Cutting Edge

Issue No 68 | September 2018 New Zealand National Board

Nicola Hill
(Chair)

FROM THE CHAIR

INSIDE THIS ISSUE

2 Preparation for Practice
4 EDSA Corner
6 Surgery 2018
7 Surgery 2018 Awards
9 Activities of the NZ National Board
10 Wilbur Farmilo
11 Surgical Pioneers
12 RACS Trainees Association update
14 Obituaries

The most frequent question I am asked about the New Zealand National Board (NZNB) is "What does the National Board actually do?" The NZNB is the face of RACS in New Zealand; and is the modern equivalent of the original Dominion Committee. It is similar to the State and Territory Committees in Australia, and, in addition, provides the national perspective on New Zealand issues to the RACS.

The Board is made up of 10 elected members, a representative from each of the nine specialties and several co-opted positions. The elected positions are for a 3-year term and an elected member can be re-elected and serve for a maximum of 9 years. The current elected members are from a wide range of specialties and geographical areas. The Board elects a Chair, Deputy Chair and Treasurer each year from the 10 elected members. The co-opted members are from Younger Fellows and Trainees; and there is also an Expert Community Advisor (Dame Judith Potter, who provides excellent external guidance), and the New Zealand Censor. New Zealand-based RACS Councillors attend in an ex-officio role. The Board is supported by the New Zealand office, in particular, New Zealand Manager, Justine Peterson, and Executive Director of Surgical Affairs, Richard Lander. This all makes for a large board, but a gives a vast breadth of experience and knowledge, as well as being representative of all areas of surgery in New Zealand.

The Board meets quarterly, usually at the RACS offices in Wellington, but also after the Annual Surgeons Meeting (ASM). The RACS Council Executive attended the August Board meeting after the recent ASM in Queenstown and plan to attend an annual board meeting in the future. The meetings cover a wide range of topics relevant to surgery in New Zealand. For example, items discussed at the most recent meeting included an update on the Board's Māori Health Action Plan, discussion around the role of vocationally registered non-FRACS surgeons in training, Building Respect initiatives, and reports from New Zealand Councillors and specialty representatives. At the RACS bi-national level, the NZNB was directly involved via the Board of Regional Chairs, but this no longer exists and the NZNB is now directly involved through the new Advocacy Board.

Guided by the Executive Director of Surgical Affairs, the NZNB makes representations to the New Zealand government and statutory agencies on matters important to surgeons and surgery in this country, including submissions on relevant issues and meetings with the Minister of Health, the Ministry of Health and other organisations such as the MCNZ. These are guided by RACS policy but also consider input from the NZNB members. Board members attend relevant Medical Council, Council of Medical Colleges, and other meetings and meet with ACC regularly. NZNB activities and interests are reported in our quarterly publication, the Cutting Edge, which is widely read in both electronic and paper versions.

A highlight of the NZNB calendar is the ASM. This is organised by the NZNB and is held in Queenstown and Wellington in alternate years. The meeting always has a non-technical theme, and is of interest to surgeons from all specialties. The Louis Barnett Prize, New Zealand's premier surgical research prize for young researchers, is presented at this meeting. The presentations at the ASM are of high quality, and both encourage reflection and offer inspiration. The meeting also offers a great opportunity to meet and catch up with surgical colleagues from other specialties. I would like to warmly invite you to join us in Wellington in August 2019!

Sean Galvin
Younger Fellows Website:
http://www.surgeons.org/member-services/interest-groups-sections/younger-fellows/

YOUNGER FELLOWS

Preparation for Practice Workshop

Friday 23 November 2018, 9am – 4.30pm, RACS office Wellington

This workshop is a great opportunity to learn about all the essentials for setting up private practice. The focus is on practicality and experiences provided by surgeons and other speakers.
Topics and speakers include:

- **Developing a Business Structure**
  Barry Baker, Partner Grant Thornton
- **Wealth & Financial Planning**
  Richard Clark, CEO MedCapital
- **Affiliated Providers**
  Aimme Bourke, Southern Cross Healthcare
- **Academic Practice**
  Liz Dennett, General Surgeon, A/P University of Otago, Wellington
- **Understanding Private Hospitals**
  Jonathan Coleman, CEO Acurity Health
- **Locum work in NZ**
  Sam Hazledine, Managing Director, MedRecruit
- **What the ASMS can do for SMOs**
  Lloyd Woods, Senior Industrial Officer, ASMS

Register ($185) and see the Provisional Programme on the College website.

Younger Fellows Advisory Group

The role of the Younger Fellows Advisory Group is to feed Younger Fellows issues through the regional representatives to both the RACS Younger Fellows Committee and the New Zealand National Board. Feel free to contact your specialty representative as listed below.

Cardiothoracic Surgery and NZ Younger Fellows representative – Sean Galvin
sean.galvin@ccdhb.org.nz

General Surgery – Linus Wu
Linus.Wu@waikatodhb.health.nz

General Surgery – Marianne Lill
c/- Whanganui Hospital

Neurosurgery – Simon John
Simon.John@cdhb.health.nz

Orthopaedic Surgery – Shaneel Deo
shaneel.deo@middlemore.co.nz

Otolaryngology Head & Neck Surgery
Sam Greig: Samuel.Greig@cdhb.health.nz

Paediatric Surgery – John Atkinson
johna@adhb.govt.nz

Plastic & Reconstructive Surgery – Simon Chong
simon.chong@waikatodhb.health.nz

Urology Surgery – Anna Lawrence
drannalawrence@gmail.com

Vascular Surgery – Parminder Chandhok
Parminder.Chandhok@middlemore.co.nz

Surgical Pioneers a Festschrift in Honour of Wyn Beasley

Friday 9 November, 10am – 5.15pm, RACS office, Wellington

It is timely we record the contribution of Wyn Beasley to the College, its history and to history in general. We are most fortunate having a colleague of his caliber whose research and publications are esteemed by historians.

This year Surgical Pioneers is to be held in Wellington at the College office as a Festschrift for Wyn, followed by a dinner at the Wellington Club.

The programme covers:

- The life of Charles Begg the highly decorated most senior medical officer of the NZ Medical Corps during World War I. Father of AC Begg and Sir Neil Begg and grandfather of the presenter John Begg.
- Alastair Grant spent two terms with the NZ Surgical Team in South Vietnam over 1963 – 1975. He will present an overview and highlight important personnel and events.
- Allan Panting has been actively involved in recent years in Qui Nhon, Vietnam and will give an update. He will also recall his association with Wyn.
- Alan Thurston was, for many years, convener of the Cowlishaw Symposium. He has a long involvement with Wyn, orthopaedics and history and will speak on working with Wyn.
- Tony Hardy has been asked to speak on the history of orthopaedics, knowing how well researched it will be.
- Ross Blair will present on the Royal New Zealand Medical Corps and Wyn's contributions.
- Spencer Beasley will provide an insiders view of his father.
- Bill Sugrue will speak on Bob Spencer, a Northland surgeon and the place of our Surgical Pioneers.
- The final presentation will be by Wyn, on History and Serendipity.

A dinner will be held at the Wellington Club in the evening – the Wellington Club Remembrance Day dinner.

The programme can be viewed on the NZ page of the College website

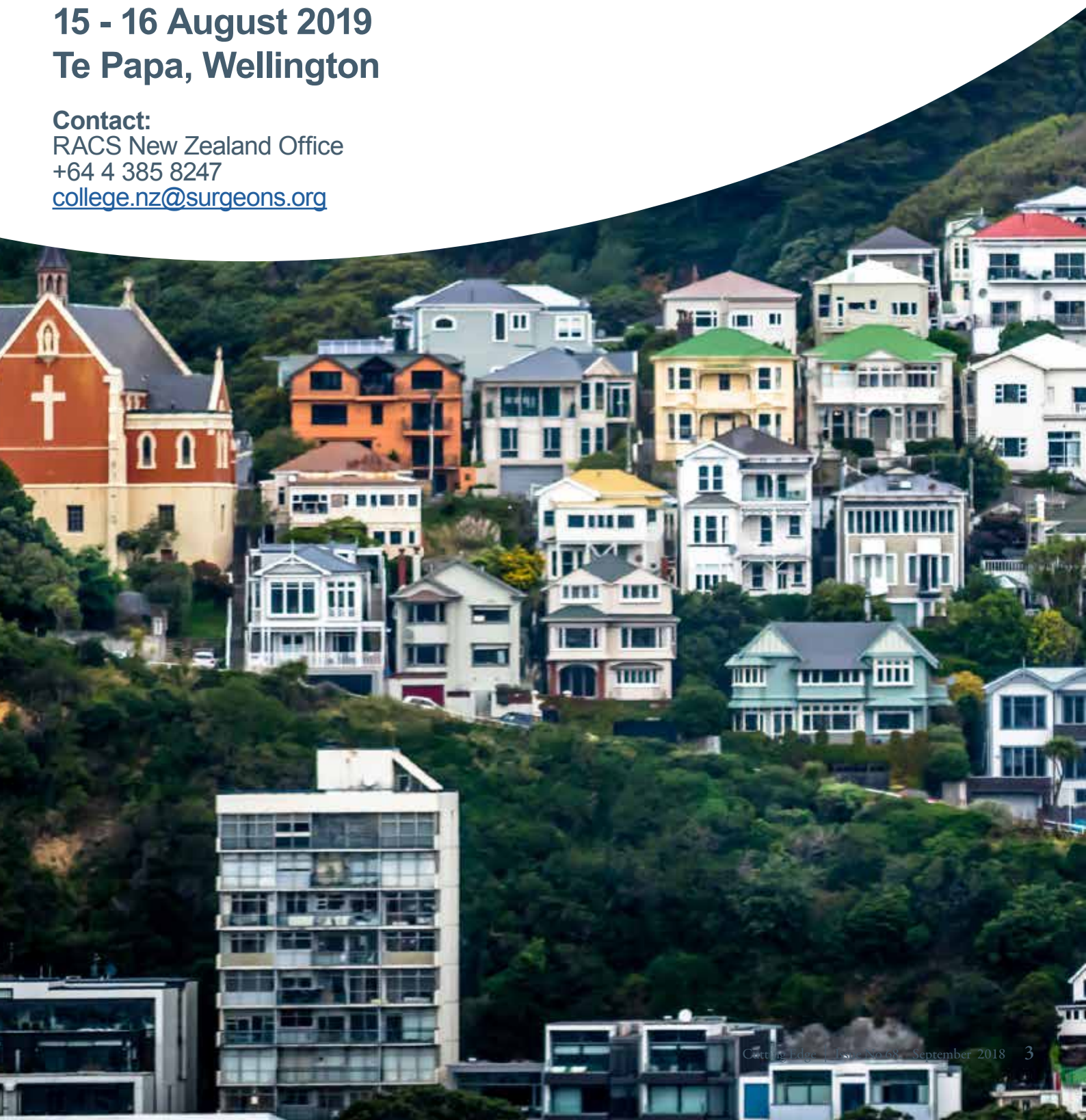
ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS
Te Whare Piki Ora o Māhutonga

SAVE THE DATE

SURGERY 2019: BACK TO THE SUTURE!

15 - 16 August 2019
Te Papa, Wellington

Contact:
RACS New Zealand Office
+64 4 385 8247
college.nz@surgeons.org



Richard Lander
EDSA (NZ)

EDSA CORNER

Practice Visits: Which Model Should RACS Adopt

This article reviews two current practice visit programmes and their general features. Currently, with the exception of Orthopaedic Surgeons participating in the NZOA CPD programme and surgeons with general registration with the Medical Council of New Zealand, practice visits are not mandatory. For the moment the Medical Council has left the addition of practice visits, in the area of reflective practice of vocationally registered practitioners, to the discretion of individual Colleges.

Inpractice Regular Practice Review Programme

For doctors in New Zealand with general registration the Inpractice Regular Practice Review (RPR) is a mandatory collegial review of a doctor's clinical practice and professional development activities. The RPR process is designed to provide doctors with independent feedback on their practice in order to help them identify both areas for improvement and learning needs. The process aims to ensure doctors have the knowledge, skills, attitudes and judgment required to practise safely and to an acceptable standard. The ultimate goal of RPR is to improve the quality of care that a doctor's patients receive by facilitating the doctor's professional development. The basic principles underpinning the RPR process are that it is robust, supportive and collegial as well as being informed by information contained in the doctor's ePortfolio.

All doctors enrolled in the Inpractice Programme who have held general registration for a period of three years or more are required to participate in RPR once every three years.

Each RPR is undertaken by one experienced and vocationally registered peer. The RPR consists of a four components:

- Selection and organisation of visit
- Pre-visit review of the doctors ePortfolio
- Practice visit
- Report back the doctor

The reviewer reviews the following, with a view to discussing professional development during the practice visit:

- The professional development plan
- CME, peer review and medical audit activities undertaken
- Meetings with the collegial relationship provider
- Results of patient and multisource feedback

The practice visit takes place in the doctor's usual practice setting, typically taking around 5 to 6 hours to complete. It will involve both time observing the doctor interacting with patients with time set aside for review of various aspects of practice.

Activities will include:

- An initial interview between the doctor and the reviewer
- Review of the ePortfolio including results of patient or multisource feedback
- Observation of patient consultations/procedures
- Records review
- Case based discussion of individual cases exploring clinical reasoning
- Discussion of reviewers observations and recommendations for ongoing professional development

The reviewer may talk to the doctor's colleagues during the day.

Following the RPR visit the report is posted in the doctor's ePortfolio.

Where concerns are raised in a report the doctor is encouraged to target their CPD activities to those areas by incorporating appropriate goals into their Professional Development Plan. If the areas identified are more significant, the doctor may be required to develop a more formal Structured Remediation Plan in conjunction with the collegial relationship provider and the Inpractice medical advisors. Where a concern regarding competence or fitness to practice is raised in a report Inpractice will determine whether the issues warrant referral to the Medical Council or can be addressed through a formal Structured Remediation Plan. If a doctor has concerns about any aspect of their RPR the doctor has the right of appeal.

In March of 2018 Malatest International undertook a review of the Inpractice RPR programme. Before their first review, approximately one-third (31%) of doctors thought RPR would be useful and slightly less than one-third (29%) that it would not be useful. Many doctors saw RPR as a form of assessment.

After their review, over half (57%) of doctors agreed it was a positive experience. Doctors said they changed their opinions about RPR as it provided reassurance about their practice; they valued the opportunity to have an objective perspective on their practice from a senior colleague, and/or learnt about new development opportunities.

Over half (56%) of responding doctors would recommend RPR to a colleague. Whether or not doctors would recommend RPR to a colleague was not associated with their RPR ratings.

New Zealand Orthopaedic Association Practice Visit Programme

The New Zealand Orthopaedic Association practice visit programme (PvP) consists of two orthopaedic surgeons visiting another surgeon to review; their current practice, their facilities, their communication style and their technical skill. The PvP is a means whereby affirmation is given to surgeons about their current practice and technical ability. The PvP is also a conduit for a surgeon who may be having difficulty balancing work and home life to discuss this with colleagues who may have experienced similar issues. The PvP programme is mandatory for surgeons participating in the NZOA CPD programme.

Before the visit the visitors will receive:

- A summary of 20 randomly chosen patient questionnaires that ask about all aspects of the surgeons practice
- A summary of ten colleague questionnaires which delve a little deeper into the surgeons practice, noting any issues (the colleagues are a range of other surgeons, physiotherapists, anaesthetists, nurses and administrators)
- A copy of the surgeon's last three month's theatre lists
- A copy of the surgeon's credentialing documentation and
- A copy of the surgeon's Joint Registry data if they undertake joint replacement surgery

The surgeon being visited will have arranged the day so that the two visitors will be able to meet beforehand with the surgeon and discuss the material and reports previously sent to them. The visitors will have a chance to review the practice facilities and to randomly audit patient's files. The surgeon will also have organised two or three theatre procedures for the two visiting surgeons to be able to observe and at the end of the day the visitors will have time to sit with the surgeon and discuss any concerns that she or he may have.

The visitors collaborate to write a formal report. A copy of the report goes to the surgeon being visited and a copy goes to the NZOA PvP committee who review all reports.

Sending visitors from tertiary centres to regional practices spreads best practice as similarly sending provincial surgeons to tertiary centres is a way of ensuring tertiary centre surgeons understand the complexity of having to cover all aspects of orthopaedic surgery in a provincial centre and supports the development of hub and spoke networks.

The PvP is a Protected Quality Assurance Activity meaning that all information provided is completely confidential and cannot be disclosed to anyone, including the Medical Council and the Minister of Health except where mandatory reporting is required by law.

Each visited surgeon receives 20 points towards their CPD total and each visiting surgeon can receive up to 40 points per annum towards their CPD total.

Visits are graded either A, B, C or D.

An "A grade" is a satisfactory visit and will include both positive and negative feedback related to improving "best practice". No remedial action is required on an "A grade" visit.

A "B grade" visit has moderate deficiencies and reports include both positive and negative feedback. Changes to practice are recommended and the Visitee is required to confirm these changes have been made with the Practice Visit Committee within 12 months.

A "C grade" visit identifies significant deficiencies. The PvP Committee will insist that changes are to be made promptly and a further visit is scheduled in 12 months to check compliance.

A "D grade" visit identifies major deficiencies that must be corrected immediately and a revisit occurs within one week. If the deficiencies are not immediately addressed then the Medical Council is notified.

RACS Responsibilities in Practice Visit Programmes

The Medical Council's vision is that "Recertification should ensure that each doctor is supported by education that reflects their individual learning needs and is delivered by effective, efficient mechanisms that supports continuing improvement in performance" and one of the principles is that quality recertification activities be based in the doctor's actual work and workplace setting.

The Medical Council is therefore encouraging the Medical Colleges to develop practice visit processes for doctors and make them available as a part of their CPD programme.

Challenges for RACS are; whether to make practice visits a mandatory component of CPD, whether to simply provide a framework and engage specialist societies in this space, and whether to levy members to fund practice visits.

Fellows survey about MALT and other audit tools

The MALT team would love to hear from Fellows on their experiences using the Morbidity Audit and Logbook Tool system (MALT), whether used for procedure logging, Specialty/Training Board reporting, self-audit, or peer-review audit.

We'd also love to hear about any other software or tools you use for peer-review audit.
Our online survey takes less than 10 minutes to complete and will inform future directions of the MALT system.

Take the survey online.

SURGERY 2018: Planning for Change

The New Zealand Annual Surgeons' Meeting, *Surgery 2018: Planning for Change* took place in August in stunning Queenstown amidst views of majestic snow-capped mountains, Lake Wakatipu and the Earnslaw.

The opening day featured an exciting array of presentations. The first session opened with Rod Jackson presenting on the rapid appraisal of clinical studies using his acronym PECOT. Rod enthralled the audience with his graphical representation of appraisal of clinical studies using triangles, circles and squares to demonstrate the population to be studied, the comparison groups and the outcome with time. Stephen Mark spoke about his experience with setting up the prostate registry, recommending that RACS support the addition of data collection to the surgical consent, the involvement with outcomes registries as a CPD activity, the endorsement of ICHOM outcome measures and the confidential feedback of quality assurance data to surgeons. Also presenting in the first session was Matire Harwood who gave an inspiring talk on improving health outcomes for Māori.

Panel discussion following the opening session, 'The Big Picture".
From left – Stephen Mark, Rod Jackson, Matire Harwood, Dick Ongley

In the second session Dr Claudius Conrad from the Tufts School of Medicine in Boston, USA spoke about surgical consent with a US perspective and Suzanne Pitama gave an interactive and informative presentation highlighting health inequity and unconscious bias in New Zealand when working alongside Māori patients & whānau.

The afternoon session provided delegates with some insight on how to manage when the surgical plan either changes or becomes more challenging. Ross Roberts talked about stressors in the operating theatre particularly distraction due to noise resulting in poor communication between team members. Fellows Julie Mundy and Annette Holian along with Claudius Conrad recounted their unique experiences of handling emergency situations. Julie's case presentations illustrated how to deal with catastrophic bleeding in the chest and her concept of controlled exsanguination and Claudius spoke about controlling haemorrhage in the abdomen during laparoscopic liver resection. His message was to first communicate, then control, expose and repair in that order.

John Batten, President of RACS gave an overview of the College's current activities and then presented Fellows with a number of awards in recognition of their work (covered elsewhere in this newsletter).

Day one was capped off with the welcome reception where attendees had an opportunity to catch up, network and recap the events of the day, followed by dinner at the Skyline Restaurant at the top of the Queenstown gondola.

The second day kicked off with a brilliant session featuring presentations from Fellows Jane MacDonald, Kiki Maoate, Richard Wong She and Owen Ung focusing on the management of teams. Topics covered included cross specialty teams, the itinerant paediatric surgeon, the trails and tribulations of setting up a national burns unit and working with the inevitable changing team in the operating theatre.

Panel discussion following the 'Building and Managing the Team in Theatre" session.
From left – Kiki Maoate, Richard Wong She, Owen Ung, Jane MacDonald

The final session focused on looking at "how others do it" including training for overseas deployment in austere environments, and the new NetworkZ theatre crisis simulation programme in New Zealand. Andrew Matheson from Cycling NZ spoke about improving performance from an elite sports perspective and visiting speaker Claudius Conrad closed out Surgery 2018 by providing insight into the management of theatre teams in the United States with his concept of an ideal team and how that affects the surgical performance and the patient's outcome. With Claudius' musical background he was able to describe the surgeon as a performer who needed deliberate practice, dexterity, performance evaluation and to be able to manage occupational injury and performance anxiety.

As part of RACS Board of Council's plan to engage more with Fellows and better understand the issues in NZ and the Australian states and territories, the Board combined their regular meeting with Surgery 2018. They met on Wednesday, attended Surgery 2018, with some contributing presentations, and then joined the NZ National Board for its meeting on Friday afternoon.

AWARDS PRESENTED AT SURGERY 2018

Louis Barnett Prize

On Friday morning of Surgery 2018 six Surgical Trainees competed for the Louis Barnett Prize.

Their presentations were judged by Associate Professor Claudius Conrad, Dr Suzanne Beuker and Mr Scott Stevenson.

After deliberating during the lunch break the Judges awarded the 2018 Louis Barnett Prize to Dr Mohammad Amer a General Surgery Trainee at Christchurch Hospital, for his presentation *Bias in surgical randomised trials: a meta-epidemiological study using laparoscopic versus open surgery as an example*.

Mohammad's aims were to determine whether lack of blinding, and other potential sources of bias in RCT design, have a systematic effect on surgical RCT outcomes, using RCTs comparing laparoscopic and open surgery as an example. He concluded that lack of blinding alters the treatment effect estimates of RCTs comparing laparoscopic and open surgery, and this may lead to erroneous conclusions. He recommended that blinding should be implemented in procedural RCTs wherever possible to avoid systematic bias.

From left – Dave Adams, Mohammad Amer, Claudius Conrad, Nicola Hill

The judges commented that understanding the role blinding (or rather, the absence of blinding) contributes to bias is what caught their attention. Mohammads's concept was well researched and well presented.

Colin McRae Medal

Nicholas (Nick) Paul McIvor FRACS

Nick McIvor is one of New Zealand's most experienced head and neck surgeons. He is a graduate of the Otago Medical School and a Fellow of the Royal College of Surgeons (Edinburgh) in addition to his Fellowship of the Royal Australasian College of Surgeons. Following the award of his FRACS Nick undertook post fellowship training in Mt Sinai Hospital, Toronto, Canada. Nick now has an appointment as an Otolaryngologist Head & Neck Surgeon at both Auckland City and North Shore Hospitals. He is a leading member of the Multidisciplinary Head & Neck Service at Auckland City Hospital.

Nick's knowledge and skills are well recognised and he has been an Invited Speaker at a large number of international as well as national meetings, particularly those relating to thyroid surgery and head and neck cancer surgery. He has been a Foundation Lecturer in Head & Neck Surgery at the College's ASC; and has been a regular speaker at, and was on the international surgical faculty of, the multidisciplinary meetings on thyroid and parathyroid surgery held in Noosa, Australia.

Nick has written many peer reviewed articles and has authored and co-authored a number of chapters on thyroid and parathyroid surgery for leading text books on Head & Neck Surgery.

On our national health scene, he was Clinical Lead – National Standards for Head & Neck Cancer 2013-2015; and in 2016 chaired the Ministry of Health's Working Party on developing tumour standards for head and neck cancer care.

Nick is very committed to teaching at undergraduate, postgraduate and post fellowship levels; and is the Director of the Head & Neck Fellowships at Auckland City Hospital. He is a respected past examiner in Otolaryngology Head & Neck Surgery for the Royal Australasian College of Surgeons.

Nick has shown a very strong commitment to care of his patients. He is an excellent technical surgeon with an international reputation, has shown great ability to work cooperatively in a truly multidisciplinary setting and has set very high standards for care of head and neck cancer patients.

Through his many contributions to research and surgical education, his clinical excellence and his surgical leadership Nick has shown that he is a worthy recipient of the Colin McRae Medal.

Citation kindly provided by Robert Allison FRACS and Richard Lander FRACS

The Awardees and their whānau

Māori Health Medal

Gavin Scott (Ru) Douglas FRACS

Dr Gavin Scott (Ru) Douglas was one of the very first Paediatric Otolaryngologists in the world, training in the inaugural Paediatric Fellowship Program in Pittsburgh, USA.

Ru trained in medicine at Otago Medical School, graduating in 1969. His Fellowships of the Royal Australasian College of Surgeons and the Royal College of Physicians and Surgeons of Canada were both awarded in 1976. Following his post fellowship training in the USA he returned to Auckland to work as the first Paediatric Otolaryngologist at the Princess Mary Hospital (now Starship Hospital) continuing for 34 years until his retirement from public practice in 2010.

Ru was a valued colleague and his skills in Paediatric ORL were well recognised. He was a leader in the establishment of airway management in children (especially neonates). This was effectively a sea-change for the specialty in New Zealand as, before then, the management of the infant airway was unfamiliar, scary territory for most consultants in the public sector.

Most importantly, Ru has been instrumental in improving Māori ENT Health in New Zealand. He is passionate about Māori ear disease which was identified as a major concern in the late 1970s and 80s. Ru was instrumental in developing school based ENT visits, Ear Caravan, Ear Nurse Specialists, and marae visits to capture the most vulnerable with ear disease in the Māori community.

In 2013 Ru was the James Hardy Neil Lecturer at the NZSOHNS ASM, where he spoke on "Origins of New Zealand Māori".

Ru is a very worthy recipient of the Māori Health Medal.

Citation kindly provided by Murali Mahadevan FRACS and Richard Lander FRACS

Rural Surgeons' Award

William (Bill) Hedley Taine FRACS

Bill Taine was destined to be an Orthopaedic Surgeon in a peripheral centre having grown up in Hawkes Bay where his father set up the orthopaedic service. Bill finished his schooling in Auckland and then went to Otago University Medical School where he graduated in 1977; and also where he met his wife, Helen, a dentistry student. Bill undertook post fellowship training in Canada after completing the New Zealand Orthopaedic Training Programme. On his return from Canada in December 1986 Bill started working at Timaru Hospital.

Bill worked a one-in-three on-call, but for prolonged periods one-in-two. At that time in South Canterbury there was a relatively small orthopaedic service which Bill managed to grow slowly over the years. He was a true generalist orthopaedic surgeon doing everything from foot and ankle, spine, paediatrics, hip and knee arthroplasty (including revisions), as well as extensive shoulder work including shoulder arthroplasty. Bill was also instrumental in gearing up the local Bidwill Trust Hospital to do major cases and was on Bidwill's Board for many years.

Over his years working for South Canterbury District Health Board Bill mentored numerous House Officers instilling in them a love for orthopaedic surgery. Many have since gone on to become successful orthopaedic consultants.

Following the initial set-up of the Small Centres Meeting in 2006, Bill became NZOA's first Small Centres Representative, a position he filled for four years.

By 2008 Bill felt he had reached the stage where he wanted to cut down his private practice and he started to work part-time for ACC as a Medical Adviser. As the ACC work increased, Bill stopped his public hospital clinical commitment and instead became South Canterbury DHB's Chief Medical Officer. He retired from this role after four years to work full time for ACC. Throughout this period he kept in close contact with the Orthopaedic Department, attending their weekly meetings and always being a source of sound advice in the management of complex cases, especially ACC ones.

Bill's dedication to his local community has been huge. He gave excellent service to the patients he cared for, was always quietly spoken and never sought recognition for the work that he did. It is only with his retirement that people have really appreciated the effort and time Bill put in over the years.

Citation kindly provided by David Templeton FRACS

ACTIVITIES OF THE NEW ZEALAND NATIONAL BOARD

The New Zealand National Board (NZNB), its representatives and the NZ National Office are involved in promoting high standards of surgical practice and advocating on behalf of Fellows, Trainees and IMGs in the MOPS programme. Some of these activities since the previous Cutting Edge are commented on below.

Safe Surgery Advisory Group

The NZNB Chair, Nicola Hill, represents RACS on this Group which is part of the HQSC and is chaired by Ian Civil. Current focuses for the Group are increasing the uptake of preoperative briefing on a national level and promotion of teamwork and communication. The most recent meeting in July discussed how the HQSC might work with Colleges to incorporate safe surgery interventions as a professional expectation; and to seek formal endorsement of briefing as a quality tool and an expectation of good practice.

Surgical Mesh

The Ministry of Health's (MOH) Advisory Group met again in July. It is to recommend to the Minister of Health that the Ministry set up a "Provider Registry" to begin collecting prospective data at hospital level with a view to a full registry in the future. Patient information on SUI and the use of mesh is due for release shortly and will be an aid to providing informed consent for SUI mesh surgery. A subgroup of the committee will look into the appropriate credentialing of surgery for SUI mesh insertion and removal. An additional group will look at care pathways for patients with symptoms following mesh insertion. At present there are divergent opinions on calling for a pause in the insertion of mesh for SUI so NZ is not following the approach being taken in the UK and Northern Ireland. Currently surgical mesh for other surgical indications is not on the agenda.

Choosing Wisely New Zealand

The EDSA (NZ), Richard Lander, represents RACS on the Choosing Wisely NZ (CWNZ) Advisory Committee. CWNZ is keen to continue with the funding of summer studentships with an emphasis on evaluation of CWNZ recommendations and business; and it is planning a workshop for May 2019 with the possible themes of equity, and/or consumer communication.

With regards to the involvement of Colleges, the CWNZ Committee would like to see increased College "ownership" of Choosing Wisely, more College recommendations, inclusion of Choosing Wisely principles in training curricula and the establishment of a cross College Choosing Wisely Champions group to advise on new recommendations and promote review of recommendations.

Professional Behaviours Taskforce

RACS is represented on this multi-organisation MOH led Taskforce. At its most recent meeting, staff from Otago Medical School shared information on its proposed feedback method for clinical students. This will gain students' perspectives on what behaviours they personally experienced and observed in different placements and how included they felt within the clinical team. It is intended that unattributed information from this will be fed back to the teams/departments, purely as a comparative rating.

Other information from this meeting included that NZMA will shortly be reviewing its Code of Ethics and professional behaviour will be one of the key areas it is considering; that the RDA is soon to re-survey its members on professional behaviours; and that the DHBs currently signed up with the Cognitive Institute programme include Bay of Plenty, Capital & Coast, Lakes, MidCentral, Nelson Marlborough, South Canterbury, Tairawhiti, Wairarapa, and Whanganui.

Māori Health Action Plan

It is very obvious from Māori health statistics that there are major problems in New Zealand in the way our health care is delivered to this group within our population. The purpose of the RACS' Māori Health Action Plan is to bring about changes in how surgical care is delivered to improve health equity across our population. The Māori Health Advisory Group is holding a hui in September with the five specialties that select specifically for training in NZ to discuss and share information on cultural competence in selection and in training curricula. It is apparent from recent surgical selection processes that training Boards and Committees are recognising the importance of knowledge of Māori tikanga and its application to patient care in New Zealand. There is great value in sharing and discussing information and identifying what assistance RACS might provide for all Boards / Committees as they look to incorporate changes into both selection and curricula.

New Zealand Health & Disability System Review

Heather Simpson, Chair of the Review Panel, attended the August meeting of the Council of Medical Colleges and spoke extensively about this Review. The Panel has held its first meeting where it discussed its TORs, work programme, who it could engage with, and when. She stressed this is future focused and is not about solving today's problems. It will be following the high level directions set out in the existing Health Strategy as these are considered to reflect a general consensus in New Zealand on where we want our health system to go. The Review is to consider how we can design as system that will get us there. It is not starting with a blank page as some things are a given eg. that we continue to have a publicly funded system available to all. The Review has limitations, eg. it will not include ACC and PHARMAC, but it will cover the boundaries between those systems and the public health system. It will look at health equity, workforce issues going forward, and what system(s) is needed to achieve improved health and wellness outcomes.

The Review Panel is to provide an interim report to the Minister of Health in August 2019 and, hopefully, a final report in March 2020.

Award to Wilbur Farmilo

On 26 July a RACS Outstanding Service to the Community Award was presented to Wilbur Farmilo a General Surgeon at Middlemore Hospital. The Award was presented at a dinner held by the general surgical department of Middlemore Hospital, which included former staff members and also a representative of the head and neck cancer group - Prof Randall Morton. We hear it was a great night to celebrate well deserved recognition.

Wilbur was nominated for this award by colleagues for many reasons, including his:

- leadership of the Northern Regional Head and Neck Cancer Services Committee, which he chairs. This committee has a complex structure, involving community representation, health administrators, patients, nurses, allied health and relevant clinical specialists. The work of the committee carries some difficulty; previous attempts at a review of regional head and neck services foundered. Thanks in large part to Wilbur's vision and perseverance – as well as gentle determination – a report was produced with recommendations that have been supported by DHBs.
- focus on promoting quality and service, which was well beyond his remit as Clinical Director of Surgery at Counties Manukau Health (CMH) and his subsequent role as Deputy Chief Medical Officer
- establishment of the CMH Perioperative Mortality Review Committee
- work to see CMH develop a pastoral care programme for staff

From left: Wilbur Farmilo, Dave Adams

- administrative and quality assurance roles at CMH including chairing the Credentialing Committee which resulted in him being an invited external member of Credentialing Committees of several other hospitals.

Wilbur's willingness to work in a voluntary capacity has not been confined to regional cancer services. He has been an Examiner for General Surgery for the RACS and joined the HQSC Expert Advisory Group to develop a national programme for the deteriorating patient.

Wilbur has been a highly principled, universally respected and liked surgeon and colleague. His colleagues wish him well in his recent (semi) retirement in which he continues his leadership role in the review of regional head and neck services in Auckland.

Access to Counselling Services

Fellows, Trainees, International Medical Graduates (IMGs) and members of their household or immediate family have access to confidential counselling for any personal or work-related issues through Converge International. Provision of services cover New Zealand and Australia and can be in person, on the phone or via Skype. RACS will cover the costs of up to four sessions per calendar year to this arms-length service.

Contact Converge via phone:
0800 666 367 in New Zealand
or 1300 687 327 in Australia or via email

Converge international

Call 1300 687 327 AU
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convergeinternational.com.au

Royal Australasian College of Surgeons

RACS SimSurg App

The next time you see someone glued to their mobile phone, they might not be texting, they may be extracting a specimen!

That's right, with the use of the new RACS SimuSurg app, Trainees and Fellows can experience a virtual operative environment to refine their operating skills, from dissection to cutting and grasping.

The app, created by surgeons for surgeons simulates minimally invasive surgery. It provides an engaging, fun and interactive way to perform surgical skills in a gaming environment.

Challenge yourself through four levels of surgical scenarios including simple movement exercises designed to familiarise you with the controls, to more complex tasks associated with using the various instruments.

So let's get started!

Download SimSurg today from the AppStore or GooglePlay.

SURGICAL PIONEERS

Arthur Guyon Purchas (1821 – 1906)

MUCH MORE THAN A GENERAL SURGEON

Pat Alley FRACS

In 1906 The New Zealand Herald's obituary to this remarkable man commented "He laid the foundations of all that is good and true in the social life of the colony". Such a glowing testimony is worth exploring.

Purchas was born in Monmouthshire not far from Tintern Abbey and was apprenticed there as a doctor in 1838. He then went to Guy's Hospital in London where Thomas Addison, Bright and Graves were staff appointments at the time. In 1842 he secured an appointment as a surgeon at Toxteth hospital in the suburbs of Liverpool.

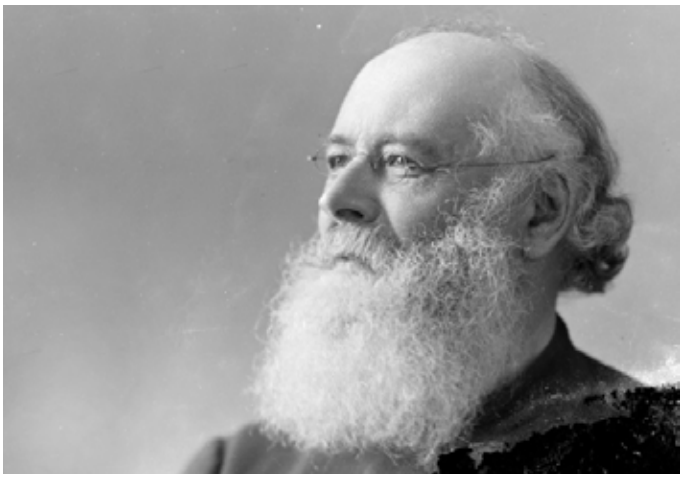
In 1844, probably at an invitation from Bishop Selwyn reinforced by interest in New Zealand from his mother, Purchas sailed to New Zealand on the "Slain's Castle" arriving late that year. He combined some medical practice with a curacy under Bishop Selwyn before returning to England via Sydney early in 1846. In Sydney he revised the Church of England hymn book and spent considerable time composing religious choral work which he tested with the Sydney cathedral choir. His time in England was brief for he returned to New Zealand late in 1846, undertook studies at St John's theological college and was ordained in 1847.

He set up a general medical practice in Auckland and combined this with his duties to the Anglican Church. Over the subsequent three decades he was deacon and then vicar at Onehunga. From his architect father, Purchas had the draughting and design skills to enable him to plan and build a new church at Onehunga. He also had a brief post as vicar at St. Andrews in Epsom and a role as a visiting preacher at St Brides Church in Mauku, South Auckland. He regularly made a fortnightly four hour horseback trip to that church to preach. Of interest, the College at St. John's and those churches stand today and are well patronised by contemporary Anglicans. His musical interests particularly in sacred music continued unabated.

These were tense political times. Māori were slowly seeing the bad side of the Treaty of Waitangi and one particularly strident voice in Māoridom of the day was Wiremu Tamehana. He railed, with justification, at widespread land theft which was a major stimulus for the New Zealand wars of the 1860s. Purchas befriended Tamehana after the Mauku church had been attacked and at least managed to persuade him that attacks be deferred while both of them sought audience with the local administration.

His talents also extended to inventive engineering. With Captain James Ninnis he patented a flax stripper which was used with great success at the Waiuku flax mill. He was an avid amateur geologist and with Hochstetter, the renowned German geologist, he documented much of the Auckland volcanic field. A small cone adjacent to the present Mt Wellington bears Purchas' name to this day.

Of special interest to this readership are the accounts of his surgical procedures. Over the course of his surgical life he performed 13 ovarian cystotomies. Just under half of these he proceeded to an ovarian cystectomy. His operative time averaged just over an hour. The procedures were all done under a chloroform general anesthetic and the patients stayed in hospital from seven to ten days.



Arthur Guyon Purchas in 1891

The right para-median was his favoured incision and he used steel wire for a layered closure. In this series of cases there was no operative mortality. One case died six months after surgery from "inanition and wasting", almost certainly this unfortunate had a malignant ovarian cyst. He devised a unique clamp to manage the ovarian pedicle and the absence of any reference in his detailed operation notes to intra-operative or post-operative bleeding seems to indicate it was an effective device.

Married with six children Purchas found the stipend from the Church of England insufficient to keep his family. So in 1875 he ceased work as a vicar and took on full time medicine. His rooms, still standing, were on the corner of Pitt Street and Karangahape Road in central Auckland. Surgery was his prime focus but he made substantial contributions to public and child health.

He continued medical practice into his late seventies, was involved in local body politics and continued to support the Anglican Church. Purchas died peacefully and his last resting place is in the Purewa cemetery close to his beloved St John's College.

Some may recognise portions of his name. Our well regarded general surgical colleague Stephen Purchas is a direct descendant of Arthur Guyon. Edwin Roche, a pioneer physician at Green Lane Hospital, was a grandson and Edwin's son Anthony, a cardiologist, also carried a second Christian name of his great grandfather.

Finally, we generalists might reflect on Purchas' life as a priest, surgeon, inventor, engineer, geologist, designer, musician, diplomat and general practitioner. That's a real generalist!

Heath Lash
RACSTA Representative on NZ National Board

RACS TRAINEES ASSOCIATION UPDATE

The end of the year is approaching so quickly and with it exams. The written fellowship exams have passed and the clinical exams are just around the corner. Good luck to all those sitting. It's a tough time of life.

The surgical Trainees association (RACSTA) continue to be busy. The 5-year report of our Trainee survey has come out! This has been discussed with the individual specialties as well as the RACS New Zealand National Board. In general we are doing well but there is still bullying and our training experience could always be improved. The surveys will be ongoing and will to help improve our training.

To all the Trainees who get the survey every 6 months! When you get it please fill it out. Our results are only as good as our input. The report is available online via the College website.

RACSTA is also undertaking its yearly Trainee induction conference, in Melbourne, on 27 October. This is a one day welcome and introduction conference for our new surgical Trainees. Enrolment for this conference is also available on the College website.

Lastly, as many will have heard through media reports, changes are afoot with a new union set up for registrars. The Specialty Trainees of New Zealand (STONZ) has approached the DHBs to negotiate a new collective agreement and this will be occurring in the next 2 weeks. It remains to see if this is the best way to combat the effect schedule 10 and the RDA "Safer Working Hours" has had on training and patient care. The union continues to grow but is still very small compared to the RDA. Some valid concerns about having two unions have been raised. Will the DHBs play them off against each other and seek to divide and conquer? I am not sure the DHBs would actively seek to do this; the unfortunate reality is STONZ did try to engage the RDA but felt it didn't get anywhere. While RACS does not get involved in employment matters, trainees are obviously interested in this matter so we will provide information as it comes to hand.

To everyone, keep up the good work and support each other.

Trauma Reports Released

Two reports that look into issues relating to road trauma have been released by NZTA, who advised "the two reports are complementary, and are most useful read together. The intent of the reports is to help reduce deaths, harm and disability from trauma by improving post impact care. The reports will help inform the pending review of national Road Safety Strategy".

Post Impact Care – How Can New Zealand Address the Fifth Pillar of Road Safety

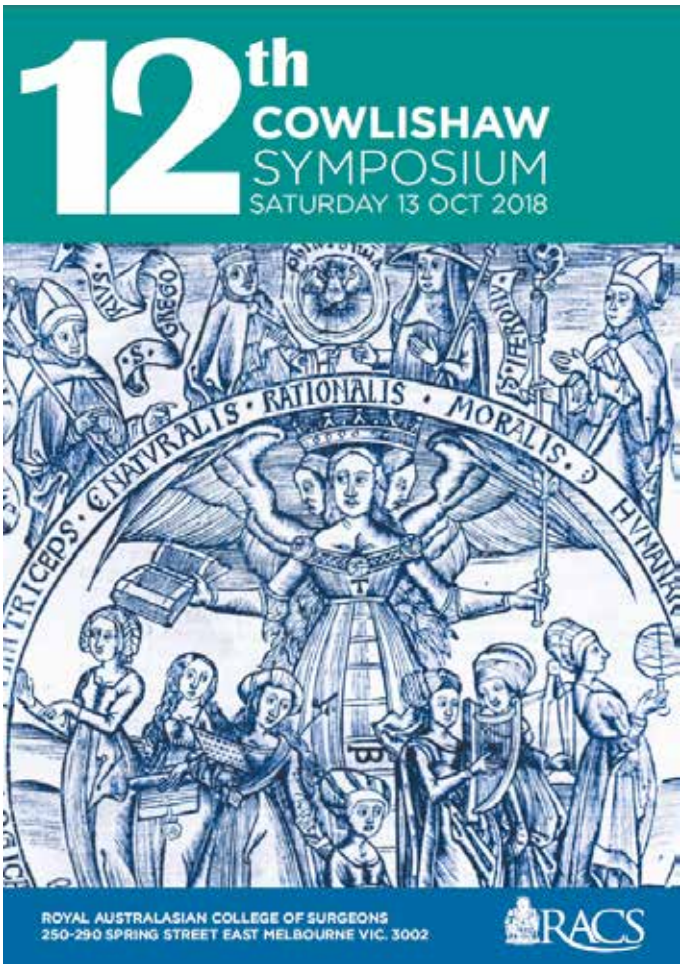
Available at: www.nzta.govt.nz/resources/research/reports/645

Prepared by Opus Research, WSP-Opus this report considers the roles of RCAs and Road Policing in facilitating transport of crash victims from the crash site to the hospital door.

New Zealand Trauma System Review

Available at: www.saferjourneys.govt.nz/resources

Prepared by the Royal Australasian College of Surgeons, this report is a review of New Zealand's trauma system and will be used to inform the new national Road Safety Strategy.



Damian McMahon Trauma Research Travel Grant for Trainees

Dr Damian McMahon FRACS was an integral and influential member of the RACS Trauma Committee and Chair of the Trauma Verification Subcommittee. The Damian McMahon Travel Grant has been established to recognise and honour the commitment and work that Dr McMahon gave to RACS as well as rewarding excellence in trauma research.

The Damian McMahon Trauma Research Travel Grant is based on research into cause, prevention and/or management of trauma and is awarded to the best trauma research paper presented by a Trainee at the RACS Annual Scientific Congress (ASC).
The competition encourages SET trainees to undertake trauma and injury research.
The 2019 ASC will be held in Bangkok in May and the Damian McMahon Trauma Research Travel Grant is a session in the ASC trauma program.

Abstracts open in October 2018 and close Sunday 28 January 2019 – visit asc.surgeons.org

The Damian McMahon grant will assist the recipient with travel expenses to attend and present their paper at the 2019 Advanced Trauma Life Support (ATLS®) Asia-Pacific Region XVI paper competition. The winner of the Asia-Pacific Region XVI meeting is supported to compete at the American College of Surgeons Committees on Trauma scientific meeting in the US in March 2020, where the winning research paper will be published in the ACS Journal.

Eligibility criteria

The competition is open to surgical trainees in any of the 9 specialty programs. Medical students are not eligible.

Abstracts submitted may have previously been presented but not published as full papers in any peer-reviewed journal before March 2020.

Specification for abstracts

The abstract should be submitted in line with the specifications of the trauma program convener at the ASC and should describe original research in trauma, critical care or injury prevention.

The topics can be categorised as either:

- Basic laboratory research or
- Clinical investigation

Further information:

Lyn Journeaux
Executive Officer
RACS Trauma Committee

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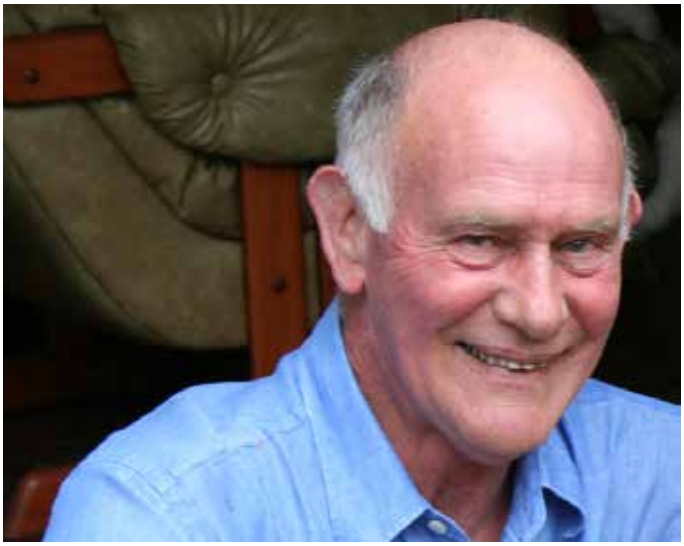
ROYAL AUSTRALASIAN COLLEGE OF SURGEONS RACS

EMST Early Management of Severe Trauma

OBITUARIES

BRIAN JAMES WILLIAMS FRACS
30 August 1938 - 23 June 2018
GENERAL SURGEON



Brian was born in Paeroa in the Hauraki Plains area of the North Island of New Zealand. As a youngster he enjoyed a semi-rural lifestyle and was acquainted with the challenges and pleasures of the adjacent bush, rivers and coastal areas of the region.

In 1951 Brian began his secondary education at King's College in Auckland, where he boarded at Selwyn House. He was quickly marked out as a natural leader, eventually becoming Captain of House and leading the rugby first fifteen in an era when King's was particularly strong in that sport.

On leaving school Brian was uncertain of his career path and briefly tried commerce, combined with life as a stock agent for Wright Stephenson's, before settling firmly on medicine as a vocation. He gained graduate entry to Otago Medical School and completed his MB ChB in 1966. During his undergraduate years he played rugby for University A and gained New Zealand University Blues in rugby and rowing. In 1964, just before beginning his final year, he married Frances Schluter. The Williams family increased steadily over the subsequent few years. Shaun was born in 1966, twins Sarah and Joanna in 1969 and Rebecca in 1972. These were very busy years for the family with Brian now committed to a career in surgery, training on the Auckland Hospital rotations and having to do long hours on call and his fair share of parenting.

Brian gained FRACS in 1973 and, with a family of four, embarked – as was the norm – on an overseas journey to gain further experience, starting in Vancouver with the renowned upper gastrointestinal surgeon Cameron White and then moving to Halifax and thence to England. He had middle grade and senior registrar positions in the London Hospital Whitechapel and in Chelmsford Essex.

He returned to a tutor specialist position at Green Lane Hospital in 1977. This was a demanding role which he managed with flair and good humour and he quickly gained the respect of his senior colleagues. They assisted and supported him into private practice, which he commenced in Grafton Road in Auckland in 1980.

During the next decade there were significant changes in the provision of publicly funded surgery and in 1984 North Shore Hospital was opened. Brian was appointed as a surgeon at North Shore in 1986 and stayed there until his retirement in 2010. While his chosen subspecialty interests were colorectal and breast surgery, in the late 1970s he became an early entrant in the field of colonoscopy. His private practice flourished and he was one of the first to initiate a multidisciplinary breast clinic in 1995 – an enterprise that continues to provide a valuable service.

At North Shore Hospital Brian and I worked together as a team recreating former very enjoyable days as registrars and fulltime surgeons and one thing we never forgot was how hard we had to work then and how it was the same for our registrars. Brian in particular was well known in the trainee ranks as a surgeon with great sympathy for those who shared – as he had done - a full time role as a parent and surgical registrar. He was not a great exponent of self-advocacy, his style being very much to perform to the highest standard and let his deeds speak for themselves.

One of the easiest things in surgery is "How to do it". Not so easy is "When to do it" and more particularly "When not to do it". Brian was a past master of this dimension of surgery and for that reason he had a particularly low complication rate. His surgery was always accurate and appropriate. He had a very low threshold to seek assistance, either in theatre or on a difficult preoperative matter, and in return he was the giver of much sound advice to his colleagues when they sought help.

Surgical reputations, however, are not made in the operating theatre. By far the most important element is firstly how patients are treated other than with surgery and secondly how the nursing and allied health staff are respected. Of all the great characteristics Brian had, this was his strongest. The high regard the nurses had for Brian, and will continue to have, is testimony to that. I recently had occasion to contact a surgeon about a reference for another colleague and she asked after Brian. I told her his circumstance and after expressing her sorrow at the turn of events she said "I learnt more about how to treat patients and staff from Brian Williams than anyone else in all my surgical training." And by no means was that an isolated comment.

Fran, Brian's wife, has been an unfailing support for Brian through the whole of his professional life and she and their four children should be comforted by the assurance that Brian's contributions to surgery and the wider world will remain undiminished.

P G Alley FRACS

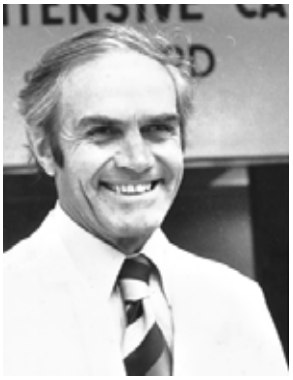
DAVID WILSON (PETER) LOW FRCS FRCS(Ed) FRACS
29 October 1924 –25 April 2018
ORTHOPAEDIC SURGEON

With the recent death of Peter Low, Nelson and New Zealand lost an important connection with an era of health care that was by today's standards lightly administered, remarkably efficient and well-regarded by both staff and community. Trained as a general surgeon, Peter subsequently specialised in orthopaedic surgery and for the final 25 years of his career worked as Medical Superintendent of Nelson Hospital. Characterised by a quiet, friendly personality, with a love of sport, music and the outdoors, he was instrumental in creating an environment which attracted skilled and enthusiastic staff, thereby developing a highly performing and nationally respected regional hospital service.

David Wilson (known as Peter) Low was born in Nelson to David Collingwood and Jane Winifred Low. Peter was the third in a family of four – with older sisters Colinette and Margo and a younger Jan. D C Low was a surgeon and general practitioner and served as Medical Superintendent of Nelson Hospital from 1921-25 and was later Chair of the Nelson Hospital Board 1942-48 and a City Councillor. Peter attended The Bishop's School and subsequently Nelson College where he enjoyed sport, playing in the 1st eleven for both cricket and football and also playing rugby for his school house! A competent artist, he attended arts school and also learned to play the piano and clarinet.

Peter gained entry to the Otago Medical School in Dunedin, living in Selwyn College hall of residence 1941 – 1946. During this time he won the University springboard diving championship and met Noelene Scott – a Home Science student. They married in 1948 at the completion of their studies and subsequently had four children – David, Dianne, Amanda and Stephen. Following completion of his MB ChB, Peter worked as a house surgeon in Dunedin Hospital for a year and then spent the next year in Oamaru. From there he moved to Nelson spending a year as a locum general practitioner for his father. In 1951 Peter, Noelene and young David travelled to the UK where, during the next four years, Peter worked in Brighton (Royal Sussex County Hospital), Worthing, Harrow and London (Guys Hospital). During this time he completed the FRCS exam, firstly in Edinburgh and then London.

Peter and Noelene, now with a family of three children, returned to NZ in 1955 where Peter began employment as specialist general surgeon in Nelson. This was the era of the true generalist in regional centres and the surgery included orthopaedics, urology, ENT and some O & G. He gained FRACS in 1957. In 1961 he spent six months training in orthopaedic surgery at the Alfred Hospital in Melbourne. Restricting his practice to orthopaedic surgery on his return to Nelson, Peter was supported in this first step in subspecialisation by his general surgeon colleagues. He remained the sole orthopaedic surgeon until 1976 when he was joined by Bing Brabant. After Allan Panting joined the staff in 1980 a specialist orthopaedic service was created with a one in three roster.



In 1966, as the only full-time surgeon, and possibly spurred by his father's earlier commitment to medical administration, Peter took on the role of Medical (Surgeon) Superintendent of Nelson Hospital. He continued to devote 50% of his time to orthopaedic surgery, including a one in three acute call roster. He became a member of the College of Community Medicine in the 1970s and gained Fellowship of the Faculty of Public Health Medicine of the Royal Australasian College of Physicians. During the early 1980s he served as President of the NZ Medical Superintendents Association. In the mid 1980s Peter felt that with the close communication and relationships between Nelson Hospital specialists, general practitioners and other outside services, the region was well positioned to progress to the formation of an Area Health Board. Nelson was the first New Zealand region to achieve that voluntarily. Stepping aside as Medical Superintendent of Nelson Hospital (for Doug Short) in 1986, Peter retired from clinical orthopaedics and operating, but continued as Superintendent in Chief assisting in the progressive merger of the previously separate Nelson and Marlborough Health Boards - retiring in 1989. Despite the increasing administrative demands throughout his career, Peter was a prime instigator of many hospital community activities including organising hospital concerts and corralling hospital staff into fun runs and other charity events, all of which promoted great morale within the hospital staff and created an environment conducive to staff recruitment. His wry, subtle and often cheeky sense of humour was used to good effect defusing situations of potential conflict.

Peter remained a keen sportsman throughout his life, participating in squash and golf, and maintaining a high level of fitness, running half marathons up to the age of 70. He also enjoyed tramping (walking the Milford and Heaphy tracks besides other local tracks in his eighties) and sailing – including the construction of four wood/fibreglass yachts. He continued his interest in music – forming a Jazz duo with Doug Short and playing regularly in retirement and nursing homes. Peter developed a keen interest in botany, photographing and becoming knowledgeable on a wide range of native plants. He also became a prolific flag maker – designing and making his own flags.

Peter passed away peacefully on April 25 2018, in his 94th year. He was the beloved husband of Noelene, who died in 2000, dearly loved father of David (general practitioner), Dianne (biochemist), Mandy (dietitian) and Stephen (anaesthetist), special Pa of 13 grandchildren and 11 great-grandchildren.

This obituary was prepared with the considerable assistance of Stephen Low FRANZCA, the Low family and former colleagues.

NZ National Board,
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We encourage letters to the Editor and any other contributions

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