

ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS

Annual Report 2015

RACS - The College of Surgeons of Australia and New Zealand
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Building respect, improving patient safety.

RACS Response to Discrimination, Bullying and Sexual Harassment

As I write the 2015 Annual Report, RACS has begun to implement Building Respect, Improving Patient Safety – the Action Plan that responds to the report prepared by the Expert Advisory Group on discrimination, bullying and sexual harassment in the surgical and medical profession. It is important to recognise that we will be judged on the success of this Action Plan. We will be judged individually and we will be judged collectively.

An Editorial in 'The Age' on 10 March 2015 stated 'too often lip service is paid to anti-harassment policies, victims are not believed, their complaints are belittled, and the disciplinary processes that should follow become unnecessarily difficult or untenable.' It continued by emphasising that the College's task 'as a professional body is to ensure that all its members abide by the highest ethical standards, including those that apply to workplace culture.' The following day Mr Ken Lay APM (Former Victorian Chief Police Commissioner) wrote in a prominent opinion piece 'for any proud organisation none of this is easy. It can be painful as once hidden issues become public. It does take leadership and it does take courage.' He added, 'looking in the mirror and reflecting on the ugliness that may be present will make organisations better, people safer and build community confidence'. Professor Michael Grigg, President at this time, reflected in Surgical News that 'in the looking glass' we face challenges and concerns of urgency that go to the very core of our professionalism.



David Watters, PRESIDENT

RACS had to respond swiftly and did. Within a week it established the Expert Advisory Group (EAG), chaired by Hon Rob Knowles AO, Deputy Chair Dr Helen Szoke and members Mr Ken Lay APM, Dr Joanna Flynn AM, Dame Judith Potter DNZM CBE, Mr Graeme Campbell and Dr Cathy Ferguson. The EAG undertook detailed literature reviews of discrimination, bullying and sexual harassment from an international perspective and commissioned research involving five different methodologies to obtain a broad understanding of the depth, breadth and meaning of these issues affecting the current surgical profession and the wider health sector.

The EAG released its report in September 2015 and as President of the College I apologised to all who had suffered from discrimination, bullying and sexual harassment in the past. RACS accepted the 42 recommendations of the EAG report, made to drive

cultural change, ensure a better training environment and a safer health sector for the future. There are eight goals in the Action Plan 'Building Respect. Improving Patient Safety.' Each directly addresses one or more of the three key themes of the EAG recommendations – cultural change and leadership, surgical education, and complaints management.

Delivering on this Action Plan will not happen without the commitment of Fellows of the College and will demand substantial resources. RACS committed over \$800,000 to ensure the EAG was able to undertake its tasks professionally and comprehensively. The path ahead is evident. I would like to thank Professor Grigg for his clear and determined leadership through the earlier stages of this journey. I would like to commend the Expert Advisory Group for its dedication and the secretariat for their time, effort and organisation. Through their efforts RACS has established a clear platform of activities that it will continue to pursue and resource as we move forward. We all share the conviction that with our patients, Trainees and other health workers, we deserve to be spared the detrimental effects of discrimination, bullying and sexual harassment.

24 months

The Hon Jeff Kennett AC launched the RACS Support Program mid-year. The chosen program followed 12 months of consideration following the *beyondblue* report into Doctors' Mental Health. We were determined to ensure there was a program that was professionally sound, accessible binationally, ensured confidentiality, and freely available to all Fellows, Trainees and International Medical Graduates. The support program is deliberately profiled as providing counselling and support across all mental health issues. It is a recognition of the stressors that we face in life. Based on evidence

from surveys of doctors including surgeons, *beyondblue* reported that the medical profession had substantially higher rates of psychological distress and contemplation of suicide compared to the general population and also to other professions. It was in this context that Hon Jeff Kennett AC, in his role as Chair of *beyondblue*, stated that measurable improvements needed to be made inside 24 months by all professional groups, because if that was not successful then political solutions may need to be considered. He said that the challenge for us was to address the mental health issues within our profession or watch others attempt to do so for us if we failed. He placed us on notice. To date, the RACS Support Program has been well received and utilised, and we are seeing similar programs being replicated by other medical colleges. We will continue to identify other initiatives and interventions that can both reduce stress and build resilience during the transitions and challenges of a surgical career. These efforts will reinforce our work of building respect and improving patient safety.



Rob Knowles presenting the EAG report to Graeme Campbell with Joanna Flynn



The final EAG meeting discussed the findings of the last report provided to RACS



Converge International Managing Director Richard Kasperczyk, RACS President David Watters and Chairman of *beyondblue* Jeff Kennett.

RACS Support Program

Appointments:
 1300 687 327 AU
 0800 666 367 NZ
 esp@convergeintl.com.au
 www.convergeinternational.com.au

Converge
 INTERNATIONAL

Interpersonal conflict & tension
 Work-related stress & overload
 Changes in your work environment
 Bullying, harassment & grievances
 Discrimination & social harassment
 Relationship or family matters
 Personal & emotional stress
 Grief & bereavement
 Alcohol & drug related problems
 Mental health, including
 Depression & anxiety
 Anger & violence
 Crisis intervention & trauma counselling
 Vicarious trauma
 Self harm & suicide

Global advocacy for universal access to safe, affordable surgical and anaesthetic care when needed

The issues affecting healthcare in Australia and New Zealand are very different from those experienced by a large proportion of the world. Access to surgical care for the world's populations needs to be safe, affordable and timely. In April 2015, the Lancet Commission for Global Surgery was published with five key messages. The first message is that five billion people living mainly in the world's poorest countries lack access to emergency and essential surgical care. In recent decades the development of safe, essential, life-saving surgical and anaesthesia care in low and middle income countries has stagnated if not regressed. Global health has focused on individual diseases, yet 32.9 per cent of global mortality is associated with surgically treatable conditions that include hernia, appendicitis, fractures, obstructed labour, congenital anomalies, breast and cervical cancer. The second key message is that although some 320 million global procedures are done each year, only six per cent of these are done in low income countries, leaving a shortfall of 143 million more operations required to provide basic surgical care. The third message addressed affordability in that almost a quarter of global procedures result in catastrophic or impoverishing expenditure as a result of direct or indirect costs to the individual or their family. The fourth advocated investing in surgery as being economically prudent, that surgical and anaesthesia care can be provided cost-effectively, should return more than 10:1 on investment and failure to do so would result in a two per cent loss to the global economy from premature death and disability by 2030. Indeed, the fifth key message that surgical care is an indivisible and indispensable part of an integrated health system emphasises how universal access to health care cannot occur without access to safe, affordable

and timely surgical care that has the capacity to deliver a basic package of emergency and essential surgical procedures.

Australia, as Chair of the Executive Board of the World Health Assembly in 2014 and then an ongoing member, played a vital role as a co-sponsor of resolution 68 / 15 on strengthening emergency and essential surgical care. In May the 68th World Health Assembly unanimously passed the resolution proposed by Zambia with 31 nations or organisations speaking in its favour. To achieve its aim, this resolution must be followed by action. RACS continues to collaborate with other Global Surgical leaders and WHO to help provide a roadmap for its successful implementation. In a number of forums we are providing support and expertise particularly with other Asia Pacific countries. Key to its success will be the successful implementation of national health plans that include surgery and anaesthesia, and report against national surgical metrics including perioperative mortality rates. The fourth Global Health Symposium held in October at RACS head office in Melbourne has set itself the task of collecting such indicators for Oceania and SE Asia.

RACS continues to provide active programs of capacity building, clinical support, and scholarships to many countries in our region including Timor Leste, Papua New Guinea, Eastern Indonesia, Myanmar, Thailand and Pacific Island Countries. Our scholars come from many regions including Fiji, Vanuatu, Cambodia, Vietnam, Nepal, Mongolia and the Congo. We continue to liaise and work collaboratively with Government agencies, other NGO providers, medical colleges and universities. Importantly we are now accredited to the national standard required through both ACFID (Australian Council for International Development) and DFAT (Department of Foreign Affairs and Trade).

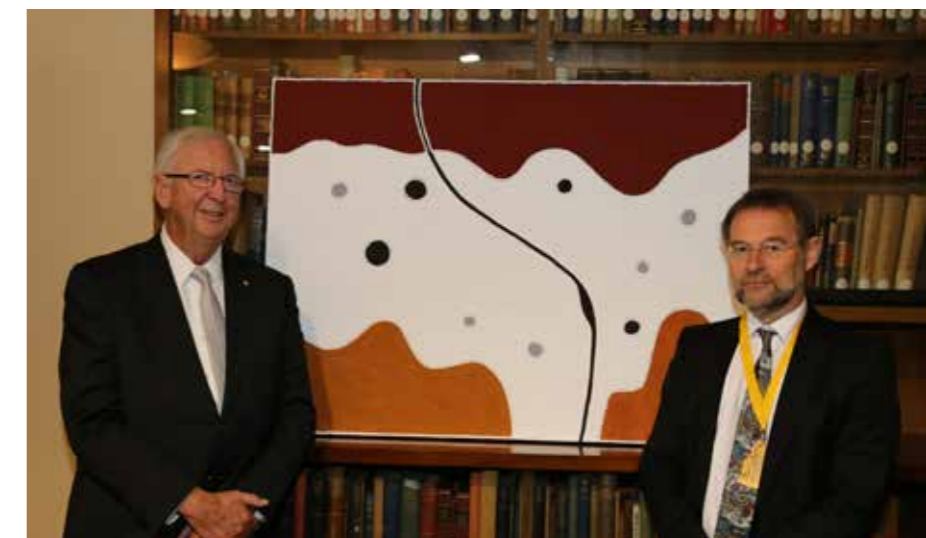


A meeting of senior hospital staff in Goma

Closing the Gap

There remain inequities in health care and in opportunities to enter the surgical profession in both New Zealand and Australia. During my time on Council there has been progressive recognition of both Māori and Aboriginal and Torres Strait Islander issues and how we might address them. Health Action Plans have been approved by Council for the Aboriginal and Torres Strait Islanders in 2015 and the Māori strategy will be presented in early 2016. We now appropriately recognise 'the traditional owners of the land and their elders both past and present' at the beginning of Council meetings. A traditional smoking ceremony and a formal welcome to country have highlighted this heightened awareness of Indigenous health through the year.

The inaugural RACS medals for excellence in Māori Health and Aboriginal and Torres Strait Islander Health were awarded to Professor Pat Alley, A / Prof Jonathon Koea, Dr Ollapillil Jacob and Professor Harvey Coates AO. In a presentation to RACS staff in Melbourne A / Prof Kelvin Kong, our first Aboriginal Fellow and an ENT surgeon, described the journey of reconstructing his 'family tree' some four generations following the stolen generation. RACS is moving to not only embrace issues of reconciliation but also to ensure that we deliver on commitments contained within these health action plans.



Harvey Coates and David Watters with donated artwork by Freddy Timms, "Texas Country"



Kelvin Kong presenting at the ATSI Action Plan meeting



Uncle Ron Jones of the Wurundjeri people performing a traditional smoking ceremony for the NICHE portal launch

This artwork design was created to symbolise the Royal Australasian College of Surgeons commitment to help Close the Gap in Indigenous disadvantage across Australia.

With dual concepts in mind, rainbow serpents entwine together carving out the land, creating our rivers and mountains. The white dotted pathways descend from the mountains, flow through the rivers and ascend back to the skies to reform as a rainbow, the spirit of the serpent.

The heights of the rainbow also symbolise greater professional equity, as well as improved health, social and economic wellbeing for all Aboriginal and Torres Strait Islander people and communities across Australia.

Original artwork by Marcus Lee Design.



More rigour and scrutiny - CPD

Our CPD program needs to be relevant, aligned to scope of practice and provide evidence of compliance. It needs to embrace reflective learning, including that arising from surgical mortality and morbidity audits. There is active and ongoing debate between Medical Colleges, the MBA, the NZMC and government on the future of CPD, recertification or revalidation. There is consensus of a need to assure the public that our everyday performance matches our training. Such assurance needs to cover the whole competency framework including technical and non-technical competencies. By way of example, it needs to address performance and behaviours in communication, collaboration, teamwork and leadership in addition to technical expertise and decision making. There has been substantial progress over the last 10 years to ensure programs of CPD become more meaningful to professional development, scope of practice, standards and safety. RACS has led many of these discussions and

as an example, mortality audits are now compulsory and the NZOA have championed practice-based peer review. The multi-source feedback performance assessment tool based on our nine competencies is about to be launched electronically. We are confident that our programs with near 100 per cent compliance in their current format will continue to evolve so that the community, the profession, and medical regulators will have the highest level of assurance in our ongoing standards and fitness to practice.

Big – Data

Most Fellows are becoming aware of the increasing scrutiny that is possible through organisations that have large data sets – be they administrative, financial or clinical. Their power is now undoubted and the ability to connect to individual activities and outcomes is increasingly 'real-time'. The surgical profession must be involved in the interpretation of these data sets. This will make them more valuable, more relevant and reduce the risk of misinterpretation. Clinical reality including risk assessment,

context of where and how care is delivered, and the limitations of the data able to be derived, must inform any discussion and moderate conclusions. RACS has been highly involved with publications such as the Atlas of Clinical Variation, which was launched by the Australian Commission on Safety and Quality in Health Care in November 2015. We have contributed to discussions around hospital-acquired complications and how they are likely to be reported in the future. We are now working closely with Medibank to see how variations in clinical practice can be appropriately displayed to allow clinical interaction and review. We are also participating in the ongoing reviews of the Australian health funding system, particularly the Medicare Benefits Schedule.

However, this does not come without public challenge. The Hon Geoff Davies AO QC, previously an Expert Community Advisor to the RACS Council, was profiled within the Australian newspaper on how much more professional groups and particularly surgeons could achieve by having mandated morbidity audits and much greater review of those who may have higher complication rates. Although RACS is a strong supporter of compulsory mortality audits for CPD purposes, concerns are still being raised about the comparability of morbidity audits. As surgery becomes progressively more team-based, including anaesthesia, nursing, rehabilitation and ICU, it is more important for the team outcome to be understood rather than the individual surgeon. However, it is also clear that this is the direction that we must take and we will need to address how to achieve better, more clinically relevant morbidity audits. Certainly, the platform now exists with the RACS MALT (Morbidity and Audit Log Book Tool) not only recording its one millionth case, but now showing that by combining the SNOMED classification system with the RACS audit data set, the capacity for individual meaningful audit for all



Immediate Past President Michael Grigg discussing advocacy issues

Fellows, Trainees and International Medical Graduates is possible. It will be important that RACS fully addresses the public concerns about managing possible outliers, as expressed by Hon Geoff Davies AO.

Surgical fees

Over the past two years RACS has strongly stated its views on the inappropriate nature of charging excessive fees and how this translates into a breach of the RACS Code of Conduct. As the professional body for surgeons it is vital that we are involved and clearly state our standards. The cost of healthcare has been rising for decades but in recent years the greatest increase for patients being treated privately has been in the size of the gaps being charged. Surgeons are entitled to a reasonable recompense for the work done, but should not exploit the vulnerability of their patients. We are hoping that private health insurers will soon release information to the

public on the range of gap fees charged. The College also regards fee splitting, double invoicing, or charging booking fees as a breach of the Code of Conduct.

Health Advocacy

Historically, RACS has an excellent track record in trauma-related advocacy. This record continues with workshops, regular submissions, media releases and statements on trauma-related areas such as quad bikes, car 'black boxes' and 'fatal distractions' [mobile phone use while driving].

RACS has deliberately increased its advocacy and policy capability with policy and communication officers now based in New Zealand, ACT/NSW, SA/WA as well as in Melbourne for Vic/Tas. This has enabled us to have more detailed positions on many health advocacy issues such as health funding, waiting lists, surgery for the obese

patient, smoking, alcohol, end of life care and domestic violence. These are regularly integrated into election 'platforms' for political parties to respond and hopefully commit to. With over 100 formal meetings a year between RACS and the various governments and health departments across Australia and New Zealand, I believe our greater capacity for health advocacy provides substantially more impact for the benefit of surgery and the communities we serve.

During this year we have considered the impact of climate change, both from the direction of how surgery affects the climate and what effects climate change will have on health and surgical service delivery. A second Lancet Commission reported in June 2015, to provide the evidence to enable the medical, and thus surgical, profession to engage more fully on this topic.

Annual Scientific Congress (ASC) – links with RCS Edinburgh, World War I centenary, Gallipoli and Waterloo

The ASC continues as a vibrant meeting and covers many broad issues of surgical interest. The Perth ASC was highly successful with over 1600 attendees. Outstanding plenary sessions drew large audiences and much interaction. It was also a pleasure to co-host many events with the Royal College of Surgeons of Edinburgh. With the centenary of World War One and the bicentenary of the Waterloo Campaign a number of the presentations spoke to the history and challenges of military surgery.



New Fellows convocating



Michael Grigg presenting RCS Edinburgh President Ian Ritchie with an Honorary Fellowship during the 2015 ASC



Perth ASC 2015 Convocation

Launch of ANZAC Surgeons of Gallipoli

It was a privilege and honour to co-edit this book, which was written by Fellows of the College to commemorate the centenary of the Dardanelles campaign. 128 biographies were written by Australian and New Zealand RACS Fellows and staff. I also need to highlight the enormous contribution of our Archivist, Ms Elizabeth Milford, who co-edited this with me.



The various historical displays were also well received, providing clear connections over the 100 years to the soldiers and medical staff who had served as surgeons, the injuries they treated, and the conditions they experienced.



November Storm



Group of New Zealanders standing below a Red Cross flag

Surgical Education and Life-long Learning

It has become increasingly evident that RACS needs to define the standards expected of surgical aspirants before they formally apply for surgical education and training. The development of the Framework for Junior Doctors (JDocs) has progressed throughout 2015 with the launch of a substantial online presence including numerous resources such as MALT for JDocs. Defining the expected standards, and providing examinations prior to the formal start of surgical training, provides an opportunity for substantial interaction between the College and individuals keen to engage in a surgical career. Our future depends on attracting the most talented and skilled medical graduates and ensuring our appeal as a profession embraces diversity and gender equity. Importantly RACS



The launch of the new JDocs online presence



RACS is committed to sustaining and improving surgical standards

values its increasing diversity in the surgical workforce and Surgical Trainees. In the future we expect there will be more flexible, reduced-time approaches to surgical training, and an encouragement of multiple paths towards and through a surgical career.

RACS and the Academy of Surgical Educators continue to provide a range of training programs for those involved with Surgical Education. The Expert Advisory Group highlighted the importance of this with a requirement that all of our surgical educators must be trained and skilled in modern educational approaches. Recognising this, the Foundation course will be resourced to ensure that over a three year period the 3000 Fellows who will be involved with our educational activities are able to access and complete this now-to-be essential course. This links closely with international developments and increased educational expectations for Surgical Trainers as demonstrated by the Royal College of Surgeons in Edinburgh and the Colleges now involved with our 'Tri-nations Alliance meeting' (RACS, the Royal Australasian College of Physicians, Royal College of Physicians and Surgeons in Canada, Australian and New Zealand College of Anaesthetists and the Royal Australian and New Zealand College of Psychiatrists).

Our educational endeavours are vital to sustain and improve surgical standards. There were 158 Skills courses conducted in 2015 with over 2700 participants. In addition there were 69 professional development courses with over 1150 participants. We anticipate an increase with the comprehensive roll-out of the Foundation for Educators course and also development of specific courses addressing discrimination, bullying and sexual

harassment.

To support our educational activities, the College has made substantial investment in its Information Technology infrastructure. This is not only in the on-line library resources and the development of e-modules to support our skills courses but also increasing capacity in examinations through on-line examinations, automated marking, and the development of streamlined short answer and essay marking. Such progress extends across all forms of assessment but will particularly support the Fellowship Examination. With 368 candidates registering for the Fellowship examination in 2015, delivering the exam involves a highly complex, logistical challenge. The annual examination pass rate is 78.8 per cent, which is on a par with recent results.

RACS continues to assess International Medical Graduates (IMG) both for the Medical Board of Australia and the New Zealand Medical Council. Our support to those involved continues to be directed towards ensuring that IMGs on a pathway to Fellowship can succeed not only in College assessments and examinations but also in the challenges of adapting to the health systems of Australia and New Zealand.

I also need to highlight the huge contribution by Fellows of the College to our educational activities. It is enormous, it is on-going, and of very high quality. Without the commitment by so many Fellows to these educational activities, most of which are provided pro-bono, the work of RACS would never be done. The College, the whole surgical profession, and the community we serve are all in your debt.



Foundation for Surgery

Passion. Skill. Legacy.

Foundation for Surgery

At a strategic level it is vital that we have resources to ensure on-going College activities. RACS relies on three broad areas of revenue being from subscriptions and fees, from project funding and from philanthropy. We have been challenged this year by the increased costs associated with the work required by the Expert Advisory Group on Discrimination, bullying and sexual harassment. External work funded by government has not been at the anticipated level due to a number of senior policy reviews being undertaken. Consequently we have relied heavily on philanthropic contributions or corpuses developed from past surpluses to ensure funding for research scholarships, scientific visitors at the Annual Congress, and new initiatives for Indigenous health and Global Health. I am hopeful the Foundation will continue to grow so that we can achieve even more.

The impressive growth of the Foundation for Surgery would not be possible without the collective contribution of so many through philanthropy for which RACS is incredibly grateful. I would like to highlight the leadership of Professor Kingsley Faulkner AM as the Chair of the Foundation and the wisdom of Mr Brian Randall OAM as Chair of the Investment Committee in these endeavours. At the same time, the strength of our financial position would not be possible without sound

financial management. Although the details of this are within the Treasurer's report, I would like to acknowledge the wisdom of the College Council over many years. The Councillors have collectively ensured that our expectations and aspirations are underpinned by a sound business and management approach. It enables the College to position itself purposefully in so many areas and the resourcing of the EAG and the resultant Action Plan are examples.



Indigenous Health Chair Kelvin Kong (left) and Foundation for Surgery Chair Kingsley Faulkner (right) with Indigenous Health Award recipients, ASC 2015

Commitment

The office bearers on Council make an enormous contribution in terms of time, energy and expertise. I would like to thank Mr Graeme Campbell who has been a supportive and strong Vice-President, who has always put the College's best interests to the front. Professor Marianne Vonau OAM is in her fourth year as Honorary Treasurer, and her leadership has safeguarded and grown our resources. Mr Phil Truskett AM has brought his wide experience of education, marked by the award in 2015 of the Sir Alan Newton medal, to his position as Censor in Chief. Professor Julian Smith has worked

tirelessly to lead the Professional Development and Standards Board, which has achieved a great deal this year, including an updated sanctions policy and a great deal of development work on a framework to guide the transitions of a surgical career.

I would like to acknowledge and thank the retiring Councillors over the past year. Professor Michael Grigg retired as both President and Specialty-elected Councillor in Vascular Surgery. The Council benefited greatly from his experience of surgical leadership within a major health service, his commitment to audit within Vascular Surgery, his

ability to interact with government and senior health officers as well as having an on-going and very active clinical practice. He deliberately profiled the College's position on Excessive Fees, making clear and courageous statements as to the unacceptability of this type of charging in modern surgical practice. He was a champion of the College Pledge and the Code of Conduct with which it is aligned. Michael understood the importance of professional organisations and how they need to defend standards if they are to enjoy the privilege of a degree of autonomy and self-regulation. This awareness and leadership

provided a clear direction for handling the intensity of the media, medical and government interaction generated through the concerns about discrimination, bullying and sexual harassment. Mr Simon Williams provided enormous support to the College over many years, first as a Specialty-elected Councillor in orthopaedics, Chair of BSET and then as Censor in Chief, always working tirelessly to progress and harmonise society-college relationships. My thanks also to Mr Alan Saunder and Mr Ian Gollow representing General Surgery and Western Australia respectively. The contributions made by Dr Grant Fraser-Kirk as the Chair of RACSTA have been particularly valued, as feedback and advice from Trainees is essential to any modern surgical education program.

I would particularly like to acknowledge the contribution of the Expert Community Advisors on Council. The experience of Mr Garry Wilson KSJ and his advice on governance, strategy and management continues to be invaluable. The Hon Rob Knowles AO has contributed enormously, and beyond the call of duty in the past year as the Chair of the Expert Advisory Group. His experience, depth of thinking and strategic understanding has been instrumental in guiding the College in some of the most challenging times.

The College has attracted a group of Honorary Advisors to whom we remain indebted year after year. Mr Anthony Lewis, Mr Brian Randall OAM, Mr Stuart Gooley, Mr Reg Hobbs, Mr Michael Randall OAM, Mr John Craven, Mr Chesley Taylor and Mr Peter Wetherall are incredibly generous with their time and support to our many activities. Their depth and breadth of experience adds enormously to our governance capability.

Following the Annual General Meeting in May, the Council welcomed Mr John Crozier AM CSM (Vascular), Professor David Fletcher (General Surgery), and two Fellowship-elected Councillors, Professor Andrew Hill and Professor Jonathon Serpell. They are already contributing at a high level.

I would like to thank all the staff of the College who on a daily basis, support the operational activities of RACS under the strategic direction of Council. They have great skills and the College is dependent on their advice and abilities. I am impressed by their willingness to provide an enthusiastic and more customer-focused service that underpins the success of our endeavours. The College hopes to continue to recruit and retain highly capable staff, and we deliberately ensure they enjoy developmental opportunities, flexibility in employment and high levels of staff support. It is important to recognise that RACS achieves this within the framework of an ISO-accredited organisation, which confirms an International-Standard rigour in our processes. I would like to thank the College Chief Executive Officer, A/Prof

David Hillis, who co-authored this report, for his on-going support, advice to Council and management of the College. RACS benefits greatly from his experience in the health sector, his high reputation and wide network, his ability to address strategic risks, and from his measured understanding as to how to manage the major issues affecting surgical standards, professionalism and surgical education in Australia, New Zealand and internationally. His leadership on the ground will ensure we are able to build respect and also improve patient safety.

RACS employs a number of Fellows who undertake distinct roles where surgical input is critical. Dr John Quinn, Executive Director Surgical Affairs Australia; Mr Richard Lander, Executive Director Surgical Affairs New Zealand; A/Prof Stephen Tobin, Dean of Education; A/Prof Bruce Waxman OAM, Clinical Director Victorian Skills Centre; Mr Roger Wale, ASC Coordinator; Mr Peter Dohrmann, Clinical Director IMG Assessment; Professor Guy Maddern, ASERNIP-S Clinical Director as well as Professor John Harris AM, Editor ANZ Journal of Surgery.

The Clinical Directors of the Mortality Audits play a key role across the regions of Australia: Mr James Aitken (Western Australia); Mr Glenn McCulloch (South Australia); Mr Barry Beiles (Victoria); Dr John North (Queensland); Dr John Tharion (ACT); Mr Rob Bohmer (Tas) and Professor Peter Zelas OAM who is involved with CHASM, the Mortality Audits in New South Wales.

Serving the Fellowship as President has been an enormous privilege and honour. I am grateful for the opportunity and so extend my thanks to you all. I also acknowledge the forbearance of my employer and my Geelong-based surgical colleagues at Barwon Health and Deakin University. Both organisations have supported my activities throughout my years on Council and particularly in the last year. I am indebted to my wife, Olga, who has supported me in this role throughout the year. Without her advice and input and without the support of our children, I would not have been able to contribute to the College with the same energy or enthusiasm.

We face many challenges that will continue to confront the College and the surgical profession. However, I am confident that we are well prepared and well placed to meet these opportunities and we have ensured the planned activities of our College are resourced appropriately.

Finally, I wish to highlight the contribution of all on Council. Each member makes an enormous sacrifice to devote so much time to our College and to the future of the surgical profession in Australia and New Zealand. It has been a pleasure and a privilege to meet and work with each of them individually and collectively.

ACTIVE SET TRAINEES 2015

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUS Total	NZ	O/S	Total 2015	Total 2014	Change 14/15 %
1 year	1	64	6	29	11	4	42	21	178	29	0	207	248	-16.5
2 years	6	59	2	49	13	4	56	17	206	41	0	247	260	-5.0
3 years	4	66	2	41	13	5	41	16	188	30	0	218	245	-11.0
4 years	2	77	1	34	17	2	57	12	202	38	2	242	227	6.6
5 years	1	79	0	27	9	1	50	12	179	16	1	196	184	6.5
≥ 6 years	2	28	0	5	7	0	18	3	63	4	0	67	81	-17.3
Total	16	373	11	185	70	16	264	81	1016	158	3	1177	1245	-5.5

ACTIVE FELLOWS OF THE COLLEGE 2015

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUS Total	NZ	O/S	Total 2015	Total 2014	Change 14/15 %
CAR	6	58	0	35	11	3	55	14	182	26	21	229	221	3.6
GEN	18	551	19	286	141	27	444	135	1621	245	146	2012	1954	3.0
NEU	8	76	0	46	16	6	65	20	237	22	21	280	266	5.3
ORT	24	417	5	270	107	21	295	123	1262	263	53	1578	1535	2.8
OTO	10	145	2	86	47	8	111	40	449	90	25	564	551	2.4
PAE	3	36	0	14	6	3	22	9	93	18	21	132	130	1.5
PLA	4	118	2	68	39	10	134	47	422	62	22	506	493	2.6
URO	4	127	1	84	28	10	113	41	408	57	24	489	476	2.7
VAS	4	64	1	35	15	4	53	15	191	19	2	212	207	2.4
Sub Total	81	1592	30	924	410	92	1292	444	4865	802	335	6002	5933	2.9
OB & GYN	0	2	0	0	0	0	0	0	2	0	0	2	2	0.0
OPH	2	89	1	37	14	3	70	13	229	8	6	243	251	-3.2
Total	83	1683	31	961	424	95	1362	457	5096	810	341	6241	6086	2.6

Treasurer's Report

It is my pleasure to present this report and highlight the financial results of the College. The year under review has seen continued sound financial performance achieved from the combined business activities of the College. The investment portfolio has provided another year of healthy performance achieving a positive rate of return of 5.5% (2014 – 7.0%) despite some volatility in the capital markets. The investment strategy applied by the Investment Committee continues to underpin the robust performance of the College's investment activities, which are dedicated to funding the ongoing long term commitment to scholarship and research grant related endeavours. The year has also seen continued collaboration with the Specialty Societies to deliver surgical training programs as well as continued significant capital investment in the College IT systems and resources that directly support our Fellows and Trainees.

Statement of Comprehensive Income

Total operating revenue (excluding investment activities) in 2015 was \$63,853,632 compared to \$63,093,607 in 2014 while expenditure was \$64,106,633 compared to \$60,628,622 in 2014. Revenue earned from investments of \$3,106,674 compared to \$3,856,961 in 2014 resulting in an overall surplus of \$2,853,673 compared to a surplus of \$6,321,946 in 2014.

Key revenue streams were subscriptions and entrance fees of \$14,093,989, training, examination and assessment fees of \$23,470,755 and project income and management fees of \$17,878,470. Dominant expenditures were on personnel of \$21,816,112, travel and accommodation of \$5,319,220, external grants of \$8,901,659 mainly related to hospital training post payments funded under the Specialist Training Program and Specialist Society funding costs of \$4,134,497. It is worth highlighting that \$3,348,185 of expenditure related to travel and accommodation is directly associated with revenue generating activities from skills training courses, examinations and co-ordination of domestic and global health service project programs.

A more meaningful way in which to review this overall result is to analyse the separate activities of the College being College Operations, College Projects funded by external agencies, and Scholarships, Fellowships and Research Grants funded through the Foundation.

College Operations are the core operational activities including Fellowship Services, Education and Training, the Annual Scientific Conference and conferences and workshops with the required supporting leadership, governance and administrative structures.



Marianne Vonau, TREASURER

In 2015, this revenue amounted to \$42,714,531 compared to \$40,743,253 in 2014 while expenditure was \$43,057,186 compared to \$40,218,466 in the previous year. The deficit in 2015 was \$342,655 compared to a surplus of \$524,787 in 2014.

The following significant items were of considerable impact on the reported operational result.

The ongoing commitment of the College to address discrimination, bullying and sexual harassment in the practice of surgery resulted in total expenditures of \$857,586 with expected ongoing investment to finance this multi-year program of work. All College IT assets were reviewed for operational audit purposes, which resulted in a write-off of \$162,965 in redundant IT systems. A one-off adjustment of \$460,703 for office operating lease payments was taken to account which will be progressively wound back as the lease terms near their respective expiration dates. The value to our Fellows and Trainees from online library resources has seen increased investment in journals and associated databases with expenditure of \$742,698 compared to \$562,082 in 2014. The key College publications of Surgical News and ANZ Journal of Surgery represented combined expenditure of \$1,175,594 while generating revenue from advertising and royalties of \$235,720. Dominant revenue streams from annual subscriptions, training and examination fees continue to provide significant core funding for College operations. The new prevocational education framework now also allows early access to the examination activities of the College for surgical aspirants.

College Projects relate to activities funded by external agencies and funding providers. Projects undertaken in 2015 include the Timor Leste Program II, Pacific Islands Program Tertiary Health Services, Vision 2020 East Timor Program, Rural Health Continuing Education Program, Specialist Training Program, MSAC,

Horizon Scanning Mortality Audits and Morbidity Audits.

In 2015, total project revenue amounted to \$17,608,230 compared to \$18,508,072 in 2014 and expenditure was \$18,250,534 compared to \$18,597,850 in 2014, resulting in a deficit of \$642,304 in 2015 compared to a deficit of \$89,778 in 2014. The significant Specialist Training Program (STP) funding contract of \$55,743,197 which runs until 2016 provided \$8,776,222 in payments to hospitals compared to \$8,991,833 in 2014.

The net overhead charge levied on projects, which reflects the oversight costs of the College's infrastructure and governance, was \$711,297 compared to \$746,679 in 2014.

Foundation - Scholarships, Fellowships and Research Grants

The Foundation activities encompass the areas of scholarships, fellowships and research grants as well as direct oversight of its philanthropic endeavours and are the overall responsibility of the Foundation Board. The Investment Committee provides the direct oversight of the investment activities, the Board of Surgical Research, the oversight of the research scholarships and grants and the International Committee. The oversight of the international scholarships and other initiatives.

Revenue included the positive investment return of 5.5% on bequest funds, donations from various sources including \$2,129,031 from a generous benefactor. The Foundation funds total \$51,373,553 compared to \$47,738,678 in 2014.

Scholarships of \$941,116 (2014 - \$556,743) were funded from bequest funds with \$597,574 (2014 - \$554,140) funded from the RACS Scholarship corpus. The total commitment was \$1,538,690 (2014 - \$1,110,883).

In accordance with the strategic direction from Council to ensure long term funding for key educational and philanthropic activities, the value of the College corpora has increased due to positive investments returns since being established and additional funding allocations overtime. These committed funds as at 31 December 2015 of \$21,782,281 (2014 - \$21,722,957) provide dedicated funding for educator scholarships, educational innovation initiatives, international development and aid programs not routinely funded by the Australian government, Indigenous education and training in surgery and the ASC Visitors and Named Lecturers program.

Statement of Financial Position

In 2015, RACS and Reserves have increased by 4.1% to \$72,438,112.

Current assets increased by \$4,730,657 which included an increase in cash of \$1,339,134 primarily due to

positive cash flows from operations. Furthermore, investments held for trading increased by \$3,118,844 mainly due to the sound investment return of 5.5%. Current liabilities increased by \$2,519,019 due mainly to the increase in subscriptions, training and examinations billed in 2015 for income related to 2016.

Statement of Cash Flows

The Statement of Cash Flows indicates a net cash inflow for 2015 provided from operating activities of \$5,107,000 and a net increase in cash held of \$1,339,134 from 2014 mainly due to the combined effects of timely receipting of annual subscription and training fees, significant donations and ongoing progress payments received from the Department of Health under the Specialist Training Program contract.

In summary

Our strong financial position was achieved while RACS also advanced a number of key initiatives:

Enhancement of our advocacy and communication strategies including:

- Trauma related areas
- Detailed positions on many health issues
- Ongoing improvement of our Information Technology platform including the Digital College
- Successful Annual Scientific Congress including co-hosting many events with the Royal College of Surgeons of Edinburgh
- Responding to Discrimination, Bullying and Sexual Harassment

In closing I would like to acknowledge the services of our Honorary Advisers for which RACS remains indebted. I note my thanks to Mr Anthony Lewis (Audit, Finance & IT), Mr Brian Randall OAM (Investment & Foundation), Mr Stuart Gooley (Audit, Finance & IT), Mr Reg Hobbs (Property), Mr Michael Randall OAM (Investment), Mr John Craven (Information Technology), Mr Chesley Taylor (Investment) and Mr Peter Wetherall (Investment) for their generous and valued support during the year. The College is extremely grateful to all our Honorary Advisors for their wise counsel and support in relation to finance, investment, property, IT and audit matters. I would also like to thank the management and staff of the Division, led by the Director of Resources, Mr Ian T Burke, for their ongoing hard work and commitment in support of my role.

The College continues to maintain a strong Balance Sheet and is financially well positioned to meet its ongoing commitments and I recommend these accounts to the Fellows.

Directors' Declaration

The Directors of the Royal Australasian College of Surgeons declare that the summarised financial report set out below have been derived from and are consistent with the full financial report of the Royal Australasian College of Surgeons for the year ended 31 December 2015. The full financial report can be provided upon request and is available via the RACS website at www.surgeons.org

On behalf of the Directors

D A WATTERS President

M VONAU Treasurer

D J HILLIS Chief Executive Officer

Melbourne, 26 February 2016

Independent Audit Report To Members of Royal Australasian College of Surgeons

We have audited the summarised financial report of the Royal Australasian College of Surgeons as at 31 December 2015, comprising the Statement of Comprehensive Income, Statement of Financial Position, and Statement of Cash Flows, in accordance with Australian Auditing Standards. The summarised financial report has been derived from the Royal Australasian College of Surgeons annual statutory financial report for the year ended 31 December 2015.

Audit opinion

In our opinion, the information reported in the summarised financial report is consistent with the annual statutory report from which it is derived and upon which we expressed an unqualified audit opinion. For a better understanding of the scope of our audit, this report should be read in conjunction with our audit report on the annual statutory financial report.

Ernst & Young

PAUL GOWER Partner

26 February 2016

STATEMENT OF COMPREHENSIVE INCOME

For the financial year ended 31 December 2015

	2015 \$	2014 \$
Continuing operations		
Revenue from operating activities	63,853,632	62,597,417
Net surplus on sale of property	-	496,190
Income from investments	3,106,674	3,856,961
Revenue	66,960,306	66,950,568
Expenditure		
Personnel costs	21,816,112	20,345,706
Consultants fees - clinical	1,023,372	876,667
Consultant fees - management	2,706,546	1,644,968
Telephone, teleconference, audio visual costs	705,620	858,941
Printing, stationery and photocopying	1,433,957	1,575,664
Postage and courier costs	583,995	664,417
Information system costs	1,459,938	1,176,824
Travel and accommodation	5,319,220	5,535,893
Associations and library publications	1,082,350	772,334
Audit, legal and professional fees	588,030	134,504
Bank fees and merchant charges	682,322	661,952
Rent, rates, power, repairs and other property costs	2,969,100	2,316,909
Insurance	334,706	338,817
Project equipment purchases, hire and repairs	1,038,039	897,244
Training manuals and consumables used in education and field projects	688,151	675,579
Scholarships, fellowships and research grants	1,538,690	1,110,883
Awards, other grants, gifts and prizes	825,421	560,443
Grants – funded from external sources	8,901,659	9,182,180
Facilities hire and catering costs	3,328,090	4,191,793
Foreign exchange loss	7,514	21,070
Depreciation expense	2,473,788	2,302,257
Amortisation expense – lease incentive	64,846	64,846
Specialist societies funding costs	4,134,497	4,140,769
Committee and office bearers costs	147,287	82,800
Doubtful debts expense	9,229	91,404
Other expenses from operating activities	210,083	402,560
Expenditure	64,072,562	60,627,424
Surplus for the period	2,887,744	6,323,144
Other Comprehensive Loss		
Items that will not be reclassified subsequently to profit or loss		
Foreign currency translation	34,071	1,198
Items that may be reclassified subsequently to profit or loss		
Other comprehensive Loss for the Year	34,071	1,198
TOTAL SURPLUS	2,853,673	6,321,946

STATEMENT OF FINANCIAL POSITION

For the financial year ended 31 December 2015

	2015 \$	2014 \$
ASSETS		
Current Assets		
Cash and short-term deposits	17,705,231	16,366,097
Trade and other receivables	17,872,095	18,216,202
Inventories	248,594	181,907
Prepayments	2,083,443	1,533,344
Held for trading financial assets	59,080,733	55,961,889
Total Current Assets	96,990,096	92,259,439
Non-Current Assets		
Trade and other receivables	758,132	803,826
Property, plant and equipment	21,921,639	21,185,811
Lease incentive	409,884	474,730
Total Non-Current Assets	23,089,655	22,464,367
TOTAL ASSETS	120,079,751	114,723,806
LIABILITIES		
Current Liabilities		
Trade and other payables	3,464,423	3,205,607
Provisions	3,667,761	3,007,636
Income in advance	25,974,797	24,367,227
Government grants received in advance	5,650,739	6,422,884
Funds held on behalf of others	8,109,245	7,344,592
Total Current Liabilities	46,866,965	44,347,946
Non-Current Liabilities		
Provisions	774,674	791,421
Total Non-Current Liabilities	774,674	791,421
TOTAL LIABILITIES	47,641,639	45,139,367
NET ASSETS	72,438,112	69,584,439
COLLEGE FUNDS AND RESERVES		
Retained surplus	70,873,328	68,205,701
Foreign currency translation reserve	137,759	171,830
Investment earnings reserve	1,427,025	1,206,908
TOTAL COLLEGE FUNDS AND RESERVES	72,438,112	69,584,439

Certain lines of items required in the ACFID Code of Conduct reporting including but not limited to investment property, intangibles, borrowings and current tax liabilities have nil balances for both the reporting periods covered.



INTERNATIONAL AID AND DEVELOPMENT PROGRAMS

Information provided under the ACFID Code of Conduct

The College is a member of the Australian Council for International Development (ACFID) and a signatory to the ACFID Code of Conduct. The Code of Conduct is a voluntary self-regulatory code of good practice that aims to improve international development outcomes and increase stakeholder trust by enhancing the accountability and transparency of signatory members. Information disclosed below is in accordance with the financial reporting requirements of the ACFID Code of Conduct. As a signatory to the Code, the College is committed to high standards in financial reporting, management and ethical practice. Further information on the code can be obtained from ACFID by visiting www.acfid.asn.au or emailing code@acfid.asn.au. Complaints in relation to the Code can be made directly

to RACS Global Health using the website feedback form or to ACFID. Any complaints will be handled in line with the RACS Global Health's Complaints Process Policy. The Summary Financial Reports disclosed below have been prepared in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to the ACFID Code of Conduct Implementation Guidance available at www.acfid.asn.au. An independent audit of the Royal Australasian College of Surgeons financial accounts for 2015 was conducted by:

Paul Gower – Partner
Ernst and Young
8 Exhibition Street, Melbourne VIC 3000
+ 61 3 9288 8218

STATEMENT OF CHANGES IN EQUITY

For the year ended 31 December 2015

	Retained Surplus	Foreign Currency Translation Reserve	Investment Earnings Reserve	Total College Funds and Reserves
At 1 January 2014	60,312,823	173,028	2,776,642	63,262,493
Surplus for the year	6,323,144			6,323,144
Other comprehensive loss		(1,198)		(1,198)
Surplus/(deficit) to reserve	(730,266)		730,266	
Transfer in / (out) from reserve	2,300,000		(2,300,000)	
At 31 December 2014	68,205,701	171,830	1,206,908	69,584,439
Surplus for the year	2,887,744			2,887,744
Other comprehensive loss		(34,071)		(34,071)
Surplus/(deficit) to reserve	(220,117)		220,117	
At 31 December 2015	70,873,328	137,759	1,427,025	72,438,112

INCOME STATEMENT

For the year ended 31 December 2015

	2015 \$	2015 \$
International Aid and Development Programs		
REVENUE		
Donations and gifts – monetary	428,962	200,47
Donations and gifts – non-monetary	-	-
Bequests and legacies	-	-
Grants – Australian - Department of Foreign Affairs and Trade formally AusAID	3,496,211	3,941,783
Grants – Other Australian	338,973	255,894
Grants – Other Overseas	-	-
Investment income	570,570	700,608
Other income – International programs	181,521	87,374
Revenue for international political or religious proselytisation program	-	-
Other income – all other College activities	61,944,069	61,764,439
Total Revenue	66,960,306	66,950,568
EXPENDITURE		
International Aid and Development Programs		
International Programs		
Funds to international programs	1,106,979	1,169,658
Other international program costs	2,516,283	2,454,186
Program support costs	790,169	840,024
Community education	-	-
Fundraising costs	-	-
Public	-	-
Government, multilateral and private	-	-
Accountability and administration	145,819	118,454
Non-monetary expenditure	-	-
Expenses for international political or religious proselytisation program	-	-
Other expenditure – all other College activities	59,547,383	56,046,300
Total Expenditure	64,106,633	60,628,622
TOTAL ENTITY POSITION	2,853,673	6,321,946

INCOME STATEMENT

For the year ended 31 December 2015

	Cash available at beginning of financial year	Cash raised during the financial year	Cash disbursed during financial year	Cash available at end of financial year
International Projects	1,105,234	4,092,723	4,439,606	758,351
International Scholarships provided by the College from bequest funds	6,957,851	429,654	396,356	6,991,149
Foundation – International Projects	2,706,319	724,947	436,975	2,994,291
Other – Domestic Operations	5,596,693	58,562,411	57,197,664	6,961,440
Total	16,366,097	63,809,735	62,470,601	17,705,231

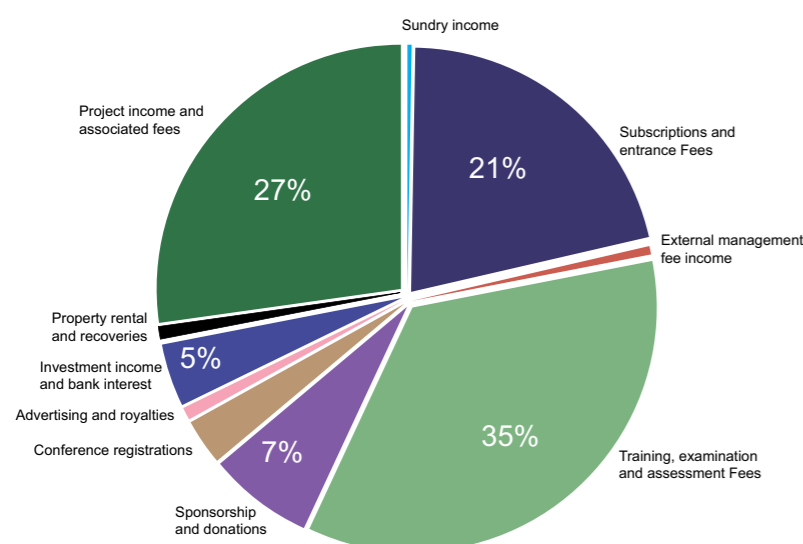
STATEMENT OF CASH FLOWS

For the financial year ended 31 December 2015

	2015 \$	2014 \$
Operating activities		
Subscriptions and entrance fees	14,920,893	13,732,439
Training, examination and assessment fees	25,220,410	22,411,574
Sponsorship and donations	4,531,045	2,776,000
Conference registrations	1,696,277	3,197,798
Property rental and recoveries	903,842	1,050,753
Project income and associated fees	16,783,173	18,486,493
Interest income	74,032	34,342
Other income	1,636,684	218,451
Payments to suppliers and employees	(60,659,356)	(56,662,810)
Net cash flows from operating activities	5,107,000	5,245,040
Investing activities		
Net movement from investment securities	(226,687)	(3,112,835)
Payments for property plant and equipment	(3,574,594)	(1,815,044)
Net proceeds from sale – fixed assets	33,415	506,655
Net cash flows used in investing activities	(3,767,866)	(4,421,224)
Net increase in cash and short-term deposits		
Net increase in cash and short-term deposits		
Cash and short-term deposits at 1 January 2015		
Cash and short-term deposits at 31 December 2015	46,866,965	44,347,946

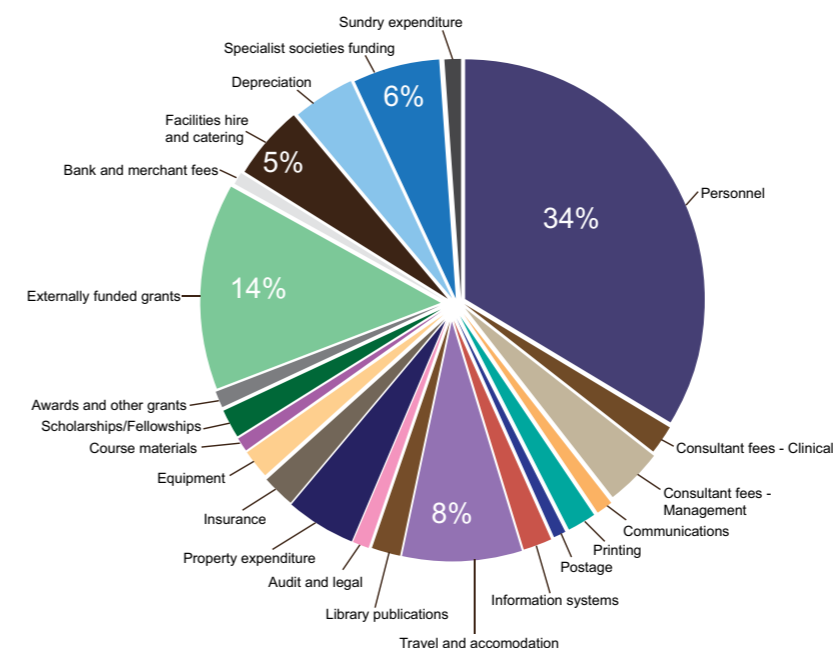
COLLEGE ACTIVITIES

Total Revenue 2015 - \$66,960,306



COLLEGE ACTIVITIES

Total Expenditure 2015 - \$64,106,633



MAJOR BENEFACTORS AND SPONSORS

ANNUAL SCIENTIFIC CONGRESS

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Foundation for Surgery

Passion. Skill. Legacy.

FOUNDATION FOR SURGERY

Major Benefactors

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New Fellows

Dr Shagun Aggarwal
 Dr Damien Ah Yen
 Dr Nariman Ahmadi
 Dr Angus Alexander
 Dr Hamish Alexander
 Dr Luke Anthony
 Dr James Aoina
 Dr Borjana Barth
 Dr Levi Bassin
 Mr Iman Bayat
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 Dr Katherine Broughton
 Dr Thomas Bucher
 Dr Andrew Burgess
 Mr Andrew Campbell-Lloyd
 Mr Rick Catterwell
 Mr Justin Chan
 Dr Conan Chan
 Mr Krishanu Chaudhuri
 Dr Yi Chen
 Dr Anthony Cheng
 Dr Yuan Cheng
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 Dr Hon Ian Chong
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 Dr Teong Chuah
 Dr Ka Hou Chung
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 Dr Ruben Cohen-Hallaleh
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Dr Omprakash Damodaran
 Dr Alan Dao
 Dr Meghan Dares
 Dr Adee-Jonathan Davidson
 Mr Koen De Ridder
 Dr Antonio De Sousa
 Dr Meara Dean
 Dr Paul Della Torre
 Dr Aniruddh Vijay Deshpande
 Dharmawardhane
 Dr Charles Dick
 Dr Thushara Dissanayake
 Mr Nathan Donovan
 Dr Cameron Downes
 Dr Garry Dyke
 Dr Tobias Evans
 Dr Rhys Filgate
 Dr Jennifer Flynn
 Dr Lisa Friederich
 Mr Nicholas Frost
 Mr Peter Gan
 Dr Jamish Gandhi
 Dr Robert Gandy
 Mr Devinder Garewal
 Dr Soheil Ghane-Asle
 Dr Simon Ghosh
 Mr David Gillatt
 Dr Ahmed Goolam
 Dr Dan Gordon
 Mr Nicholas Gormack
 Dr Anil Goudar
 Mr Siva Gounder
 Dr Vinay Gounder
 Dr David Graham
 Dr Glen Guerra
 Dr Justin Gundara
 Dr Thomas Gunning
 Dr Anurag Gupta
 Dr Jennifer Ha
 Dr Daniel Hagley
 Dr Peter Hamer
 Dr Auerilius Erastus Hamilton
 Dr Richard Hanly
 Dr Andrew Hardley
 Dr Marc Heinau
 Dr Kai Hellberg
 Dr Rasika Hendahehewa
 Dr Angus Hibberd
 Dr Nicola Hodges
 Dr David Hogan
 Dr Lachlan Host
 Mr Zakier Hussain
 Dr Ilia Ianovski
 Dr Talal Ibrahim
 Dr Mark Inglis
 Dr Joseph Isaacs

Dr Kim Isaacs
 Mr Justin James
 Dr Bevan Jenkins
 Mr Reuben Johnson
 Mr Andrew Johnston
 Dr Rewena Keegan (Nee Shaw)
 Mr Ritwik Kejriwal
 Dr Peter Kilby
 Dr Robert Knight
 Dr Joseph Kong
 Dr Kyle Kowalewski
 Dr Leon Lai
 Dr Sotiata Leilua
 Mr Eric Levi
 Mr Mark Lewis
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 Dr Kristopher Lundine
 Dr Katarzyna Mackenzie
 Mr Andrew MacLeod
 Dr Suresh Mahendran
 Dr Mario Malkoun
 Dr Matthan Mammen
 Dr Steven Marchalleck
 Dr Bhanu Mariyappa
 Rathnamma
 Dr Conor Marron
 Mr Daniel Marshall
 Mr Simon Matthews
 Dr Ben McArdle
 Mr Daniel McCormick
 Dr Benjamin McGrath
 Mr Kevin McMillan
 Dr Jason McMillen
 Dr Robert McNinch
 Dr Kerrie Meades
 Dr Graham Meredith
 Dr Philip Michael
 Dr Marcia Mickelburgh
 Dr Justine Millar
 Dr Jane Mills
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 Dr Sarah Murgatroyd
 Mr Thirayan Muthu
 Dr Tendai Mwaturura
 Dr Arun Naik
 Dr Radhakrishnan Nair
 Dr Amy Nall
 Dr Thembekile Ncube
 Dr Eu Nice Neo
 Dr Tam Nguyen
 Prof Omgo Nieweg
 Mr Andrej Nikoloski

Dr Jill O'Donnell
 Dr Gregory O'Grady
 Dr Junius Packiyathan
 Dr Alenka Paddle
 Mr Yun Phua
 Dr Sandhya Pillai
 Mr James Plant
 Mr Timothy Price
 Dr Rupesh Puna
 Dr Gratian Punch
 Dr Vaibhav Punjabi
 Dr Soni Putnis
 Dr Nieroshan Rajarubendra
 Dr Rajay Rampersad
 Dr Amit Reddy
 Dr Sunil Reddy
 Dr James Reidy
 Mr Benjamin Robinson
 Dr Mark Robinson
 Mr Daevyd Rodda
 Mr Jeremy Russell
 Dr Nicholas Russell
 Dr Ananda S.M. Ponniah
 Dr Ananthababu Sadasivan
 Dr Sumit Samant
 Dr Simon Sandler
 Dr Steven Schlichtemeier
 Dr Patrick Schweder
 Dr Angus Shao
 Dr David Sharp
 Dr Ali Reza Shekouh
 Mr George Sim
 Mr Andrew Simm
 Dr Bhashampal Singh
 Dr Thomas Slaughter
 Dr Michaela Smith
 Dr Troy Smithers
 Dr Fiona Smithers
 Dr Mohamed Soodin
 Dr Nicole Stamp
 Mr Joel Stein
 Dr Claire Stevens
 Mr Nathan Stewart
 Dr Muthukumar Subramanian
 Dr Arnold Suzuki
 Dr Eric Swanton
 Dr Matthew Tait
 Dr Beryl Tan
 Dr Ai Tan
 Dr Jin Wee Tee
 Dr Adrian Teo
 Dr Nainoor Thakore
 Mr Palaniappan
 Thirunavukkarasu
 Dr Michael John Evan Thomas

Dr Andrew Thompson
 Mr Ciaran Thrush
 Mr Isaac Thyer
 Dr James Tietjens
 Dr Khanh Ngoc Tran
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 Dr William Wessels
 Dr David Westwood
 Dr David Wheatley
 Dr Benjamin Wheeler
 Dr Suraj Wijesuriya
 Dr Livia Williams
 Dr Kirk Williams III
 Dr Peter Wilson
 Mr Indrajith Withanage
 Dr Philippe Wolanski
 Mr Jason Wong
 Dr Sze Ling Wong
 Dr David Worsley
 Dr Rita Yang
 Dr Liqun Yang
 Mr Raymond Yap
 Miss Zeng Yap
 Dr Timothy Yeoh
 Dr Sarah Yong
 Mr Samuel Young

Deceased Fellows

AUSTRALIA

Dr Alan Frederick Bromwich
 Dr Allan Alexander Tye
 Dr Ann Louise Davies
 Dr David Julius Cohen
 Dr John Ichsan Tan
 Dr Katherine Anne Edyvane
 Dr Umeshchandra Kantilal Dhanjee
 Maj. Gen. William Brian James
 Mr Al-Mutazz Diqer
 Mr Anjaparavanda Chinnappa
 Mr Christos Mitrofanis
 Mr Donald Campbell McKinnon
 Mr Frank James Ham
 Mr Gavin James Douglas
 Mr George Cooper McLeod
 Mr Gordon Joseph Clowes
 Mr Graham Sherwood Peck

Mr Hans Joseph Lorbeer
 Mr Ian Arch Fletcher
 Mr Ian Philip Torode
 Mr James Stuart Guest
 Mr John Angus McLeish
 Mr John Bernard Walker
 Mr John Coundley Doyle
 Mr John David Stretton Gunter
 Mr John Narkett Kille
 Mr John Norton Taylor
 Mr John Pearce Maddern
 Mr John Potter Masterton
 Mr John Salisbury Jose
 Mr John Wasley Smith
 Mr Kevin Francis King
 Mr Labeeb Isaac McGuire
 Mr Madappa Sripathi Maiyah
 Mr Marius Fahrer
 Mr Michael Stewart Armstrong
 Mr Peter Frederick Catts
 Mr Peter Kudelka
 Mr Peter Thomas Bruce
 Mr Richard Peter Freeman
 Mr Robin Charles Winfield Williams
 Mr Roderick Donald MacDonald
 Mr Ross Campbell
 Mr Ross McMillan Adie
 Mr Thomas Paul Nash
 Prof Frederick Oscar Stephens
 Prof Norman Albert Beischer
 Prof Ronald Lawrie Huckstep
 Sir Dennis Craig Paterson

NEW ZEALAND

Mr James Martin Gray
 Mr Thomas William Milliken
 Sir Patrick William Eisdell Moore
 Dr Michael Elliott Shackleton
 Mr Vivian Francis Sorrell
 Prof Alexander Keith Jeffery
 Mr Salil Roy Chowdhury
 Mr Peter Britton Milsom
 Mr Robert John Kyd
 Mr John Hall-Jones
 Mr Geoffrey James Coldham
 Mr John Raeburn Talbot

OVERSEAS

Mr William Francis Orr
 Mr John Guthrie
 Dr Thomas Ewing
 Mr Hin Seng James Leong
 EP Keith Howard Langford
 Mr Robert Bruce Filmer
 Dr Vanessa Mary Wright
 Ms Sarah Jane Kruger

AWARDS 2015

New Zealand New Year Honours

Knight Grand Companion of The New Zealand Order of Merit (GNZM)
 Prof Murray Frederick Brennan, of New York for services to medicine

Australia Day Honours

Officer (AO) in the General Division

A Prof Phillip David Stricker AO

Member (AM) in the General Division

Prof Anthony James Costello
 Mr Andrew Harald Gatenby
 Dr David Golovsky
 A Prof David Zachary Lubowski
 Dr Stuart Malcolm Miller
 A Prof Kathiravelpillai Nadanchandran
 Dr Christina Meredith Steffen

AUSTRALIA

Companion (AC), in the General Division

Prof Stephen Vincent Lynch

Member (AM) in the General Division

Prof Ian Ronald Gough
 Prof Ian Andrew Harris
 Prof Ross Beresford Holland (Anaesthetist, Member of Court of Honour)
 Dr Michael William Lanigan
 Prof Robert James Lusby
 A Prof John Richard (Jack) Mackay
 Dr Clifford Walter Pollard

NEW ZEALAND

Officer of the New Zealand Order of Merit (ONZM)

Mr George Ngaei
 October 2015

TONGA

Royal Order of the Crown of Tonga (Fakalangilangi 'o Kalauni 'o Tonga)

Mr Kiki Maoate, ONZM (Paediatric Surgeon, Christchurch)
 Mr Simione Lolohea (General Surgeon, Hamilton)

Council Attendees October 2015

- Back row left to right:** David Theile, Andrew Hill, Lawrence Malisano, Neil Vallance, Garry Wilson, Grant Fraser-Kirk, Rob Knowles, Sonia Latzel, Andrew Brooks, Richard Lander, Barry O'Loughlin
- Middle row left to right:** Tony Sparnon, David Fletcher, John Treacy, Cathy Ferguson, Phil Carson, John Batton, John Crozier, Spencer Beasley, Julie Mundy, Phil Truskett, Richard Perry, Stephen Tobin, Sally Langley, Jonathon Serpell, Bruce Hall, Christine Lai, Ian Bennett
- Front row left to right:** John Quinn, Roger Paterson, Graeme Campbell, David Watters, Marianne Vonau, Julian Smith



The Royal Australasian College of Surgeons

Head Office, College of Surgeons Gardens
250-290 Spring St, East Melbourne, Victoria, Australia 3002

T: +61 3 9249 1200 / F: +61 3 9249 1219 / E: college.sec@surgeons.org