blenheim, John volunteered to serve as a surgeon with the New Zealand Civilian Surgical Team in Qui Nhon, Viet Nam. Greatly affected by his experience in Vietnam (as well as suffering from hepatitis, which delayed his return to work by six weeks) he returned to New Zealand in time for the birth of

their fourth child, Rachel. In Blenheim he settled into a routine as one of two surgeons providing 24-hour cover for a small regional hospital. Not only were skills as general surgeon and urologist necessary, but an ability to manage acute orthopaedic injuries, head injury and acute caesarean sections.

John epitomised the complete surgeon of that time, always dressed immaculately with a tie, carefully creased trousers and a clean white coat. He was quiet, gentle and kind and totally committed to the provision of the best care for his patients. Long before holistic care became the descriptive term, he knew how his patients were more than their pathology and that they needed to be cared for in a way that met their specific needs. He was able to sit with patients, talk with families, find common ground, and hold a hand steady while reassuring them things would be okay.

John was very supportive of those who worked alongside him. His daughter, Rachel, describes her first experience following graduation and commencing as a house surgeon in Wairau Hospital in Blenheim. She notes – “I remember being the sole house surgeon during my first night shift, calling him in a panic, wondering what on earth I was going to do with a challenging patient. I was terrified and of course doubting myself. However, Dad didn’t take over but, reassuring and encouraging, he allowed me to see that I could manage. He taught that caring is not a one-size-fits-all thing, medicine is not just science — it is an art, and a relationship. It is listening carefully and noticing what is unspoken. It also requires the courage to do something different when you knew the usual wasn’t working for your patient or you.” Perhaps two quotations he lived by most aptly sum up his character – the first, attributed to Winston Churchill: “It’s not enough that we do our best; sometimes we must do what is required.” And the second, from Edmund Hillary: “It is not the mountain we conquer; it is ourselves.”

John embraced innovation in medicine, acquiring the skills for laparoscopy and

being actively involved in the development of mobile medical technology to improve access for those patients whose post codes meant they could not ordinarily access it. He



became an elected member of the Nelson Marlborough District Health Board, serving three terms 2001-2007 and 2010-2013, having stood down in 2007. Passionate about reducing bureaucratic and autocratic layers he served as Chair of the Health Board’s Hospital Advisory Committee leading work to make systems better. He also served on the Board of St Marks residential addiction treatment service in Blenheim, helping to improve the medical care available to people living with addictions. John was appointed a Member of the New Zealand Order of Merit (MNZM) in the 2000 Queen’s Birthday Honours for his lifelong services to surgery.

John had a love of friends, music, food, wine, adventure, gardening, especially roses and rhododendrons — the story of someone who kept meeting the next challenge. The purchase of a bach at St Arnaud in 1977 provided a centre for family leisure life, enjoying the lake in the summer and skiing in the winter on Mt Robert and, later, Rainbow in the St Arnaud range. During the mid-80s, John and Gabrielle purchased a farm in Grovetown with a beautiful, renovated home that became the fulcrum for the family. In retirement there was more time for family, tramping, cycling, sailing, skiing and mountaineering in New Zealand, Europe, Nepal and Japan.

John Inder died peacefully, surrounded by his loving family, in his 91st year. He lived a life of service and care for others. A gentleman, always kind and generous with his time, John was the much-loved husband of the late Gabrielle, father to Catherine, Michael, Richard, Rachel and their respective partners, companion to Puddy, grandfather to 10 children and great-grandfather of two.

This obituary is based upon eulogies provided by his children.

OBITUARY

John Charles MacCormick

John Charles MacCormick

7 July 1934 – 5 January 2025

Orthopaedic Surgeon

John MacCormick was an orthopaedic surgeon noted for his quiet integrity, intellectual rigour, and deeply held personal values. Throughout his life and career, he sought to act with fairness, restraint, and respect for others, believing strongly in the principle of causing no harm and in living in harmony with both people and the natural world. He was widely respected for his thoughtful clinical judgement and his commitment to high professional standards.

Born in Auckland in 1934, John was the son of Kenneth MacCormick, a general surgeon, and Kathleen (née Reilly), a nurse. His early childhood was marked by the absence of his father during wartime service and by the death of his mother in 1942. During this period he lived with extended family on a dairy farm at Whitford. In 1943, while serving in Egypt as a Brigadier and Director of Medical Services with the New Zealand Army, Kenneth married Joan Fenwick. She became an important and much-valued part of the MacCormick family. John was the second eldest in a family of five – with elder sister, Hilary, and younger brothers Graeme, Alastair and Murray. He attended Howick District High School before later boarding at King's School in Auckland, where he was deputy head boy and dux.

Academically gifted and possessing strong practical skills, John initially considered a career in engineering, but pursued medicine on his father's advice. Successfully completing medical intermediate in Auckland, he entered the University of Otago Medical School in 1953. While there, he resided at Selwyn College. After graduation he began his medical career as a house surgeon and subsequently as a surgical registrar at Middlemore Hospital, where he developed an interest in orthopaedics.

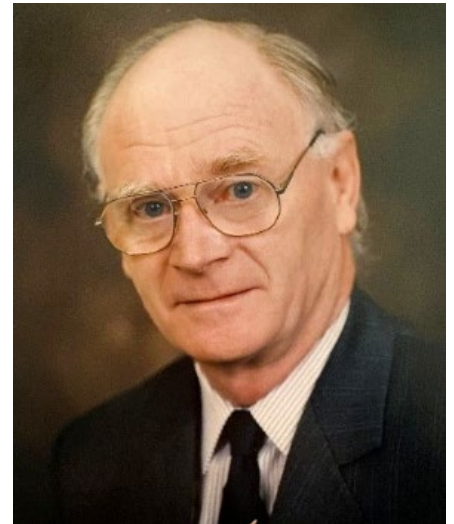
In 1961, John travelled to the United Kingdom as a ship's doctor on the *MV*

Port Fairy to undertake surgical training. He held posts at Queen Mary's Hospital, Roehampton, the Royal National Orthopaedic Hospital, Stanmore, and St Thomas' Hospital in London from where he successfully completed the final FRCS examination. John returned to New Zealand in 1963, in response to news that his father was dying, obtaining a position as a senior registrar then consultant at Middlemore Hospital. In 1965, he married Theresia (Thesy) Woehry, an Austrian-born nurse undertaking postgraduate orthopaedic training. Their first son, Kenneth, was born in 1966, followed by Alastair in 1968 and Matthew in 1972. John accepted a part-time consultant post at Palmerston North Hospital in 1967 and joined a consultant practice with Peter Grayson. Obtaining his FRACS in 1970, John remained in Palmerston North for the rest of his working life.

Colleagues Evan Jamieson and Kevin Davey described John as a reliable, helpful colleague and a good friend and mentor. They noted a feature of John's career was his commitment to high professional standards – he was very particular about doing things right. His opinions and advice were always carefully thought out and very pertinent. He would assess any situation, clinical, managerial or political, thoughtfully, and in his own time! Evan observed that he quickly learned to wait (maybe a day or two) for John's opinion or advice – it was always worth being patient!

In addition to his valued clinical role John made significant contributions to the profession. He chaired the New Zealand section of the Royal Australasian College of Surgeons and served as Treasurer and Vice-President of the New Zealand Orthopaedic Association. In those roles, his counsel was valued for its balance, clarity, and independence of thought. His encouragement ensured the NZOA Treasurer came from Palmerston North for the following decades!

Outside medicine, John was devoted to his family and to the outdoors. He enjoyed time at the family bach on Lake Taupō and later explored the Marlborough Sounds by



launch. In later life he took up cycling with characteristic determination, completing the Timber Trail aged 87.

John died peacefully aged ninety. He is survived by his wife Thesy, their children Kenneth, Alastair, and Matthew, their partners, three grandchildren and his brothers, Alastair and Murray. He is remembered with respect and gratitude by colleagues, patients, friends, and family, and for a life marked by integrity, humility, and service.

This obituary is based upon that prepared for the NZOA by Alastair MacCormick with contributions by Evan Jamieson FRACS and Kevin Davey FRACS

OBITUARY

William Nichol Tucker

William Nichol Tucker

10 July 1930 - 31 August 2024

Otorhinolaryngology Head & Neck Surgeon

William Nichol Tucker (known as Bill) was born Wellington in 1930, the only child of Claude and Eileen (nee Waddell) Tucker. The family moved to Auckland when Bill was young and he attended Cornwall Park Primary school, then Parnell school before commencing at King's School where he earned a scholarship to attend King's College. Attending College as a boarder 1944–48, he developed a love of music, which became a life-long passion. As he did not want to play any of the other sports, he decided to take up golf and proceeded to win the King's College Golf Open Handicap in his final year. Throughout his time at the College, he was also part of the school cadets where he became a very accurate shot.

In 1949 Bill successfully completed Medical Intermediate at Auckland University gaining entry to Otago Medical School the following year. Moving to Dunedin he secured accommodation at Carrington Hall. In common with many others, he joined the Otago University Medical Company and was enlisted in the Armed Forces Army Reserve in 1952. This required a couple of weeks each February at Middlemarch Military Camp. He also obtained a medical bursary from the Health Department to which he was bonded for three years, following graduation in 1955 with his MB ChB. With an interest in photography, he was given access to the Medical School photography laboratory to develop his films. In a similar way the Medical School workshop was accessed, enabling the building of a bass reflex cabinet and amplifier.

House surgeon years were spent in Auckland during 1956–57 before, in completing his bond to the Health Department, Bill was sent to the Chatham Islands as the sole Medical Officer in 1958. In this role he also looked after a four-bed hospital run by four Catholic Sisters of Mercy. While his medical contributions during the year included delivering 22 babies, there was ample time available for hunting, fishing and digging Land Rovers out of mud. Bill returned to Auckland the next year commencing as an Ear, Nose and Throat registrar. With a well-developed do-it-yourself background, he was prompted to work with a hospital

tradesman in the basement to create a small suction instrument as a better alternative to the use of basic cotton swabs to clean the mastoid cavity.

Earning his passage as ship's doctor, Bill moved to London to study for his FRCS, completing the primary in October 1960. In November 1961 he married Anna Bavin, a New Zealand nurse who was working in London. During 1961–62 he secured Senior House Officer and Registrar positions at the Royal National Throat, Nose & Ear Hospital and gained his FRSC. A Duveen research Fellowship in 1962–63 provided the opportunity to conduct research with Prof Sir Don Harrison into the treatment of head and neck cancer at the otolaryngological department of the University of London.

Bill and Anna returned to New Zealand in 1964 with their first child, Nicholas, Bill again working his passage as ship's doctor. He commenced work in Auckland by undertaking a six-month locum for Eric MacDonald in his ENT practice before obtaining an appointment at Middlemore Hospital and gaining his FRACS in 1967. A second son, Matthew, was born in 1966 and a daughter, Elisabeth, in 1969. Matthew was born with physical and intellectual disabilities requiring life-long care and support. Consequently, Anna and Bill became deeply involved with the Intellectually Handicapped Children's Society, Bill serving on the Branch Committee and as Branch President.

At Middlemore Hospital he joined Noel Roydhouse in establishing an ENT department and for 10 years provided monthly outpatient clinics in Gisborne and Wairoa. Together, with the assistance of the local Public Health nurses, community ear sub-clinics were established in schools and the community hall in Otara to address the epidemic of children with "glue ear". Working with Prof (later Sir) William Manchester, an ENT consultative service was established in the cleft palate clinic to improve the aural health of this group of patients. With the reorganisations of health services in Auckland he worked successively in Middlemore, Auckland, Greenlane and Starship Children's Hospital. At Auckland Hospital he was head of the Otolaryngological department 1986–89 until the service was transferred to

Greenlane hospital.

A part-time private practice was developed alongside this work.

Bill Baber described Bill Tucker as "coming from the mould of the 'classic' ENT surgeon - competent, caring, involved with each patient, and having an alternative side that made him human and grounded. He was easy to talk to, interested in fields outside his specialty and did not feel he was a "god", being more interested in others and their outside interests. If ENT surgeons are the "nicest and friendliest" of the surgical specialists, then Bill epitomised that description." Throughout his career Bill looked for less intrusive ways to alleviate patients' symptoms, undertaking simple clinical research projects with colleagues to reduce the burden of simple ENT operations such as myringoplasty, tonsillectomy and grommet insertion.

Following his return to New Zealand in 1964 Bill rejoined the NZ Army Territorial Medical Corps, subsequently transferring to the 1 Casualty Clearing Station as ENT specialist, before finally retiring in 1974 with the rank of Major. A member of the New Zealand Otolaryngology Society, he served as an Executive member 1972–73 and was secretary of the New Zealand Committee of the Board of Otolaryngology 1974–76

Bill had a progressive retirement, ceasing private practice in 1999 and retiring from Starship hospital clinics in 2002 at the age of 72. With more time available Bill indulged his love of cars, trains and planes with numerous trips including to Alaska. For many years he worked as a "meet and greet" volunteer on the Natural History information desk at the Auckland Museum. With a sharp intellect, widespread interests and seemingly inexhaustible curiosity, Bill (with Anna) was actively involved in the Parnell U3A, with his focus on music, history and the famous and infamous. This community continued to feed Bill's constant love of learning and provided a source of great support after Anna's death. He also particularly enjoyed time with his five grandchildren and providing support for them.

Bill Tucker is greatly missed by his whānau - children, Nicholas, Matthew and Elisabeth, five grandchildren, and friends A totara has fallen and the oracle is no longer with us.

This obituary was prepared with the assistance of Bill Baber FRACS, and Liz Schellekens.

