



**Philippa Mercer  
(Chair)**

## FROM THE CHAIR

### INSIDE THIS ISSUE

- 2 Rural Surgeons Award winner
- 3 Surgery 2021
- 4 ASC 2021 Aotearoa New Zealand hub  
  
Aotearoa New Zealand National Committee Elections
- 5 A 'Goodwill' Medical Service for Wellington  
  
Medical Council of New Zealand elections
- 6 Activities of the AoNZ National Committee
- 7 Improving trauma care for critically bleeding patients  
  
Louis Barnett Prize winner
- 8 RACS Trainees Association Update  
  
Wanted: your top tips for sustainable surgical practice
- 9 RACS Surgical Advisors
- 11 Congratulations to Kiwi President and Councillors
- 12 Obituaries
- 15 Abstracts called for OHNS ASM

## New name reflects our commitment to equity

**W**elcome to the first issue of *Cutting Edge* for 2021. If you think it has been a while since you saw *Cutting Edge*, you would be right; the December issue was cancelled due to unforeseen staffing circumstances. But we are back on track now and hoping for a far less disruptive year on all levels!

In my column last September, the first since I became Chair, I talked about the New Zealand National Board's (NZNB) function and who sits on it. I am delighted to say that now, we have a new name – Aotearoa New Zealand National Committee (AoNZNC).

The name change resulted from a request we made earlier this year to RACS Council, through its Governance Committee. This initiative was supported unanimously by National Board members. We said in our letter of request that incorporating Aotearoa into the name and branding of the New Zealand National Board would honour and respect Aotearoa as the original name of New Zealand. RACS has made a commitment to Indigenous Health and as part of that commitment, has invested in increasing the Indigenous surgical workforce. The impact on Māori junior doctors and medical students of seeing Aotearoa in the name of the New Zealand National Board would signal serious commitment by RACS to health equity and its work towards becoming a culturally safe institution.

In approving Te Rautaki Māori 2020-2023 (Māori Health Strategy and Action Plan) RACS recognised the importance of Te Tiriti as "the foundation for policy review

and development, planning and building partnerships." In Aotearoa New Zealand we need to strive to live by the principles of Te Tiriti and to be good treaty partners. This means, amongst other things, acknowledging the significance of names and words, and using them appropriately. The recognition of Māori names upholds their mana; and that contributes to the health and wellbeing of our country.

Aotearoa is the original name of New Zealand. It means "land of the long white cloud" and was adopted by early Māori, initially for the North Island but later applied to the entire country. The name "Nieuw Zeeland" was given some hundreds of years later in the mid-1600s by the Dutch with no regard to Māori. They also named Australia "Nieuw Holland" but that changed in the 1700s to Australia, taken from the term Terra Australis proposed centuries before by Ptolemy.

The use of Māori words and names is common practice in Aotearoa New Zealand, and is increasing. Just as we understand and use Māori words and phrases such as *kia ora*, *haka* and *mana*, all New Zealanders know what Aotearoa means. The fact that the government has not yet "officially" changed the name to include Aotearoa, does not negate that it is, in fact, an accepted name for our country. Māori is an official language in Aotearoa New Zealand and is recognised as a treasure or taonga. This means that Māori words and names have a life force and a mana, or authority, of their own. The correct use of Māori place names imbues an area or place with prestige and dignity.

Continued on Page 2



---

## FROM THE CHAIR (continued)

The corollary being, that if the Māori name is not used, the appropriate respect has not been paid.

A change of name for the wider College is also under consideration at present.

In late 2019 the then NZ National Board voted to recommend to RACS Council that the College's name be reviewed with both countries' names - New Zealand and Australia - being used in place of Australasia. This would better reflect the bi-national nature of the College and also remove the confusion that occurs whereby Australasian is thought to mean only Australian or even Australia and Asia.

Furthermore, the National Board suggested to Council that the title "Royal College of Surgeons of Australia and New Zealand (RCSANZ)" be given serious consideration.

COVID-19 has delayed progress on this initiative but a working group has been set up by Council to consider a potential name change. The group is being chaired by New Zealand RACS Councillor Andrew Hill and we will update you on progress. We have proposed that Aotearoa New Zealand be included in the College name. A detailed explanation and informative article will be published in the next *Cutting Edge*.

Finally, remember to register for the ASC Virtual Conference in Melbourne and do register your interest for the Aotearoa New Zealand hub in Wellington. Information about how to register for the hub will be available on the RACS website soon.

---

## A rare breed of rural surgeon

**R**ural Surgeons Award winner, Mr Richard John Kyngdon, known to the RACS community as John, is one of the very few rural / provincial surgeons who has worked in both New Zealand and Australia.

John was presented with the RACS Rural Surgeons Award at the Aotearoa New Zealand National Committee meeting last December. The Rural Surgeons Award acknowledges significant contributions to surgery in rural settings in Aotearoa New Zealand and in Australia. Those include conspicuous and continued involvement of at least 10 years to the development of a high standard of surgery, a commitment to quality assurance and the ongoing education and training of individual doctors and other health care staff.

John holds medical registration in General Surgery in both Aotearoa New Zealand and Australia and is also registered as a vascular surgeon in New Zealand. In 2014, he became a general surgeon in Kalgoorlie and held a position with the Flying Surgical Service in South West Queensland.

From 2005 to 2014, John was Chief Medical Advisor and Medical Director for the Bay of Plenty District Health Board (DHB). He worked as a general surgeon in Tauranga Hospital where he was involved in General Surgery training. During his nine years with Bay of Plenty DHB he had a significant involvement in community health and health promotion activities including GP liaison and medical support to the Red Cross. His hospital roles included chairing both the Ethics and the Clinical Governance Committees of the District Health Board.

From 1986 to 2005 John was a general and vascular surgeon in Gisborne, working in the public hospital and also in private. During this time he was Clinical Director of Surgery and also Hospital Supervisor for Basic Surgical Training.

In addition to his clinical and hospital governance activities, John served as an elected member of the New Zealand National Board for 9 years, ending his time on that Board as its Chair. He was Convener for the Rural Surgery Section of the RACS ASC in Auckland in 2013, in Brisbane in 2016 and again in Bangkok in 2019.

John epitomises the criteria for this award through his continued involvement of more than 30 years in the development of a high standard of surgery in rural / provincial settings. He has demonstrated his commitment to his own, his departments' and his hospitals' quality assurance activities; and, throughout those 30 years, to the education and training of surgical and other health care staff in the rural sector.



John Kyngdon receives the Rural Surgeons Award from Philippa Mercer, Chair of the Aotearoa New Zealand National Committee.

# SAVE THE DATE

## SURGERY 2021: REFLECTING ON PRACTICE

THURSDAY 2 & FRIDAY 3 SEPTEMBER 2021

Queenstown

E ngā rata, e ngā iwi, e ngā tauwi o te motu, tenā tātou katoa.

Nau mai, haere mai ki Tāhuna Queenstown for the RACS New Zealand Annual Surgeons Meeting - Surgery 2021: Reflecting on Practice, on Thursday 2 and Friday 3 September this year.

Mark your calendars now for two days of inspiring and thought provoking discussion and interaction. Here in Aotearoa New Zealand we're fortunate to be able to come together in a real live, non-virtual sense, for conferences and we know many colleagues are really looking forward to this opportunity. Finishing touches are being put to the amazing programme for Surgery 2021 and as soon as it is complete, it will be posted on the RACS website, along with registration details.

### Speakers include:

**Professor Peter Brennan** is a consultant maxillofacial surgeon at Queen Alexandra Hospital, Portsmouth, UK, lead editor of *Gray's Surgical Anatomy* and an internationally renowned expert in human factors and patient safety.

Peter has a special interest in the synergies between the role of human factors in aviation and surgery, and he has worked closely with a range of human factors experts including training captains at British Airways and staff at National Air Traffic Services in the United Kingdom.

Unfortunately due to COVID-19 uncertainty, Peter will be an online guest at Surgery 2021. One of the topics he will speak on is 'Human Factors in Surgical Decision Making'. Awareness and understanding of human factors including several personal factors such as nutrition, hydration and stress, particularly during critical moments, can reduce the likelihood of us making poor decisions and lead to better team working.

**Professor Suzanne Pitama** (Ngāti Kahungunu), is Associate Dean, Māori, and Director of the Māori Indigenous Health Institute at the University of Otago.

Suzanne was a registered clinical psychologist before she completed the first ever PhD undertaken in indigenous medical education, submitting her thesis, *"As natural as learning pathology": the design, implementation and impact of indigenous health curricula within medical schools*, at the University of Otago in 2013. In 2015, Suzanne received the Ako Aotearoa Prime Minister's Supreme Award for tertiary teaching excellence.

Her extensive research experience focuses on indigenous experiences in the health system and how medical education can improve health disparities.

**Dr Tania Huria** (Ngai Tahu, Ngati Mutunga Wharekauri), is a senior lecturer and post-graduate course convenor in Hauora Māori based at the Māori Indigenous Health Institute (MIHI). Tania is developing the courses that MIHI is providing for RACS' cultural safety and competency training.

Tania has recently completed her PhD, focussing on systemic perspectives of chronic kidney disease. She has a clinical background in nursing specialising in women's health and Kaupapa Māori health services.

**Dr Ceri Evans** is an Otago medical graduate, Rhodes Scholar, psychiatrist, former All White and UK professional football player. He is now an author and consultant in performing under pressure in sport and professions. Ceri is perhaps known best around New Zealand for his work with the All Blacks for the past decade. COVID allowing, he has agreed to present at Surgery 2021.



See you in stunning Queenstown for Surgery 2021.



---

# You're invited to the ASC 2021 Aotearoa New Zealand hub

**With less than three months to go until RACS' Annual Scientific Congress (ASC) 2021, mark your calendars now for the ASC Aotearoa New Zealand hub in Wellington, from 10-14 May. Enjoy the inspiration, innovative thinking and vibe of a truly international forum – without having to isolate for two weeks afterwards.**

This year's ASC is themed 'Celebrating the art of surgery in a time of disruption'. It combines the science of medicine with the creative elements required to become a great surgeon. The theme also celebrates the important contribution to the arts by surgeons, who continue to excel not only with a scalpel but also in music, painting, design, sculpture, writing and other creative pursuits.

The Aotearoa New Zealand hub will be located at The Museum of New Zealand Te Papa Tongarewa, one of Wellington's premium event venues, on the attractive waterfront and within easy walking distance of many of the Capital's best accommodation, entertainment and dining amenities.

The Aotearoa New Zealand ASC hub programme will involve the plenary sessions and other selected sessions being livestreamed into four different locations at Te Papa. Details of the programme will be available as soon as it is finalised.

Lunches and morning and afternoon teas will be provided to you at Te Papa throughout ASC week. A number of

specialty societies are organising dinners which will be excellent opportunities to catch up with colleagues and friends.

Participation in the Aotearoa New Zealand hub will require an additional payment to the virtual ASC registration fee – more information about this will be available soon.

In the meantime, put the ASC 2021 dates in your diary, book your flights and accommodation and we'll see you at the Wellington hub in May.

<https://asc.surgeons.org/>



The ASC 2021 Aotearoa New Zealand hub will be at Te Papa on Wellington's waterfront.

---

## Aotearoa New Zealand National Committee Elections

**There will be four vacancies amongst the elected members on the Aotearoa New Zealand National Committee (AoNZNC) from 1 July this year. Nominations for these positions are now open and will close on 22 March at 7pm NZ time.**

Fellows have been sent an email with information and links to the online nomination processes. If you haven't received this, please contact the NZ Office ([college.nz@surgeons.org](mailto:college.nz@surgeons.org)).

The AoNZNC represents RACS in New Zealand, providing advocacy and action on matters that impact surgical standards, education and training across all or some of the nine surgical specialties. It also provides support and backing for initiatives led by individual specialties.

Membership of the AoNZNC is an ideal opportunity to utilise your Health Advocacy competence and to extend

your involvement in surgery beyond your own specialty and your own part of the country.

Thank you in advance to the Fellows who may put themselves forward for election. All Fellows are encouraged to vote when voting opens later in March.

### Key Dates:

Nominations close Monday 22 March at 7pm (NZ time).

Voting opens 26 March.

Voting closes Monday 5 April.

---

# A 'Goodwill' medical service for Wellington

*"The true measure of any society can be found in how it treats its most vulnerable members"*

~ Mahatma Ghandi

**While the public health system aspires to meet all of the demand for secondary services, it is no secret that it often cannot.**

Life-threatening medical problems do receive timely care of a high quality, but for lesser problems, demand significantly exceeds supply. The situation would be worse were it not for private specialist services soaking up much of the shortfall. However, most people on low incomes cannot afford private treatment or health insurance. These patients mostly end up just putting up with their problems, looking to their GP to find solutions the GP does not have. Some eventually meet public system thresholds for treatment because of deterioration of their condition.

This unmet demand is estimated at 9% of the population - about 450,000 people nationwide<sup>1</sup>. It has resulted in 'charity' medical services being set up in some areas.

A recent survey of Wellington GPs gained 106 responses. Key findings were:

- 48% said that their patients are often unable to access publicly funded specialist assessment and treatment
- 15% were "very unsatisfied" and 43% "somewhat unsatisfied" about the public system's ability to meet their patients' needs
- 57% supported the idea of a free or low-cost service to patients whose needs cannot be met by the DHB.

Capital Coast District Health Board figures for 2019 show that just under 4400 referrals to secondary care were declined, being almost 11% of all referrals. Service demand was "below the national average" for General Surgery & ENT.

Canterbury has a well-established service (charityhospital.org.nz), as does Auckland. A service in Southland is well under way. These three services have recently formed a loose coalition which will provide support and encouragement to initiatives elsewhere. The successful Canterbury model has grown significantly, providing a wide range of surgical day-stay procedures, counselling, dental services and dietetics amongst others.

We are looking for local specialists to add to those who have already expressed support and commitment. This involvement could be on several levels:

- Willingness to give your time voluntarily, at a level and frequency determined entirely by you
- Contribute ideas to initial discussions on how to set up the service including sharing this concept with medical and non-medical people
- Providing any other relevant resources

**If this is at all of interest to you, please contact us via the details below.**

Wellington Goodwill Hospital Working Group, goodwillwgtn@gmail.com, or phone 027 359 6396 (Phil Dashfield), 021 0343 019 (Mike Nowitz), 027 444 6805 (Russell Tregonning)

Members of the working group are Drs Imad Aljanabi (General Surgeon), Phil Dashfield (GP), Anna Davison (GP), Angharad Dunn (GP), Katrina Harper (GP), Mike Nowitz (Radiologist – retired), Russell Tregonning (Orthopaedic Surgeon – semi-retired)

---

<sup>1</sup> Bagshaw et al, NZMJ 24 March 2017, Vol 130 No 1452

---

## Vote in the Medical Council of New Zealand's elections

**If you are a registered doctor, please vote and help shape the direction of Te Kaunihera o Rata Aotearoa Medical Council of New Zealand.**

Voting for the elections for four medical members to join Council governance is open now until 26 March.

All registered doctors should have received an email from Medicalcouncil@Electionz.com with information about the 11 candidates, and a unique pin and password for voting online. Please read it and cast your vote today.

---

# ACTIVITIES OF THE AOTEAROA NEW ZEALAND NATIONAL COMMITTEE

**T**he Aotearoa New Zealand National Committee (AoNZNC) and its representatives continue to advocate on behalf of Fellows, Trainees and Specialist IMGs in the MOPS programme. Some of the AoNZNC's activities and interests since the previous *Cutting Edge* are commented on below.

## Cultural competence and safety

Cultural competence and safety is now one of the 10 competencies underpinning the RACS SET training programme. Trainees are required to demonstrate a willingness to embrace diversity among all patients, families, carers and the healthcare team and respect the values, beliefs and traditions of individual cultural backgrounds which are different to their own. They will promote self-reflection, acknowledge their own biases, prejudices and stereotypes and work to mitigate their effects. They will promote a safe and inclusive health care environment and work to eliminate health inequities.

RACS' Māori Health Advisory Group has been working closely with the University of Otago Māori Indigenous Health Institute to prepare for the rollout of the initial cultural competence and safety course – for supervisors – this year. Courses will then focus on Trainees and then the wider Fellowship. These will be a combination of online and face-to-face learning.

Racism continues to be evident in our community, both at a systemic and an individual level. While RACS continues to address this within its Building Respect Improving Patient Safety work, there is still much to do and everyone is urged to call out such behaviour whenever they see or hear or experience it.

## Advocacy

The New Zealand National Board has continued to advocate on behalf of Fellows, Trainees and SIMGs to New Zealand Government, government departments and statutory agencies to promote standards for quality surgical care. Since the last *Cutting Edge*, consultations we have taken part in include:

- Medical Council of New Zealand's (MCNZ) "Consultation on proposed accreditation standards for providers of vocational medical training and recertification programme for vocationally-registered doctors in New Zealand". This included proposed new Standards on cultural competence and safety. With the introduction of the 10th competency and its flow on to training curricula and CPD, RACS is able to comply with these new standards. A proposal for all accredited recertification providers to provide MCNZ with an annual list of participants was not supported. RACS supports continuing to comply with its current agreement with MCNZ of advising of any participant

who fails to fulfil the accredited RACS requirements. An annual list of all participants would be both onerous and unnecessary.

- Medical Council of New Zealand's draft "Statement on ending the doctor-patient relationship". This was generally supported, with comments primarily related to ordering of requirements to simplify and identify importance.

## Vocationally registered SIMGs and FRACS

Graeme Campbell, RACS Clinical Director for Specialist IMGs (SIMGs), linked with the AoNZNC meeting for further discussion of this issue. Progress has been made to 'smooth' the path for vocationally registered surgeons who satisfactorily complete their registration requirements to apply for a RACS Fellowship. With approval from the MCNZ, IMGs may choose to have their vocational registration interview conjoined with an interview for Fellowship. There are many overlapping aspects to the two processes and work has focused on managing the areas of difference.

While SIMGs play a very important part in surgical care throughout New Zealand and there is great collegiality amongst the surgical community, there are some areas where not having a 'FRACS' limits their involvement, especially for some training roles. There is an increasing number of surgical departments around New Zealand where the predominance of SIMGs is limiting training opportunities. Following submissions by the AoNZNC this has been recognised by the Board of SET.

## Environmental sustainability

The AoNZNC recognises that surgery has a responsibility and must play its part in reducing the negative effect of its activities on environmental health. There is no doubt that both individuals and departments are working on this and it is thought that sharing those ideas and initiatives could well help others. You will notice a new – and to be ongoing – segment within this newsletter that seeks to do just that.

## Rural Surgery Working Group

Access to surgical services by those living in rural and remote part of Australia is often very difficult; but that problem is not restricted to the west side of the Tasman. New Zealand has its share of problems too. RACS has established a Rural Surgery Working Group to consider and implement ways to improve this situation. There are differences between the two countries that are important to this issue, a number of which are not specific to any one specialty. For that reason, the AoNZNC thought it appropriate to have a formal representative on the Group and that will be Nicola Hill, Otolaryngologist from Nelson.

---

## Farewell Justin Roake

The March AoNZNC meeting was the last for Vascular Surgery Representative, Justin Roake, who ends his term at the end of May. The AoNZNC has greatly appreciated Justin's wisdom, insight and experience not only in matters

pertaining to Vascular Surgery but issues regarding the surgical workforce, Specialist International Medical Graduates and Trainees. Justin's contribution will be missed and the AoNZNC wishes him the very best.

**Justine Peterson**  
New Zealand Manager

---

# Improving trauma care for critically bleeding patients

**The Health Quality and Safety Commission New Zealand and the National Trauma Network are encouraging the use of a recently published practical guide for clinical staff to inform their care of critically haemorrhaging trauma patients.**

The guide, *Improving Trauma Care for Critically Bleeding Patients*, focuses on identifying a critically bleeding trauma patient and activating a constant response that directs

the patient to definitive bleeding control rapidly, while supporting the patient with contemporary resuscitation techniques. Its development was informed by two expert reference groups.

<https://www.hqsc.govt.nz/our-programmes/national-trauma-network/publications-and-resources/publication/4177/>

---

## Dr James Recordon wins 2020 Louis Barnett Prize

**Congratulations to Dr James Recordon, the winner of the 2020 Louis Barnett Prize.**



Dr James Recordon, 2020 Louis Barnett Prize winner.

For the first time ever, presentations for the Prize were held online last year, due to COVID-19 disruptions.

Judging panellist and RACS Surgical Advisor, Dr Sarah Rennie, said the standard of presentations was high, particularly given that presenters were using a new medium, with all the potential glitches and lack of audience feedback to the presenter.

"Dr James Recordon's winning presentation, 'A decade on: A prospective comparison of Ponseti vs Surgical Treatment of Clubfoot in NZ' was excellent. The abstract was clear and concise and the presentation itself easy to follow with the results displayed in a visually appealing way. The purpose behind the study was well considered and it was good to see a study looking at the long-term outcome of what had been a new method, cementing its place as a first line treatment choice."

The Louis Barnett Research Prize 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 RACS.

Sir Louis was born in Dunedin 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 made CMG for his services in WW1 and was knighted in 1927 after his retirement from the Chair of Surgery.

Sir Louis is considered to have been a pioneer in hydatids research, continuing 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. He endowed the Ralph Barnett Chair in Surgery at Otago Medical School, in memory of his son who was killed in WW1.

The Louis Barnett Research Prize is valued at \$2,500 and application for this Prize is open to all SET Trainees in all nine surgical specialties and Fellows who are within five years of gaining FRACS.

A call for abstracts for this year's Louis Barnett Prize, and more information, will be available on RACS website soon.

---





Sharon Jay  
RACSTA Representative on NZ National Board

## RACS TRAINEES ASSOCIATION UPDATE

**T**enā koutou,  
I hope the new change over date worked for everyone and that you got the chance for some rest over summer.

Firstly, a warm welcome to all the new SET Trainees and congratulations to all the Trainees who presented for the Fellowship examination at the end of 2020 in what was a unique and uncertain year. Also, congratulations to Anna Morrow, General Surgery Trainee in Christchurch, on being awarded the John Corboy Medal for 2020 which recognises exceptional service by a Trainee.

At the October RACSTA meeting there was a discussion around the complaints process and reporting of Bullying, Discrimination and Sexual Harassment (BDSH). I've always wondered just how RACS deals with complaints. What's the actual process? Is it confidential? What 'power' does RACS actually have? I also thought training boards were an extension of RACS in dealing with BDSH, but John Quinn, who is the Australian Executive Director of Surgical Affairs, explained the process of complaints and from what he spoke of his role is completely separate from the Training Committees. He said RACS would like to hear from people in the first instance - they can help an individual discuss the situation, identify options and plan what to do as a

next step. This support and advice are all confidential. The number to phone is 0800 787 470 and a fact sheet with an outline of the complaints process can be found on the RACS website. If you or someone in your department - it doesn't have to be a Trainee - have a situation of BDSH I urge you to go to the RACS website, have a read or contact me and we can negotiate it together. The standard we walk past is the standard we accept.

Other key interests for me are human factors, resilience, wellness and equity/diversity. I believe acknowledgement and practice of these elements make up the non-technical aspects of being a good surgeon. At the RACS Surgery 2021 Conference in Queenstown September 2-3 these topics are being spoken to by a range of fantastic national and international speakers. It's a fantastic conference and I highly recommend going. Go on, book in your leave now and I look forward to meeting you there or at the Wellington hub of the RACS ASC.

As always please get in touch if you need to.

Ngā mihi nui,  
Sharon

sharonmjay@gmail.com  
Twitter: sharonmjay

## Wanted: your top tips for sustainable surgical practice

**T**he delivery of health care has a considerable carbon footprint and surgical practice in particular has a large impact on the environment.

Although occupying only a relatively small physical portion of a hospital, operating theatres produce around 20%-30% of an institution's waste. As this waste often needs to also undergo high-energy processing before it is safe for disposal, operating theatres, along with their heating, ventilation and air conditioning requirements, are estimated to be between three to six times more energy intensive than the rest of the hospital.

Due to it being one of the most resource-intensive areas of the hospital, strategies which target the operating theatre

have the potential to have the highest impact within the health-care industry. However, it is essential that initiatives which reduce the impact that surgical practice has on the environment do not compromise patient safety or quality of care.

We would love to hear what Fellows, SIMGs and Trainees are doing around Aotearoa New Zealand or what ideas you have for reducing our carbon footprint in the hospital. It doesn't matter how small or how big your idea or initiative is - simply sharing your tips could be of real help to others.

Please send your ideas to [college.nz@surgeons.org](mailto:college.nz@surgeons.org) with 'top tips' in the subject line.



---

# Here to help

## **M**eet your new RACS Surgical Advisors: Dr Sarah Rennie and Professor Spencer Beasley.

As Surgical Advisors, Sarah, a Wellington-based general surgeon and Spencer, a Christchurch-based paediatric surgeon, support Fellows, SIMGs and Trainees who are experiencing difficulties, advocate for the Aotearoa New Zealand RACS community through a range of health fora, and provide advice to RACS Aotearoa New Zealand National Committee.

“Ultimately our role is to embody the RACS values: service, integrity, respect, compassion and collaboration. I hope that we can provide a safe space for Fellows and Trainees to contact us, raise concerns, ideas to improve the college, ways we can advocate for our diverse population in Aotearoa New Zealand and work towards health equity,” says Sarah.

Spencer says while the College has done many fine things, at times it has also made decisions that have had unintended consequences. “Some of these have made it harder for Trainees and SIMGs in particular. We have not always been able to provide the surgical workforce our country needs. There are still processes we can improve on, and I would hope that we can be part of achieving that.”

Sarah and Spencer have been in their roles for only a couple of months but they quickly discovered they work well together, often bringing a slightly different angle to issues which hopefully enables their response to be well rounded. Sarah says between them they seem to cover most bases. “There are some areas that are ‘a natural fit’ – I have a background in surgical education research and Spencer has held many roles in the College in both governance and training.” For some issues and activities, one of them will be primarily responsible, to simplify the workflow, but where there are difficult issues they will definitely share the load.

Both Sarah and Spencer bring a wealth of varied experience to their new roles. Spencer’s first governance role in RACS was in 1990. “During my long association with our College I have come to deeply respect what it does for surgeons and for surgical training. It has been highly effective in representing our specialties at multiple levels, and the quality of its specialty training programmes has been a major reason that surgery is of such a high standard in both countries.

“But challenges remain, as do opportunities to improve what we do. Over the years I have acquired a reasonable amount of corporate knowledge and understanding of the processes of the College, and believed I still had something I could offer, hence my interest in this position.”

Sarah was attracted to the Surgical Advisor role by the opportunity to advocate for her colleagues. “Some surgeons feel removed from our College and uncertain about its relevance to them, many have had bruising experiences as Trainees. However, being involved with the professional development wing of the College over the last seven years has enabled me to appreciate how passionate some Fellows and staff are about ensuring quality continuing surgical education across a wide spectrum of the College competencies.”

“I am a younger Fellow but with lots of experience, working in both the United Kingdom and New Zealand healthcare systems. I spent 17 years as a registrar so am able to advocate for Trainees and younger Fellows. I am also a Mum to five fabulous children and grandmother to two so appreciate the challenges of trying to balance a family and surgical training. I am in a same-sex relationship so understand the challenges of “hiding” your personal life at work and experiencing less than appropriate behaviour and attitudes that can be expressed to the rainbow community.”

Sarah and Spencer can be contacted via email: [sarah.rennie@surgeons.org](mailto:sarah.rennie@surgeons.org), [spencer.beasley@surgeons.org](mailto:spencer.beasley@surgeons.org) or by calling the RACS office 04 385 8247.



RACS Aotearoa New Zealand Surgical Advisors Sarah Rennie and Spencer Beasley.

# Congratulations to Kiwi President and Councillors

**The Aotearoa New Zealand National Committee is delighted at the news that Dr Sally Langley has been elected RACS President for 2021-2022. Her term begins after RACS' Annual General Meeting on 13 May at the Annual Scientific Congress.**

Dr Langley has worked as a plastic and reconstructive surgeon in both public and private practice in Christchurch for more than 30 years, and she is a former President of the New Zealand Association of Plastic Surgeons.

Her clinical work has covered the whole spectrum of plastic surgery including craniofacial, cleft lip and palate, head and neck, paediatric, reconstructive including microsurgery, hand surgery, as well as skin cancer and breast surgery.

Dr Langley has been involved with surgical education and training throughout her career. She was elected on to the Royal Australasian College of Surgeons (RACS) Council seven years ago and is currently Chair of the College's Professional Development and Standards Board (recently renamed the Professional Standards and Advocacy Committee).

She was an examiner in Plastic and Reconstructive Surgery for nine years and was the New Zealand Deputy Chair of the Court of Examiners for two years.

Professor Andrew Hill has been elected Chair of RACS Professional Standards and Advocacy Committee. The remit of this new Committee includes providing strategic support and oversight for policy and advocacy matters relating to surgery and the oversight of RACS' responses and position relating to sustainability in healthcare, and environmental sustainability in surgical practice.

Professor Hill has also been recently elected as a Fellow of the Royal Society of New Zealand.

Dr Maxine Ronald has been elected Chair of the Professional Standards Committee. She was elected to Council in 2018 and is Chair of the Indigenous Health Committee.

Dr Nicola Hill, a Nelson-based otolaryngology head and neck surgeon and former Chair of the Aotearoa New Zealand National Committee, has been elected a Fellowship member of RACS Council.

Mr Philip Moreau from Auckland is the incoming Specialty Elected Councillor for Paediatric Surgery. He is the Senior Examiner in Paediatric Surgery, a member of the Board of Paediatric Surgery and a former President of the Australian and New Zealand Association of Paediatric Surgeons.

Both Nicola and Philip will begin their term as Councillors following the AGM.

With Ms Souella Cumming, the NZ Expert Community Advisor (non-FRACS), there will be six New Zealanders on Council after the AGM.

Congratulations to you all.



RACS President-elect, Sally Langley.



# CREATING HEALTHCARE CULTURES OF SAFETY & RESPECT CONFERENCE

**22 APRIL 2021: 3pm – 6.15pm (AEST)**

Understanding the scale of unprofessional behaviour and impact on patient safety and staff wellbeing

**23 APRIL 2021: 8:30am – 1:30pm (AEST)**

Exploring interventions and approaches for change

You are invited to attend this virtual conference and join us for interactive sessions, where we will not only hear international perspectives from our keynote speakers but also have real time Q&A; panel sessions with health and culture change leaders; live peer to peer networking.

## Keynote Speakers

**Russell Mannion**, University of Birmingham

**Gerald Hickson MD**, Vanderbilt University Medical Center

**Hosted by Dr. Melissa Sweet, Croakey Health Media**

<https://bit.ly/2013Z7R> **Student** \$99 + GST | **Early Bird** \$129 + GST | **Delegate** \$149 + GST

### DAY 1

**Understanding the scale of unprofessional behaviour  
& impact on patient safety and staff wellbeing**

#### KEYNOTE 1

**Professor Johanna Westbrook, Macquarie University**  
An Australian perspective: evidence of scale and impact

#### KEYNOTE 2

**Professor Russell Mannion, University of Birmingham**  
A UK perspective: evidence of scale and the National Guardian Freedom to Speak Up program

#### SESSION

**Guest speaker**  
A patient's perspective

### DAY 2

**Exploring interventions and approaches for change**

#### KEYNOTE 3

**Gerald Hickson MD, Vanderbilt University Medical Centre**  
An international perspective: USA and the Vanderbilt approach

#### SESSIONS

**St Vincent's Health Australia**  
Organisational perspectives; St Vincent's Ethos program

**Royal Australasian College of Medical Administrators (RACMA)**  
Perspectives and interventions

**Royal Australasian College of Surgeons (RACS)**  
Building Respect, Improving Patient Safety: a sustained approach to influencing the culture of surgery

**Industry perspectives from Access EAP and Converge International**

#### HOST

**Dr Melissa Sweet, Croakey Health Media**

## PRESENTED BY



## PROUDLY SPONSORED BY





---

# OBITUARIES

## JOHN PIERCY COUTTS

21 June 1926 – 05 February 2020

### General Surgeon

**J**ohn was born in Palmerston North to Charles and Lillian Coutts, dairy farmers. One of two children, he was schooled locally, at Whakarongo Country School. He had an early exposure to social justice when on his first day at school his brand new slate was annexed by his teacher and allocated to another pupil. Primary school was notable for eeling expeditions on his uncle's farm next to the school and the award of a swimming certificate after being swept down the Manawatu river - confirming a lifetime aversion to swimming.

Moving on to Palmerston North Boys High School his skills were honed in another direction when he became a gifted cannon, firearms and bomb manufacturer. A non-fatal shooting accident involving a homemade .22 calibre pistol resulted in a hurried bike trip to the local river to dispose of the gun, and a tightening up on militant activities. With the country at war, all pupils were in military cadets and by school's end John had passed his aviation navigation exams, learned Morse code to high proficiency and come 2nd in the school machine gun competitions. Luckily the war ended before he became a member of the next echelon for Bomber Command. Advised by the headmaster not to sit university entrance because his failure would damage the school stats, he arranged a three month exemption from the afternoon milking duties to study, and duly matriculated.

John shifted to Wellington to work for New Zealand Post and Telegraph as an engineering cadet and completed a physics degree. Advised by a kindly senior mentor that he had a bleak future in the "P & T" and should redirect his career, he applied for and gained entry to Otago Medical School. Boarding in Queen Street he cycled to and from medical School on an antique bike. Parked in an alcove at the medical school it went missing numerous times, but always resurfaced - essentially a progenitor of the current day green bike schemes. Holidays were spent working as a linesman or deerstalking.

On graduation he returned to Palmerston North as a house surgeon and subsequently, registrar. A short stint as a locum GP in Dannevirke gave him a lasting respect for the arduous life of rural GPs. Towards the end of his junior doctor days, after a whirlwind courtship, and on his 32nd birthday, John married Lois Pine. Three weeks later they left for England, John working his passage as ship's doctor. There he obtained employment and training in London and Plymouth, becoming FRCSEng and FRCSEd.

John and Lois, now with two children, returned to Palmerston North in 1961, when John took a position as a senior registrar. Following the sudden death of one of his senior colleagues, he became a consultant. His interests in surgery were broad, including head and neck, breast, endocrine, upper GI, colorectal, paediatric surgery and

urology. For many years he was the main provider of emergency head injury surgery. In 1969/70 John and Lois, now with a family of five children, returned to the UK spending 15 months in Leeds while John acquired endoscopic urology skills.

John delighted in teaching and training the next generation of surgeons. Unlike most surgeons John never had a private practice. Perhaps the reason lies behind his comment to his nine year old son in a British Cathedral. Pointing to a beautiful carved figure in the darkest recess of the roof, visible only due to a spotlight trained on it, he commented - "Imagine the man who laboured for weeks to make such a beautiful figure. He was paid a pittance and knew it was to be placed in perpetual darkness, his craft unrecognised. The only real reward was the joy and pride of an artisan, who gave his best to make the finest product. Artisans are the backbone of civilised society and we surgeons belong to the brotherhood of Artisans". John retired at 62; his prime motivation for such an early retirement was to ensure he left surgery before there was any risk of a declining performance that would affect patient outcomes.

Throughout his life John had a warped and impish sense of humour, but endearing to friends, family and patients. He estimated approximately 30,000 people had been scarred by his hand! Outside of surgery John had a relentless interest in construction, beginning with the addition of a second storey to the family home. A swimming pool was constructed and a sailing dinghy. Later, when established on the family farm, mass tree felling, fencing, water reticulation and dam building and the construction of workshops and sheds became a way of life. He restored a number of stationary engines and delighted in being able to repair virtually anything mechanical. His colleagues ironically pointed out that John would have been an excellent engineer.

John's sentimental nature was partly responsible for a major life event that precipitated his decline into frailty. Every Christmas he tasked himself with procuring the family Christmas tree. When nearly 90, undertaking this annual task, he slipped off a high roof and sustained a severe intracranial bleed. Following a trip to Wellington to evacuate the haematoma, he recovered enough to drive and live independently, but this marked the start of slow decline towards frailty and he eventually died aged 93.

John is survived by Lois, who gave him unwavering support and devotion, five children, and ten grandchildren. John will be fondly missed in the Manawatu.

**This obituary was provided by Richard Coutts FRACS.**





---

## LAYAN GAMAGE

7 June 1975 – 10 March 2020

### Plastic and Reconstructive Surgeon

**B**efore coming to New Zealand Layan, who was naturally empathetic, was told that he was unlikely to succeed in surgery. It is true that he didn't conform to the surgical stereotype... because he was so much better. He was gentle, kind, decent and caring, and much loved by his patients and colleagues alike. He worked calmly, with quiet competence and intelligent thoughtfulness, quickly becoming a role model to colleagues. Layan leaves a legacy of having made a most extraordinary impact during his sadly very shortened surgical career.

Layan Gamage was born in Colombo, Sri Lanka to Sarath Gamage, an ENT surgeon, and Hema Abeysinghe, a General Practitioner. He had one older sister, Charmini. Like all medical families they moved around a lot and when Layan was a little boy they relocated to England where his father's surgical rotations took them all over the country. Once his study was complete, the family returned to Colombo for a period when Layan attended Ashoka Junior School. Ultimately, they ended up back in the UK where Layan attended Hulme Grammar Private School. During this time, he learned to play the piano accordion and demonstrated some talent as an artist.

Layan began his medical journey at the University of Leeds in 1993, attaining a BSc (Hons) in Physiological Sciences and his MBChB in 1999. During that period, with a love for travel, he explored extensively throughout Africa and Asia with his medical school friends. Following graduation, he spent his house surgeon year at St James Hospital, Leeds and the Leeds General Infirmary. Layan immediately gained a place in the Yorkshire Deanery Basic Surgical Training Programme. Completing this in 2003 he spent six months working in Johannesburg, returning to the UK to a Senior House Officer position in Orthopaedic surgery at Bristol and Exeter in 2004 and obtaining his MRCS(UK). In 2005 he commenced a SHO/Registrar position in plastic surgery at Pinderfields Hospital in Wakefield, close to Leeds. While working there he met Joanne (Jo) Mahon, a neurological physiotherapist, at a Doctors Mess Party and they hit it off instantly.

Deciding to move to New Zealand in the quest to pursue a career as a Plastic Surgeon, Layan secured a position as a rotating surgical registrar at Christchurch and commenced in December 2007, Jo following the next month. As a consequence of administrative delay in confirming he had permanent residency in New Zealand, his application to gain entry into the Plastic and Reconstructive Surgery training programme was delayed a year – Layan accepted this setback graciously and continued to rotate through junior registrar jobs. The following year, 2010, Layan was clearly Christchurch's first choice in the national selection process and his application was successful. He then commenced as a Plastic Surgery Trainee spending two years in Middlemore Hospital, a year at Waikato Hospital

and then returning to Christchurch for his final two years. He gained his FRACS in 2016. During this period, in 2012, Layan and Jo married.

His lengthy period of training complete, Layan spent the next year as a locum consultant in Christchurch and then returned to Pinderfields General Hospital with Jo and two young children, Luca (born 2012) and Arlo (born 2015), for a one year Hand Surgery Fellowship. Returning to Christchurch and anticipating gaining an appointment in the Christchurch Plastic Surgery service he commenced in private practice, sharing consulting rooms with Jesse Kenton-Smith. Sadly, within just a year, Layan was found to have aggressive pancreatic cancer and he was unable to continue to practice.

In choosing New Zealand to achieve his dream of becoming a Plastic Surgeon, Layan felt he had made the right choice, achieving a much better work/leisure/family life balance than he believed would have been possible if he had remained in the UK. He loved the feeling of space in New Zealand, the beautiful landscapes and the opportunities to get out into nature, and he proudly called his adoptive country home. Layan enjoyed travel, books, movies and photography - taking some stunning photographs. A keen runner, he participated in many events completing his first half marathon in Hanmer Springs in December 2016. With a thirst for knowledge he was always reading up on new topics that interested him. He loved fast cars and in later years older 4WD's with character.

Sadly, Layan, a kind and skilled surgeon with a passion for teaching, died at the age of 44 years at the threshold of his sought-after career in Plastic and Reconstructive Surgery, having valiantly fought his battle with cancer. He maintained a positive mindset throughout, and whilst preparing practically if the worst were to happen, explored every option to change the expected outcome. Studying the book "Reality Unveiled" by Ziad Masri, he found peace through increased knowledge of the Quantum field theory and a deepened appreciation of meditation.

Layan is survived by and greatly missed by his parents, Sarath and Hema, sister, Charmini, and particularly his wife, Jo, and children, Luca and Arlo, who were his pride and joy.

**This obituary is based upon one prepared for the New Zealand Association of Plastic Surgery by Kirk Williams III and Jeremy Simcock FRACS and published in the April 2020 Newsletter. Jo Gamage assisted greatly in its preparation.**



---

# JACOB JOHANNES DE GEUS

6 July 1940 – 20 October 2020

## Plastic and Reconstructive Surgeon

**“Kua hinga te totara i te wao nui a Tane – A mighty totara has fallen in the forest of Tane” aptly describes the sudden and unexpected death of JJ de Geus some months ago. John de Geus was a great teacher, colleague and friend to many. A well-loved surgeon, colleague, employer, friend and family man, John was an excellent raconteur with a very good sense of humour and he will be missed enormously by many in various parts of the world. John was fiercely loved, admired, and respected by his family and many friends and colleagues.**

Jacob Johannes (known as John) de Geus was born in Indonesia, where his Dutch parents, Pieter de Geus and Jeanne Van der Made, were missionary teachers. During the Japanese occupation of Indonesia (1942-45) John together with his mother and older sisters, Ellie, Carla and Tina (and separated from their father), spent time in an internment camp where they suffered malnutrition and significant hardship. With the ending of the Second World War the family, including their father, were repatriated back in the Netherlands. Finding life tough and cold, they decided to immigrate to New Zealand.

Living in Auckland John attended Avondale College, where he had first to learn English. He excelled in both sporting (he was a champion swimmer) and academic fields. Through studying hard he gained a place at Otago Medical School in Dunedin, graduating in 1964. He spent his house officer years in Wellington, and subsequently obtained his basic surgical training there. During this time he married Ros Allen, a physiotherapist. In 1971 John and Ros headed to England where John quickly gained his FRCS. The opportunity to gain some plastic surgery experience saw him spend 15 months during 1971-72 as a registrar at Queen Mary's, Roehampton, and at Wexham Park near Slough with Magdi Saad. He then trained in Liverpool for 3 years with David Maisels, who gave him his early introduction and lifelong commitment to cleft lip and palate surgery, a skill which John brought back to Auckland. In subsequent years John frequently returned to Liverpool to visit Maisels, who had had a significant influence as a teacher and mentor and remained a life-long friend.

John returned to New Zealand towards the end of 1975, obtaining a post as a registrar at Middlemore Hospital Plastic Surgery Unit. The following year he became the tutor specialist and, when Sir William Manchester retired in 1979, he was appointed as a full-time plastic surgeon. He obtained his FRACS in 1980 and became a part-time visiting plastic surgeon the same year. As a consultant Plastic Surgeon, he immersed himself in all aspects of Plastic Surgery – burns, hand surgery, and reconstruction. It was an interesting time to be a Plastic Surgeon with many new developments – muscle flaps, microsurgery, and breast reconstruction amongst others. He was involved in microsurgery, both replantation surgery and free tissue

transfers, but interestingly probably also performed the last tube pedicle flap (to the neck for a burn contracture) and cross leg flap (for lower leg trauma) in NZ in 1978-79. He also helped to develop breast reconstructive surgery both at Middlemore and by invitation at Auckland Hospital. However, his greatest interest was in cleft lip and palate surgery, where he was involved in a multidisciplinary team approach with dentists, oral surgeons, speech therapists, and orthodontists. He visited New Plymouth monthly to provide cleft lip and palate services for the Taranaki region as well.

In 1980 John commenced in private practice and was soon busy, reflecting his great care of patients, excellent surgical skills, and infectious personality. He fostered great respect and loyalty from his patients and staff, borne out by the fact that his secretary in 1980 was still his secretary/practice manager at the time of his retirement from private practice in 2010.

John was committed to the future of Plastic Surgery and especially trainee Plastic Surgeons in New Zealand, both in the public and private sectors. He took his responsibility to train others very seriously and until his retirement was a supportive, generous and inspiring surgical mentor to a cohort of plastic surgical trainees. He was well liked and respected by his colleagues, both Plastic Surgical and others. John was very interested in aesthetic surgery; being held in high esteem on both sides of the Tasman, and elected President of the Australasian Society of Aesthetic Plastic Surgery in 1998. He was very concerned by the practice of non-surgeons masquerading as Plastic Surgeons in NZ and damaging patients and Plastic Surgery's reputation.

John was committed to helping those in need and was an enthusiastic volunteer with Interplast Australia and NZ, making numerous trips to Suva in Fiji and to Viet Nam. In this work he inspired a young Fijian, the late Dr Semesa Matainacake FRACS, who became Fiji's first plastic surgeon. Later Semesa Jnr followed and is now a plastic surgeon based in Suva.

John eventually retired from Middlemore in 2005, having stayed on until he was sure that cleft and palate surgery was covered by a successor. He continued in private practice until 2010 when he retired from that sector. Subsequently he was invited to return to work at Middlemore Hospital to do outpatient clinics and sagely advise and supervise registrars in the Manchester See and Treat Clinic until his third retirement in 2017!



Outside medicine John had many interests. He part owned a yacht and enjoyed the waters of the Waitemata in the 80s and 90s, played golf regularly as a member of the Royal Auckland Golf Club, enjoyed travel - buying a small house in the South-West of France near Toulouse and loved classical music. In later years he learned Te Reo. With a love of good food and wine, and having an excellent cellar, John was a wonderful host. John's generosity cannot be overstated and there are many people, both within his immediate family and further beyond, who were recipients of his generosity and support.

During his last decade John's physical health began to decline, possibly a consequence of the nutritional deprivation he experienced during the Second World

War. Despite that he remained active, walking regularly, attending the gym and playing golf. He even climbed Mt Vesuvius struggling to the top with career-long friend Norm Olbourne.

He is survived by his loving daughters, sons, daughters and sons-in-law Suzanne, Stuart, Sarah, Kevin, Tom, Penny, Joe, Jess, Liz, Gerhard, Troy, Kristen, and grandchildren Liv, Jacob, Sophia, Ted, Frank, and Beckett.

**This obituary is based upon those provided for the Australasian Society of Aesthetic Plastic Surgeons by Michael F. Klaassen FRACS, Julian A. Lofts FRACS and Norm Olbourne and the New Zealand Association of Plastic and Reconstructive Surgeons by Cary Mellow FRACS.**

## Abstracts called for OHNS ASM

Abstracts are now being called for the 74th Annual General and Scientific Meeting of the New Zealand Society of Otolaryngology, Head and Neck Surgery, which will be held at Wairakei Resort, Taupō, New Zealand from 9-12 November 2021.

<https://www.orn2021.nz>



## 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 covers 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: [eap@convergeintl.com.au](mailto:eap@convergeintl.com.au)



Call 1300 687 327 AU  
0800 666 367 NZ  
[convergeinternational.com.au](http://convergeinternational.com.au)



Royal Australasian  
College of Surgeons  
*Te Whare Piki Ora o Māhūtonga*

**We encourage letters to the Editor and any other contributions**

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

**The deadline for Issue No. 78 is 1 June 2021**

**The Cutting Edge is published 4 times a year**

***VIEWS EXPRESSED BY CONTRIBUTORS ARE NOT NECESSARILY THOSE OF THE COLLEGE***

## **ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

### **AoNZ NATIONAL COMMITTEE**

#### **Chair**

Philippa Mercer

#### **Deputy Chair**

Andrew MacCormick

#### **Honorary Treasurer**

Jesse Kenton-Smith

### **OFFICE**

Level 3,  
8 Kent Terrace  
Wellington 6011  
New Zealand

PO Box 7451  
Newtown  
Wellington 6242

### **Tollfree (NZ only) 0800 787 469 / 0800 SURGNZ**

Phone: +64 (4) 385 8247 Fax: +64 (4) 385 8873  
Email: [College.NZ@surgeons.org](mailto:College.NZ@surgeons.org)

### **AoNZ Manager**

Justine Peterson  
[Justine.Peterson@surgeons.org](mailto:Justine.Peterson@surgeons.org)

### **Surgical Advisors – AoNZ**

Sarah Rennie - [sarah.rennie@surgeons.org](mailto:sarah.rennie@surgeons.org)  
Spencer Beasley - [spencer.beasley@surgeons.org](mailto:spencer.beasley@surgeons.org)

### **Accountant**

Raji Divekar  
[Raji.Divekar@surgeons.org](mailto:Raji.Divekar@surgeons.org)

### **Projects Officer**

Rachel Rodriguez  
[rachel.rodriguez@surgeons.org](mailto:rachel.rodriguez@surgeons.org)

### **Executive Assistant**

Gloria Aumaivao-Tasi  
[Gloria.Aumaivao-Tasi@surgeons.org](mailto:Gloria.Aumaivao-Tasi@surgeons.org)

### **General Administration/Reception**

Andrea Lobo  
[College.NZ@surgeons.org](mailto:College.NZ@surgeons.org)

### **SIMGs(AoNZ) and Training**

Celia Stanyon  
[Celia.Stanyon@surgeons.org](mailto:Celia.Stanyon@surgeons.org)

### **Māori Health Project Officer**

Vacant, currently being advertised

### **Policy & Communications Officer**

Philippa Lagan  
[Philippa.Lagan@surgeons.org](mailto:Philippa.Lagan@surgeons.org)

### **Skills Training**

Jaime Winter  
[Jaime.Winter@surgeons.org](mailto:Jaime.Winter@surgeons.org)

