

# NZAGS25

29-30 MARCH 2025 | CORDIS HOTEL, AUCKLAND

## Annual Report 2025

MAHI TAHI I ROTO  
I TE POKANGA

COLLABORATION  
IN SURGERY



## Contents

<b>President's report .....</b>	<b>2</b>
<b>Executive Director's report.....</b>	<b>5</b>
<b>Statement of Financial Performance.....</b>	<b>9</b>
<b>Annual Accounts 30 November 2024 .....</b>	<b>12</b>
<b>Education: AoNZ Committee in General Surgery (AoNZCiGS) .....</b>	<b>13</b>
<b>Education: AoNZ Training Sub-Committee (AoNZTSC) .....</b>	<b>15</b>
<b>In Memoriam.....</b>	<b>18</b>
<b>Directory .....</b>	<b>20</b>
Future NZAGS Meetings.....	20
Executive Committee 2024 .....	21
Membership 2024.....	22



## President's report



---

*Being asked to serve as President has been an unexpected privilege*

---

Reflecting on my term as President of NZAGS, it has coincided with a time of much change and turbulence within the health sector and society. There have been many challenges and uncertainties, which I think we have approached in a careful and considered manner, striving to ensure the focus is to promote delivery of excellent surgical care and training in Aotearoa-NZ.

As I prepare to pass the leadership to Bevan Jenkins at the upcoming AGM, I wish to thank our Executive team, hardworking staff and the membership for their help and support to navigate what have been relatively stormy waters! We can all be quietly proud of how NZAGS is strengthening.

### **Sector relationships: RACS and Other Surgical Societies**

A major challenge has been responding to the financial and structural issues at RACS. We generated clear consensus viewpoints on the various issues at our executive meetings, and then NZAGS initiated collaborative meetings with other NZ surgical societies, culminating in strong collective advocacy to RACS. There is appropriate New Zealand representation on the new Skills-based RACS board, albeit there is still considerable work to do to modernise the RACS Council structure. Currently, it does not facilitate adequate representation of Aotearoa-NZ surgeons. A better structure is needed.

Financial matters appear to be stabilising within the College. However, there still does not appear to be a modern cost-centre based accounting system that can produce transparent and accurate data on the cost of training and CPD programme delivery, for example. The loss of institutional knowledge within RACS remains a concern, with higher staff turnover than optimal, leading to an increase in workload at NZAGS.

I am confident that the skillset of our new full time CEO, Michele Thomas, will safeguard continued progress in these important areas, I am delighted to welcome Michele aboard.



## **Training Excellence**

Training remains a cornerstone of NZAGS, and it has been heartening to see continued excellence in this area. We are very thankful for the hard work of all who are involved in training. I wish to acknowledge and thank Jeremy Rossaak for his wise, fair and committed leadership, very ably supported by the sage Ray Collins and Wendy Ferguson at NZAGS office.

Hospital inspections reaffirmed the high quality of surgical training across the country. There are always challenges which emerge in a few centres, but with appropriate steps, positive change is facilitated to protect and benefit training. The success of our Selection and Induction Days, as well as training events, demonstrates the strength of our program. A current issue is the risk that proposed new changes to consent regulations may negatively impact on access to training in surgery.

## **Financial Stability & Growth**

NZAGS is in a strong financial position, and I wish to acknowledge the work done to maintain this over many years, particularly the excellent fiscally prudent stewardship of Bronwen Evans. NZAGS is very grateful for your attention to the dollar-and-cents details! A key priority remains ensuring our financial security while delivering tangible benefits to our members. As part of this, exploring a permanent location for NZAGS, potentially in collaboration with other societies, needs to be considered in the year ahead.

## **Strategic Vision**

Finalising our strategic plan has been an ongoing process and has highlighted the need for a clear organisational structure and defined roles within our Executive. I am optimistic that greater progress on our strategic objectives, along the lines discussed last year, will be achieved this year now that we have a full time CEO to drive us forward.

## **Conferences & Educational Initiatives**

The decision to bring our ASM and DTSC course in-house (thanks due to Bronwen) has proved a resounding success. It is much better financially, giving us greater flexibility and control. We have been able to try some new educational offerings and make changes to the social program. The Napier Conference set a high bar, and the 2025 Auckland Conference is shaping up to be another excellent event for our members.



### **Advocacy for the Profession & Health Equity**

With a change in government following on from the disruption of Covid, there has been much uncertainty and change in health policy and consequently low morale. The establishment, then disestablishment, of the Māori Health Authority over a particularly short timeframe has been deeply contentious and divisive. NZAGS remains concerned about the many inequities within the health system and supports evidenced based, fair and culturally appropriate delivery of surgical services. The many health disparities continue to affect Māori and remote communities disproportionately. NZAGS needs to consider how it could advocate more effectively to draw attention to health inequity and support evidence-based initiatives to effect change.

### **A Personal Note**

I want to extend a big thank you to Rowan French for his wise deliberations and guidance, particularly during the first year. Also, to Bevan Jenkins, a huge thank you for your support and stepping in when needed due to a sudden illness in my family. I know that given Bevan's integrity and vision (not to mention fine humour), our organisation is in good hands.

Lastly, I look forward to being able to thank Bronwen Evans formally for her 16 years of dedication to NZAGS at the AGM. On a personal note, Bronwen, your knowledge, skill, attention to detail, guidance, and many polite reminders, have been greatly appreciated by me. Thank you.

Being asked to serve as President has been an unexpected privilege. Thank you all for your commitment to General Surgery in New Zealand. I wish Bevan and the team all the very best for the challenges ahead. Kia kaha.

**Vanessa Blair**  
**President, NZAGS**



## Executive Director's report




---

*Retiring after 16 incredible years*

---

### Year Ended 30 November 2024

This marks my final report as Executive Director of NZAGS. After 16 incredible years, I am retiring and passing the reins to Michele Thomas. It has been an absolute privilege to serve this organisation, and I am immensely proud of how NZAGS has evolved from a small \$70k turnover association to one exceeding \$1 million. From a one-person operation to a team of four and now with a full-time CEO, this progress would not have been possible without the dedication and tireless contributions of NZAGS members.



Many may not fully realise the immense effort and commitment that colleagues invest to ensure high-quality training and a strong voice for general surgery within the health sector. I extend my heartfelt gratitude to everyone who has worked alongside me over these years—I truly could not have done it without you.

Recognising NZAGS's continued growth and the critical advocacy role we play, the Executive Director position will become the Chief Executive Officer and expand from 20 hours per week to 35 hours per week.

Michele brings a wealth of experience, with two decades in health leadership. She is a Fellow of the Australasian College of Health Service Managers and has held key leadership roles, including General Manager NZ at the Royal Australasian College of Surgeons (RACS) and CEO of the New Zealand Association of Anaesthetists. Michele has a proven track record in strategic vision, advocacy, and operational excellence. Please join me in welcoming her. I am confident she will continue to uphold and enhance NZAGS's leadership.

---

### Conference and Events Management

A big thank you to Bevan Jenkins, James Tan, and Jevon Puckett from Hastings Hospital for organising a fantastic ASM in Napier. With over 170 attendees, this was a remarkable achievement, especially as it was the first conference held in Napier in nearly 15 years.



We are pleased to report a modest surplus of \$31k, which will support the organisation's financial structure and future conferences. Auckland's upcoming conference, however, is expected to be costlier, and we may only break even due to high venue and operational costs.

As a reminder, any surplus generated from ASMs, funds non-training activities such as rent, staff salaries, and advocacy travel. We encourage members who can use CME budgets to do so, ensuring our events remain affordable while also supporting NZAGS.

Looking ahead, the 2026 ASM will be hosted by the Dunedin Hospital team, led by Nigel Rajaretnam. It will take place at the Glenroy Auditorium and Town Hall on 21–22 March 2026, with the training day held at Scenic Hotel, Southern Cross, on 20 March 2026.

---

### Continued Professional Development

Members should be aware of the Medical Council of New Zealand's (MCNZ) new Professional Development Plan requirement.

NZAGS is launching a new annual Early Career Workshop for recently qualified surgeons. The inaugural workshop will be held on 18 October 2025 in Wellington and will be open to all RACS newly qualified surgeons (within 10 years of training completion). We are collaborating with RACS NZ Young Fellows, NZOA, and NZAPS to ensure its success.

While the NZAGS Practice Visits Programme is on hold for now, we hope to resume visits in 2026 as hospital challenges improve. We also encourage members to keep their CPD submissions updated, and we are exploring the costs of CPD programmes in New Zealand.

---

### NZAGS Infrastructure

NZAGS continues to invest in maintaining and upgrading its infrastructure. Our training management software, SOLA, and its integrated logbook are constantly evolving. Graduating trainees have found the logbook so valuable that they have requested continued access post-training. We are pleased to offer this option to all paid-up NZAGS members. If you wish to access the logbook, please contact Wendy Fergusson ([Wendy@nzags.co.nz](mailto:Wendy@nzags.co.nz)).

A website review and potential upgrade are planned for 2025, with funds allocated for this project.

NZAGS will remain co-located with RACS, as they have extended their lease on Level 3, 8 Kent Terrace, Wellington, until June 2026. We will collaborate on identifying suitable long-term office space.

---



## Financials

NZAGS is financially stable, with reserves in line with auditor recommendations. Interest earnings in 2024 were significant but are expected to decrease in 2025 due to falling interest rates. Further details can be found in Treasurer Simon Richard's report and the financial statements.

---

## Advocacy and Stakeholder Engagement

NZAGS remains active in advocating for health sector improvements. Our President, Vanessa Blair, along with other general surgeons, has been vocal on key issues. With the government's recent changes in healthcare structure, NZAGS plans to meet with the new Minister of Health to discuss their vision. Workforce shortages and postcode-related disparities remain top concerns.

We have engaged with the Minister of Health and Te Whatu Ora to propose solutions to staffing shortages and hospital operational challenges. Our staff continue to work closely with various stakeholders, including ACC, Bowel Cancer Screening, Health Quality and Safety Commission, Health NZ, and the New Zealand Private Hospital Surgical Association.

Member feedback is crucial in shaping NZAGS advocacy efforts. Please continue to share concerns so we can effectively represent you.

---

## NZAGS Staff and Executive Committee

This year also marks a transition in leadership, as Vanessa Blair completes her term as President. Bevan Jenkins will move from Vice-President to President, with Simon Bann stepping in as Vice-President. I extend my gratitude to Vanessa for her outstanding work in advocacy and governance.

NZAGS has expanded its team to accommodate increasing workloads, including those arising from RACS staff redundancies and new NZMC competency-based training requirements. Our current team includes:

- **Michele Thomas** – Chief Executive Officer (5 days per week)
- **Ray Collins** – General Manager, Projects, Policy, and Education (3 days per week)
- **Wendy Fergusson** – Training Manager (4 days per week)
- **Kimberley Wadsworth** – Event Manager (4 days per week)

We anticipate adding a fifth team member during 2025. Organising conferences and training days is demanding, and I extend my appreciation to all staff and committee members for their dedication.

A special thank you to NZAGS members for your ongoing support. Your recognition of NZAGS's advocacy and training administration efforts is invaluable. Our new invoicing system with Health NZ has been well received, making membership fee payments more convenient. If you would like your membership fees invoiced directly to your hospital, please contact [Michele@nzags.co.nz](mailto:Michele@nzags.co.nz).



### **Final Remarks**

As I sign off for the last time, I want to express my deepest appreciation for your friendship and support over the years. I will miss this organisation immensely, but I look forward to the next chapter—writing more romance novels!

Please join me in supporting Michele as she leads NZAGS into the future.

Ngā mihi,

**Bronwen Evans**

Executive Director



## Statement of Financial Performance



Simon Richards  
Treasurer

---

*Make Surgery Great Again*

---

### Overall Position

I am pleased to present the Treasurer's Report for the New Zealand Association of General Surgeons for the financial year ending 30 November 2024. The financial performance of the Association has shown positive growth and stability, reflecting our commitment to promoting and supporting the practice of General Surgery in New Zealand. The Association has continued to increase revenue streams by increasing member subscription income; through a combination of increased membership numbers and subscription fees, running a profitable conference in Napier and through the administration of the DSTC course. There was a surplus for the year ended 30 Nov 2024 of \$220k, a 48% increase (up), from \$148k in 2023. Net assets also increased from \$1.88m to \$2.10m.

### Income

**NZAGS Revenue was \$1.17m up 18% from \$993k.**

This growth is attributed to several key areas:

- Training and member fees and subscriptions: \$676k (up from \$578k in 2023)
- Revenue from providing goods or services; conference proceeds, DSTC administration etc: \$386k (up from \$338k in 2023)
- Interest, dividends, and other investment revenue: \$99k (up from \$67k in 2023)

The increase in revenue from members can be predominantly accounted for by an increase in training fee income, up 14% (\$53k) with more trainees on the programme; and from a 69% increase in membership subscription income (up \$51k from \$74k to \$125k). Conference registration income also increased from 2023, \$131k from \$97k with an ongoing strong increase from our 5-year average.



## Expenses

**Total expenses for the year amounted to \$946k, an increase of 12% or \$101k to \$642k.** Again, the

The breakdown of expenses includes:

- Employee-related costs: \$343k (up from \$307k in 2023) with staff salaries increasing \$95% from \$42k to \$82k, resulting from increasing staff FTE to provide increased member services.
- Costs related to providing goods or services: \$553k (up from \$461k in 2023); this includes conference costs, DSTC course costs, consultancy fees, IT expenses, rent, and other operational expenses

Conference costs were increased from 2023, \$134k from \$90k, however, this was offset by increased conference registration, thus it was essentially cost neutral. DSTC costs increased to \$124k from \$108k in 2023, however was partially covered by increased registration, such that a loss of only \$19k was accrued. The remaining expenses were similar to previous years

## Bank and Investment Accounts

As at 30 November, NZAGS had cash reserves of \$575k and term deposits of \$1.5m. This represents a \$320k increase from 2023.

## Outstanding debts/payments

NZAGS continues to have minimal outstanding debts totally \$69k, from \$59k previously.

## Recommendations

I remind members to ensure they are aware of the individual Profit and Loss Reports NZAGS runs, for training, DSTC and general expenditure. Training funds can only be spent on training initiatives. Any other costs of the organisation come out of membership fees and conference profit. This includes items such as office expenses, staff expenses, all work carried out on areas not covered under training, such as supporting advocacy, Executive Board costs, research, survey requests, health insurance and other health areas of lobbying, other areas like EGGNZ, DSTC, STRATA, Morbidity, etc.

It is imperative we have a strong membership base to not only share the costs of running such a large organisation but also moving forward for advocacy. The health industry is in a state of flux and the Association will be coming to members for feedback and input on several areas affecting surgical delivery in NZ.



**Upcoming expenditure:**

SOLA continues to be a well-received training management system, however with changes to GSET competency-based training, NZAGS is investing in further development. We also have an ongoing support contract with our supplier to support the SOLA system.

Ongoing work is under way to improve the website and member services as these have not been updated for a while.

**Simon Richards**

**Treasurer, NZAGS**



## Annual Accounts 30 November 2024

The complete audited accounts and performance report for New Zealand Association of General Surgeons, for the year ending 30 November 2024 follow.



# Performance Report

New Zealand Association of General Surgeons  
For the year ended 30 November 2024



# Contents

3	Entity Information
4	Approval of Financial Report
5	Statement of Service Performance
6	Audit Report
8	Statement of Financial Performance
9	Statement of Financial Position
10	Statement of Cash Flows
11	Statement of Accounting Policies
12	Notes to the Performance Report
18	Profit and Loss - Education Fund
20	Profit and Loss General Surgeons Division
22	Profit and Loss - DSTC



# Entity Information

## New Zealand Association of General Surgeons For the year ended 30 November 2024

### Legal Name of Entity

New Zealand Association of General Surgeons Incorporated

### Entity Type and Legal Basis

New Zealand Association of General Surgeons ("NZAGS" or "Association") is an association incorporated under the Incorporated Societies Act 1908. NZAGS is also a registered charity registered with the Charity Commission.

### Registration Number

Charity Services Registration Number: CC32206  
Incorporated Societies Registration Number: 643992

### Entity's Purpose or Mission

The aims of the Association are to:

- Promote and represent the practice of General Surgery and associated specialties in New Zealand;
- Promote a forum for all General Surgeons to discuss and comment on matters affecting their practice;
- Promote activities that provide for continuing education, peer review and research in General Surgery;
- Administer the selection and training of medical practitioners in the specialty of General Surgery in accordance with the partnering agreement with the Royal Australasian College of Surgeons and the Board in General Surgery;
- Maintain a focus on ethical and professional delivery of the highest level of health care to our patients and the community.
- Promote the continuing professional development of surgeons in New Zealand.

### Entity Structure

#### Association Structure:

The association is run by an Executive Committee who are elected by a ballot for a term of four years. They are eligible for re-election for a further three terms of four years.

#### Operational Structure:

The operations are managed by a team of three paid employees. We employ a Chief Executive, a General Manager of Projects, Policy and Education and a Training Manager. Our staff are employed on a part time basis.

### Main Sources of Entity's Cash and Resources

Funding is received by way of reimbursement of training costs, membership subscription income and annual conference proceeds.

### Main Methods Used by Entity to Raise Funds

The Association raises funds by providing training to their members and charging membership subscriptions.

### Entity's Reliance on Volunteers and Donated Goods or Services

No reliance is placed on volunteers and donations by the Association.

### Address

**Physical:** Level 3, 8 Kent Terrace, Wellington

**Postal:** PO Box 7451, Wellington South, New Zealand 6242

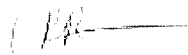
---

# Approval of Financial Report

## New Zealand Association of General Surgeons For the year ended 30 November 2024

The Executive Committee are pleased to present the approved financial report including the historical financial statements of New Zealand Association of General Surgeons for year ended 30 November 2024.

APPROVED



---

Vanessa Blair

President

Date .....3 March 2025.....



Simon Richards

Treasurer

Date .....3 March 2025.....

# Statement of Service Performance

## New Zealand Association of General Surgeons For the year ended 30 November 2024

### Description of Entity's Outcomes

The New Zealand Association of General Surgeons is a not-for-profit membership-based organisation of general surgeons throughout New Zealand. The principal functions of the Association are to represent the broad and collective interests of general surgeons particularly in the areas of vocational training, continuing professional development, workforce planning as well as acting as the interface between general surgeons, government and components of the health sector.

	2024	2023
<b>Description and Quantification of the Entity's Outputs</b>		
Number of General Surgeons Qualified	21	15
Number of New Doctors Selected for Training	18	18
Number of Trainee Days Held	2	2
Number of Trainees Attending Trainee Days	74	74
Number of Hospitals with Accredited Training Posts	18	18



## INDEPENDENT AUDITOR'S REPORT



VBW - CHARTERED ACCOUNTANTS SINCE 1985

To the Executive Committee of: New Zealand Association of General Surgeons

### Report on the Performance Report

#### Opinion

We have audited the performance report of New Zealand Association of General Surgeons on pages 3 to 17, which comprises the entity information, the statement of service performance, the statement of financial performance and statement of cash flows for the year ended 30 November 2024, the statement of financial position as at 30 November 2024 and the statement of accounting policies and other explanatory information.

In our opinion, the accompanying Performance Report presents fairly, in all material respects:

- The entity information for the year ended 30 November 2024
- The service performance for the year ended 30 November 2024, in that the service performance information is appropriate and meaningful and prepared in accordance with the entity's measurement bases or evaluation methods
- The financial position of New Zealand Association of General Surgeons as at 30 November 2024 and its financial performance and cash flows for the year then ended.

In accordance with the Tier 3 (NPF) Standard issued by the New Zealand Accounting Standards Board of the External Reporting Board (XRB).

#### Basis for Opinion

We conducted our audit of the statement of financial performance, statement of financial position, statement of cash flows, Statement of accounting policies and notes to the performance report in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)), and the audit of the entity information and statement of service performance in accordance with the New Zealand Auditing Standard 1 (Revised) 'The Audit of Service Performance Information (NZ AS1 (Revised))'. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the performance report section of our report. We are independent of New Zealand Association of General Surgeons in accordance with Professional and Ethical Standard 1 (Revised) Code of Ethics for Assurance Practitioners issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other than in our capacity as auditor we have no relationship with, or interests in, New Zealand Association of General Surgeons.

#### Restriction on Responsibility

This report is made solely to the executive committee, as a body. Our audit work has been undertaken so that we might state to the executive committee of the organisation those matters we are required to state to them in an auditors report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the board of the organisation as a body, for our audit work, for our report or for the opinions we have formed.

#### Responsibilities of the Executive Committee for the Performance Report

The executive committee are responsible on behalf of the entity for determining that the Tier 3 (NFP) Standard is acceptable in the entity's circumstances and, for;

- The selection of elements/aspects of service performance, performance measures and/or descriptions and measurement bases or evaluation methods that present service performance information that is appropriate and meaningful in accordance with the Tier 3 (NFP) Standard;
- The preparation and fair presentation of the Performance Report which comprises;
- The Entity Information;
- The Statement of Service Performance; and
- The statement of financial performance, Statement of Financial Position, Statement of Cash Flows, Statement of Accounting Policies and Notes to the Performance Reporting accordance with the Tier 3(NFP) Standard, and

- For such internal controls as the executive committee determine is necessary to enable the preparations of a Performance Report that is free from material misstatement, whether due to fraud or error.

In preparing the performance report, the executive committee are responsible on behalf of New Zealand Association of General Surgeons for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the executive committee either intend to liquidate New Zealand Association of General Surgeons or to cease operations, or have no realistic alternative but to do so.

#### **Auditor's Responsibilities for the Audit of the Performance Report**

Our objectives are to obtain reasonable assurance about whether the performance report is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (NZ) and NZ AS1 (Revised) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this performance report.

As part of an audit in accordance with ISAs (NZ) and NZ AS1 Revised), we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the Performance Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.
- Conclude on the appropriateness of the use of the going concern basis of accounting by the executive committee and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Incorporation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Incorporation to cease to continue as a going concern.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
  - Obtain an understanding of the process applied by the entity to select its elements/aspects of service performance, performance measures and/or descriptions and the measurement bases or evaluation methods
  - Evaluate whether the selection of elements/aspects of service performance, performance measures and/or descriptions and measurement bases or evaluation methods present an appropriate and meaningful assessment of the entity's service performance in accordance with the applicable financial reporting framework
  - evaluate whether the service performance, information is prepared in accordance with the entity's measurement bases or evaluation methods, in accordance with the applicable financial reporting framework
  - Evaluate the overall presentation, structure and content of the performance report, including the disclosures, and whether the performance report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the executive committee regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



PETER DARNEY BBS, CA  
VANBURWRAY  
PO Box 649  
Taranaki Mail Centre  
New Plymouth 4340  
3 March 2025

# Statement of Financial Performance

New Zealand Association of General Surgeons  
For the year ended 30 November 2024

	NOTES	2024	2023
<b>Revenue</b>			
Donations, fundraising and other similar revenue	1	88,736	-
Fees, subscriptions and other revenue from members	1	675,740	578,516
Revenue from providing goods or services	1	386,472	337,868
Interest, dividends and other investment revenue	1	99,242	66,509
Other revenue	1	4,181	9,891
<b>Total Revenue</b>		<b>1,254,370</b>	<b>992,784</b>
<b>Expenses</b>			
Volunteer and employee related costs	2	343,370	306,924
Costs related to providing goods or service	2	553,287	461,057
Other expenses	2	49,093	76,625
<b>Total Expenses</b>		<b>945,750</b>	<b>844,607</b>
<b>Surplus/(Deficit) for the Year</b>		<b>308,620</b>	<b>148,178</b>

These accounts have been subject to Audit and must be read in conjunction with the attached Audit Report and Notes to the Accounts.

# Statement of Financial Position

New Zealand Association of General Surgeons  
As at 30 November 2024

	NOTES	30 NOV 2024	30 NOV 2023
<b>Assets</b>			
<b>Current Assets</b>			
Bank accounts and cash	3	574,557	842,349
Debtors and prepayments	3	180,225	85,863
Other Current Assets	3	1,500,000	1,000,420
<b>Total Current Assets</b>		<b>2,254,783</b>	<b>1,928,632</b>
<b>Non-Current Assets</b>			
Property, Plant and Equipment	5	8,658	8,019
Other non-current assets	3	38,189	132,214
<b>Total Non-Current Assets</b>		<b>46,847</b>	<b>140,233</b>
<b>Total Assets</b>		<b>2,301,630</b>	<b>2,068,864</b>
<b>Liabilities</b>			
<b>Current Liabilities</b>			
Creditors and accrued expenses	4	56,708	58,789
Other current liabilities	4	57,087	130,860
<b>Total Current Liabilities</b>		<b>113,795</b>	<b>189,649</b>
<b>Total Liabilities</b>		<b>113,795</b>	<b>189,649</b>
<b>Total Assets less Total Liabilities (Net Assets)</b>		<b>2,187,835</b>	<b>1,879,215</b>
<b>Accumulated Funds</b>			
Accumulated surpluses or (deficits)	6	2,083,105	1,774,485
Reserves	6	104,730	104,730
<b>Total Accumulated Funds</b>		<b>2,187,835</b>	<b>1,879,215</b>



These accounts have been subject to Audit and must be read in conjunction with the attached Audit Report and Notes to the Accounts. .

# Statement of Cash Flows

New Zealand Association of General Surgeons  
For the year ended 30 November 2024

	2024	2023
<strong>Cash Flows from Operating Activities</strong>		
Fees, subscriptions and other receipts from members	660,243	650,296
Receipts from providing goods or services	396,700	274,806
Interest, dividends and other investment receipts	66,749	66,777
Cash receipts from other operating activities	991	-
Payments to suppliers and employees	(938,539)	(765,605)
Total Cash Flows from Operating Activities	186,144	226,275
<strong>Cash Flows from Investing and Financing Activities</strong>		
Receipts from sale of investments	439,310	-
Payments to acquire property, plant and equipment	(4,558)	(6,466)
Payments to purchase investments	(882,861)	(41,714)
Payments to purchase intangibles	-	(44,855)
Cash flows from other investing and financing activities	(5,827)	-
Total Cash Flows from Investing and Financing Activities	(453,936)	(93,035)
<strong>Net Increase/(Decrease) in Cash</strong>	<strong>(267,792)</strong>	<strong>133,240</strong>
<strong>Bank Accounts and Cash</strong>		
Opening cash	842,349	709,109
Closing cash	574,557	842,349
Net change in cash for period	(267,792)	133,240



# Statement of Accounting Policies

## New Zealand Association of General Surgeons For the year ended 30 November 2024

### Basis of Preparation

The entity has elected to apply PBE SFR-A (NFP) Public Benefit Entity Simple Format Reporting - Accrual (Not-For-Profit) on the basis that it does not have public accountability and has total annual expenses equal to or less than \$5,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting. The Performance Report is prepared under the assumption that the entity will continue to operate in the foreseeable future.

### Goods and Services Tax (GST)

The entity is registered for GST. All amounts are stated exclusive of goods and services tax (GST) except for accounts payable and accounts receivable which are stated inclusive of GST.

### Income Tax

New Zealand Association of General Surgeons is wholly exempt from New Zealand income tax having fully complied with all statutory conditions for these exemptions.

### Bank Accounts and Cash

Bank accounts and cash in the Statement of Cash Flows comprise cash balances and bank balances (including short term deposits) with original maturities of 90 days or less.

### Property, Plant & Equipment

Property, plant and equipment are included at cost less aggregate depreciation provided at the rates outlined below. The depreciation rates used are:

Office Equipment 13% DV to 60% DV

### Amortisation of Goodwill

Intangible assets are included at cost less aggregate amortisation provided at the rates as outlined below. The rates used are:

Website Development 48%                      Software 50% DV

### Subscriptions Income/Trainee Membership Fees

Subscription revenue and trainee membership fees are recorded on an accrual basis. Subscriptions are recognised as revenue on a time proportional basis. Training services are recognised when the training is provided.

### Presentation Currency

These financial statements are presented in New Zealand dollars because that is the primary economic environment in which the Association operates. Transactions in foreign currency have been converted at the date of the payment or receipt. Year end balances in foreign currency have been converted at the exchange rate ruling at balance date.

### Changes in Accounting Policies

There have been no changes in accounting policies. Policies have been applied on a consistent basis with those of the previous reporting period.



# Notes to the Performance Report

## New Zealand Association of General Surgeons For the year ended 30 November 2024

2024 2023

### 1. Analysis of Revenue

<b>Donations, fundraising and other similar revenue</b>		
DSTC Donation	88,736	-
<b>Total Donations, fundraising and other similar revenue</b>	<b>88,736</b>	<b>-</b>
<b>Fees, subscriptions and other revenue from members</b>		
Membership Subscription Income	124,739	73,703
SEAM Income	5,950	16,150
Trainee IT Fee	56,090	57,275
Trainee Membership Fees	22,000	20,250
Trainee Selection Application	30,960	28,043
Trainees Fees - (Education Fund-Service Agreement)	436,001	383,095
<b>Total Fees, subscriptions and other revenue from members</b>	<b>675,740</b>	<b>578,516</b>
<b>Revenue from providing goods or services</b>		
Annual Conference Proceeds	31,925	32,063
Conference Registrations	130,829	96,843
Credit Card Fees Subs	6,295	1,397
DSTC Trauma Course Income	104,294	120,863
Early Career Workshop	1,582	-
Fees for DSTC Administration	6,720	-
Hospital Inspection	10,339	36,000
Hotel 2024	37,920	-
AoNZCIGS Specialty Governance Fee	45,394	43,606
Training Day Income	11,174	7,095
<b>Total Revenue from providing goods or services</b>	<b>386,472</b>	<b>337,868</b>
<b>Interest, dividends and other investment revenue</b>		
Interest	35,583	21,268
Interest Education Fund	63,079	40,276
Interest Other	116	2,357
JBWere Investment Portfolio - Income	464	2,607
<b>Total Interest, dividends and other investment revenue</b>	<b>99,242</b>	<b>66,509</b>
<b>Other revenue</b>		
Realised Investment Gains	4,181	9,891
<b>Total Other revenue</b>	<b>4,181</b>	<b>9,891</b>



2024

2023

## 2. Analysis of Expenses

### Volunteer and employee related costs

Salaries General	82,441	41,954
Staff Recruitment	-	36,016
Training Salaries	249,069	216,778
Travel Expenses	11,860	12,176
<b>Total Volunteer and employee related costs</b>	<b>343,370</b>	<b>306,924</b>

### Costs related to providing goods or services

ACC Levies	493	419
Accountancy Fees	5,848	5,607
Bank Charges	314	434
AoNZCIGS Costs	7,188	1,164
AoNTSC Expenses	3,220	14,949
Conference Costs	134,339	90,241
Consultancy Fees	4,985	16,554
Credit Card Merchant Fees	7,911	6,059
DSTC Course Costs	123,758	108,086
Early Career Workshop Expenses	2,060	-
Gifts	744	777
Hospital Inspections	9,230	35,527
Induction Day trainees	7,341	4,415
Insurance	951	777
Interest Paid	11	-
IT Expenses	17,689	-
Meeting Costs	20,021	10,454
Office Expenses	11,317	7,365
Pacific Grant Expenses	-	2,875
Rent	33,996	29,381
SEAM Exp	1,344	597
Selection Expenses	34,028	28,937
SOLA Expenses	47,546	20,375
Staff Training	252	-
Subscriptions	14,300	15,403
Training Day Expenses	62,111	57,583
Website Hosting and Maintenance	2,289	3,079
<b>Total Costs related to providing goods or services</b>	<b>553,287</b>	<b>461,057</b>

	2024	2023
<b>Other expenses</b>		
Amortisation	37,911	68,742
Audit Fees	5,500	5,500
Depreciation	3,924	2,382
(Gain)/Loss on Disposal FAs	78	-
Legal Fees	1,679	-
<b>Total Other expenses</b>	<b>49,093</b>	<b>76,625</b>

	2024	2023
--	------	------

### 3. Analysis of Assets

<b>Bank accounts and cash</b>		
ASB Account 00	112,003	152,123
ASB Education 01	27,710	14,980
ASB DSTC Society Account 02	51,445	72,918
ASB Fast Saver Account 50	5,384	5,233
ASB Savings Plus Account 52	378,015	597,095
<b>Total Bank accounts and cash</b>	<b>574,557</b>	<b>842,349</b>

<b>Debtors and prepayments</b>		
Accounts Receivable	67,072	45,603
Doubtful Debts	5,827	-
Interest Accrued	35,682	-
Prepayments	71,644	40,260
<b>Total Debtors and prepayments</b>	<b>180,225</b>	<b>85,863</b>

<b>Other current assets</b>		
Term Deposit 86	1,000,000	-
Term Deposit 83	500,000	-
ASB Term Deposit 81	-	628,080
ASB Term Deposit 80	-	372,340
<b>Total Other current assets</b>	<b>1,500,000</b>	<b>1,000,420</b>

<b>Other non-current assets</b>		
J B Were Investment	-	56,029
Software at Cost	552,367	552,367
Software Accumulated Amortisation	(516,686)	(481,005)
Website at Cost	39,795	39,795
Website Accumulated Amortisation	(37,287)	(34,972)
<b>Total Other non-current assets</b>	<b>38,189</b>	<b>132,214</b>

	2024	2023
<b>4. Analysis of Liabilities</b>		
<b>Creditors and accrued expenses</b>		
Accounts Payable	15,793	18,009
Accruals	10,700	15,548
Credit Cards	6,773	3,007
GST Receivable	(5,665)	(6,058)
Employee costs payable	29,107	28,283
<b>Total Creditors and accrued expenses</b>	<b>56,708</b>	<b>58,789</b>
<b>Other current liabilities</b>		
Income Received in Advance	57,087	42,124
DSTC Course Administration Fund	-	88,736
<b>Total Other current liabilities</b>	<b>57,087</b>	<b>130,860</b>
	2024	2023

**5. Property, Plant and Equipment**

<b>Other Fixed Assets</b>		
Fixed assets	8,658	8,019
<b>Total Other Fixed Assets</b>	<b>8,658</b>	<b>8,019</b>
<b>Total Property, Plant and Equipment</b>	<b>8,658</b>	<b>8,019</b>
	2024	2023

**6. Accumulated Funds**

<b>Accumulated Funds</b>		
Opening Balance	1,774,485	1,676,308
Movements in Reserves	-	(50,000)
Accumulated surpluses or (deficits)	308,620	148,178
<b>Total Accumulated Funds</b>	<b>2,083,105</b>	<b>1,774,485</b>
<b>Reserves</b>		
Trainee IT Fund	100,125	100,125
South Pacific Fund	4,605	4,605
<b>Total Reserves</b>	<b>104,730</b>	<b>104,730</b>

South Pacific Fund is to fund the travel and accommodation for a surgeon or surgical trainee from a Pacific Island to attend conference.

Trainee IT Fund is to fund the IT development for the Training Programme.

**7. DSTC Donation**

\$88,735.98 was received on 5 October 2022 and has been used as agreed over the last 2 years to conduct DSTC Courses.



	2024	2023
<b>8. Commitments</b>		
<b>Commitments to lease or rent assets</b>		
The Association has made a rental commitment to RACS to sublease until December 2024.	2,553	2,419
<b>Total Commitments to lease or rent assets</b>	<b>2,553</b>	<b>2,419</b>
<b>Commitment to purchase property, plant and equipment</b>		
The Association has no capital commitments as at 30 November 2024.	-	-
<b>Total Commitment to purchase property, plant and equipment</b>	<b>-</b>	<b>-</b>

### 9. Contingent Liabilities and Guarantees

There are no contingent liabilities or guarantees as at 30 November 2024. (Last year - nil).

### 10. Events After the Balance Date

There were no events that have occurred after the balance date that would have a material impact on the Performance Report (Last year - nil).

	2024	2023
<b>11. Related Parties</b>		
<b>Payables</b>		
Royal Australasian College of Surgeons	-	2,901
<b>Total Payables</b>	<b>-</b>	<b>2,901</b>
<b>Revenue</b>		
AoNZCIGS Speciality Governance Fee	45,394	43,606
<b>Total Revenue</b>	<b>45,394</b>	<b>43,606</b>
<b>Expenses</b>		
Rental Expenses paid by NZAGS to RACS	30,643	24,333
<b>Total Expenses</b>	<b>30,643</b>	<b>24,333</b>

The Royal Australasian College of Surgeons (RACS), formed in 1927, is a non-profit organisation training surgeons and maintaining surgical standards in Australia and New Zealand. The Committee in General Surgery (CIGS) is an Australasian board of RACS that set the strategic direction, and oversees the administration of the General Surgical programme. The President of NZAGS and the NZAGS Training Committee Chair are voting members of this Board.

NZAGS is a not-for-profit membership based organisation of general surgeons throughout New Zealand. The principal functions of the Association are to represent the broad and collective interest of general surgeons particularly in the areas of vocational training, continuing professional development, workforce planning as well as acting as the interface between general surgeons, Government and components of the health sector generally.

NZAGS is responsible for the administration of the RACS directed training programme in NZ, and inputs into the strategic direction of the RAC CIGS General Surgical training programme. There are two fees, one for RACS and one for NZAGS. Currently, trainee fees for NZAGS are collection on behalf of NZAGS by RACS (and then this amount is invoiced back to NZAGS).

RACS pay a governance fee to NZAGS to cover the costs of NZAGS members of the CIGS Committee, and/or the Chair of CIGS to attend CSET. (RACS Committee in Surgical Education and Training of which AoNZCIGS reports into).

## 12. Ability to Continue Operating

The entity will continue to operate for the foreseeable future.

## 13. Audit

These Financial Statements have been subject to audit. Please refer to the Auditor's Report



# Profit and Loss - Education Fund

New Zealand Association of General Surgeons  
For the year ended 30 November 2024

	NOTES	2024	2023
<b>Trading Income</b>			
Credit Card Fees Subs		842	-
Hospital Inspection		10,339	36,000
AoNZCIGS Specialty Governance Fee		45,394	43,606
SEAM Income		5,950	16,150
Trainee Selection Application		30,960	28,043
Trainees Fees - (Education Fund-Service Agreement)		436,001	383,095
Training Day Income		11,174	7,095
Trainee IT Fee		56,090	57,275
<b>Total Trading Income</b>		<b>596,749</b>	<b>571,265</b>
<b>Gross Profit</b>		<b>596,749</b>	<b>571,265</b>
<b>Other Income</b>			
Interest		-	8,751
Interest Education Fund		63,079	40,276
<b>Total Other Income</b>		<b>63,079</b>	<b>49,028</b>
<b>Expenses</b>			
Accommodation and Travel		7,496	3,580
(Gain)/Loss on Disposal FAs		58	-
ACC Levies		167	-
Accountancy Fees		2,849	2,711
Amortisation		35,596	65,859
Audit Fees		2,750	2,750
Bank Charges		194	245
AoNZCIGS Costs		7,188	1,164
AoNZTSC Costs		3,220	14,949
Conference Costs		30,518	-
Consultancy Fees		700	10,022
Consulting and Computing		3,530	4,341
Credit Card Merchant Fees		4,473	959
Depreciation		2,651	1,413
EF Depreciation		185	282
Gifts		613	-
Hospital Inspections		9,230	35,527
Induction Day trainees		7,341	4,415
Insurance		932	-
Interest Paid		9	-
IT Expenses		12,582	-
Legal Fees		1,679	-
NZAGS Exec Committee		-	1,567
Office Equip		941	108

These accounts have been subject to Audit and must be read in conjunction with the attached Audit Report and notes to the Accounts.

	NOTES	2024	2023
Office Supplies		1,490	470
Pacific Grant Expenses		-	2,875
Postage and Courier		12	5
Printing and Stationery		-	675
Rent		21,450	20,567
Salaries General		-	5,483
SEAM Exp		1,344	597
Selection Expenses		34,028	28,937
SOLA Expenses		47,546	20,375
Staff Recruitment		-	36,016
Staff Training		252	-
Subscriptions		9,317	11,423
Telephone communication		2,979	3,137
Training Day Expenses		61,420	57,583
Training Salaries		249,069	216,778
Website Hosting and Maintenance		1,144	1,444
Total Expenses		564,957	556,257
Net Profit (Loss)		94,871	64,035



These accounts have been subject to Audit and must be read in conjunction with the attached Audit Report and notes to the Accounts.

# Profit and Loss General Surgeons Division

New Zealand Association of General Surgeons  
For the year ended 30 November 2024

	NOTES	2024	2023
<b>Trading Income</b>			
Annual Conference Proceeds		31,925	32,063
Conference Registrations		130,829	96,843
Credit Card Fees Subs		4,447	1,397
DSTC Donation		88,736	-
Early Career Workshop		1,582	-
Fees for DSTC Administration		6,720	-
Membership Subscription Income		124,739	73,703
Trainee Membership Fees		22,000	20,250
Hotel 2024		37,920	-
<b>Total Trading Income</b>		<b>448,899</b>	<b>224,256</b>
<b>Gross Profit</b>		<b>448,899</b>	<b>224,256</b>
<b>Other Income</b>			
Interest		35,583	12,517
Interest Other		116	2,357
JBWere Investment Portfolio - Income		464	2,607
Impairment		-	9,792
(Gain) / Loss on Exchange		3,190	99
Gains on investments		991	-
<b>Total Other Income</b>		<b>40,344</b>	<b>27,373</b>
<b>Expenses</b>			
Accommodation and Travel		4,364	8,595
(Gain)/Loss on Disposal FAs		20	-
ACC Levies		326	419
Accountancy Fees		2,999	2,896
Amortisation		2,315	2,883
Audit Fees		2,750	2,750
Bank Charges		99	190
Conference Costs		103,821	90,241
Consultancy Fees		700	-
Consulting and Computing		55	2,190
Credit Card Merchant Fees		2,432	4,388
Depreciation		1,088	688
Early Career Workshop Expenses		2,060	-
Gifts		131	777
Insurance		19	777
Interest Paid		2	-
IT Expenses		5,108	-
NZAGS Exec Committee		20,021	8,887
Office Equip		97	108

These accounts have been subject to Audit and must be read in conjunction with the attached Audit Report and Notes to the Accounts.

	NOTES	2024	2023
Office Supplies		3,718	947
Printing & Stationary		96	-
Rent		12,545	8,814
Salaries General		82,441	36,471
Subscriptions		4,983	3,980
Sundry Expenses		67	-
Telephone communication		1,917	1,915
Training Day Expenses		691	-
Website Hosting and Maintenance		1,144	1,634
Total Expenses		256,009	179,552
Net Profit (Loss)		233,233	72,077



These accounts have been subject to Audit and must be read in conjunction with the attached Audit Report and Notes to the Accounts.

# Profit and Loss - DSTC

New Zealand Association of General Surgeons  
For the year ended 30 November 2024

Division is DSTC Course.

	2024	2023
<b>Trading Income</b>		
Credit Card Fees Subs	1,006	-
DSTC Trauma Course Income	104,294	120,863
<b>Total Trading Income</b>	<b>105,300</b>	<b>120,863</b>
<b>Gross Profit</b>	<b>105,300</b>	<b>120,863</b>
<b>Expenses</b>		
Bank Charges	20	-
Credit Card Merchant Fees	1,006	711
DSTC Course Costs	116,753	108,086
DSTC Administration Fee	7,005	-
<b>Total Expenses</b>	<b>124,784</b>	<b>108,797</b>
<b>Net Profit (Loss)</b>	<b>(19,484)</b>	<b>12,066</b>



## Education: AoNZ Committee in General Surgery (AoNZCiGS)



We are grateful to members for their continued hard work and contributions throughout 2024, with all the challenges faced by the healthcare sector.

### Committee Projects

The Committee in General Surgery has pursued several projects during the past year. These include:

1. Hospital Training Post Accreditation project. We continue this project alongside RACS and other specialty societies. The aim is to standardise accreditation across the specialties so that information is not duplicated and not to collect that would be otherwise collected by other accreditation organisations.
2. Recruitment and retention. Many of our trainees do not return after their fellowship. There are a number of reasons for this but often is because they are offered a job overseas whilst being unable to secure a job when they return to New Zealand, and also because of locking of Appointments. We have had a number of talks with Te Whatu Ora to try to streamline registrars into jobs on their return.
3. Selection. The College of Surgeons and the NZMC have a directive that we increase diversity and rurality in our selection process. The Selection Working Group has worked on increasing points for rurality and ways to increase diversity within our training programme.

### Training Programme

The five-year competency-based General Surgery Education and Surgery Programme is designed with defined milestones and a declared graduate outcome of being able to undertake an acute general surgical call independently. There are several milestones that need to be achieved every six months to progress. This is a large administrative load for the registrars, but these milestones are well-defined in the regulations. Please encourage your registrars to keep on top of their Procedure Based Activities (PBAs) and Entrustable Professional Activities (EPAs).



**Committee in Surgical Education and Training (CSET)**

This is a RACS committee in surgical education and training which convened with face-to-face meetings in Melbourne three times in 2024 and are associated also with a workshop in the afternoon. These have been very insightful and have shown that the New Zealand training system in many ways is well ahead of our counterparts in Australia.

**Jeremy Rossaak**

**Acting Chair AoNZCiGS**



## Education: AoNZ Training Sub-Committee (AoNZTSC)



Healthcare in New Zealand continues to face disruption across the entire sector, putting strain on both the system and the trainees. We want to acknowledge the supervisors and trainers for the tremendous effort they are putting into training the registrars during this time.

### Selection 2024

The Selection Interview Day on Wednesday 19 June 2024 was very successful. There were 44 applicants, of which 30 were interviewed. Initially 12 candidates were offered a place on the training programme, with a further 6 offered in subsequent rounds. Over the past few years, we have modified our selection process, changing the nature of the interview questions, increasing the number of interview stations to six, revising the CV assessment criteria, and refining the mentor assessments to allow for better differentiation between candidates. These changes appear to be yielding positive results, with a broader spread of scores across the overall markers and increased diversity among the selected candidates. This year, five Māori and one Pasifika applicants were selected for general surgical training, our biggest cohort yet.

### Fellowship Exam 2024

Congratulations to the following 19 candidates who were successful in the Fellowship Exam in 2024. We wish you the very best for your fellowships and future careers in General Surgery.

Title	First Name	Last Name	Specialty	Result
Dr	Ahmed	Abdile	General Surgery	PASS
Dr	Anna	Brownson	General Surgery	PASS
Dr	Chen	Liu	General Surgery	PASS
Dr	Devlin	Elliott	General Surgery	PASS
Dr	Gajan	Srikumar	General Surgery	PASS



Dr	Jenni	Perrin	General Surgery	PASS
Dr	Jeremy	Wild	General Surgery	PASS
Dr	Jie	Zhao	General Surgery	PASS
Dr	Malsha	Kularatna	General Surgery	PASS
Dr	Mathew	Morreau	General Surgery	PASS
Dr	Olga	Korduke	General Surgery	PASS
Dr	Rachel	Hunter	General Surgery	PASS
Dr	Ryan	Ruxton	General Surgery	PASS
Dr	Samuel	Dickson	General Surgery	PASS
Dr	Samuel	Pau	General Surgery	PASS
Dr	Sue Hui	Ong	General Surgery	PASS
Dr	Tara	Linton	General Surgery	PASS
Dr	Teresa	Holm	General Surgery	PASS
Dr	Tony	Milne	General Surgery	PASS
Dr	Kopa	Manahi	General surgery	PASS

### Training Days

Two training days were held this year.

The first in Napier, convened by Bernie McEntee, and the second in Palmerston North, convened by Chen Lau. We thank the organising committees for both training days, which provided excellent learning opportunities. It was truly great to see so many highly skilled registrars together.

### GSET Programme

The new GSET programme is becoming the norm for 2024, with all hospitals now having GSET trainees. This is a performance-based, five-year training programme. Please continue to support the registrars by reviewing their Procedure Based Activities (PBAs) and Entrustable Professional Activities (EPAs).



## **Zoom Tutorials**

During COVID, Bridget Watson ran Zoom tutorials that were well-attended by registrars and were highly enjoyable. Unfortunately, we were not able to continue these sessions during 2024. If anyone is interested in helping restart weekly, registrar-led tutorials, please let us know.

## **Committee Member Changes 2024**

Demi Pointer stepped down as the trainee representative, after a two year term. We thank Demi for her hard work and valuable insights on trainee issues. Emma Wehipeihana will take on role from January 2025, and we look forward to working with her on the committee.

We would also like to acknowledge the outgoing committee members:

Peter Stiven (Gisborne) and Mark Omundsen (Tauranga).

We thank them for their dedication to the trainees.

## **Welcome to New Supervisors**

We welcome Roberto Sthory (Gisborne) and Dan Mafi (Tauranga) as new supervisors.

We also extend our deepest thanks to all our training supervisors who have consistently gone above and beyond in supporting the trainees during 2024.

This is my final year as the chair of the Training Committee. With the dedication and support of the committee members, I am proud of the progress we have made and confident that the committee will be well-led by Marianne Lill and Sarah Abbott in the future.

**Jeremy Rossaak FRACS**

**AoNZ Training Sub-Committee Chair (AoNZTSC)**



## In Memoriam

### **Graeme Skeggs 8 August 1952 - 14 January 2024, General and Vascular Surgeon**

Graeme Skeggs was born in Dunedin, the oldest son of Sir Clifford and Lady Marie Skeggs (née Ledgerwood) and older brother of Bryan and David. He attended King's High School, where he excelled at rowing and captained the first 15 rugby team at No. 8. In 1970, during his final year at school, he met Stephanie Weipers, a first-year teachers' college student, and a lasting friendship was established.

Graeme's commitment to a career in medicine won out over the lure of the family business and he commenced his medical degree at Otago University in 1971. He and Stephanie married in 1974.

Graeme was awarded the Sir Gordon Bell Prize in General Surgery and graduated in 1976. He trained in General Surgery in Dunedin Hospital, gaining his FRACS in November 1982.

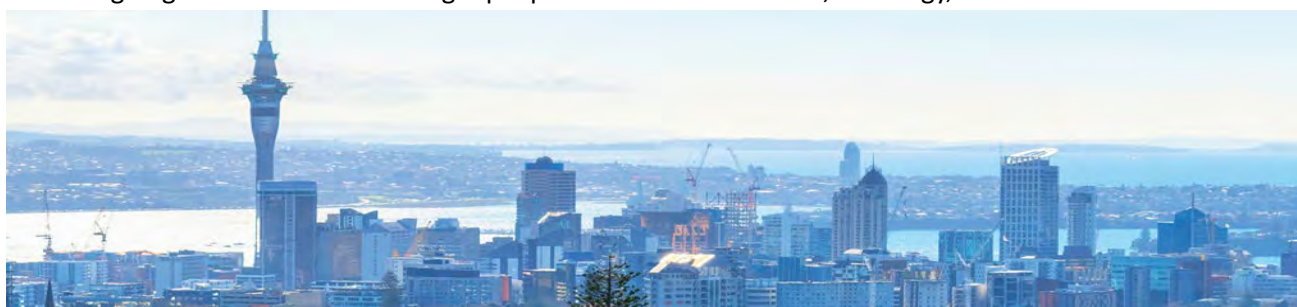
With three children under six years, the family travelled to Glasgow, Scotland, for Graeme's post-Fellowship training in Vascular Surgery. There he spent a year at the Western General Hospital and a year at the Glasgow Royal Infirmary. In 1986 Graeme came to Nelson Hospital, as a locum for a surgeon, wanting time off to build a boat. Access to sailing was a prerequisite for Graeme's ultimate choice of hospital, and with Nelson ideal in this regard, he went on to accept a position as a vascular and general surgeon.

Graeme was a meticulous, calm and unflappable surgeon, who set high standards for himself and those around him. As the only vascular surgeon in Nelson, during his career he made himself continuously available for acute vascular care. He would attend vascular emergencies whether on-call or not, without regard for the hour or whatever he was doing. An early morning call about a ruptured aneurysm would be quickly answered in a clear voice and Graeme would be in attendance shortly after. This selfless dedication saved numerous lives and limbs in the Nelson region over the years. He was also a true general surgeon in the traditional sense; his operating lists would run the gamut of the General Surgical curriculum and were a magnet for registrars.

Graeme was particularly proud of his achievement of gaining accreditation of Nelson Hospital for advanced surgical training, which has had lasting benefits for the department. The first registrar commenced training in Nelson in 2000, and four members of the current department of surgery are registrar alumni from surgical training in Nelson Hospital.

He was chair of General Surgery for well over 10 years and chair of Senior Medical Staff in Nelson Hospital. He was instrumental in the local inception of surgical audit - Nelson was among the first Aotearoa New Zealand hospitals to adopt the Otago University Surgical Audit Program - and chaired the process of accreditation of the various surgical departments in the region for a considerable period.

He was a long-serving independent adviser to the Accident Compensation Corporation and to the Health and Disability Commissioner. When the hospital campus was redeveloped, he was a leader in designing the 'hot floor' allowing rapid patient flow between ED, radiology, theatre and ICU.



Graeme was recognised for these achievements as the first Aotearoa New Zealand recipient of the RACS Rural Surgeons Award in 2011.

He was active in business and was director and chair of several companies. This knowledge and experience made him an invaluable board member, and he was chair of Manuka Street Hospital Board for over 20 years. He had a major influence in its development from a provincial private cottage hospital to the modern 21st century facility it is today; that contribution led to the naming of the Graeme Skeggs Boardroom at Manuka Street Hospital.

Graeme's high standards carried over to his golf, and he was known for his often very audible self-criticism on the tee. He came from a family strongly imbued in nautical tradition and was an avid sailor. In addition to recreational sailing, he raced regularly in events ranging from the weekly Wednesday Tasman Bay Regatta to ocean-going races including skippering in the 50th Sydney to Hobart, four Auckland to Suvas and one Auckland to Noumea race. He was a proud crew member on Nariida, skippered by his son Nigel, in the Maxi Yacht Championship in Sardinia in 2007.

Graeme's standout personal qualities were fairness, generosity and determination. His retirement was tragically marred by progressive illness but, with heroic and unwavering support from Stephanie together with his signature determination, he was able to continue to enjoy his family and his chosen pursuits, to travel, and to live at his home until just before his death in January 2024. He is survived by Stephanie, after 54 years together, sons Nigel, Todd and Michael, and six grandchildren.

His legacy will endure in Nelson Hospital and the wider Nelson region.

*This obituary was provided by Adrian Secker FRACS, Stephanie Skeggs, and the Skeggs family.*



## Directory

### Future NZAGS Meetings

Auckland	2025
Dunedin	2026
Tauranga	2027
Rotorua	2028
Christchurch	2029
Palmerston North	2030
Hamilton	2031
Invercargill	2032
New Plymouth	2033
Wellington	2034
Northland	2035
Nelson	2036
Napier	2037



## Executive Committee 2024

President	Vanessa Blair
Vice-President	Bevan Jenkins
Immediate Past President	Rowan French
Treasurer	Simon Richards
AoNZCiGS, Acting Chair	Jeremy Rossaak
AoNZTSC, Chair	Jeremy Rossaak
Executive Director/Secretary	Bronwen Evans
Meeting Co-ordinator (Napier)	Bevan Jenkins/James Tan
Trainee Representative	Demi Poynter
Private Practice Representative	Vanessa Blair
Continuing Professional Development	Simon Bann
Younger Fellow Representative	Mark Stewart
Committee Members (during the year)	Simon Bann
	Falah El-Haddawi
	Marianne Lill
	Jasen Ly
	Rebecca Shine
	Roberto Sthory
	Sanket Srinivasa

## Office

L3, 8 Kent Terrace  
PO Box 7451  
Wellington 6242  
(04) 384 3355



## Membership 2024

The full membership lists follows on the next page.



### List of NZAGS Membership

A J Ing	General Surgeon	Edmund Leung	General Surgeon
Adam Bartlett	General Surgeon	Eletha Taylor	General Surgeon
Adrian Secker	General Surgeon	Elizabeth Ritchie	General Surgeon
Ahmed Barazanchi	General Surgeon	Emily Davenport	General Surgeon
Alex Dalzell	General Surgeon	Etienne Truter	General Surgeon
Alexander Brown	General Surgeon	Eva Juhasz	General Surgeon
Alexander Ng	General Surgeon	Falah El-Haddawi	General Surgeon
Alexander Skavysch	General Surgeon	Fraser Welsh	General Surgeon
Alexandra Gordon	General Surgeon	Garth Poole	General Surgeon
Ali Shekouh	General Surgeon	Gary Stone	General Surgeon
Alice Febery	General Surgeon	Gerard Bonnet	General Surgeon
Allison Davis	General Surgeon	Gowan Creamer	General Surgeon
Amit Reddy	General Surgeon	Graeme Millar	General Surgeon
Andrew Audeau	General Surgeon	Grant Beban	General Surgeon
Andrew Connolly	General Surgeon	Grant Broadhurst	General Surgeon
Andrew Herd	General Surgeon	Greg Turner	General Surgeon
Andrew Hill	General Surgeon	Hayley Waller	General Surgeon
Andrew MacCormick	General Surgeon	Ian Bissett	General Surgeon
Andrew Moot	General Surgeon	Ian Civil	General Surgeon
Angela Bayly	General Surgeon	Imad Aljanabi	General Surgeon
Anthony Lin	General Surgeon	Isaac Cranshaw	General Surgeon
Anupam Modi	General Surgeon	Isi Tonga	General Surgeon
Arend Merrie	General Surgeon	Jack Pullman	General Surgeon
Ashish Taneja	General Surgeon	Jacques Marnewick	General Surgeon
Ashwini Pondicherry	General Surgeon	Jagdish Prasad	General Surgeon
Atul Dhabuwala	General Surgeon	James Haddow	General Surgeon
Benjamin Cribb	General Surgeon	James McKay	General Surgeon
Bernard McEntee	General Surgeon	James Tan	General Surgeon
Bernd Grunewald	General Surgeon	James Tietjens	General Surgeon
Bertrand Jauffret	General Surgeon	James Wilkins	General Surgeon
Bevan Jenkins	General Surgeon	Jamie Crichton	General Surgeon
Birgit Dijkstra	General Surgeon	Jamish Gandhi	General Surgeon
Blaithin Page	General Surgeon	Jane Strang	General Surgeon
Chris Daynes	General Surgeon	Janice Chen	General Surgeon
Christoffel (Gerrie) Snyman	General Surgeon	Jasen Ly	General Surgeon
Christopher Harmston	General Surgeon	Jason Robertson	General Surgeon
Christopher Wakeman	General Surgeon	Jay Maloney	General Surgeon
Chun-yen Wu	General Surgeon	Jeremy Rossaak	General Surgeon
Damien Ah Yen	General Surgeon	Jesse Fischer	General Surgeon
Daniel Kleiner	General Surgeon	Jevon Puckett	General Surgeon
Daniel Mafi	General Surgeon	John Dunn	General Surgeon
David Adams	General Surgeon	John Frye	General Surgeon
David Griffith	General Surgeon	John Jarvis	General Surgeon
David Moss	General Surgeon	Jon Barnard	General Surgeon
David Vernon	General Surgeon	Jonathan Koea	General Surgeon
Deborah Wright	General Surgeon	Jonathan Potter	General Surgeon
Diederik Meylemans	General Surgeon	Josephine Todd	General Surgeon

Julian Hayes	General Surgeon	Rebecca Schroll	General Surgeon
Julian Speight	General Surgeon	Rebecca Shine	General Surgeon
Karl Kodeda	General Surgeon	Richard Babor	General Surgeon
Katherine Gale	General Surgeon	Richard Coutts	General Surgeon
Konrad Richter	General Surgeon	Richard Flint	General Surgeon
Li Hsee	General Surgeon	Richard Harman	General Surgeon
Lincoln Israel	General Surgeon	Richard Martin	General Surgeon
Linus Wu	General Surgeon	Richard Tapper	General Surgeon
louise barbier	General Surgeon	Rishi Ram	General Surgeon
Magdalena Biggar	General Surgeon	Ritesh Patel	General Surgeon
Maiko Smith	General Surgeon	Roberto Sthory Sosa	General Surgeon
Marianne Lill	General Surgeon	Rosalyn Pochin	General Surgeon
Mark Anthony Kelly	General Surgeon	Ross Roberts	General Surgeon
Mark Omundsen	General Surgeon	Rowan Collinson	General Surgeon
Mark Sanders	General Surgeon	Rowan French	General Surgeon
Mark Smith	General Surgeon	Rukshan Ravindra Ra	General Surgeon
Mark Stewart	General Surgeon	sameer memon	General Surgeon
Mark Thompson-Fawcett	General Surgeon	sandhya pillai	General Surgeon
Matthew Clark	General Surgeon	Sanket Srinivasa	General Surgeon
Matthew Leeman	General Surgeon	Sarah Abbott	General Surgeon
Maxine Ronald	General Surgeon	Sarah Lomas	General Surgeon
Megan Thomas	General Surgeon	Savitha Bhagvan	General Surgeon
Michael Booth	General Surgeon	Saxon Connor	General Surgeon
Michael Hulme-Moir	General Surgeon	Scott Diamond	General Surgeon
Michael Landmann	General Surgeon	Sean Liddle	General Surgeon
Michael O'Grady	General Surgeon	Semisi Aiono	General Surgeon
Michael Puttick	General Surgeon	Shreya Rayamajhi	General Surgeon
Michael Rodgers	General Surgeon	Sidharth Trivedi	General Surgeon
Moses Balabyeki	General Surgeon	simi Lolohea	General Surgeon
Nicholas Evennett	General Surgeon	Simon Bann	General Surgeon
Nicholas Fischer	General Surgeon	Simon Harper	General Surgeon
Nick Smith	General Surgeon	Simon Richards	General Surgeon
Nicola Davis	General Surgeon	Simone Petrich	General Surgeon
Nigel Henderson	General Surgeon	Siraj Rajaratnam	General Surgeon
Nigel Rajaretnam	General Surgeon	Stephanie Ulmer	General Surgeon
Parry Singh	General Surgeon	Stephen Kyle	General Surgeon
Paul Fagan	General Surgeon	Steven Hudson	General Surgeon
Paul Manuel	General Surgeon	Steven Kelly	General Surgeon
Paul Samson	General Surgeon	Suheelan Kulasegara	General Surgeon
Peter Chin	General Surgeon	Susan Gerred	General Surgeon
Peter Johnston	General Surgeon	Susan Seifried	General Surgeon
Peter Shapkov	General Surgeon	Susrutha Wickremes	General Surgeon
Peter Stiven	General Surgeon	Tamara Glyn	General Surgeon
Peter Swan	General Surgeon	Thomas Elliott	General Surgeon
Philippa Mercer	General Surgeon	Thomas Morgan	General Surgeon
Pravin Kumar	General Surgeon	Tim Eglinton	General Surgeon
Rachel Hunter	General Surgeon	Todd Hore	General Surgeon
Rajesh Patel	General Surgeon	Tom Burton	General Surgeon

Tony Phang	General Surgeon	William Sugrue	Retired
Universe Leung	General Surgeon	Philip Allen	Retired
Vanessa Blair	General Surgeon	Andrew Bowker	Retired
Wai Keat Chang	General Surgeon	Alan Shirley	Retired
Wayne Jones	General Surgeon	Ahmed Abdile	Trainee
William Anderson	General Surgeon	Ahmed Omar	Trainee
Yee Chen Lau	General Surgeon	Alexander Hart	Trainee
Alec Winder	overseas	Alexandra Jacobson	Trainee
Alejandro Boue	overseas	Alexandra Hutchinso	Trainee
Anna Morrow	overseas	Anna Brownson	Trainee
Delendra Wijayanayaka	overseas	Anna-Kate Loughnan	Trainee
Mark Murray	overseas	Arna Long	Trainee
William Perry	overseas	Brendan Desmond	Trainee
Yukai Lim	overseas	Brian O'Sullivan	Trainee
Alastair Yule	Retired	Brodie Elliott	Trainee
Avinesh Kumar	Retired	Bruce Sua	Trainee
Bill Gilkison	Retired	Bryan Bae	Trainee
Charles Mixer	Retired	Cameron Wells	Trainee
Colin Wilson	Retired	Celina Ledgard	Trainee
David Innes	Retired	Chen Liu	Trainee
Denis Whittle	Retired	Choo Hang Khoo	Trainee
Douglas Knight	Retired	Clare Hollewand	Trainee
Gavin Wilton	Retired	Demi Poynter	Trainee
George Ngaei	Retired	Devlin Elliott	Trainee
Grant Coulter	Retired	Dhruvesh Ramson	Trainee
Hugh Cooke	Retired	Divyansh Panesar	Trainee
Ian Campbell	Retired	Douglas Wood	Trainee
Ian Mr I Burton	Retired	Elisabeth Riordan	Trainee
James Tyler	Retired	Ella Nicholas	Trainee
Joel Rabindran	Retired	Emma Wehipeihana	Trainee
John Fleischl	Retired	Fardows Mohamed	Trainee
John Eastwood	Retired	Finn Battleday	Trainee
John Kyngdon	Retired	Fiona Bellamy	Trainee
John MacDonald	Retired	Fraser Jeffery	Trainee
John Windsor	Retired	Gajan Srikumar	Trainee
Kenneth Menzies	Retired	Grace Gatenby	Trainee
Murray Pfeifer	Retired	Greer Janssen	Trainee
Pat Alley	Retired	Hannah Bascand	Trainee
Philip Allen	Retired	Heidi Blackburne	Trainee
Phillip Godfrey	Retired	Helena Lee	Trainee
Robert Fris	Retired	Henry Witcomb Cahi	Trainee
Robert Loan	Retired	Hinerangi Temara	Trainee
Robert Robertson	Retired	Holly Sprosen	Trainee
Robin Irwin	Retired	Isaac Tranter-Entwist	Trainee
Stephen Packer	Retired	Jaclyn Aramoana	Trainee
Stephen Vallance	Retired	Jamie-Lee Rahiri	Trainee
Thomas Clements	Retired	Janet Rhodes	Trainee
Warren Watson	Retired	Jared Mclauchlan	Trainee

Jasmin King	Trainee	Rennie Qin	Trainee
Jayvee Buchanan	Trainee	Ryan Ruxton	Trainee
Jeffrey Tan	Trainee	Sai Tim Yam	Trainee
Jenni Perrin	Trainee	Samuel Dickson	Trainee
Jenny Choi	Trainee	Samuel Matthews	Trainee
Jeong Ha	Trainee	Samuel Pau	Trainee
Jeremy Wild	Trainee	sarah cowan	Trainee
Jethro Palmer	Trainee	Sarah Cox	Trainee
Jin Xin Lin	Trainee	Scott McLaughlin	Trainee
Joel D'souza	Trainee	Sharon Jay	Trainee
Jordyn Dangen	Trainee	Soane Misiloi	Trainee
Joshua Kirkpatrick	Trainee	Sophie Alpen	Trainee
Kai Sheng Saw	Trainee	Sue Hui Ong	Trainee
Katie-Ross Holloway	Trainee	Tara Lintern	Trainee
Keith Teo	Trainee	Tara Linton	Trainee
Khaleel Hamdulay	Trainee	Tengo Kandelaki	Trainee
Kopa Manahi	Trainee	Teresa Holm	Trainee
Lachie Birrell	Trainee	Tim Wang	Trainee
Lauren Siggins	Trainee	Tony Milne	Trainee
Leah Boyle	Trainee	Tristan Burnett	Trainee
Lisa Chung	Trainee	Ui Ho (Brendon) Byur	Trainee
Lucinda Duncan-Were	Trainee	William Fleischl	Trainee
Lucy Hinton	Trainee	Yi Hai Li	Trainee
Luke Paterson	Trainee	Young-Min Lee	Trainee
Lydia Pearson	Trainee	Rachel Hunter	Trainee
Mairarangi Haimona	Trainee		
Malsha Kularatna	Trainee		
Maria Brand	Trainee		
Mathew Morreau	Trainee		
Matthew Haydock	Trainee		
Matthew McGuinness	Trainee		
Maximilian Joret	Trainee		
Megan Grinlinton	Trainee		
Melissa Edwards	Trainee		
Monique Mahadik	Trainee		
Mosese Karalus	Trainee		
Mostafa Amer	Trainee		
Nicholas McIntosh	Trainee		
Olga Korduke	Trainee		
Oliver Waddell	Trainee		
Omar Mohyeldin	Trainee		
Pagan Tawhai	Trainee		
Phillip Chao	Trainee		
Poppy Redman	Trainee		
Preekesh Patel	Trainee		
Rachel Robertson	Trainee		
Rebecca Teague	Trainee		
Renee Christmas	Trainee		