



**Philippa Mercer
(Chair)**

FROM THE CHAIR

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What's in a name?

The following is my personal view. I was bought up in a hardworking and loving family in Christchurch / Ōtautahi. My mother was a nurse and my father a factory worker. After gaining my Fellowship and completing 4 years post fellowship experience in England, Ireland and USA I started as a consultant general surgeon in Christchurch / Ōtautahi in 1993.

As a child I had little exposure to Māori or to Māori culture, customs or traditional values (tikanga). We were taught a few words of te reo Māori at school along with songs and a little Aotearoa New Zealand history. That history was largely European focused with little relating to the history of Māori in Aotearoa New Zealand. German, French or Latin were the only available languages at secondary school.

My first exposure to Māori culture and way of life (Māoritanga) was when I was a trainee intern in the old Gisborne Hospital. Te reo Māori was spoken as their first language by some patients and staff on the wards, and especially by the older patients. I was there to learn cardiology and have a good time. My eyes were soon opened. Many of the patients either had TB or lung cancer. The contrast in equity was obvious, especially compared to Christchurch / Ōtautahi.

Many years later at The New Zealand Association of General Surgeons conference in 2021 the dinner speaker told the story of his family / whānau and iwi. He told the story of Parihaka, a village that peacefully resisted the colonists' confiscation of Māori land. He spoke of the Government antagonism, and of the

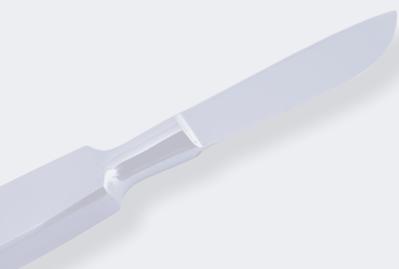
murder, abuse, prolonged imprisonment without trial and land theft that Government soldiers and officials inflicted. In 1881 Parihaka was destroyed by the troops. This history was new to me.

In Aotearoa the every day use of te reo Māori has noticeably expanded. On television and radio the announcers frequently open and close in te reo. English words are now often replaced by the te reo equivalents; for example, mahi for work, motu for the country or island; and cities are given their Māori names such as Tāmaki Makaurau for Auckland and Ōtautahi for my own Christchurch. Kia ora, mana and Aotearoa are in everyday use and there would be very few of us who did not understand their meaning. Throughout schools, hospitals and government departments signage includes te reo Māori. Letters and emails from all medical colleges, universities and government departments greet and sign off in te reo. Te reo classes at all levels are increasingly over subscribed. With all of this, like many New Zealanders, I'm gradually expanding my knowledge and vocabulary and am happy to do so. Sadly language is not one of my gifts. My son corrects my pronunciation and colleagues help me as well.

When planning this article I asked Etienne Scheepers, RACS' Executive General Manager Fellowship Engagement and an immigrant to Aotearoa New Zealand, for his impressions about this change. His response is included at the end of my article.

Including Aotearoa in the name of our College's National Committee has had many supporters and some detractors.

Continued on Page 2



FROM THE CHAIR (continued)

It was requested of Council only after taking the advice of our Māori Health Advisory Group representatives and after discussion by all on the National Committee.

Changing the College name to include both Aotearoa and New Zealand as well as Australia has been proposed and College Council has supported putting this to a vote. For those Fellows worried about losing their FRACS title, be reassured - you can still remain a FRACS.

I am proud to be from Aotearoa New Zealand and a FRACS. As you can see my world has expanded along with my cultural awareness as well as my knowledge of te reo. Please consider these continuing changes in our country when it comes to voicing your thoughts and voting for or against the name change for our College. Our College is binational and the name should reflect both countries and our history. RACS can contribute even more by recognising and strengthening our linkages with Māori. As a medical organisation we need to increase our support, recognition and visible inclusion for Māori communities and do our best to support equitable health outcomes.

Including Aotearoa, acknowledging our history and voting on the College name change are all important.

Several other Colleges either in their logo or seal acknowledge their countries indigenous culture. The American College of Surgeons Seal for example has had a native American medicine man alongside Aesculapius since 1915. I believe adding both Aotearoa and New Zealand to our College name is a small step towards acknowledging and respecting both of our heritages and cultures simultaneously.

The Aotearoa New Zealand National Committee sees it as important that you take the time to consider the background and purpose and to vote on the name change.

Etienne Scheepers impressions:

Since my arrival in New Zealand from South Africa in 2000 and working at Waikato and Lakes District Health Boards I was exposed to a real commitment to acknowledging Māori as the first owners of New Zealand. The ongoing challenge in the workplace and the community was how that acknowledgment could become real and part of the culture.

Coming from a multi-cultural environment with several different languages in daily use, I've always had a strong belief that use of language is more than lip service and vitally important. Having lived in Australia since 2007 but retaining my connections to Aotearoa through two children at university in Auckland, regular visits and my ongoing lifelong friendships it was interesting to observe how the recognition and commitment to te reo Māori has changed over the short period of 20 or so years that I've been exposed to it. This was very clear in how New Zealand has been described. Connecting with friends and colleagues I observed a change where Aotearoa as a reference to New Zealand is used more and more in discussions.

Some people commented to me that the name of New Zealand is changing to Aotearoa by stealth. I don't think there is any stealth involved at all. New Zealand has a long history of doing the right thing, being the first nation to allow women the vote and being the first country in the Asia-Pacific region to legalise same-sex marriage spring to mind. By inclusion of Aotearoa in the name New Zealanders are putting their mana where their mouths are and declaring that they are moving forward acknowledging, recognising and respecting the contributions of all of those who inhabit that beautiful place Aotearoa New Zealand, land of the long white cloud. By acknowledging Māori names, Aotearoa New Zealand gives substance to the special distinctness it holds as a nation.

What is in a name? ... a lot! It is wonderful to have seen and experienced this change during my association with Aotearoa New Zealand.

International Women's Day

It's a sign of our times when you have a virtual breakfast!! And that's what it was a special session to celebrate International Women's Day on 8 March. Participants joined with their own cereal, toast, poached eggs or whatever took their culinary fancy at 7am that day.

Organised by Jane Strang, AoNZ member of the College's Women in Surgery Committee, the guest speaker Dr Juliet Rumball Smith spoke on "*Mentoring for Gender equity: the story of Wāhine Connect*". Juliet is a public health physician and epidemiologist, currently Clinical Chief Advisor at the Ministry of Health and Clinical Lead for the COVID-19 vaccine programme, policy consultant for the World Health Organisation, Clinical Director for Precision Driven Health, and Chair and founder of the Wāhine Connect Charitable Trust.

Wāhine Connect is a national network that supports women in the health sector by connecting them with mentors and providing a structured mentoring programme. Over the last four years, with the help of Medical Assurance Society as its principal sponsor, Wāhine Connect has developed a network of nearly 600 women mentors across the country, of all ages and stages, and supported over 420 mentees through their structured mentoring programmes. In 2020, the Wāhine Connect mentors were the winner of the Community Team of the year in the Minister of Health Volunteer Awards.

For anyone with further interest in Wāhine Connect, their website is www.wahineconnect.nz

SAVE THE DATE

SURGERY 2022 - Care in a Crisis

THURSDAY 1 & FRIDAY 2 SEPTEMBER 2022

Crowne Plaza, Queenstown



The Aotearoa New Zealand Annual Surgeons Meeting, *Surgery 2022: Care in a Crisis*, will be set against the stunning backdrop of Aotearoa's adventure and skiing capital, Queenstown, on **1-2 September 2022**. There will be a diverse collection of speakers, opportunities for personal and professional development, and a chance to connect with colleagues – something many have missed over the past few years! For those who are unable to attend in person, we will be offering the opportunity to attend virtually via livestream.

The focus will be the very unwell patient, with sessions exploring the subject from many perspectives. The programme promises to bring new considerations to the way we think about care in crisis and to encourage reflective practice toward clinically challenging patient situations.

We are utilising the knowledge and skills of our Fellows within the programme. Amongst those will be:

Dr Andrew Connolly

General Surgeon at Counties Manukau DHB, former Chair of Medical Council of NZ, former Chief Medical Officer Ministry of Health and now Chair of the Planned Care Taskforce.

Professor Jonathan Koea

General Surgeon, Clinical Professor of Surgery at University of Auckland, Council member of Te Aho o Te Kahu (Cancer Control Agency) and member of the HQSC's Perioperative Mortality Review Committee.

For non-RACS speakers, we are pleased to have renowned microbiologist and science communicator **Dr Siouxsie Wiles** as a speaker at Surgery 2022. Dr Wiles is celebrated for her leadership throughout the Covid-19 pandemic as a high-profile commentator won her the prestigious title of 2021's 'New Zealander of the Year'. She is Associate Professor in Molecular Medicine & Pathology at university of Auckland.

In addition to the speakers listed in the December 2021 edition of Cutting Edge, we have also confirmed the following non-RACS speakers:

Dr Gretchen Schwarze

Vascular Surgeon and Associate Professor, Division of Vascular Surgery, Department of Surgery, at the University of Wisconsin School of Medicine and Public Health. Gretchen is a medical ethicist whose research focuses on communication between surgeons and their patients, and how conversations around sensitive topics such informed consent and end-of-life care can be improved.

Dr Curtis Walker

Renal and General Physician at MidCentral District Health Board; current Chair of the Medical Council of New Zealand, and Board Member of Te Ohu Rata o Aotearoa (Māori Medical Practitioners Association). These roles reflect Curtis' strong commitment to standards across medicine and to improving outcomes for Māori.

Surgery 2022 is set to be a wonderful event with relevant and engaging sessions for everyone, no matter your specialty or level of experience / training.

**MARK THESE DATES, 1 & 2 SEPTEMBER 2022, IN YOUR DIARIES NOW.
INFORMATION WILL BE SENT SOON WITH THE LINK FOR REGISTRATION**

From the Edge

Moving Forward - Forgiving Fellows' past behaviour

Everything changes – and generally for the better. Cultures change as well.

Some behaviours that were tolerated previously, are not tolerated now. They were probably never considered appropriate or acceptable, even at the time, but in that context they were often allowed to happen without consequences for the perpetrator – and even though they often had major negative repercussions for the recipient. The ongoing Royal Commission into 'Abuse in Care' has exposed the many appalling and repeated abuses that occurred within churches and other institutions that were known about but ignored with devastating long-term consequences for many victims.

We should never diminish the adverse effect that previous poor behaviour has on the victim of abuse, or the importance of them being given a voice and the opportunity for justice. Some behaviours are inexcusable in any circumstance. However, in this article we would like to focus on the ability for some people to change their views, attitudes and behaviour.

In surgery, throwing theatre instruments, feet stamping, sexual innuendos and abusive behaviours that were tolerated in the past (sometimes thought amusing or even applauded) are no longer accepted. Increasingly, surgeons acknowledge their responsibility to call them out, and our College now has somewhat better processes in place that educate us on ways to do just that and that enables them to be reported and addressed more easily, and with greater safety to those affected. The culture of surgery is changing. The standard we walk past is the standard we accept.

But issues remain. One of these is around exposure of historic records or memory of surgeons' or trainees' behaviours from past years being used to denigrate or undermine them now. The Male Champions of Change noted fear of this happening is one of the impediments for men (including surgeons) supporting gender equality and removing the biases that adversely affect women in professional life. The risk to the current surgeon is that if they raise their head above the parapet and publicly

espouse the merits of "good" behaviour, someone will delve into their past and reveal something they said or did previously that may be is no longer acceptable; and declare them as being hypocritical or disingenuous. The advent of social media has facilitated this type of exposé – as several politicians have found to their discomfiture.

However, for less egregious actions, the opposite could be argued: the fact that they have changed, seen the light, had a "Damascus Road" experience, is something that should be applauded, not derided. They may be like a reformed smoker who is best able to talk to the impacts of their behaviour. That they have realised the inappropriateness of their behaviour, modified it, and adapted to the societal expectations and environment in which we now work, is to their credit. RACS is an education organisation that promotes learning new ways of doing and thinking in both the technical and non-technical domains. To consider that a person cannot learn and change is the opposite to that core RACS purpose, and would be to argue against the rationale for many of the College courses.

Our College has observed several occasions where a Fellow has been criticised for past behaviours; and where that information has then been used to try to undermine their current and future work with the College, even though their recent behaviour has been without reproach.

Let us be cautious in writing off our colleagues on the basis of some comment or activity from their past, when the expectations and lore at that time were markedly different from what they are now. And let us be careful in how we use social media to promulgate our judgement of others.



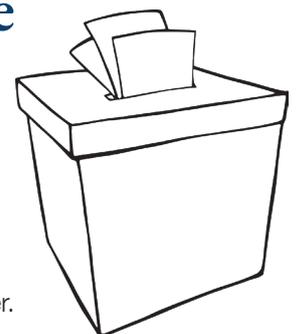
Sarah Rennie and Spencer Beasley, Surgical Advisors (Aotearoa New Zealand)

Aotearoa New Zealand National Committee Elections & Office Bearers

Thank you to all Fellows who voted in the recent elections for the AoNZ National Committee. Rachelle Love was re-elected and Sharon English, Simon John and Morgan Pokorny will be new elected members when the Committee 'year' begins on 1 July.

At that time there will also be a change in Office Bearers. Philippa Mercer finishes two years as Chair (the maximum

allowable) and the National Committee has elected Andrew MacCormick to take over that role. Murali Mahadevan has been elected as the incoming Deputy Chair and Ros Pochin as the incoming Treasurer.



Call for Abstracts

LOUIS BARNETT PRIZE 2022

The Louis Barnett Prize, valued at \$2,500, is a research paper open to all

- New Zealand- based surgical Trainees
- New Zealand Fellows within five years of gaining their Fellowship as of 31 August 2022

Closing date for abstracts is Friday 1 July 2022

- The research may have been done within or outside Aotearoa New Zealand or within or outside a Department of Surgery or before or after commencement of surgical training.
- Only one abstract will be accepted per submitter.
- Abstracts will be subject to a blind evaluation by a panel of adjudicators who will select the best papers, up to a maximum of eight.
- Adjudication of the abstracts will take into account: complexity of the project, quality of the science, relevance of the project, clarity of the abstract and the amount of work by the submitter.
- Submitters of selected papers will be invited to present on **Friday 2 September 2022 at Surgery 2022: Care in a Crisis, to be held at the Crowne Plaza Hotel, Queenstown.**
- Presentations are adjudicated by a panel that will include at least one Professor of Surgery.
- Adjudication of the presentations will take into account: introduction, method, clarity, audio-visual presentation and ability to defend the paper in discussion.
- Presentations will be for 8 minutes with up to 2 minutes for questions.
- No award will be made if, in the opinion of the adjudicators, no paper is of sufficient merit.

Abstract Instructions

All abstracts should be submitted electronically to the New Zealand office of the Royal Australasian College of Surgeons at: college.nz@surgeons.org

Your covering email should contain a brief explanation of your involvement in the research project.

General specifications are:

- **Word document only.**
- **Length: 350 words or less**, excluding title, presenter(s) and department(s).
- Single spaced text with justified margins.
- Do not indent paragraphs.
- Abbreviations may be used but must be spelt out in full at the first mention followed by the abbreviation in parentheses.

To be considered, your abstract **must** contain the following:

- **Title:** brief but long enough to identify clearly the subject of the paper.
- **Authors / Presenter:** initial and then surname only. Presenter's name underlined.
- **Department and Institution** of all Authors /Presenter.
- The body of your abstract must include these headings in bold:
 - **Introduction** - including the study hypothesis
 - A sentence stating the **Purpose** of the study
 - A description of the **Methods**
 - Summary of **Results**
 - Statement of **Conclusions**. It is not satisfactory to state that results will be discussed, or data will be presented.
 - If references, a maximum of two.

The Louis Barnett Prize was established by the New Zealand Committee of the Royal Australasian College of Surgeons in 1962 and has been awarded over the years to many prestigious New Zealand surgeons. It commemorates Sir Louis Barnett CMG, the first New Zealander to become President of this College.

Sir Louis was born in Wellington and was the first New Zealander to gain a Fellowship of the Royal College of Surgeons of England. He returned to New Zealand to a lectureship at Otago Medical School and in 1909 was appointed professor of surgery at Otago. He was awarded the CMG for his services in WW1 and was knighted in 1927 after his retirement from the Chair of Surgery.

In the 1920s Sir Louis was instrumental in the formation of the Royal Australasian College of Surgeons (initially known as the College of Surgeons in Australasia) and in 1927, at the College's first meeting which was held in Dunedin, he was elected the first Vice-President. He later became President of this College from 1937 – 1939.

A pioneer in hydatid's research, Sir Louis continued this work after his retirement from the Otago Medical School. He was influential in the establishment of the College's hydatid register and was also prominent in the British Empire Cancer Campaign.

Sir Louis endowed the Ralph Barnett Chair in Surgery at Otago Medical School, in memory of his son who was killed in WW1.

OBITUARY

ANDREW ALEXANDER MACDIARMID

9 November 1950 – 19 October 2021

Orthopaedic Surgeon

Andrew (known to most of us as Andy) MacDiarmid was highly regarded as an orthopaedic surgeon in the Bay of Plenty, and his colleagues feel privileged that he was a big part of their group. Andy was a passionate advocate for every patient, treating all equally no matter their background or station in life. He played a large part in the collective endeavours to develop the now high-quality orthopaedic services in the Bay of Plenty. In making major contributions to orthopaedic education and examination, as well as patient care in the Cook Islands, Andy leaves a legacy that will have few equals.

Andy was born in London while his father, Alex, was completing English College of Surgeons examinations. His mother Dorothy (nee MacMillan) was a nurse. Andy had 3 siblings; Diana and Duncan being the first 2 children in the family followed by Andy and his younger sister Janet. The family subsequently moved to Gisborne, New Zealand, where Alex worked as a General Surgeon. Interestingly, Andy's grandfather, JB MacDiarmid, had previously worked as surgeon at Tauranga Hospital.

Growing up in Gisborne Andy attended Te Hapara Primary School, where he showed a love of nature, and it was not surprising to his family that he decided to follow medicine as a career. His secondary education was at Wesley College in Auckland 1963 - 1967, and Auckland Grammar School 1968. Andy entered the Auckland Medical School in 1969, graduating in 1974.

After graduation Andy worked as a House Surgeon at Gisborne Hospital, then spent a year in Dunedin where he worked part-time as an anatomy demonstrator at the University of Otago Medical School and part-time in the Dunedin Hospital Emergency Department. The following year he worked as a Junior Registrar at Tauranga Hospital, where he was strongly influenced by Mr Coates Milsom, a pioneering provincial Orthopaedic Surgeon with a practice extending throughout the Bay of Plenty and the Central North Island. Following his year in Tauranga, Andy was selected to enter the New Zealand Orthopaedic Association (NZOA) Training Programme, gaining his FRACS in 1982. Subsequently, Andy undertook fellowships in Toronto, Heatherwood Hospital, Ascot and Wexham Park Hospital in the United Kingdom. During his time in the UK Andy completed the FRCS(Ed) examination.

Returning to New Zealand in 1984, Andy spent a further 2 years in Auckland before he joined the consultant orthopaedic staff at Tauranga Hospital, and commenced in private practice. Although based in Tauranga his practice included the wider Bay of Plenty region and Whakatane Hospital. He also undertook locums at Gisborne Hospital on a number of occasions, as well as at other hospitals in

New Zealand when they were short-staffed and in need of orthopaedic cover. Andy was a very strong supporter of public hospital practice and his desire to help the disadvantaged in the community never changed. He treated all his patients with dignity and respect no matter

what their background or circumstances. Chris Dawe recounts his close association with Andy over 40 years, beginning during their shared training days in orthopaedic surgery in Auckland, and continued strongly following their appointments as orthopaedic surgeons in Tauranga. Collaborating in the management of many cases over the years, and sometimes operating together, Andy could be relied upon to provide wise and practical advice. A passionate advocate for doing the right thing for the patient, Andy inevitably became *the conscience* of the Tauranga orthopaedic group, a mantle he maintained throughout his career. Although not widely known, Andy undertook a large amount of work on a pro bono basis for disadvantaged patients.

With a strong interest in education, Andy was active in mentoring junior staff and orthopaedic trainees. He served as a member of the NZOA Training Committee for a number of years from 2002, including two years as Chair, followed by appointment to the Royal Australasian College of Surgeons Court of Examiners in 2008, a role he continued for the next eight years. With wholehearted commitment to each of these responsibilities, Andy had a very significant influence not only in the selection of many orthopaedic surgeons in New Zealand, but also in ensuring that standards were maintained during training and in the final Fellowship Examination.

Andy was one of the pioneers in Orthopaedic Outreach to the Pacific Islands, first going to the Cook Islands as a trainee intern in 1974. This had a profound effect on him so that subsequently, after settling in Tauranga, Andy continued to visit the Cook Islands annually. In this, he was instrumental in raising the standard of orthopaedic care in the Cook Islands, as outlined in the comment by Dr Deacon Teapa – *“Dr MacDiarmid was my mentor and personal friend and a ‘great son’ of the Cook Islands people. He has treated many of our people in the past 30-plus years and has visited the Cook Islands almost every year as well, except last year due to COVID. I am lost for words how to describe this true Cook Islander and a Cook Islands warrior. He has had a huge impact on*



my training in New Zealand, and his ongoing support has been so overwhelming. All of those who were treated by Papa Andrew will miss him dearly, especially those who experienced his warm hospitality and generosity after their operations in Tauranga". Besides other tributes from his Cook Islands colleagues the Cook Islands Minister of Health, the Honourable Vainetutai Rose Toki-Brown, noted – "Dr MacDiarmid was a great friend of the Cook Islands and helped many people, not only in his time here but also at his Tauranga base. In latter years he would operate on our people in Tauranga – replacing hips or knees – and then have them stay at his home while they recuperated".

In 2016 in recognition of his significant service, not only to the Pacific Islands but also to the Bay of Plenty community, Andy was presented with the RACS Outstanding Service to the Community Award – an award richly deserved and which he was very proud to have received.

Andy had a long and devoted passion with the sea and, in particular, fishing and diving. The ocean was definitely

Andy's happy place where he spent long hours fishing and generally thinking about life. One of his greatest joys was the purchase of his own boat, *KECHEMBA*, his pride and joy. Andy was very generous with the use of his boat, taking out family, friends, orthopaedic colleagues and trainees on a regular basis. He had a very extensive knowledge of the best fishing spots in the Bay of Plenty, and his GPS co-ordinates for them will be keenly sought after by many people. Andy was also an enthusiastic gardener with a very large and rambling home garden. Generous in providing fish to many, Andy also shared the produce of his garden and orchard. Guitar playing was a further source of relaxation for Andy.

Our thoughts are with his children – Sam, Anna and Katie – and his wife, Gill. We also extend our sympathies to his wider family and to the wider orthopaedic community in New Zealand, Australia and the Pacific Islands.

Chris Dawe FRACS, Richard Keddell FRACS and Sam MacDiarmid MBChB

Congratulations!

Congratulations to Marianne Lill and Simon Harper on being awarded SET Supervisors of Merit in late 2021. Both were advised formally of their awards in late 2021 but, as with many activities, COVID delayed the presentation of their framed certificates. Marianne's is being presented at Whanganui Hospital and Simon's was presented at a Departmental meeting in Wellington Hospital.



Simon Harper with two SET trainees; Stephanie Manning (left) & Yukai Lim (right).

Congratulations also to Julian Hayes who was awarded Certificate of Outstanding Service for his years of support for the Colon & Rectal Surgery Section, including several years as its Chair. This was another 2021 award that was finally able to be presented to Julian on Christmas Eve at the Colorectal Unit's staff meeting in Auckland Hospital.



Left to right: Ian Bissett, Julian Hayes, Nagham Al-Mozany, Jamish Gandhi & Rowan Collinson.

Congratulations to Associate Professor Grant Christey FRACS, the inaugural recipient of the National Award for New Zealand Road Safety, Emergency Response and Healthcare. The Award recognised Grant's work in establishing Te Manawa Taki trauma system, a network of specialised clinicians committed to ensuring best practice in trauma care across five District Health Boards – Lakes, Bay of Plenty, Hauora Tairāwhiti, Taranaki and Waikato. It was intended the presentation would be made in a large forum in November 2021 but COVID made that impossible and it was presented instead in a private ceremony at Waikato DHB in late January.



Left to right: Kataraina Hodge (Chair Waikato DHB Iwi Māori Council), Grant Christey, Kevin Snee (CE Waikato DHB).

We encourage letters to the Editor and any other contributions

Please email these to:
college.nz@surgeons.org

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The Cutting Edge is published 4 times a year

VIEWS EXPRESSED BY CONTRIBUTORS ARE NOT NECESSARILY THOSE OF THE COLLEGE

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