



2003 Annual Report

# Royal Australasian College of Surgeons





**COLLEGE EXECUTIVE** (Left to right) Acting Chief Executive Officer: David Scott, Censor in Chief: Trish Davidson, Chair, Board of Continuing Professional Standards: Russell Stitz, Co-opted Executive Member: Ian Gough (from June 2003), Acting Director of Surgical Affairs: Gordon Clunie, President: Anne Kolbe, Vice President: Peter Woodruff, Chair, Board of Basic Surgical Training: Stephen Deane, Honorary Treasurer: Andrew Sutherland.

Absent: Chair, Court of Examiners: Ross Blair.



**COLLEGE COUNCILLORS** Front row (left to right) Ian Gough, Russell Stitz, Stephen Deane, Anne Kolbe, Peter Woodruff, Andrew Sutherland, Ross Blair, Patricia Davidson, Gordon Clunie.

Second row (left to right) Adrian Anthony, Paddy Dewan, Bob Linacre, Rob Black, Ian Dickinson, Stephen Stening, Keith Mutimer, David Scott.

Third row (left to right) Anthony Hardy, Ian Civil, Guy Maddern, Mark Edwards, Bruce Waxman, Robert Atkinson, John Quinn, John Graham.

Back row (left to right) John Simpson, Ivan Thompson, Peter Malycha, Hugh Martin.

Absent: Richard West, Glenn McCulloch, and Richard Willis.

## CONTENTS

### Executive Reports

President's Report	2
Chief Executive Officer's Report	3
Treasurer's Report	4
ACCC	7

### Education, Training & Professional Development

Advanced Surgical Training (AST)	8
Specialist Assessment	8
Basic Surgical Training (BST)	9
Critical Literature Evaluation and Review (CLEAR)	9
Basic Surgical Skills Course (BSSC)	9
Care of the Critically Ill Surgical Patient Course (CCrISP)	9
Early Management of Severe Trauma (EMST)	10
Continuing Professional Development and Standards (CPD)	10
Surgeons as Educators	10

### Projects

Project China	11
International Projects	12
Interplast	12
Rural Surgery	13
Report of Specialist Outreach Service	13

### Research

Board of Surgical Research	14
ASERNIP-S	14
Recipients of RACS Research Fellowships and Scholarships	15
Foundation Gifts	16

### Fellowship

Annual Scientific Congress (ASC)	17
Medico Legal Section	17
Trauma Committee	18
Younger Fellows	18
Women in Surgery	19
New Fellows	20
Deaths of Fellows	20

### Honours & Awards

Citations	21
Honours & Awards	25

### Supporters

Corporate Sponsors	26
Donations by Fellows	28



# Royal Australasian College of Surgeons

## 2003 Annual Report

### MISSION

We aim to provide the highest standard of safe and comprehensive surgical care to our communities.

### VISION

Through leadership we will:

- Promote excellence in surgical education and training.
- Set and maintain the highest standards of surgical care.
- Advance surgical knowledge and care through research and development.
- Provide support for our Fellows throughout our professional lives.
- Be involved in all relevant public health issues.
- Promote the reputation of Australasian surgery.

### VALUES

We value surgical care based on:

- Integrity
- Skill
- Compassion
- Diligence
- Scholarship

# Executive Reports

## PRESIDENT'S REPORT

The work of the College received reassuring endorsement when the Australian Competition and Consumer Commission concluded its protracted inquiry and issued its Determination on 30 June 2003, exempting the College from certain provisions of the Trade Practices Act. For the next six years the College is authorised to select, train and examine trainees and to accredit hospitals and individual hospital posts. For the next four years it is authorised to assess the qualifications, training and experience of overseas-trained doctors.

A number of conditions are attached to the authorisation, including the requirement that the College participate with the federal and state governments in reviewing the processes for assessing overseas-trained surgeons and for accrediting hospitals and training posts. We are meeting these conditions willingly. They fit very well with our own plans for improving our partnership with hospitals and government as we work together to meet the surgical needs of the communities we serve.

Winning this decision was a great achievement for the College and I thank my predecessor, Professor Kingsley Faulkner, who was ably assisted by Dr Vin Massaro (then Chief Executive) and Mrs Lorraine Perry (then Director of the Division of Academic Services) and a very competent legal team. An enormous amount of work was entailed and the work associated with complying with the conditions continues.

A major task that faced me as President was the appointment of a replacement for Dr Vin Massaro, who resigned in March 2003. The whole of Council contributed to the process of agreeing on what skills we were looking for in our new appointment. The Executive Committee, along with Honorary Financial Adviser Mr Norm Bevan, undertook the final selection. Dr David Hillis commenced as RACS Executive General Manager on 1 December 2003 and is amply demonstrating his ability and suitability. I thank him warmly on behalf of Council and the Fellowship.

I thank sincerely Professor David Scott and Professor Gordon Clunie, who admirably filled the positions of Acting Chief Executive Officer and Acting Executive Director for Surgical Affairs in the interim.

Over the course of the coming year, Dr Hillis will work closely with Council and me in reviewing the College's strategic plan, the governance management relationship, and the College's structure and budget.

Another pleasing achievement for the College during the year has been the strengthening of its relationship with the Specialist Societies and Associations. When the Australian Medical Council accredited the College in April 2002, it recommended that the College develop Memoranda of Understanding (MOU) with the Specialist Societies and Associations, covering all aspects of selection, training and

assessment. MOU were developed and signed under the leadership of Kingsley Faulkner, who continued to contribute his expertise and diplomacy in developing, with the assistance of consultant Mr Dennis McCluskey, the associated service agreements to cover the delivery of advanced surgical training. Further service agreements covering other areas in which the College works closely with the Specialist Societies and Associations will be developed.

The value of the agreements is twofold. They state clearly which party is responsible for the various activities, and trainees' fees are then allocated fairly, on a cost basis, to whoever is delivering the service. I thank the Specialist Societies and Associations for their willing collaboration in working through this new and difficult exercise. While our relationship is now more formalised, I believe the process has given both the College and the Societies the basis for a better and closer partnership. I look forward to building on this and to meeting and exchanging ideas with as many Fellows as possible when I attend the Specialist Societies and Associations' meetings over the coming year.

I have appreciated the warm welcome I have received from Fellows whenever I have attended the Annual Scientific Meetings of the New Zealand National Board and the State Committees. These are also a wonderful opportunity to improve the communication between Council and the Fellowship.

A good part of my time is spent representing the College at meetings within Australasia and overseas. I was pleased and honoured to be elected Vice President of the Committee of Presidents of Medical Colleges (CPMC). The CPMC has enormous potential for valuable information sharing and common policy and position development, both among colleges and with the bodies who have observer status, e.g. the Australian Medical Association, the Australian Medical Council, the Postgraduate Medical Education Councils, the Commonwealth Department of Health, the National Health and Medical Research Council and the New Zealand Committee of Medical Colleges. I am very conscious that this College (and other individual colleges) should not lose their autonomy and I have worked hard, along with others, on a small CPMC working party to enshrine this in the new CPMC Constitution.

During the past year I have had the pleasure of representing the College at a number of meetings overseas. Particularly valuable were the meetings of the North American Colleges and the International Association of College and Academy Presidents. It is clear that we are all wrestling with workforce shortages, the need to streamline processes for recognising each others' qualifications, medical litigation and issues associated with safety, quality and the need to demonstrate ongoing competence and professionalism in a rapidly changing environment, where community expectations are high and funding is invariably short. These are all issues about which this College is having ongoing dialogue with government federally, in the states and in New Zealand.

In June 2003 Council established five working parties to address Workforce, Medical Indemnity, Skills Laboratories, the Fellows' Code of Conduct and Governance and Articles to provide advice to me and to Council. Having constructive meetings with Health Ministers and their advisers continues to be one of the more demanding aspects of the President's role, but one to which I give high priority. I am confident that as our communication and involvement grow, so will our ability to contribute to solutions. I thank my Council colleagues, the Chairs of the National and Regional Boards, Presidents of the Specialist Societies and Associations and staff who help me.

Advocacy for the College and presentation of its position on issues to the media is also a task that falls most often to the President. I thank particularly Immediate Past President, Professor Kingsley Faulkner; the Vice President, Mr Peter Woodruff; Chairman of the Board of Continuing Professional Development and Standards, Mr Russell Stitz; NSW Chairman Mr Hugh Carmalt, and former Councillor, Professor John Harris, for their advice and assistance on presentation of the College's case on medical indemnity. While some significant gains have been made in medico legal reform and medical indemnity arrangements, the College will continue to lobby government for better long-term solutions. I thank Media Manager Ms Fiona Gillies for her help and guidance.

In all, I believe we have had a big, difficult, but successful year. I thank all Fellows and staff for the many ways they have contributed to making it a success.

I look forward to the opening of the new wing at College headquarters on 1 May 2004 and the ushering in of a new era for surgical education.



Anne Kolbe  
President

## CHIEF EXECUTIVE OFFICER'S REPORT

The College as a professional education institution maintains an enviable prominence in the Australasian medical postgraduate scene. This prominence brings with it responsibilities, in identifying new opportunities in postgraduate and Fellowship education, and also the challenges of increasing regulations and finding solutions for workforce shortages.

Basic and advanced surgical training programmes are provided to trainees selected on a national or binational basis and in approved training positions following detailed College inspections. During 2003, 208 trainees completed the basic training programme and 126 new Fellows completed the Fellowship programme in the nine surgical specialties.

In 2002 the Australian Medical Council (AMC), at the start of a new programme for postgraduate medical colleges, inspected and accredited the RACS training programme for six years. This accreditation process is similar to that of university medical school accreditation undertaken by the AMC and provides the College and the community with reassurance of the high-quality training provided.

The Australian Competition and Consumer Commission (ACCC) initiated an investigation in 2001, in part from concerns about workforce numbers, recognition of overseas qualifications and the College's role in surgical education. The ACCC determination, announced on 30 June 2003, recognised the high quality of the

College's education programme and accepted that there were greater public benefits than detriments for the College to be authorised to continue its training programme. To provide the community with reassurance of the benefits of the College's processes, the ACCC has determined that there should be two public inquiries: into Assessment of Overseas Trained Surgeons and Accreditation of Hospitals and Hospital Posts for Training Positions.

In increasing its accountability, the College will now publish annually the number of successful applicants for College training positions and the numbers passing examinations. The College will also invite community representatives onto a number of committees and invite representatives of state and federal Health Departments onto selection committees and key training committees. As a College we recognise that training the required number of surgeons is a partnership between ourselves, with our educational programmes, and hospitals providing the salaries and clinical opportunities for satisfactory training.

The College continues its involvement with the Australian Medical Workforce Advisory Committee (AMWAC) and has accepted the advice on training numbers advocated by the Committee on the surgical specialties they have reviewed. In spite of following that advice, we as a community in 2003-04 continue to recognise the difficulties in recruiting surgeons, particularly in rural areas. In order to obtain independent advice, the College commissioned Professor Bob Birrell to report on the surgical workforce at a major workshop conducted in June 2003. His predictions for both Australia and New Zealand were a 50 per cent increase in surgical workload in the next 30 years, due to population increases and the requirements of an ageing population, where the older age groups have a much greater demand for surgical procedures. As the current workforce is seen to be already stretched or deficient, a 50 per cent increase in surgical numbers is required to meet the demand for services.

In this setting, the College has to move forward with time-efficient and effective training, and one element of this will be skills training centres. We already have had involvement with the major CTEC Centre in Western Australia. In New South Wales, the College has committed to developing a major skills centre in a joint venture with Sydney University. This is planned in detail, and hopefully capital funding will be available from the NSW and federal governments to start building in 2004.

In Victoria, as part of the East Wing development, a smaller skills centre will also be available. The new building is on the site of the Great Hall, which had to be replaced due to asbestos contamination.

In Queensland a facility with a much broader focus for general skills is being funded by the Queensland government. At this stage advanced surgical skills training will not be available.

The number of staff at the College in Melbourne and in state and New Zealand offices has increased over recent years, reflecting in part both the increasing complexity and thoroughness of training programmes, and CPD requirements. Elsewhere in this report you will see how we are funded for increased activity in international humanitarian aid programmes. These programmes are a tremendously effective way to help less-developed communities and a source of considerable satisfaction for those volunteers who provide their time and expertise for short-term specialist surgical visits.

There is an extensive review of College finances and their allocation, which was required in part for Specialist Societies and Associations to be more formally accountable to the College for their involvement in advanced surgical training. This is required by the AMC accreditation and the ACCC determination. In recognition of the services delivered, the College developed with the Specialist Societies a formula to

fully fund, at an agreed level, the services they provide to advanced trainees. To complete these service contracts has required a large amount of detailed work and considerable goodwill from all parties.

The College Annual Scientific Congress (ASC) was held in Brisbane in 2003. There were a number of new initiatives developed by Convener Russell Stitz and his team, such as extra workshops, which helped to make it another record congress, with 1,800 Fellows in attendance. In 2004 the congress was to be held in Hong Kong in a move to strengthen our involvement with our colleagues, particularly in Hong Kong and more generally in South-East Asia. Regrettably, due to the financial risks caused by the impact of SARS in Hong Kong, we have decided to relocate the meeting to Melbourne. We anticipate another record attendance, as the ASC is recognised as excellent value for Fellows' CPD activities.

The major aim of the College structures is to service the needs of Fellows for both training programmes and their many professional requirements. As a Fellow, and having been involved in the management of the College during 2003, I have been impressed with the skills and professionalism of the permanent staff. At the end of a hectic year, with so many extra challenges, I also salute the efforts of all those Fellows who contribute to College activities. In particular I thank office bearers and councillors, who carry an extra burden of College commitments that takes them from their already busy practices and family life. Their support and availability to the College staff is the glue that keeps the potentially unmanageable manageable.

We welcome Dr David Hillis to the role of Executive General Manager. He brings his experience as a medical graduate, general practitioner and hospital manager, most recently as Chief Executive Officer of the Peter MacCallum Cancer Centre in Melbourne, to this role. We have great confidence in his ability to lead the management and staff as they deal with the many challenges facing the College.



**David F Scott**  
Acting Chief Executive Officer

## TREASURER'S REPORT

The Annual Financial Report for the year ended 31 December 2003 is presented together with the Auditor's Report to the College for 2003 and are included in the Financial Report for 2003.

**Overview** It is my pleasure to present the Annual Financial Report for the year ended 31 December 2003.

The College has achieved a net operating surplus of \$2,023,043, compared to a forecast of \$517,179, after another year where the diverse activities of the organisation and significant management changes have placed demands on its resources. The improving state of the equity markets has resulted in an overall return from the Investment portfolio of 17.8 per cent \$1,953,525. The transfer to the Investment Reserve of uncommitted investment returns was \$624,135, compared to a forecast of \$534,196, resulting in an overall surplus of \$2,647,177.

It is pleasing to see that the 2003 result was in line with the annual forecast before the inclusion of these improved returns.

The Division of Academic Services has continued to provide a broad range of resources and services, maintaining and developing the College education activities and infrastructure in association with the Specialist Boards and Societies.

In 2003, the 'old' Basic Surgical Training Programme closed and the Board implemented a variety of strategies to ensure that trainees in the old programme were not unduly disadvantaged. The selection processes to AST continued to be progressed, with a number of key workshops being held during the year.

Service agreements with the Specialist Societies have made the costing of AST transparent and acceptable to our Specialist Societies. They have enabled the introduction of the user pays principle that can now be clearly justified. They will also provide a basis for the development of agreed protocols and quality assurance activities under the auspices of the EPB. These arrangements also allow us to comply with the determinations of the ACCC. They will provide a template for other College services provided to Fellows through their specialist societies such as Continuing Professional Development (CPD).

The CPD programme underwent a revision for 2004–2006, following broad consultation with Specialty Societies and the wider Fellowship. The programme incorporates a number of changes to reflect the needs of Fellows and current educational principles. Council has also approved a position paper, 'Competence and Surgeons', and guidelines on Correct Site Surgery.

The Division of Fellowship and External Affairs is responsible for sponsorship and fundraising, conference and events management, library and website services, international projects and media and public relations.

During 2003, donation and sponsorship revenue raised was \$642,631, compared to \$3,202,629 in 2002. The 2002 figure includes the Federal Government's contribution of \$2 million to the East Wing Development. In addition, the College received

\$1,695,000 in-kind support from industry for educational activities (\$1,250,000 in equipment for the Victorian Skills Centre, \$230,000 for the Basic Skills Courses throughout Australia and New Zealand and \$215,000 of in-kind sponsorship for the ASC).

The Conference and Events Department managed the Brisbane Annual Scientific Congress with record attendance and sponsorship. In addition, the department has managed successful and profitable events for a number of Specialist Groups of the College.

The Resources Division is responsible for finance, credit management, property, information services, human resources, archives and College collections.

During July 2002, the construction programme for the new East Wing in Melbourne commenced with the demolition of the Great Hall. The new facility is an exciting development and will be a key part of the training resources for the College in the years ahead. The College began using the facility in early February 2004.

An Information Services Project Manager has been appointed to improve the functionality and service delivery of College IT systems to all users. In early 2004, an IT Strategy Plan will be developed in conjunction with all stakeholders to ensure that the appropriate resources and funding are applied to the College's IT requirements.

A review of the College Finance and Reporting System identified the need to restructure the system to more accurately report all costs associated with the core activities of the College. The initial stages of the RACSFIN project were completed in 2003 and the project will continue in 2004.

The Investment Committee, established under the Chairmanship of Mr Brian Randall in 2002, has continued to manage the College investment portfolio. The investment return to the College for 2003 was 17.8 per cent, being a 22.8 per cent turnaround compared to the negative return of 5.0 per cent in 2002.

The market value of our portfolio as at the 31 December 2003 was \$16,526,608 (2002 – \$18,728,209). \$5,000,000 was used in the funding of the East Wing Development and will be replenished as circumstances allow.

**Statement of Financial Performance (Page 14)** The Statement of Financial Performance outlines the key revenue and expense areas for the year.

In 2003, the overall operating surplus was \$2,023,043, compared to an overall operating surplus in 2002 of \$3,225,329. The return to the Investment Reserve of uncommitted investment returns was \$624,135, compared to a negative return in 2002 of \$979,733. Overall the result for 2003 was a surplus of \$2,647,177, compared to the surplus for 2002 of 2,245,599.

Total revenue for 2003 increased to \$20,720,081 from \$18,603,304 in 2002. In 2003, revenue sources for the College were predominantly Subscriptions and Fees from Fellows, \$6,578,731, and Examinations and Training Fees, \$8,433,363. Revenue from sponsorship, donations, fundraising and management fees and surpluses from RACS projects totalled \$1,386,999, compared to the budget of \$1,714,331.

In 2003, expenditure on all activities was \$18,072,904 compared to \$16,367,705 in 2002. The expenditure during 2003 was in line with forecast. Personnel costs increased by \$607,778, with expenditure being managed within approved staffing budgets and numbers.

In 2003, depreciation expense relating to College assets was \$901,526 and other expenses were \$1,436,548.

**Subscriptions Account (Note 4)** In 2003, revenue from Subscriptions was \$4,902,319, compared to \$3,852,607 in 2002.

During 2003, a number of RACS international and national aid projects continued to be managed by the College. These included Pacific Island Project – phase 3, The Papua New Guinea Tertiary Health Services – phase 3, Australia-East Timor Specialist

Services Project – phase 1, Medical Equipment Maintenance Programme and ASERNIP-S research project. During 2003, the College has earned \$744,368 in management fees for the administration and management of these and other projects.

Expenditure for 2003 increased by \$768,794 to \$5,126,463. Costs relating to the provision of staff and related support resources are reflected in personnel expenditure that totalled \$3,982,234 for the year.

Insurance costs have risen from \$95,385 to \$197,787 in line with the pressure on insurance costs for all businesses. Legal and Professional fees increased to \$305,356, reflecting the costs incurred in preparing the ACCC submission and recruiting the Executive General Manager.

Other expenditure increased during 2003 with the inclusion of a contingency of \$150,000 for payments to Specialist Societies in relation to training and educational services provided to the College for 2003 and earlier.

The Subscription Account for 2003 recorded a surplus of \$486,418, compared to \$1,085,156 in 2002.

**Fellows Fund (Note 5)** The activities of this fund include revenue and expenditure relating to the administration of general activities of the College, including those of Fellows.

In 2003, the Fund recorded a surplus of \$2,305,540, compared to a surplus in 2002 of \$1,583,593. The improvement in the Fellows Fund is mainly due to Subscriptions and Fees revenue increasing by \$1,158,495 and RACS Project management fees increasing by \$112,513. These increases were offset by a reduction in Other Income of \$908,670 relating to fees and surpluses from completed College projects in 2002.

The operations of the fund during 2003 incurred expenditure totaling \$5,126,463, compared to \$5,449,169 in 2002.

The balance of the fund at year-end was \$19,213,877, compared to \$16,908,337 in 2002.

**Foundation Fund (Note 6)** This fund includes revenue and expenditure relating to fund raising and scholarship activities.

In 2003, the net deficit for the RACS Foundation Fund was \$1,409,695, compared to a deficit in 2002 of \$1,666,480.

Overall revenue generated by the Fund in 2003 was \$3,914,396, compared to \$2,804,020 in 2002. This increase in revenue of \$1,110,376 was due to the improvement in investment revenue in 2003 to \$1,162,386. This was offset by a reduction in revenue from Donations and Sponsorship by \$526,684 to \$591,203.

The ASC 2003 in Brisbane recorded excellent attendances. Although this resulted in above-budget revenue, the overall result was less than budget.

During 2003 the College awarded 32 Scholarships and Fellowships with a total net funding of \$957,297, compared to \$1,320,611 in 2002. The reduction in funding levels in 2003 was a direct impact of the negative investment performance in 2002.

The operations of the fund during 2003 incurred expenditure totalling \$5,324,091, compared to \$4,470,500 in 2002.

The Foundation Fund has a balance at year-end of \$5,396,973, compared to \$6,806,668 in 2002.

**Pre-Fellowship Fund (Note 7)** The activities of the Pre-Fellowship Fund include all revenue and expenditure relating to educational and training activities of the College, excluding EMST.

The fund, in 2003, recorded a surplus of \$1,449,975, compared to a surplus of \$1,490,881 in 2002.

The improvement in the fund is due to an overall increase in revenue of \$864,466, mainly due to Examination and Training Fees revenue increasing by \$876,109.

Expenditure in 2003 totalled \$5,650,447, compared to \$4,745,075 in 2002, with the provision of resources to support education and training remaining relatively consistent with 2002's.

At the close of 2003, the fund has a balance of \$1,937,408.

**Property Fund (Note 8)** During 2003, revenue received from tenants and other sources totalled \$120,377, compared to \$2,136,164 received in 2002. Included in the 2002 revenue was the \$2,000,000 million funding grant from the Commonwealth Government for the East Wing development in Melbourne.

Expenditure on College properties in 2003 was \$769,820 for the year, compared to \$515,568 in 2002.

Interest costs have commenced on the funding of the new building and this added \$119,532 to the expenditure for the year. The redevelopment of the Melbourne office is progressing according to the agreed project timetable and budget. The College took possession of the building in February 2004.

The RACS continues to provide administrative support to the CTEC Skills Laboratories facility located at the University of WA.

The development of the NSW facility (ECHTEC) is on hold awaiting additional capital funding commitment from external sources.

The fund has a balance of \$393,742 in 2003, compared to a balance of \$1,043,185 in 2002.

**Early Management of Severe Trauma Fund (Note 9)** The College education and training activities include the activities of Early Management of Severe Trauma (EMST).

The EMST courses are an integral part of the Basic Surgical Training programme and were very successful during 2003, with activities in Australia and New Zealand returning a surplus of \$191,977 compared to \$161,877 in 2002.

The fund retains a balance of \$658,994, compared to \$467,017 in 2002.

**Sundry Funds (Note 10)** The Sundry Funds summarise the transactions and funds of the various Divisions and Sections held on their behalf.

At the close of 2003, a net surplus of \$134,688 was realised, compared to a surplus of \$34,865 in 2002.

The Fund retains a balance in 2003 of \$950,655, compared to \$815,967 in 2002.

**Summary** Overall, 2003 has been a successful year from the point of view of College Resources. We have coped with significant administrative stresses and have recorded an excellent result for the year.

Considerable achievements have been made that will continue to provide benefits to both the Fellows and the Trainees of the College.

- > The previously condemned East Wing and Great Hall has been replaced by up-to-date office accommodation and modern educational facilities. A modest cost overrun has been dealt with within the College's financial capacity. A plan for repayment of the ANZ loan has been developed and will be implemented during 2004.
- > The initiatives undertaken in Education and Research during the year continue to provide for more effective and efficient educational programmes in the areas of BST, AST and CPD.
- > Service agreements with the Specialist Societies have made the costing of AST transparent and acceptable to our Specialist Societies. They have enabled the introduction of the user pays principle that can be clearly justified. They will also provide a basis for the development of agreed protocols and quality assurance activities under the auspices of the EPB. These arrangements also allow us to comply with the determinations of the ACCC.

> The Subscription in Advance rollback was completed in 2003 and all subscriptions are now paid in the year in which they are due.

> The Credit Management programme has turned around an unacceptable level of overdue debt and is now a routine College procedure.

The financial challenges for the future include:

- > The need to tailor the College programmes to its financial capability.
- > The ongoing need to keep the Fellows' subscriptions stable and acceptable.
- > The ongoing requirement to explain to Fellows where their subscriptions go and the benefits they receive.
- > The resumption of the RACSFIN project during 2004 to continue the effort to make the College finances more understandable and transparent.
- > The continuing dialogue with the Specialist groups, particularly in the areas of funding models for CPD and assessment of Overseas trained doctors.
- > The management of Skills Centres, the training programmes and their costs.
- > The resolution of the issues surrounding capital costs associated with ECHTEC.
- > Better understanding of the ECHTEC business plan and its expected financial implications.

In closing I would like to acknowledge the role of Professor David Scott in stepping into the breach as Acting CEO. His management of some difficult financial and administrative issues, including those surrounding ECHTEC, contributed in a large part to our satisfactory outcome. The year has also been an extremely busy period for the Resources Division led by Mr Ian Burke and I would like to thank him and all his staff for their efforts during the year, particularly in relation to the East Wing redevelopment.

I also note that the College has been very well supported in this challenging year by its Honorary Advisers, Mr Norm Bevan, Mr Robert Milne, Mr Doug Oldfield, AO and Mr Brian Randall. The College is extremely grateful for their wise counsel and support in relation to finance, investment, property and audit matters. I would also like to acknowledge the Honorary College Solicitor, Mr Michael Gorton, who provided enormous support for the College in attending to a wide variety of legal issues.



**Andrew Sutherland**  
Treasurer

## AUSTRALIAN COMPETITION AND CONSUMER COMMISSION

In July 2003 the Australian Competition and Consumer Commission (ACCC) determination came into effect, following the College's request for authorisation under the Trade Practices Act. The ACCC was extremely thorough in its review of the College and this is borne out by the substantial range of reporting that the College is now required to undertake on an annual basis. Following is a brief summation of the areas where the College is required to publish a comprehensive account of its activities in order to meet the conditions of the ACCC.

The conditions of the ACCC determination have significant implications for College resources and primarily, although not exclusively, relate to four areas of College activity:

- > Assessment of overseas-trained doctors
- > Accreditation of hospitals and hospital posts
- > Selection of trainees
- > Training and examinations.

Implementation of the ACCC conditions has commenced within the Division of Academic Services. Detailed reporting is required on College activities, including **assessment of overseas-trained doctors**. The College is progressively working towards developing protocols to capture the extensive detail required; these include: the number of overseas-trained doctors who are applying for an area-of-need position, the duration of the assessment process, the number who are required to complete specific components of surgical training, and the number who are required to complete a period of supervised work. These are just a few of the areas about which the College is required to supply information on an annual basis.

The ACCC has stipulated that an Independent Review Committee be established to examine whether equivalence, substantial comparability, competence or another test is the preferable method for assessing overseas-trained surgeons. The Committee comprises nominees from the College, the Australian Medical Council and the Australian Health Ministers Conference. It is anticipated that the Review Committee will report in late 2004.

The ACCC also put a strong focus on the **accreditation of hospitals and hospital posts**. The College is required to: provide detailed information about the number of requests for accreditation of hospitals/hospital posts, the number of reassessments, and information as to why a hospital/hospital post was unsuccessful, the duration of the assessment process and description of the assessment process. Again these are a few examples of the reporting conditions.

The ACCC requires that a second Independent Review Committee be established to investigate the College criteria for accrediting hospital posts for Advanced Surgical Training and for accrediting hospitals for Basic Surgical Training. This Review will examine whether it is feasible to accredit hospitals rather than hospital posts for Advanced Surgical Training and recognise retrospectively work undertaken in non-accredited training positions for the purpose of completing Advanced Surgical Training.

Membership of the Committee is similar to that above, and will also report in late 2004.

**Selection of trainees** was another subject of interest for the ACCC. The College will be required to: include nominees of health ministers on selection panels for both Basic and Advanced Surgical Training, provide all applicants for Basic Surgical Training with their decile ranking for their total selection score and for each individual component of their assessment, advise all unsuccessful applicants for Advanced Surgical Training as to whether they were suitable for admission to the Advanced Surgical Training programme but due to the limited number of training posts were unable to gain a position.

In addition to the procedural changes in the selection process, the College is required to annually publish data as to: the number of applicants for Advanced and Basic Surgical Training, the decile ranking of applicants, the number of trainees appointed by individual hospitals, the number of applicants both successful and unsuccessful, as well as a range of other statistical information. These are just some of the points requiring a College response.

The College will annually provide information to the Commonwealth, state and territory Health Ministers regarding the number and distribution of Basic Surgical Training positions and the rationale employed in reaching these decisions.

**Training and examinations** also came under scrutiny. Following is a selection of some of the information that the College is required to report: the number of Advanced and Basic Surgical trainees, the number of Advanced and Basic Surgical trainees successfully completing each year, the number of new Fellows by specialty, the pass rate for the MCQ and Clinical Examination (formerly known as the OSCE), and the pass rate for the Part 2 Examination by specialty. This information will be published as both a national aggregate and by state or territory.

Finally, the College will need to make publicly available information concerning: the subject matter covered in both Basic and Advanced Surgical Training, how trainees are assessed, descriptions of the Part 1 and 2 examinations, including the various elements and the marking system and the criteria determining eligibility for a trainee to undertake the Part 2 Examination.

# Education Training & Professional Development

The College is indebted to the large number of Fellows whose valuable contributions throughout 2003 ensured that the College continued to develop the highest standards of professionalism and integrity in surgical education. Professor Patricia Davidson replaced Associate Professor Richard West as Censor-in-Chief, Chair of the Education Policy Board and the Board of Advanced Surgical Training (AST). Associate Professor West played a major role in the development of the educational programmes of the College, initially as Chairman of the Board of Basic Surgical Training (BST) from 1999 to 2001 and concluding in the position of Censor-in-Chief from 2001 to 2003. He remains as a valued member of the College Council who has continued to provide leadership by chairing the Surgical Workforce Working Party during 2003. Professor Andre Van Rij continued as New Zealand Censor and Professor Ian Gough was appointed Deputy Censor-in-Chief.

The College has a strong commitment to achieving the goals set out in the Strategic Plan for Education, 2003–2007. The **Education Policy Board**, chaired by the Censor-in-Chief, has assumed a leadership role in this area to bring into effect the goals as specified in the Strategic Plan. The appointment of a Dean of Education in 2004 will further assist in the pursuit of the goals of the Strategic Plan.

The **Board of Advanced Surgical Training** welcomed six new Specialty Board Chairmen. Professor Julian Smith in Cardiothoracic Surgery took over from Mr Peter Brady, Professor Christopher Christophi in General Surgery took over from Mr Ivan Thompson, Mr Gordon Morrison in Orthopaedic Surgery took over from Mr John Harris, Mr Harvey Stern in Plastic and Reconstructive Surgery took over from Mr Gregory McDermant, Mr William Lynch in Urology took over from Mr Andrew Brooks and Mr Robert Fitrige in Vascular Surgery took over from Dr John Quinn. The retiring Chairs of the Boards have made significant contributions to the development of their own specialties as well as to the College in total.

The Board of Advanced Surgical Training recognises the importance of the trainee selection process and supported the conduct of a series of 14 interviewer training workshops in New Zealand and Australia. These workshops were designed to enhance the interview skills of Fellows on trainee selection panels for both basic and advanced surgical trainee selection.

There were 545 applications for 166 Advanced Surgical Training places. There were 87 Transitional Surgical Trainees (TSTs), i.e. those deemed acceptable for surgical training and eligible to reapply for the 2005 intake.

The College received 60 applications from overseas-trained doctors for a **specialist assessment**: Cardiothoracic Surgery (8), General Surgery (18), Neurosurgery (4), Orthopaedic Surgery (15), Otolaryngology, Head and Neck Surgery (2), Paediatric Surgery (2), Plastic and Reconstructive Surgery (5), Urology (3) and Vascular Surgery (3).

A total of 331 applications for a letter of support from the College for the issuing of an Occupational Training Visa (OTV) by the Department of Immigration and Multicultural and Indigenous Affairs were processed.

Mr Ross Blair was elected to the position of Chairman of the **Court of Examiners** and Mr Robert Black was elected as Deputy Chairman of the Court of Examiners.

Mr Bruce Davis replaced Mr Mark Edwards as Senior Examiner in Cardiothoracic Surgery, Mr Peter Heathcote replaced Mr Laurie Cleeve as Senior Examiner in Urology and Mr John Quinn replaced Professor John P Harris as Senior Examiner in Vascular Surgery.

In 2003 four Part 2 examinations were conducted: Wellington, Sydney, Hong Kong and Brisbane. A total of 237 candidates were examined, of whom 165 were successful (70 per cent pass rate).

The **Board of Basic Surgical Training (BST)** continued to be chaired by Professor Stephen Deane, with Mr Robert Atkinson as the Deputy Chair.

The Board presided over the closure of the 'old' training programme at the end of 2003, after implementing a variety of strategies to ensure that trainees in the old programme were not unduly disadvantaged by its closure.

There were 364 applications received for 205 basic surgical training positions.

The Board is developing a new electronic database for their Clinical Committee (previously known as the Objective Structured Clinical Examination). The Board also successfully introduced a new multiple choice question (MCQ) database covering the disciplines of anatomy, pathology and physiology. This will enable the committees associated with those disciplines to set examination papers electronically.

The Part 1 examinations were conducted in 2003 with three MCQ examinations at which a total of 278 candidates presented, of which 185 were successful, providing a pass rate of 67 per cent. There were two Objective Structured Clinical Examinations, at which 242 presented and 224 were successful, providing a pass rate of 92 per cent. The Orthopaedic Principles and Basic Science Examination was also conducted, with 44 candidates presenting and 42 successful, providing a pass rate of 95 per cent.

The Facilitated Personal Mentoring Scheme for basic surgical trainees attracted a high level of interest from first-year trainees, with approximately 50 trainees matched to volunteer Fellow mentors.

The key areas for **curriculum development** during 2003 have included documenting the curriculum for Advanced Surgical Training (AST), continuing development of online educational resources for Basic and Advanced Surgical Training and developing a strategy for evaluation of the surgical training programmes.

Web learning tools have been extended to include an image bank database, surgical case studies integrating the basic sciences with clinical content, an assessable online case study forum, which provides individual feedback from consultant specialists, and an education homepage for each advanced surgical training specialty, containing details of the surgical curriculum.

In 2003 the College appointed a Curriculum Developer, Dr Wendy Crebbin, to work with the specialist boards and societies to develop detailed curricula for Advanced Surgical Training. The curriculum for each specialty will include clearly articulated learning objectives and competencies, an explanation of the philosophy and goals of the training courses, and materials for self-directed learning. Learning resources incorporate CanMED recommendations.

The curriculum for BST, including a comprehensive set of curriculum objectives, was developed in 2000. In accordance with the philosophy of developing alignment between the BST and AST curricula, working groups at both levels are exploring opportunities for dialogue, particularly as some specialties are considering the introduction of an examination on the basic sciences in the early part of AST.

During 2003 the College undertook two evaluations of its educational resources, which identified key areas for future educational development. Further evaluations are being designed within the overall strategy for evaluation according to the RACS Strategic Plan for Education.

The Curriculum Review Committee of the Board of Basic Surgical Training also included two trainee representatives in its membership. The trainees provided a valuable perspective and

feedback to other trainees. Representatives will be selected annually between the Australian states and New Zealand.

There was gradual growth of the **Critical Literature Evaluation and Research (CLEAR)** programme in 2003, with the number of instructors expanded to 16 and four workshops conducted in Melbourne, Adelaide, Brisbane and Sydney.

CLEAR is a mandatory requirement for advanced trainees in otolaryngology, urology and general surgery. A gradual increase in the number of courses is planned over the next five years to meet demand.

A new programme, Statistics for Surgeons, has been developed as an extension to the knowledge base of the CLEAR course. This specialised course has been conducted once in Sydney and further courses are planned for 2004.

**Twelve Basic Surgical Skills Courses (BSSC)** catering for 202 basic surgical trainees throughout Australasia have been completed this year. Approximately 146 instructors have been involved in the 2003 BSSC programme.

The 2003 course programme was again resourced with the assistance of in-kind sponsorship from several major companies. This ongoing support is vital to the success of the programme and is very much appreciated.

The BSS Committee and co-opted members have met twice in 2003 to progress the development of an Australasian Basic Surgical Skills Course.

At the last meeting in November, members concentrated on the flow and specific content of the individual sessions of the course. Templates for approximately 80 per cent of the course have been developed and will be further refined. From these, scripts for the audio-visual component of each session, manual content, task and exercise descriptions will be developed, as well as group discussion points for each exercise.

Eighteen **Care of the Critically Ill Surgical Patient (CCrISP)** courses were held throughout Australasia, catering for 288 participants, predominantly first and second year basic surgery trainees. The CCrISP programme's 50th participant course took place in Adelaide during September 2003.

More than 100 instructors were involved in the 2003 programme, nine emergency medicine specialists, 15 intensivists, 14 anaesthetists, and 67 surgeons.

The second edition of materials for the CCrISP programme was launched in September at the RCS-England. The input from the Australasian CCrISP community has been acknowledged in this second edition, including the placement of the RACS coat of arms alongside the RCS-England crest inside the participant and faculty manuals.

The Fiji School of Medicine has expressed an interest in running a CCrISP course in Fiji in 2004. Negotiations regarding logistics and funding for this proposal are currently under way.

2003 marks the 15th year of **Early Management of Severe Trauma (EMST)** in Australasia and, with the maturity of the programme, the schedule of Australasian courses has reached a plateau of growth. Outreach programmes continued, with the 10th course conducted in Papua New Guinea and the programme inaugurated in Thailand.

In Australia and New Zealand, 70 EMST courses provided initial training, updating or instructor training for a total of 1,116 doctors. Provider courses were held in Fiji and Papua New Guinea. In November, a team comprising Michael Hollands (EMST Chairman), Lesley Dunstall (national co-ordinator), Norm Fary (educator), Mary Langcake (instructor) and Adrian Burke (instructor) together with two representatives of the ATLS® sub-committee of the American College of Surgeons assisted the Royal College of Surgeons, Thailand, (RCST) in the

inauguration of the ATLS®/EMST programme. This initiative not only strengthened the ties between RACS and RCST, but enhanced the international reputation of EMST, being the first time a country other than the USA has provided the initial instructor training and contributed significantly to the inaugural courses.

Twenty-eight new instructors joined the existing team of multidisciplinary instructors, which now numbers 368, half of whom are surgeons and the remainder representative of anaesthetists, intensive care and emergency physicians and a small number of general practitioners. Seventy nurses support the programme through course co-ordination activities.

Fostering the enthusiasm and commitment of the faculty continues to be a high priority of the programme, the EMST Scholarship being one incentive. Dr David Scott (anaesthetist, Lismore) is the recipient of the EMST Scholarship for this year. In recognition of outstanding contribution to teaching through the EMST programme, the inaugural Gordon Trinca Medal was presented by the President, Mrs Anne Kolbe, to Mr Brian Miller (surgeon, Brisbane) during the Annual Scientific Congress in May.

This year, with the volunteer contribution of our instructors and support staff, a total of 1,684 doctors have received training through the EMST, CCriSP, BSSC, and CLEAR programmes.

Active curriculum review and evaluation combined with responsiveness to market needs have been the hallmarks of the courses. The activities of the programmes have also provided a basis for greater international collaboration and outreach to our Asia Pacific neighbours.

#### The Continuing Professional Development (CPD)

Programme continues to be an increasingly important component of College activities by ensuring that high surgical standards are maintained throughout the profession.

During 2003, the Board of Continuing Professional Development and Standards (CPDS) developed the 2004–2006 CPD Programme, following wide consultation with specialty societies and the Fellowship. The programme incorporates a number of changes to reflect the needs of Fellows and current educational principles. Notable changes to the programme include the introduction of a points system (rather than hours) to enable weighting for educational value and an emphasis on active learning. Additional practice types have been included in the 2004–2006 Programme: other non-procedural and non-clinical work, e.g. research, academic, administration and surgical assisting.

Participation in the CPD programme during 2003 remained high, with 88 per cent of Fellows with a requirement to participate returning recertification data forms. Of those who returned forms, over 96 per cent complied with the programme requisites. Annual verification of CPD information from 2.5 per cent of Fellows continues. The verification process enhances the accountability and transparency of the programme, however it continues to remain a challenge for Fellows who have been selected to substantiate information contained in their CPD returns.

A major initiative of the board during 2003 was development of a position paper on Competence and Surgeons. The Board of CPDS will progress with the issue of competence by inviting specialty societies and boards to develop specialty-specific proposals for assessment of competence. In addition, the pathways for dealing with return to surgical practice following a period of absence will also be articulated in greater detail by the Competence Task Force.

During 2003 the board also developed Correct Site and Correct Side Guidelines in collaboration with the Victorian Consultative Council and the Australian Orthopaedic Association. The guidelines will be reviewed in 2005 and have been disseminated widely.

Surgical audit continues to remain a focus of the board, with the development of a Guide to Surgical Audit and Peer Review. Surgical audit workshops were successfully conducted at the 2003 ASC in Brisbane and, due to interest in the topic, further workshops will be offered within the 2004 ASC general surgery programme.

Planning for the electronic capture of CPD data online has commenced and will be a priority of the board during 2004. This will be an important service to Fellows and will allow for CPD activities to be recorded in real time.

The Department of CPDS continues to offer a range of professional development workshops for Fellows. These workshops included Surgeons as Managers (2), Risk Management (11), Report Writing for Court (1), Expert Witness (1) and Practice Management for Practice Managers (1). Three risk management masterclasses were also conducted for the first time during 2003: in general surgery, neurosurgery and orthopaedic surgery.

Professor Richard Millard ably continued as chairman of the **Surgeons as Educators** Committee. Thirteen Fellows ran four Surgical Teachers Courses in 2003: in Christchurch, Melbourne, Brisbane and rural New South Wales, with a total of 46 Fellows and Advanced Surgical Trainees in attendance.

Professor Patricia Davidson resigned from the Surgeons as Educators Committee to assume the role of Censor-in-Chief. Professor Davidson made a significant contribution to the success of the courses and will continue to be involved.

In November the Division of Academic Services saw the departure of its Director, Mrs Lorraine Perry. Mrs Perry was a valued and dedicated member of staff who made a significant contribution to the development of the educational programmes and played a pivotal role in the negotiations with the ACCC.

# Projects

## PROJECT CHINA

Project China had a difficult year because of SARS. Travel between China and Australia/New Zealand was severely curtailed. In spite of these difficulties, we still managed to send three teams to China. We had six visitors from China. Two came to Melbourne, three went to Adelaide and one to Brisbane. Not all of them were financed by Project China but all travelled under its auspices.

The co-ordinators of Project China visited five Chinese cities in October/November 2003, to assess performance, explore new opportunities for exchange of ideas, experience and expertise, and make new friends. We made our first visit to the Southwest Hospital in Chongqing, which showed a great deal of interest in this project. During our trip, we met a number of past visitors to Australia who had progressed in their respective academic ladders and are now heads of units/departments in various hospitals.

We had brought with us information regarding the new Skills Centre of the College. This concept created considerable interest wherever it was shown.

In November, we represented the College in the celebrations of the Fiftieth Anniversary of the Children's Hospital, Guangzhou. In addition to the exchange visits of surgeons and members of related specialties between our countries, Project China will co-sponsor the Third Sino-Australia/New Zealand Conference in Surgical Oncology in Guangzhou, 2004.

It is encouraging to find that some of our colleagues who have been to China have now established programmes to bring Chinese surgeons to Australia and then arrange return visits of their own.

Project China has now been in operation for 15 years. During this time, the medical and hospital scene in China has had some very dramatic changes because of the improving economy of the country. Many older infirmaries are replaced with modern, well-designed and equipped hospitals. The requests for visits from Fellows of the College are in the frontiers of surgery, such as transplant surgery and use of laser in surgery and medicine. There is also much interest in PET Scanning and advanced techniques in radiology, intensive care and anaesthesia. It should be noted that some of the scientific and engineering feats in China are the envy of the world; for example, the space programme and the 'Maglev' (magnetic levitation) train in Shanghai. It is therefore important that we increase contact with China in fields of scientific endeavours.

Project China wishes to thank members of the AustralAsian Doctors Association of Queensland, in particular, Dr Katherine Bau, for their support of a surgeon from Shanghai who spent three months in Brisbane. The co-ordinators are deeply grateful to the Chairman and Members of the Project Committee for their advice and support, and are indebted to members of the Department of Fellowship and External Affairs for their invaluable help at all times. Project China would not be an entity without the generosity of so many donors from its inception.

## Visitors from Australia to China during 2003

Dr Luke Moloney, endodontist and Dr Catherine Yuen, dental practitioner. 11–25 January 2003, Guanghua College of Stomatology, Guangzhou.

Mr Vincent Cousins, Head and Neck/ENT surgeon. 22–29 March 2003, Memorial Hospital, Guangzhou.

Mr Neil Bergman and Mr Martin Richardson, orthopaedic surgeons; Dr James Love, anaesthetist and Ms Marilyn Dey, OR Nurse. 30 March–12 April 2003, Tongji Hospital, Wuhan.

## Visits of Chinese Surgeons to Australia in 2003

Dr Chen Gong, colo-rectal surgeon, returned to China on 15 March 2003 after 18 months in Department of Surgery, Royal Adelaide and Queen Elizabeth Hospitals, Adelaide.

Dr Jin Chen, hepato-biliary surgeon. 15 February–15 May 2003, Queensland Liver Transplantation Unit, Brisbane.

Dr Chen Jie, head and neck surgeon. 29 March–26 June 2003, Head and Neck/ENT Unit, Alfred Hospital, Melbourne.

Dr Li Liren, colo-rectal surgeon. 22 April 2003 for one year, Department of Surgery, Royal Adelaide and Queen Elizabeth hospitals, Adelaide.

Associate Professor Zhou Zhiwei, colo-rectal surgeon. 22 April–October 2003, Department of Surgery, Royal Adelaide and Queen Elizabeth Hospitals, Adelaide.

Associate Professor Chen Minshan, hepatobiliary surgeon. 21 June–8 September 2003, Department of Surgery, Austin Hospital, Melbourne.

As a consequence of a visit arranged by Project China in 2002 for Mr Alex Auld, paediatric surgeon, and Dr C W Chow, pathologist, both of the Royal Children's Hospital, Melbourne, to the Guangzhou Children's Hospital, a paediatric surgeon and a pathologist from Guangzhou are now gaining experience at the Royal Children's Hospital, Melbourne.

## Donations to Project China

AustralAsian Doctors Association of Queensland	\$3000
Dr & Mrs P Cheung	\$ 200
Mrs M Dewar (dec.)	\$100
Mr & Mrs B Ho	\$500
Dr C Lee Wong	\$200
Mrs J Sin	\$500
Total	\$4500

## Gordon and Rosie Low

Co-ordinators  
Project China



## INTERNATIONAL PROJECTS

Over the last 12 months the College has continued to foster the exchange of knowledge, skills and friendship between Australia and its neighbours through our International Aid Projects. Fellows of the College have a proud history of volunteering their surgical and teaching skills to assist disadvantaged communities. This altruistic spirit continued to be a cornerstone of the projects in 2003 with, 318 Fellows stepping outside their comfort zone to make a positive impact in less-developed communities, conducting over 16,000 consultations and 5,000 operations.

The College provided surgical support and training to Papua New Guinea (PNG) during the year through short-term specialist visits to major and regional centres. The local PNG surgeons also began organising their own visits in addition to those managed by the Project. This has occurred when they have had the time and skill to provide treatment themselves, rather than relying on Australian surgical intervention. This is a satisfying outcome when these recipient countries develop a level of self-sufficiency in specialist services.

Despite some turbulence in the region, the Pacific Islands Project (PIP) continued its support to 11 Pacific countries, including the recently contracted Nauru. Visits to the Solomon Islands occurred despite civil unrest, with specialist teams visiting the country both before and during the intervention of Australian troops. As part of the Project, College representatives also attended the successful Pacific Island Surgeons Meeting in the Cook Islands in 2003, when the Pacific Island Surgeons Association was established, complete with an Executive Committee and a Constitution.

In East Timor the programme has continued with the placement of a long-term surgeon and anaesthetist and each month a specialist team visits for one week. One of the confounding issues for aid planning is the arrival of medical teams from third countries that overwhelm the limited facilities available to provide specialist services. Chinese specialist teams and Cuban GPs have been prominent in aid programmes in the region.

We have now completed the five-year management of the Fiji School of Medicine Postgraduate Training Programme which started in 1997. AusAID has transferred further funding and management directly to the Postgraduate Training School in Fiji. This has been a highly successful programme, which by the end of 2002 had trained 75 doctors in the one-year Diploma programme and 14 graduated from the three-year Masters programme. Most of these graduates continue to work in the Pacific Islands, providing an increasing level of specialist self-sufficiency.

Interplast is a further important arm of the College International Aid effort in association with Rotary Clubs who provide most of the funding for the specialist team visits. There have been nine visits by plastic surgical teams to five countries in South-East Asia and Pacific Region.

**David Scott**  
Chair  
International Projects Committee

## INTERPLAST

During the year Interplast conducted 20 programmes to 12 neighbour countries which provided the opportunity for 1025 patients to receive consultations and for 681 operations to be undertaken.

Worldwide it was a troubled year with political unrest, terrorism and the medical indemnity crisis which necessitated postponing programmes to the Solomon Islands, Papua New Guinea and the Marshall Islands. The programmes to the Solomon Islands and Papua New Guinea were ultimately undertaken later in the year. The medical indemnity insurers continue to advise they are unable to provide cover for the programme to the Marshall Islands which is an American Protectorate. Negotiations are continuing.

The tragic events in Bali causes us to reflect on the fundamental significance of our foreign aid programme. The threat of terrorism so close to home could have led to a withdrawal from engagement with our neighbours. Quite the reverse! There has been overwhelming support by our volunteers for the continuation and extension of our programmes.

The financial support from Rotary and from the general community has also increased which enabled us to arrange more programmes this year. The overall cost was almost \$1 million with administrative costs of approximately 17 per cent. While these figures are satisfactory, as a result of the voluntary nature of this service, the real monetary value of the programmes is approximately \$6 million.

Interplast Australia is well served by the Board of Directors and it is a great advantage to have the valued advice and commercial experience of its business members to complement the medical expertise. Both are required to manage what has become a valuable foreign aid programme.

Sincere thanks is extended to the Royal Australasian College of Surgeons for continuing support and for providing valuable office and meeting facilities.

On behalf of Interplast Australia I am privileged to extend our thanks, and to express our ever-growing respect, to all who have helped us during the year: we have achieved so much, and we look to the year ahead to do even more.

**Donald R Marshall**  
President

## RURAL SURGERY

The Divisional Group of Rural Surgery (DGRS) represents the interests of those surgeons practising outside the metropolitan areas of Australia and New Zealand. It also provides the focus for the educational and professional concerns of regional, rural and remote surgeons. Its aim is to provide safe, accessible surgical care of the highest standard to the people of regional, rural and remote Australia and New Zealand. A strategic plan has been developed to this end and is intended to reduce professional isolation, encourage standards of excellence in practice and monitor conditions of practice.

With the support of the Commonwealth Department of Health and Ageing, the Rural Surgical Training Programme is now about to enter its seventh year of operation within the advanced training programme for general surgery, with some 70 trainees enrolled. Rural streams now also exist within orthopaedic surgery (60 trainees) and in otolaryngology, head and neck surgery (17 trainees). Access has also been given to advanced trainees in plastic and reconstructive surgery and in urology, to gauge their interest in regional practice. Twelve Fellows have completed their training and are now either in regional consultant practice across regional and remote locations, or undertaking post-Fellowship training prior to such practice. A number of regional consultants have been recruited from new Fellows who have not previously committed themselves to regional practice.

The Rural Locum and Vacancies Service continues to meet a vital need, filling 75 per cent of requests received and has been of assistance to a number of regional centres wishing to appoint consultant surgeons.

Regional and rural communities continue to struggle to find doctors, and specialists in particular, due not only to the worldwide and worsening workforce shortages for all health professionals, but also because of the unresolved medical indemnity crisis in Australia, budget capping and arbitrary theatre closures. The College is forming a rural taskforce to assist in resolving issues in particular centres that impact negatively on the recruitment and retention of regional consultant surgeons.

The Rural Services Office also has the responsibility for administering the Paediatric Surgical Outreach Programme (PSOP) grants, received under the Support Scheme for Rural Specialists (SSRS), and now provides executive support for the Surgical Workforce Working Party.

The DGRS Committee continues to take a lively and informed interest in key issues for its members – indigenous health, outreach surgery, surgical workforce, safe hours, continuing professional development (including audit and peer review) and the proper resourcing of country health services.

**Anthony Green**  
Chair  
Divisional Group of Rural Surgeons

## REPORT OF SPECIALIST OUTREACH SERVICE

The Specialist Outreach Service based at Royal Darwin Hospital is the service that is provided by consultant staff at Royal Darwin Hospital to a number of communities within the top end of the Northern Territory. The four specialties that are represented are

- > General Surgery
- > Ophthalmology
- > Otolaryngology, Head and Neck Surgery
- > Obstetrics and Gynaecology.

It has been a busy and productive year for all concerned. The unit is based at Royal Darwin Hospital and is under the guidance of Sherry O'Leary, with secretarial support of Kerry Stewart and Samantha Eccles.

**General Surgery** The general surgical consultants from Royal Darwin Hospital have provided a consultation service to various communities outside of Darwin. The three areas covered have been Darwin rural and remote, East Arnhem and Katherine. Surgery has been carried out on a regular basis at Gove Hospital in East Arnhem Land and at Katherine Hospital in the Katherine area. In the twelve months ending June 2003 there have been 1,017 consultations with 173 minor operations and 89 surgical procedures carried out by the various consultants at Royal Darwin Hospital. It is opportune to publicly recognise Assoc Prof Philip Carson, Mr John Treacy, Mr David Gawler, Mr John Wardill, Mr Dan Campbell, Mr Paddy Bade and Mr David Read for their work during the year. It is no small feat to give up days in a week to travel to remote communities, often in small planes, to bring this service to outlying areas.

**Ophthalmology** Rob McKay and his team have carried on the sterling work pioneered by Dr Nitin Verma, with visits every week to over 30 different communities. Surgery has again been carried out at Gove and Katherine. Rob and his team have seen over 1,000 people during the last 12 months.

**Obstetrics and Gynaecology** Dr Margaret O'Brien has been the linchpin of the continuation of this service. She has regularly spent two days a week away from Royal Darwin Hospital travelling to many and various outlying areas. She has built up a wonderful rapport with her patients and her work among indigenous women deserves the highest praise. As with the other two specialties, her operative work has been confined to Gove, Katherine and Royal Darwin Hospital.

**Otolaryngology, Head and Neck Surgery** My own unit has provided a specialist service to the three areas already mentioned. In 2003 we visited Katherine on five occasions and Gove on six occasions. My Senior Fellow from the UK, Mr J Hanif, FRCS, operated at Gove on at least eight occasions, sometimes flying over in the morning and returning late the same day. In the last three months, my training registrar from Adelaide, Dr David Macintosh, was able to go to a number of remote communities that had not seen an ENT visit in the last seven years.

The Specialist Outreach Service is now an integral part of the services that are provided by Royal Darwin Hospital and forms the basis for a better service delivered within the communities that it serves. I trust that funding will continue so the service can maintain the highest standards of care.

**Garrett Hunter**  
Chair  
Specialist Outreach Service

# Research

## BOARD OF SURGICAL RESEARCH

The Board of Surgical Research has undergone a period of reflection, which has resulted in the implementation of various new initiatives and policies in the administration of the College's scholarship programme.

Each year, the College receives a considerable number of applications for research funding, many of which are of an excellent standard and reflect the diverse interests and capabilities of our surgical trainees and Fellows. It is the board's intention to fund as many of these research projects as possible. In order to carry this through in an increasingly difficult financial climate, we have actively encouraged scholarship applicants to seek additional research funding. We have also stipulated that successful applicants procure support to the value of 25 per cent of their RACS scholarship from their research department. This new initiative has resulted in the College being able to fund more surgical research than otherwise possible.

This year has also seen the implementation of a new award – the Fellowship in Surgical Education. We hope that this Fellowship, which will be jointly funded by the College and the Department of Surgery at the University of Toronto, will actively encourage surgeons who are interested in surgical education to pursue postgraduate study in this area. The development of the Fellowship arose from the acknowledgement that currently in Australia there is a lack of surgeons with an education background. It will hopefully offer some means of addressing this deficiency.

Another challenge for the board has been that of increasing the profile of research among the Fellowship. We have tackled this by surveying past scholars who received research funding from the College from 1990 to 2002 in order to document research fund outputs. Preliminary results of the data from the survey have been presented to Council and will be refined further in the year to come. A number of positive results from this study have already become evident to us, in particular the significant number of scholars who have completed postgraduate degrees with support from the College.

The data collected to date has also demonstrated that former RACS scholars have been able to attract a significant amount of subsequent research funding. Our analysis has further demonstrated that all surgical specialties have benefited from College scholarship funding. We believe that it is of vital importance to highlight the positive outcomes that have arisen from expending College funds to support surgical research and further analysis will yield a more comprehensive picture of the impact that scholarship funding has had and will undoubtedly continue to have.

It is our hope that the board will continue to play a vital role in shaping scholarship policy and will thereby have a far-reaching and significant impact on surgical research in this country.

## ASERNIP-S

In 2003 the ASERNIP-S Programme expanded to a staff of 21 researchers, data managers and administrative staff. Our major role continues to be the production of systematic

literature reviews, both in-house, and for the Medical Services Advisory Committee (MSAC). A new type of report, the accelerated systematic review, has been developed to provide a more rapid assessment of the evidence. The review process is still rigorous, but included study types may be restricted to produce the review in a shorter time period than for a full systematic review. Four full systematic reviews have been produced: holmium laser prostatectomy for benign prostatic hyperplasia, surgical simulation for training, laparoscopic live donor nephrectomy – second update and reappraisal and post-vasectomy semen analysis to confirm sterility. Additionally three accelerated systematic reviews (spinal cord stimulation/neurostimulation, implantable spinal infusion devices for chronic pain and spasticity and vacuum-assisted closure of wounds) and two systematic reviews for MSAC (radiofrequency ablation of liver tumours and carotid angioplasty with stenting) were completed.

ASERNIP-S involvement in national surgical audit has expanded with our management of the National Breast Cancer Audit, now funded by the State Quality Officials Forum of the Australian Council for Safety and Quality in Healthcare. Next year will see the launch of the online system for data submission and reporting, as well as work on the import of data from current large breast cancer databases. The national audits of Endoluminal Repair of Abdominal Aortic Aneurysms and Transurethral Needle Ablation of the Prostate continue for the Australian Government Department of Health and Ageing.

ASERNIP-S is also represented on a national committee, HealthPACT, overseeing the Australian Horizon Scanning Network as well as contributing to this group with surgical horizon scanning. Other activities in 2003 include the production of two reviews for the National Institute of Clinical Studies: Strategies for implementing guidelines for the prevention and management of pressure ulcers: a critical literature review and A systematic review of interventions to improve the uptake of venous thromboembolism prophylaxis in hospitals. We are also providing, on behalf of the NHMRC, advice for the production of an evidence-based guideline for the management of type 1 diabetes in adolescents and children. Another consultancy involved a review of vaccinations for waste workers for WorkCover SA.

Consumer summaries were completed on four systematic review topics. These summaries are now prepared in collaboration with a consumer information group, comprised of two surgeons from the Review Group, consumer representatives and ASERNIP-S staff.

We welcome the new Chairman of the ASERNIP-S Management Committee, Mr Peter Woodruff, and are also pleased that our Past Chairman, Mr Kingsley Faulkner, will remain a member of this group.

**Guy Maddern**  
Chair

Board of Surgical Research

## RECIPIENTS OF THE COLLEGE RESEARCH FELLOWSHIPS AND SCHOLARSHIPS

### GIFTS AND SPONSORSHIP

During 2003, two scholarships and four fellowships totalling \$182,000 were funded by generous gifts from the individuals, families and organisations listed below; their support and assistance is gratefully acknowledged by the College.



### John Mitchell Crouch Fellowship

The John Mitchell Crouch Fellowship is awarded to an individual who, in the opinion of Council, is making an outstanding contribution to the advancement of surgery or to fundamental scientific research in this field. The Fellowship was established in 1978 following a generous donation by

Mrs Elisabeth Unsworth and commemorates the memory of her son, John Mitchell Crouch, a Fellow of the College, who died in 1977 at the age of 36.

**Professor David Watson** – John Mitchell Crouch Fellowship: \$55,000. Professor David Watson utilised this Fellowship to evaluate the efficacy of ablation techniques for Barrett's oesophagus and refine the ablation techniques for this condition.

### The Sporting Chance Cancer Foundation

The Sporting Chance Cancer Foundation was established in 1997 to provide scholarships to encourage doctors to develop ideas to better fight cancer. During 2003, the Sporting Chance Cancer Foundation received funds from Kennard's Hire and Runners' World.

### Raelene Boyle Scholarship

Proudly sponsored by Kennard's Hire

**Dr Amanda Dawson** – \$45,000 stipend plus \$10,000 departmental maintenance. Dr Dawson utilised her Scholarship to research 'evaluation of members of the WNT pathway shown by transcript profiling to be over-expressed in the development and progression of pancreatic cancer' under the supervision of Dr Sue Henshall.

### Raelene Boyle Scholarship

Proudly sponsored by Runners' World

**Dr Andrew Morokoff** – \$5,000 stipend plus \$15,000 departmental maintenance (also supported by an NH&MRC Scholarship). Dr Morokoff utilised his Scholarship to continue research on 'the role of ErbB2 proteins in the pathogenesis of malignant cerebral gliomas' under the supervision of Dr Ulrike Novak.

### CONROD – RACS Trauma Fellowship

The Centre of National Research on Disability and Rehabilitation Medicine (CONROD) was established in 1997 through a partnership between the Motor Accident Insurance Commission, the University of Queensland and the Queensland Institute of Medical Research with the support of the Queensland State Government. The Fellowship was established, following a grant that was matched by the RACS Foundation, for the purpose of furthering research into trauma that would assist the people of Queensland.

**Dr Samuel Morley** – \$22,300 stipend (also supported by an NH&MRC Scholarship). Dr Morley utilised this Fellowship to conduct research on the 'identification of molecules that regulate neuronal trauma' under the supervision of Professor Perry Bartlett.

**Dr Andrew Zacest** – \$27,700 stipend. Dr Zacest utilised this Fellowship to conduct research on 'substance P in traumatic brain injury' under the supervision of Associate Professor Robert Vink.

### Murray and Unity Pheils Travelling Fellowship

This Travel Fellowship was established following a generous donation made by Professor Murray Pheils. It is designed specifically to assist surgeons to gain further training and experience in colorectal surgery overseas.

**Mr Stephen Bell** – \$2,000. Mr Bell utilised this Travelling Fellowship to visit The University of Paris to study early work done in lymphatic mapping and the lymphatic drainage of the rectum while continuing clinical research at Hôpital Saint Antoine in Paris.

### BEQUESTS

During 2003, one scholarship, two fellowships and three travel grants totalling \$114,500 were funded through funds bequeathed to the College. The College would like to acknowledge its gratitude to those individuals who have supported surgical research through bequests.

### Margorie Hooper Scholarship

This Scholarship arose from a bequest by the late Margorie Hooper of South Australia and was first awarded in 1992. The Scholarship is awarded specifically to South Australian trainees and Fellows to enable them to undertake post-graduate studies, either in Australia or overseas.

**Mr Andrew Comley** – \$30,000 stipend. Dr Comley utilised this Scholarship to conduct research in arthroplasty at The University of Western Ontario, Canada, under the supervision of Dr Robert Bourne.

### Sir Roy McCaughey Research Fellowships

These Fellowships arose following a bequest by the late Sir Roy McCaughey, a grazier in the Riverina district of southern New South Wales. The husband of Sir Roy's niece, Murray Pheils, persuaded him to donate funds to a number of charitable bodies, including RACS. Research under these Fellowships must be conducted in New South Wales.

**Dr Sandrine Roman** – \$32,000 stipend plus \$5,000 departmental maintenance. Dr Roman utilised this Fellowship to study 'the application of gene therapy to flap preservation' under the supervision of Professor Michael Poole.

**Dr Athula Karunanayaka** – \$32,000 stipend plus \$5,000 departmental maintenance. Dr Karunanayaka utilised this Fellowship to research 'gene therapy enhancement of radiosurgical treatment for cerebral arteriovenous malformations' under the supervision of Dr Marcus Stoodley.

### Hugh Johnston Travel Grant

This travel grant arose from a bequest of the late Eugenie Johnston in memory of her husband, Hugh Johnston, and was first awarded in 2002.

**Mr Paul Jansz** – \$3,500. Mr Jansz utilised his Travel Grant to visit the Papworth Hospital in Oxford, England, and the Heart Centre in Leipzig, Germany, to advance his skills and knowledge in cardiothoracic and transplant surgery.

**Mr Arend Merrie** – \$3,500. Mr Merrie utilised his Travel Grant to take up a Fellowship position in the Colorectal Surgical Unit at the John Radcliffe Hospital in Oxford to further extend his clinical expertise in colorectal surgery.

**Mr Mauro Vicaretti** – \$3,500. Mr Vicaretti utilised his Travel Grant to visit a number of vascular units in Italy, England, Scotland and the United States that are renowned for their expertise in specialised areas of vascular surgery.

## FOUNDATION GIFTS

During 2003, 15 Scholarships and four Fellowships totalling \$603,345 were funded by the RACS Foundation. The RACS Foundation continues to support surgical research due to hundreds of donations, mostly from Fellows of the College, but also from other individuals with a desire to benefit surgical research. The College wishes to thank all those who contribute to the Foundation.

### Surgeon Scientist Scholarship

**Dr Amal Abou-Hamden** – \$4,300 stipend and \$10,000 departmental maintenance (also supported by an NH&MRC Scholarship). Dr Abou-Hamden utilised her Scholarship to conduct research on 'investigations of cerebrospinal fluid flow in extracranial (post-traumatic) syringomyelia' under the supervision of Professor Nigel Jones.

**Dr Mark Brooke-Smith** – \$32,000 stipend plus \$10,000 departmental maintenance. Dr Brooke-Smith utilised his Scholarship to study 'the regulation of pancreatic blood flow in the pathogenesis of acute necrotising pancreatitis' under the supervision of Professor James Touli.

**Dr Daniel Croagh** – \$32,000 stipend plus \$10,000 departmental maintenance. Dr Croagh utilised this Scholarship to 'developing a model for Barrett's Oesophagus' under the supervision of Professor Robert Thomas and Dr Wayne Phillips.

**Dr Cuong Duong** – \$4,668 stipend plus \$8,900 departmental maintenance (also supported by an NH&MRC Scholarship). Dr Duong utilised this Scholarship to conduct research on 'molecular profiling and positron emission tomography in the management of oesophageal and rectal cancers' under the supervision of Dr Wayne Phillips.

**Dr David Holthouse** – \$32,000 stipend plus \$10,000 departmental maintenance. Dr Holthouse utilised this Scholarship to continue research on 'the role of tumour suppressor genes in primitive neuroectodermal tumours' under the supervision of Dr Peter Dallas.

**Dr Mehrdad Nikfarjam** – \$32,000 stipend plus \$10,000 departmental maintenance. Dr Nikfarjam utilised this Scholarship to conduct research on the 'treatment of liver tumors' under the supervision of Professor Chris Christophi.

**Mr Kris Rasiiah** – \$32,000 stipend plus \$10,000 departmental maintenance. Mr Rasiiah utilised this Scholarship to investigate 'the identification of novel markers of prognosis in early prostate cancer' under the supervision of Dr Sue Henshall and Professor Robert Sutherland.

**Dr Janindra Warusavitarne** – \$32,000 stipend plus \$10,000 departmental maintenance. Dr Warusavitarne utilised this Scholarship to research the 'effect of restoring TGF B function in microsatellite unstable (MSI-H) colon cancer' under the supervision of Associate Professor Margaret Schnitzler.

### RACS Foundation Research Scholarship

**Dr Vishal Bhasin** – \$30,000 stipend plus \$5,000 departmental maintenance. Dr Bhasin utilised this Scholarship to conduct research on 'tissue engineering of tissue regeneration: effect of microenvironment and stem cells on the regeneration of complex structures' under the supervision of Professor Bruce Milthorpe.

**Dr Michael Findlay** – \$12,545 stipend plus \$5,000 departmental maintenance (also supported by a Melbourne Research Scholarship). Dr Findlay utilised this Scholarship to conduct research on 'defining the differentiasome – exploring the role of the local tissue microenvironment versus introduced components in controlling tissue differentiation for tissue reconstruction' under the supervision of Professor Wayne Morrison.

**Dr Richard Flint** – \$30,000 stipend plus \$5,000 departmental maintenance. Dr Flint utilised this Scholarship to conduct research on 'the effect of intestinal ischaemia-reperfusion and amylin on acute pancreatitis' under the supervision of Associate Professor John Windsor.

**Dr Harshita Pant** – \$30,000 stipend plus \$5,000 departmental maintenance. Dr Pant utilised her Scholarship to conduct research on 'the role of fungi in the development of Eosinophilic Mucin Chronic Rhinosinusitis (EMCRS)' under the supervision of Dr Peter Macardle.

### RACS Foundation New Zealand Research Fellowship

**Dr Graham McCrystal** – NZ\$30,000 stipend plus NZ\$5,000 departmental maintenance. Dr McCrystal utilised this Fellowship to conduct research on 'optimal strategies for donor heart preservation' under the supervision of Associate Professor Franklin Rosenfeldt.

### RACS Foundation Peter King Scholarship

**Dr Yishay Orr** – \$30,000 stipend plus \$5,000 departmental maintenance. Dr Orr utilised this Scholarship to conduct research in 'neutrophils and the post-operative inflammatory response to coronary artery bypass surgery' under the supervision of Dr Paul Bannon.

### RACS John Loewenthal Research Fellowship

**Mr Davendra Segara** – \$30,000 stipend plus \$5,000 departmental maintenance. Mr Segara utilised this Fellowship to conduct research on 'a gene based approach to identifying novel molecular markers in pancreatic cancer' under the supervision of Professor Robert Sutherland.

### RACS Louis Waller Medico-Legal Scholarship

**Dr Vinay Rane** – \$15,000 stipend plus \$2,500 departmental maintenance. Dr Rane utilised this Scholarship to investigate the 'medical and legal aspects of adverse events in surgery' under the supervision of Professor David Watters.

### RACS Foundation ANZ Journal of Surgery Scholarship

**Dr Paul Smith** – \$30,000 stipend plus \$5,000 departmental maintenance. Dr Smith utilised this Scholarship to conduct research on 'the role of dentate cell proliferation in repair following hippocampal damage' under the supervision of Mr Michael Murphy.

### Travelling Fellowships

**Mr Andrew Biankin** – \$7,500. Mr Biankin utilised this Travelling Fellowship to travel to Johns-Hopkins Hospital in Baltimore, USA, where he will be investigating the early molecular events in the development of pancreatic cancer as a Postdoctoral Research Scholar.

**Dr Denise Roach** – \$7,500. Dr Roach utilised her Travelling Fellowship to attend Harvard Medical School and Brigham and Women's Hospital in Boston, USA, to consolidate her vascular training under the guidance of Professor Anthony Whittemore.

# Fellowship

## ANNUAL SCIENTIFIC CONGRESS

The 2003 Annual Scientific Congress (ASC) was a resounding success in attracting over 2000 Fellows and Associates to the Brisbane Convention and Exhibition Centre in the first week of May.

One month before, there were grave concerns over the number of attendees, when we were hit by the SARS crisis, with several of the overseas speakers having to cancel at short notice and flights being re-routed from Asia. This resulted in considerable angst and substantial crisis management for the organising group. Thankfully, in spite of this, a Scientific Programme of the highest quality was presented.

This excellent programme was a tribute to the Scientific Convener, Mark Smithers, and the 19 Specialty Scientific Conveners. I congratulate them and thank them for their commitment and contribution to presenting a complex scientific programme under the meeting theme, 'Multi-disciplinary Surgery and Cross Fertilisation'.

There were many highlights, including a magnificent Syme Oration delivered by Professor Russell Strong, AO, Grace Warren's outstanding Weary Dunlop Memorial Lecture, some splendid Named Lectures, and stimulating plenary sessions planned to improve general knowledge across all specialties.

In the initial planning stages, it was decided to schedule workshops and business meetings on Monday, particularly as it was a public holiday in Queensland. The workshops proved to be very successful and positive feedback suggests that these workshops should be a regular feature of future ASCs.

The meeting was well supported by sponsorship and industry exhibitors and these valuable partnerships continue to build educational opportunities. A prime example is the refined Virtual Congress, supported by Ansell, which continues to grow in stature and popularity, as evidenced by the number of hits to the site.

In closing, I must thank the Brisbane Committee, who contributed countless hours to making this ASC so memorable. In particular, Bill Cockburn, who led the committee on the important area of audio visual. Bill's efforts, in partnership with Kojo, enabled easy management of the Powerpoint presentations and several international speakers said they had never experienced a better professional speakers support centre.

I also must thank the social committee for creating a social programme and their commitment on-site, Simon Siu, for his energy in introducing new sponsors, and finally, thanks are also extended to John Cocks and John Masterton for their excellent work in the planning of a balanced scientific and social programme. John Cocks, who was instrumental in the early phase of development, with John Masterton taking over the reins at the end of 2002, both deserve praise in making the 2003 Annual Scientific Congress an overwhelming success.

**Russell Stitz**  
Convener ASC 2003

## MEDICO LEGAL SECTION

The Medico Legal Section continues to receive strong interest from Fellows. An executive of eight members meets on a regular basis to co-ordinate the activities of the section, including the planning of medico legal professional development available to all Fellows, the Annual Scientific Congress Medico Legal Programme and providing Council with advice on medico legal issues.

The Medico Legal Programme of the Annual Scientific Congress was convened by Terry Coyne in Brisbane during May 2003. Foundation Visitor Justice Paul de Jersey gave the Jim Pryor Memorial Lecture on 'Negligence, Insurance and the Ipp Report: Recent Developments in Australian Medical Law', which was received with much interest from section members.

The programme featured sessions including 'The Expert Witness', 'Medical Science and the Courts', and a Medical Indemnity symposium. The symposium was well attended by the Fellowship and included addresses on the current state of play, the lessons from United Medical Protection and the lawyer's perspective on the medical indemnity crisis.

The section continues to provide professional development opportunities for Fellows in conjunction with the Leo Cussen Institute. A Writing Reports for Court workshop preceded the Brisbane Annual Scientific Congress and a further Expert Witness workshop was conducted in Melbourne during August. These workshops offer skills-based training in a small group setting, with low participant-to-instructor ratios. Planning has already commenced for a further four medico legal workshops in 2004.

In 2003 the College established a Register of Expert Witnesses Working Party, which includes representatives from Council and the Medico Legal Section. The aim of the working party is to consider establishing a register of accredited expert witnesses in the area of medical negligence. The working party will continue to address this issue in 2004 and further updates will be available through the Medico Legal Section newsletter.

**Tony Buzzard**  
Chair  
Medico Legal Section

## TRAUMA COMMITTEE

**National Trauma Registry** Cliff Pollard, Chairman of the RACS Trauma Systems Performance Improvement and Registries Sub-Committee, has made great progress with the establishment of the National (Australia and New Zealand) Trauma Registry Consortium. This is a co-operative project with CONROD (Centre of National Research on Disability and Rehabilitation Medicine) to link together all relevant stakeholders in Australasia in order to facilitate the analysis of trauma systems data.

**Verification** Progress with the implementation of the verification programme into Australasian hospitals is being made and we look forward to fulfilling the requirements of verification in both SA and NSW next year. Damian McMahon, Chairman of the College Trauma Verification Sub-Committee, continues to liaise with federal and state governments to promote the benefits of verification and its potential to improve trauma patient outcomes.

**DSTC Course** Three Definitive Surgical Trauma Care (DSTC) courses were held in 2003 in Liverpool, Auckland and Melbourne. The DSTC is a two-day, hands-on course for the surgery of major trauma. The Trauma Committee considers that this course should be mandatory for surgeons working in trauma, trauma Fellows and rural surgeons and is highly recommended to all advanced general surgical trainees.

**Disaster Planning** Registries are established of surgeons prepared to respond in the event of a disaster. The Trauma Committee strongly recommends that surgeons who consider they could be part of a disaster response should undertake the Early Management of Severe Trauma (ATLS) course, the DSTC course and a MIMMS (disaster response) course.

**Education** As well as the promotion and development of +2 trainees, the issue of furthering educational initiatives in postgraduate and undergraduate trauma training is being reviewed. Consideration is being given to the establishment of a trauma section in the RACS.

**Trauma Directors' Workshop** The November workshop provided an excellent opportunity for Trauma Directors working in Australasian trauma services to meet up and discuss similar challenges facing those involved in trauma in Australasia, with a US colleague giving valuable insight into how similar issues were dealt with internationally.

**The Future** The Committee is aware that the issue of identified poor outcomes from trauma care, together with the spectre of ongoing terrorism, has further focused the community on the need for developing robust trauma systems. There is a strong need for young surgeons to take a career path that includes trauma. The Trauma Committee regards the fostering of such surgeons to be one of its principal roles and has identified 28 hospitals in Australasia as major trauma services where surgeons, with highly developed trauma skills, will be needed to care for the multiple-injured patient.

I would like to take this opportunity to thank all members of the Trauma Committee and its sub-committees, as well as the Executive Officer, Lyn Journeaux, for their work during the year. I am encouraged by the progress of our important projects.

**Peter Danne**  
Chair  
Trauma Committee

## YOUNGER FELLOWS

During 2003 the Younger Fellows Committee was involved in a number of initiatives to support and provide a voice for Younger Fellows. Major activities of the committee included the Younger Fellows Forum, establishment of the Younger Fellows 3 + 2 working party and the Younger Fellows Medical Indemnity survey.

The Younger Fellows Committee represents over 1,500 Younger Fellows of the College, from all regions of Australasia. Younger Fellows are defined as those in their first 10 years of Fellowship.

The 2003 Younger Fellows Forum took place at Couran Cove Resort, South Stradbroke Island, Queensland, 2–5 May. Sixteen Younger Fellows from a variety of specialties and locations throughout Australasia came together for discussion and debate on a wide range of ideas and issues that concern and interest Younger Fellows. Presenters included the then-President Kingsley Faulkner, Anne Kolbe and Bill Glasson (currently AMA President). College Councillors in attendance were Ross Blair and Jennifer Chambers.

The forum included topics such as the medical indemnity crisis, future directions for the College and issues relating to training. Invited speaker Dr John Taske gave a presentation on his Mt Everest experiences, in the 50th anniversary year of the first conquest of Everest. Many thanks go to forum convenor Michael Mar Fan and co-convenors Craig Layt, Leigh Rutherford and Adrian Nowitzke.

The committee established a Younger Fellows 3 + 2 working party in May 2003 to contribute to the review of the 3 + 2 Advanced Surgical Training Programme in General Surgery. With the support of the Censor in Chief, Board in General Surgery, General Surgeons of Australia and New Zealand Association of General Surgeons, the working party aims to define the philosophy behind the original concept of the scheme and formulate suggestions for improvements to the current training programme. The working party has membership from most regions of Australasia and is chaired by Richard Hanney. During 2003 it canvassed the Fellowship for feedback and suggestions regarding the 3 + 2 programme. The emphasis of the working party is to review possible strategies for improving the programme and make recommendations to the Board in General Surgery in 2004.

In late 2003 a Younger Fellows survey was undertaken to gauge the impact of the medical indemnity crisis on Younger Fellows. Interim results were presented by College representatives to the Medical Indemnity Policy Review Panel, chaired by the Minister for Health and Ageing, Tony Abbott. The results of the survey will be published in 'Surgical News' and on the Younger Fellows website.

Three Preparation for Practice workshops were conducted successfully in 2003 in Western Australia, New South Wales and Queensland. The committee also continues to distribute a Younger Fellows Welcome Pack to newly admitted Fellows to encourage active involvement in College activities and support establishment of private practice.

**Adrian Anthony**  
Chair  
Younger Fellows Committee



## WOMEN IN SURGERY

2003 has been an interesting year for the new Chair, Dr Jenny Chambers, and the Women in Surgery (WIS) Committee, with a range of major issues given consideration.

During the Annual Scientific Congress, WIS held a popular breakfast and business meeting in which Professor Averil Mansfield, from St Mary's in London, participated. On behalf of the College the President presented Professor Mansfield with a \$5,000 donation to the Eleanor Davies-Colley fund. The donation was to go towards a lecture room honouring Eleanor Davies-Colley, the first female Fellow of the Royal College of Surgeons of England. Professor Mansfield advised that a plaque would be displayed in the completed lecture room naming all those who had donated money to the appeal. Dr Chambers was able to visit this facility during her trip to the RCS in June.

Ruth Blackham ran a successful forum during the Australian Medical Student Association Conference in Brisbane: 33 people attended – 30 females and 3 males. There was overwhelmingly positive feedback from the forum, particularly regarding Deb Colville's session on how to get into surgery.

An E-group Forum was established and used by Kate Drummond to run message boards on promoting surgery as a career and how to expose girls and women to the concept of women as surgeons.

The medical indemnity crisis is still one of the major issues affecting women surgeons. A survey sent to 142 women trainees and Fellows achieved a response rate of 30 per cent, with 50 per cent of respondents indicating that they worked part time and also that 65 per cent of practices had altered in response to the medical indemnity insurance changes.

The committee ran a number of successful events for surgeons throughout the year, including Leadership for Medical Women in February.

In November the National Medical Educators Gender Skills Workshop was attended by surgical trainees and surgical educators – Jane Fox and Deb Colville. The workshop covered PBLs, case-based learning and assessment tasks including MCQs and OSCEs, the gender audit of Australian medical schools and Rural Undergraduate Steering Committee gender audit criteria highlights.

In December, the Sex and Medicine Symposium was offered at Monash Medical Facility. Taking part in the panel were Deb Colville (Ophthalmologist), Julian Smith (Cardiothoracic Surgeon) and Jane Fox (Academic General Surgeon), the moderator was Chris Browne.

Also in December, The Office of Status of Women awarded two grants to the Australian Federation of Medical Women to conduct projects on: Provision of information to colleges on the sex discrimination Act in each state, and Provision of an education package on gender perspective/inclusive communication skills for providers of breast cancer services in rural communities.

The WIS Committee congratulated Anne Kolbe and Trish Davidson for achieving election to two of the highest office-bearer positions at the College in 2003.

The Women in Surgery Committee is looking forward to the many challenges 2004 is expected to bring, as many medical indemnity issues remain unresolved and threaten the viability of surgery as a profession for many women.

**Jenny Chambers**  
Chair  
Women in Surgery

## NEW FELLOWS

Dr A Aitken  
Dr A Alkadhi  
Dr R U Almejdi  
Dr V Anpalahan  
Dr L A Ashton  
Dr I P Astori  
Dr E A Barui  
Dr S A Barwood  
Dr A J Bauze  
Dr G Bayley  
Dr I S Beci  
Dr J S Bennetts  
Dr C J Boorer  
Dr D Brockwell  
Dr J U Buelow  
Dr M Busby  
Dr D C Chan  
Dr G W Clark  
Dr A J B Clarke  
Dr R L Collins  
Mr T Daly  
Dr M Damp  
Dr A Danesh-Clough  
Dr M Day Jr  
Dr H Desai  
Dr P Diaz  
Dr R Dignan  
Dr W Duncan  
Dr P Dunne  
Dr M K Edwards  
Dr A H Ferreira  
Dr M France  
Dr D Gahankari  
Dr S S H Gan  
Dr J Ghossein  
Dr J Ginsberg  
Dr K Gordiev  
Dr R D Gurgo  
Dr F Hammad  
Dr T A Hammond  
Dr M Hanikeri  
Dr R Harbury  
Dr H Haxhimolla  
Dr J M Hellman  
Dr S A Henry  
Dr A Houston  
Dr K J X Huang  
Dr S R Hutabarat  
Dr A Jovanovic  
Dr J B Kippen  
Dr S Y Kwok  
Dr R Lawson  
Dr G Y F Lee  
Dr H M Lennox  
Dr H Leslie  
Dr J P Limbers  
Dr K Macgroarty  
Dr R A Mahajani  
Dr F Malan  
Dr C J McCormick  
Dr S Meade  
Dr P N Mednis  
Dr L M Mui

Dr P G Mutch  
Dr H P Nguyen  
Dr T N Nguyen  
Dr B Nivbrant  
Dr B Norris  
Dr B J Nye  
Dr A O'Beirne  
Dr J G O'Neill  
Dr R D Page  
Dr G A Parker  
Dr M Patel  
Dr N Patel  
Dr S J Pearson  
Dr M Pether  
Dr P C Poon  
Dr A Porter  
Dr C Quarmby  
Dr A Ramsay  
Dr J M Reynolds  
Dr D M Roach  
Dr D A Robinson  
Dr J Rooney  
Dr R Rowan  
Dr A W Ryan  
Dr J C Ryan  
Dr R Salleh  
Dr R Samali  
Dr A Sarkar  
Dr C Saunders  
Dr M Schembri  
Dr D R Schluter  
Dr P W Seah  
Dr P Selber  
Dr R P Sew Hoy  
Dr T G Shar  
Dr E A Sigston  
Dr D J Soares  
Dr D Sofield  
Dr A B Still  
Dr L Stradwick  
Dr N E Strick  
Dr C Sutherland  
Dr P D Sved  
Dr A Swanston  
Dr M A Taplin  
Dr K Tavakoli  
Dr C Varol  
Dr N D Vertzyas  
Dr S Vijayasekaran  
Dr R M Walker  
Dr N A Wallwork  
Dr R M Wells  
Dr M J Westcott  
Dr A C Wignall  
Dr L C Wilson  
Dr S Yellapu  
Dr P Y K Yeung

## DEATHS OF FELLOWS

The College Council notes with regret the deaths of the following Fellows during the year 2003.

Mr B M Andrea  
Mr J A Baird  
Mr R M Berkley  
Mr J W Best  
Mr J M Bremner  
Mr H Byrne  
Mr J G Buls  
Mr J M Calvert  
Mr Y Cohen  
Mr F W Connaughton  
Mr M Connaughton  
Mr C B Cornish  
Mr R J Cox  
Mr C N De Garis  
Prof R G Elmslie  
Prof Sir D Harrison  
Dr H P House  
Mr P V Kalinovsky  
Mr H Karn  
Mr J W Kent  
Mr J T K Lau  
Mr W B Law  
Mr A M Macleod  
Mr D Meintjes  
Mr R P Melville  
Mr M N Menzies  
Mr G H Moore  
Mr D D Morrah  
Mr W R Parker  
Mr D C Perry  
Mr H M Shaw  
Mr C B S Stephenson  
Mr W D Sturrock  
Dr M P Thomas  
Mr H T Thompson  
Mr G R Thoms  
Mr G W Verco  
Mr D W Warren  
Mr D W Whiteway

# Honours & Awards

## CITATIONS

### RACS MEDAL

The RACS Medal is awarded for distinguished service to the College.

#### Ms Jill McCartney

Jill McCartney was awarded the RACS Medal for a lasting and exceptional contribution to the Queensland State Committee of the College.

Jill was educated at Somerville House in Brisbane and at the University of Queensland. Her early work history includes six years at the Queensland Radium Institute and 16 years at the Queensland Branch of the Australian Medical Association.

Jill began her longstanding association with the Colleges in 1985. She initially worked concurrently for the College of Surgeons, the Faculty of Anaesthetists (later the College of Anaesthetists), the College of Physicians and the College of Obstetrics and Gynaecology. Since 1990, Jill has worked full time in a solo capacity for the College of Surgeons and is currently classified as Regional Manager, Queensland. In addition to the Queensland State Committee, this role also encompasses management of the College headquarters and facility in Queensland and the administrative functions of Training Boards and the Committee of Queensland Medical Colleges.

Her knowledge of College affairs is considerable. Her tireless work ethic, her devotion and loyalty to the College and its Fellows are most exemplary. Jill is variously described by surgeons she has worked with as direct, personable, endearing, respectful and possessing somewhat of an old world charm.

Jill is a fanatical historian. In collaboration with George Fielding Senior, she has established an extensive and often-used broad reference source of Queensland Surgical History.

She was awarded a Certificate of Appreciation for 'exceptional service to the Queensland State Committee' in 1994.

I now commend her for the award of the RACS Medal.

P Woodruff

#### Mrs Coralyn Wickham and Mr Kevin Wickham

Fellows who attended an Annual Scientific Congress (ASC) or a General Surgeons Meeting (GSM) between 1977 and 2001 have benefited immensely from the Wickhams' stewardship as conference organisers. For those of us who have been involved in the administration of the ASC, the Wickhams' expertise, knowledge and organisational skills have made our task much more straightforward.

On leaving Qantas in 1977, Kevin was invited by Sir Edward Hughes, then President of the College, to be involved in the co-ordination of the 51st GSM in Kuala Lumpur in May 1978. He has since administered the College meetings in 1981, 1984, 1986-89 and 1991-2001. Kevin and Coralyn's success, together with the increase in registration at successive ASCs, was contributed to greatly by their efficiency and calm resolution of problems. In practice, they absorbed the College ethos and developed an intrinsic understanding of the Fellowship and the ASC's part in College life. As a result, there was a significant void to fill when their commercial association came to an end after the ASC in 2001.

Kevin is dynamic and successful and it is not surprising to read in his CV that he was a champion rower, despite his short physical stature. He represented Australia at the World Rowing Championships in 1962 and the Olympic Games in Tokyo in 1964, and in 1981 coached the Champion Eight at the Masters Games in Copenhagen. In 1987, at the Masters Games at Lake Barrington in Tasmania, he received three gold medals, one silver medal and one bronze medal. In 2000, he was privileged to carry the Olympic Torch and lit the Olympic Community Cauldron at Colac.

His love affair with the water has continued with his involvement in yachting and he is currently Rear Commodore of the Blairgowrie Yacht Squadron. He is an accomplished yachtsman and has many certificates, including Navigation and Sailsmanship, to attest to his skills.

While Kevin has been achieving all his milestones, Wickhams' Co-Director, Coralyn, has steadfastly provided support and strength over many years. She has balanced business and motherhood with much skill and at the ASC has used her calming influence with great effect. She was educated at Methodist Ladies College, Kew, and has been heavily involved in Old Collegian activities and as a member of the MLC Board. She is a mother of two and in later years has substituted yachting for competitive tennis.

Kevin and Coralyn have contributed significantly to the College through the ASC process. Theirs was not just a commercial arrangement. They both expended considerable extra energy and commitment, as they became part of College life. They are worthy recipients of the RACS Medal.

R Stitz

#### JOHN MITCHELL CROUCH FELLOWSHIP

The John Mitchell Crouch Fellowship is the premier research award of the Royal Australasian College of Surgeons. It is separate from Foundation Grants and is independently funded. The Fellowship commemorates an outstanding younger Fellow of the College who died in 1977 at the doorway of a highly promising career. As a young surgeon, John Mitchell Crouch showed astute clinical, organisational and research abilities and this award is made to the individual who, in the opinion of Council, is making an outstanding contribution to the advancement of surgery.



#### Professor David Watson

David Watson was born in Adelaide and educated at Henley Beach High School. His medical education was undertaken at the University of Adelaide before he commenced his clinical training at the Royal Adelaide Hospital in South Australia, gaining his FRACS in 1992. In 1993, he trained at the Royal Hallamshire Hospital and was as a lecturer in the University of Sheffield, England, before returning to Australia to become the Director of the Royal Adelaide Centre for Endoscopic Surgery in 1994. He is currently Professor of Surgery and Head of the Department of Surgery at Flinders University, South Australia.

His professional interests are laparoscopic surgery, oesophageal reflux, oesophageal cancer and Barrett's oesophagus. His MD thesis, awarded in 1998, was entitled 'Improving Outcome Following Surgery for Gastroesophageal Reflux Disease: Laparoscopic Anti Reflux Surgery'. Apart from the brief time spent in the United Kingdom, he has been personally and professionally committed to South Australia, achieving a prestigious research record. He has supervised eight postgraduate students to completion of their theses and has published over 126 original articles, 16 book chapters and 82 abstracts. He had consistent and significant grant support totalling \$A4.5 million between 1992 and 2002, including three grants from the NHMRC. His many research contributions have been internationally recognised with the award of six prizes.

I am told by colleagues that an initial impression that David might be in any way reticent is offset by his strong sense of justice and ability to act on conviction. He is regarded as scrupulously fair, with his appointment as Professor of Surgery at Flinders Medical Centre seen as well-deserved recognition of an outstanding surgical researcher. He is respected as an exceptionally gifted and innovative endoscopic surgeon, enjoying an enviable international reputation as an ambassador for Australian surgery. David has continued his commitment to surgical education, with his appointment as Chair of the South Australian Training Committee and serving on the Editorial Board of the 'ANZ Journal of Surgery'. He is regarded as a true representative of the new generation of surgeons, who appropriately balance their family life as a priority among their many professional commitments.

As a young surgeon with astute clinical, organisational and research abilities, making an outstanding contribution to the advancement of surgery, David Watson is a worthy recipient of the John Mitchell Crouch Fellowship for 2003.

J Harris

#### ESR HUGHES MEDAL

Inaugurated in 1998, the ESR Hughes Award is designed to recognise distinguished contributions to surgery by Fellows of the College and others. The award was created in recognition of the outstanding contributions to surgery by Sir Edward Hughes.

#### Professor Bryant Stokes

Bryant Stokes is a medical graduate of the University of Western Australia. He became a Fellow of the Royal Australasian College of Surgeons in 1965, and a Fellow of the Royal College of Surgeons of England in 1998. He is a distinguished neurosurgeon and a leader in Australasian healthcare.

Bryant Stokes's neurosurgical career began when he was a trainee in the University Department of Surgery and the Department of Neurosurgery at the Royal Perth Hospital and at Princess Margaret Hospital, Western Australia. He then undertook a Chief Residency in Neurosurgery at the University of Toronto, Canada, and a Fellowship in micro-neurosurgery at Mt Sinai School of Medicine, New York, USA. He subsequently returned to Perth, where he is now Clinical Professor of Neurosurgery, University of Western Australia; Consultant Neurosurgeon at Sir Charles Gairdner, Royal Perth and St John of God hospitals; Professor of Clinical Anatomy and Human Biology, University of Western Australia; and Professor of Anatomy, Notre Dame University.

During his clinical career, Professor Stokes has made many significant contributions to the clinical care of neurosurgical patients, especially in the areas of cerebrovascular disease, neuro-oncology and neurotrauma. As a Member of the Royal Flying Doctor Service, he has worked to improve the safety and standard of, and equity of access to, healthcare for rural and remote Australians. He is Patron of the Head Injury Society of Western Australia.

Professor Stokes has enriched the specialty of neurosurgery in Australasia. He is a member of the Neurosurgical Society of Australasia and has served on the Society's Executive Committee. He has been very actively involved in the training and assessment of several generations of neurosurgeons. He has been a member of the RACS Board in Neurosurgery and the College Court of Examiners. He was the Chief Examiner in Neurosurgery. Professor Stokes has been active in fostering research. He is a member of the Board of Directors of the Western Australian Medical Research Institute and a previous Director of the Medical Research Foundation, Royal Perth Hospital. He is a member of the Editorial Board of 'Neurosurgery Quarterly' and the 'Journal of Clinical Neuroscience'. He has undertaken a number of invited Visiting Professorships, including to Pro Tempore Brown University, USA, and the University of Adelaide. In 1986 the Neurosurgical Society of Australasia recognised and honoured Professor Stokes's contributions to the profession of neurosurgery by his election to the Presidency of the Society and in 1995 he was awarded the Neurosurgical Society of Australasia Medal.

Perhaps Professor Stokes's greatest contributions to Australasian surgery and healthcare are in the areas of safety and quality, and leadership in healthcare management. He is currently Chairman of the WA Safety and Quality in Healthcare Council, a member of the Australian Council for Safety and Quality in Healthcare and a member of the Expert Advisory Group in the Quality and Safety of Healthcare for the Australian Federal Minister of Health. He is a surveyor for the Australian Council on Healthcare Standards.

Professor Stokes began his career as a healthcare manager some 20 years ago. Initially he was Chairman of the Division of Surgery, Royal Perth Hospital, and subsequently a member of the Board of Management of the Royal Perth and Sir Charles Gairdner hospitals. Many important healthcare management



roles followed. He is a member of the Royal College of Medical Administrators and an Associate Fellow of the Australian College of Healthcare Executives. In 1995 he was appointed Chief Medical Officer, Health Department of Western Australia, and Clinical Consultant to the Commissioner of Health. In 2001 he was Acting Commissioner of Health in Western Australia.

In recognition of his service to Australian medicine and to surgery, Professor Stokes was made a Member in the General Division, Order of Australia (AM) in 2001.

Professor Stokes has made very significant contributions to Australasian neurosurgery and to the safety and quality of Australian healthcare. He is a leader and a strong and visible role model in Australasian healthcare management. Our College honours Bryant Stokes for his leadership and his distinguished contributions to the surgical profession through the award of the ESR Hughes Medal.

A Kolbe

#### Professor John Hunn

The College has a significant number of awards – given for outstanding achievement in a variety of fields. These almost always go to appropriately outstanding achievers, but there has been a concern that there are undoubtedly less-visible, lower-profiled achievers who are equally meritorious and whose often unsung accomplishments warrant recognition. This, I believe, was the motivation behind the establishment of the ESR Hughes Medal in 1998, and it is my pleasure to present John McLeod Hunn as the third recipient of that award.

After graduation, John Hunn established a general practice in Wynyard, a small coastal town on the northern coast of Tasmania. After 10 years he decided to change to a surgical career and gained his Edinburgh Fellowship in 1965. Two years later in Hobart he was in the forefront of the work associated with the devastating bushfires of that time, and it was then the traits that have stood him, and all of surgery, in good stead, started to show themselves.

Together with Murray Drew, he established a multidisciplinary burns unit, then the second one in Australia. John went on to become a foundation member of the Australian and New Zealand Burns Association (ANZBA). His lifelong interest in and leadership of the Australasian burns community followed. In themselves, John Hunn's burns activities warrant acknowledgement. But for John, these were really an indication of patterns of activity that would follow for the rest of his professional life – thrust into an activity, often not of his choosing, his mastery of it and then a long-term commitment to that activity, leading with an almost predictable certainty, to senior roles in that field. If there was a committee associated with the activity, he joined it; if there wasn't an appropriate organisation he set one up!

He became very involved in the AMA, and became both a state and federal councillor. For almost 20 years he personally ran the industrial side of surgery in Tasmania – we all have our current contracts to thank him for. He convened the last ASC to be held in Hobart. He was a member of College Council from 1991 to 1997. When the leadership of the Royal Hobart Hospital became an issue, he took over the job of the first Director of Surgery at that hospital. (Of course for many years he had been on the board of that and other hospitals.) When the chair of surgery fell empty, he became caretaker Professor of Surgery and kept much of the undergraduate programme intact for three years until the definitive appointment could be made. He was active with the Medical Protection Society.

In 1994 John Hunn and John Hargraves went to Timor, and this led to an ongoing commitment to that area that continues today.

This is far from a complete list of John Hunn's achievements, but he would be the last person to bring the inevitable omissions to my notice. His contributions have been without fanfare or promotion. Throughout his life he has simply, quietly and with distinction, responded to the needs of surgery, the needs of surgeons and the needs of the communities he has lived in and has thereby contributed to those areas in an extraordinary way. I am sure that, had he been alive today, 'Bill' Hughes would have been pleased to present this medal to John Hunn.

B Linacre

## MCRAE MEDAL

Approved by Council in 2001, the McRae Medal commemorates the life and work of the late Colin Ulric McRae. It recognises and promotes the art and science of surgery and surgical leadership in New Zealand and honours those who have made outstanding contributions in this way. The McRae Medal is awarded on the recommendation of the New Zealand Committee.

### Mr Alan Kerr

Alan Kerr is the first recipient of the McRae Medal. This award commemorates the life and work of the late Colin McRae, leading New Zealand urologist and major contributor to this College over 20 years. Colin was one of five Presidents to have come from New Zealand. This medal and its inaugural recipient remind us of the enormous contributions made by the New Zealand Fellows of this College, not only to the art and science of surgery but also to surgical leadership in New Zealand and beyond.

Alan Kerr graduated from the University of Otago and served as House Officer and Surgical Registrar at the Wellington Hospital. He achieved Fellowship of this College in 1965 after working at Green Lane, Auckland and Middlemore Hospitals. He then committed to the emerging specialty of cardiothoracic surgery, working in the world-renowned unit at Green Lane with Sir Brian Barrett-Boyes. Further experience was obtained in the United States with John Kirklin at the University of Alabama.

On returning from the United States he was appointed to the full-time consultant staff at Green Lane, retiring in 2002. He was Clinical Director of the cardiothoracic unit from 1989 to 1996. During his early career he was involved in coronary

artery and aortic surgery. Over the last 20 years his major interest has been in paediatric cardiac surgery and more recently he has had a major role in heart and lung transplantation. He is known for his selfless commitment to his patients, regardless of any inconvenience or the hour of the day. He has a strong scientific background and an encyclopedic knowledge of cardiac, vascular and thoracic surgery. Alan Kerr's contributions to his specialty and to surgery in New Zealand have been immense.

He has served this College on the board of Thoracic Surgery and as an examiner. He has also had a major role on the New Zealand National Heart Foundation, the Executive Committee of the New Zealand Cardiac Surgical Register and the New Zealand Cardiac Review Committee. He has been a visiting surgeon to cardiothoracic units in India, Singapore and Australia.

In 1997 he was made a Companion of the New Zealand Order of Merit and Honorary Clinical Professor of Auckland University.

Alan continues to contribute to the care of children with cardiac problems. Since 2001 he has made three voluntary trips to Gaza, performing cardiac surgery on Palestinian children under very difficult conditions.

The McRae Medal celebrates not only the achievements of New Zealand surgeons, but also the trans-Tasman nature of our College. Alan Kerr's career exemplifies all that is excellent in New Zealand surgery and makes him a fitting recipient of the inaugural McRae Medal.

A Sutherland

## HONOURS & AWARDS

### COLLEGE AWARDS

**Honorary Fellowship**  
Prof Joseph Lau

**Sir Hugh Devine Medal**  
Prof Bruce Barraclough

**Award of Excellence in Surgery**  
Prof Brian Buxton

**RACS Court of Honour**  
Prof Kingsley Faulkner

**RACS Medal**  
Mrs Bev Lindley  
Mr Glen Benveniste

**ESR Hughes Medal**  
A/Prof Ian O'Rourke

**Colin McRae Medal**  
Prof Randall Morton

**International Medal**  
Prof Don Marshall

**Inaugural Gordon Trinca Medal**  
Mr Brian Miller

**Inaugural Provincial Surgeons Award**  
Mr John Nettlefold

**ESR Hughes Award**  
Prof Tim Cartmill

**Companion of the College**  
Mr Norm Bevan

**Centenary Medal**  
Dr Rowan Nicks

### NEW ZEALAND NEW YEAR HONOURS

**OMNZ**  
Prof Alexander Jeffrey

### AUSTRALIA DAY HONOURS

**AM**  
Dr Trevor Apsimon  
Prof John Hunn  
Mr Stephen Wilkinson

**OAM**  
Mr Andrew Ellis  
Mr Robert Farnsworth  
Mr William Gillies  
Mr Justin Kelly  
Mr John Upjohn

## QUEEN'S BIRTHDAY HONOURS

### New Zealand

**CNZM**  
Prof Harley D Gray

**ONZM**  
Mr Geoffrey Lamb

### Australia

**AO**  
Prof Bruce Barraclough  
Prof Robert Baxt  
Prof Bruce Benjamin

**AM**  
Prof Noel Dan  
Dr Alexander Gonski  
Mr Gordon Low  
Mr Graham Nunn

**OAM**  
Mr Miklos Pohl

### HONOURS FOR BALI HEROES

The following Fellows and Trainees were recognised by Governor-General Michael Jeffery on 17 October 2003 for their efforts following the bombing in Bali.

**AM**  
Mr John Greenwood  
Dr Vijith Vijayasekaran  
Ms Fiona Wood

**OAM**  
Dr Bernard Carney  
Mr Peter Haertsch  
Mr John Hogg  
Ms Carole Mansfield

**CSC**  
Mr David Read

# Supporters

In addition to \$642,631 in donations received from Fellows, private benefactors and corporate supporters, in-kind corporate sponsorship totalled \$1,695,000. Sponsorship of the Basic Surgical Skills courses was estimated at \$230,000 while the Annual Scientific Congress received in-kind support from industry associates to the value of \$215,000. The new College Educational Facility also received \$1,250,000 worth of donated equipment.

**The College gratefully acknowledges these generous corporate sponsors and benefactors.**

## MAJOR CORPORATE SPONSORS

Ansell  
 ANZ Private Banking  
 AstraZeneca  
 B Braun  
 Conrod  
 CSL  
 Flowers & Partners Group Pty Ltd  
 Johnson & Johnson  
 Kennards Hire  
 Kimberly-Clark Australia  
 Mayne Health  
 N Stenning & Co Pty Ltd  
 Runner's World  
 Smith & Nephew  
 Sporting Chance Cancer Foundation  
 Tyco Healthcare

## CORPORATE SUPPORTERS

Abbott  
 Adelaide Bank  
 Australian Vehicle Buying Services  
 Bard  
 Business Travel International  
 C R Kennedy  
 Convatec  
 dfs Advisory Services  
 Department of Health and Ageing  
 Doncaster BMW  
 Dynek  
 Essex Pharma  
 Gore  
 Health Communication Network  
 InterMed  
 Lexus of Adelaide  
 Medical Defence Association of Victoria  
 Medfin Finance  
 Medtronic Xomed  
 Obex  
 Quality Resort McCracken  
 Schering-Plough  
 Surgical and Medical Supplies  
 Surgical Synergies

## BENEFACTORS

Prof Murray and Unity Pheils  
 Mr Henry Lumley  
 Mr Gordon Moffat  
 Mrs Elisabeth Morson  
 Mr Rowan Nicks  
 Mrs D Ramsay  
 Mrs Elisabeth Unsworth  
 The Estate of Mrs Margorie Hooper  
 The Estate of Mrs Eugenie Johnston  
 The Estate of Mr T D Kelly  
 The Estate of Sir Roy McCaughey  
 The Estate of Dr W G Norman  
 The Estate of Mr Francis Thronell-Shore  
 The Estate of Mr Alan Worcester  
 Dunedin Basic Medical Sciences Course

**Ansell**



**ANZ Private Bank**



**B | BRAUN**



**CSL**

**Smith+Nephew**





#### DONATIONS BY FELLOWS

The RACS Foundation gratefully acknowledges these generous Australian Fellows.

Dr D J Adenorff  
Mr R J Aitken  
Mr B R Alexander  
Mr D Allen  
Mr D M Allison  
Mr D R Andrews  
Mr G W Arthur  
Mr N R Atkinson  
Mr S P Baker  
Mr J E Barnett  
Mr F A Bartholomeusz  
Mr R J Bartlett  
Dr W Barto  
Mr P J Bath  
Dr K Bau  
Mr A H Beely  
Mr M Benanzio  
Prof R C Bennett  
A/Prof M Besser  
Mr J B Binks  
Mr S L Blamey  
Ms J Bockman  
Mr P A Bolliger  
Mr R K Brodribb  
Mr B P Brophy  
Mr D S B Brownbill  
Mr M B Bruce  
Mr J A Buntine  
Mr G C Burfitt-Williams  
Mr D C Burke  
Prof B F Buxton  
Mr I A Campbell  
Mr A B Carden  
Mr C J Carmody  
Dr J M Carney  
Mr S Ceber  
Dr J L Chambers

Mr S F Chang  
Mr K Chao  
A/Prof P H Chapuis  
Mr J K Clarebrough  
Mr G W Clarke  
Mr R C Claxton  
Mr R H Cleary  
Prof G J Clunie  
Mr M J Coleman  
Mr I N Colledge  
Mr A E Collins  
Mr J V Colman  
Mr G J Coltheart  
Mr T J Connelley  
Dr J M Cosgrove  
Mr R J Costa  
Mr D J Cottier  
Mr C J Cox  
Mr J E Critchley  
Mr T H Currer  
Mr G P Curtin  
Prof N G Dan  
A/Prof P M Davidson  
Dr M A Davies  
Mr R N De Steiger  
Mr A S Dixit  
Mr L J Dodds  
Mr W G Doig  
Mr S R Donahoe  
Mr B J Dooley  
Mr N W Dorsch  
Mr M W Doudle  
Mr M C Douglas  
Mr J R F Downie  
Mr P S D'Urso  
Mr M Edinburg  
A/Prof G C Fabinyi  
Mr D G Failes  
Mr A C Farinelli  
Mr R H Farnsworth  
Prof K W Faulkner  
Mr R I Fitzpatrick

Mr W B Fleming  
Mr I A Fletcher  
Mr S A Fletcher  
Mr G M Fogarty  
Mr M J Fogarty  
Mr N D Fox  
Mr I C Francis  
Mr R N Fraser  
A/Prof J Freidin  
Mr P S Gan  
Mr J S Gani  
Mr P K Gerard  
Mr W G Gilbert  
Mr J S Giles  
Prof D J Gillett  
Mr J R Gillies  
Mr D L Glen  
Mr J W Glover  
Mr P J Graham  
Mr A S Gray  
Dr J A Green  
Mr E M Gregory  
Mr I A Grice  
Mr P Grossberg  
Mr E P Guazzo  
Mr J S Guest  
Maj Gen C M Gurner  
Mr A C Gursel  
Prof R S B Gye  
Mr G M Halliday  
Mr T J Harris  
A/Prof J A Hart  
Mr S A Hart  
Dr D L Hartley  
Mr L C Hartley  
Dr M E Hassall  
Mr C S Haw  
Mr M Haybittel  
Mr K L Hayes  
Mr B T Haymet  
Mr P G Hayward  
Mr J K Henderson

Mr C K Hendry  
Mr R J Higgs  
Mr K W Hinrichsen  
Mr J A Hodge  
Mr J H W Hogg  
Mr A J A Holland  
Mr R M Hollings  
Mr B Hong  
Mr G A Hoy  
Mr D E Huber  
Prof C F Hughes  
Mr D F Hughes  
Mr W J Hughes  
Mr R F Hunt  
Prof J M Hutson  
Mr V A James  
Mr R F Jones  
Mr B Kavar  
Mr D R Kennedy  
Mr S Khamhing  
Mr G A Koniuszko  
Prof T H Kossmann  
Mr B V Krishna  
Mr S E La Bianca  
Mr C L Lai  
Mr M F Lai  
Mr P S Lawson  
Mr D B Leaming  
Mr C M Lee  
Mr R W Leitch  
Mr W P Lennon  
Mr H H Liem  
Mr H W Lukins  
Mr B G Lykke  
Mr W J Lynch  
Mr W S Mackie  
Mr D G Macleish  
Mr W G Maling  
Mr A Mann  
Mr V S Mar  
Mr G J Mason  
Mr R J Maxwell

Mr J A McArthur  
Mr G R McDermant  
Mr R G McEwin  
Mr M G McGee-Collett  
Mr I E McInnes  
Mr J H McKessar  
Mr J H McMahan  
Mr R I McMullin  
Mr D Meintjes  
Mr G B Mendelsohn  
Mr B C Mendelson  
Mr K K Merten  
Mr J H Mitchell  
Mr M Mohajeri  
Mr G M Moran  
Mr P J Mortensen  
Mr N B Munro  
Mr D L Murphy  
Mr L K Nathanson  
Mr F W Niesche  
Dr B J Noll  
Mr P D Nottle  
Mr D H Nye  
Mr J R Oakley  
Mr B J O'Brien  
Dr T W O'Connor  
Mr P J O'Keefe  
Mr R S Page  
Mr G W Paget  
Mr R L Plowman  
Prof A L Polglase  
Mr F G Quigley  
Mr A K A Rahman  
Mrs D Ramsay  
Mr A B Rao  
Prof T S Reeve  
Mr L J Reeves  
Mr H R Robertson  
Mr S J Rodgers-Wilson  
Mr A Rosalion  
Mr F L Rosenfeldt  
Mr S J Ruff  
Prof A Sali  
Mr N Samaraweera  
Mr A C Saunder  
A/Prof M Schnitzler  
Prof D F Scott  
Mr W J Scott  
Mr P K Sen  
Mr S P Sen Gupta  
Mr P F Sharwood  
Mr A I Smith  
Mr J R Solomon  
A/Prof M J Solomon  
Mr R M Southby  
Mr D M Southwood  
Mr D W Speakman

Mr M C Stacey  
Mr P D Stalley  
Mr P K Steedman  
Ms W S Stelmach  
Prof B A Stokes  
Mr J C K Stubbings  
Mr K E Stuchbery  
Mr M E Sugrue  
Mr U Suliman  
Mr D J Tange  
Prof G I Taylor  
Dr L M Teston  
Mr G A Thompson  
Mr I J Thompson  
Mr M C Thorne  
Mr J G Vandervord  
Prof R J Vaughan  
Mr S Vigna-Rajah  
Mr R J Wale  
A/Prof B P Waxman  
Mr W M Wearne  
Mr H L Weaver  
Mr N R Wetzig  
Mr M K Wham  
Dr J R Whitney  
Mr S F Wickramasinghe  
Mr R C Wilkinson  
Mr H D Williams  
Mr S A Williams  
Mr C G Wilson  
Mr T G Wilson  
Mr S K Wong  
Mr P R Woodland  
Mr P W Woodruff  
Mr B W Yeo  
Mr J D Yeo  
Mr D Youkhanis

The RACS Foundation gratefully acknowledges these generous New Zealand Fellows.

Mr A C Bowker  
Mr B D Bowkett  
Mr H S Cooke  
Mr P R Dryburgh  
Mr R French  
Mr S P Gowland  
Mr J A Lofts  
Ms P M Mercer  
Mr S G K Packer  
Mr B W Partridge  
Prof K C Pringle  
Mr J W Raine  
Mr P J Raudkivi  
Mr H R Stegehuis  
Mr H A Swan  
Mr I A Thomson  
Prof A M Van Rij  
A/Prof J A Windsor  
Mr Yule

The RACS Foundation gratefully acknowledges these generous International Fellows.

Mr T W Au  
Mr A Blokmanis  
Mr K M Chan  
Mr J C K Cheng  
Mr C-H Chow  
Mr M A Clark  
Dr K J Drummond  
Prof H A Dudley  
Mr P J Finn  
Dr C Jones  
Mr K W Lee  
Mr K Y Liu  
Mr D C McGiffin  
Mr R L Ngai  
Mr A G Perks  
Mr V Piratia  
Mr P M Randle  
Mr E R Ross  
Mr J Srisurakrai  
Mr R Wathooth

# Royal Australasian College of Surgeons

## COLLEGE CONTACTS

### President

Ms Anne Kolbe  
Email: college.president@surgeons.org

### Executive General Manager

Dr David Hillis  
Email: david.hillis@surgeons.org

### Executive Director of Surgical Affairs

Professor David Scott  
Email: surgeons.edsa@surgeons.org

### Director of Resources

Mr Ian Burke  
Email: ian.burke@surgeons.org

### Director of Academic Services

Dr Pam Montgomery (acting)  
Email: pam.montgomery@surgeons.org

### Director of Fellowship and External Affairs

Ms Daliah Moss  
Email: daliah.moss@surgeons.org

### Head Office

College of Surgeons' Gardens  
Spring Street  
Melbourne Vic 3000

Telephone: +61 3 92491200  
Facsimile: +61 3 9249 1219

### Victoria

College of Surgeons' Gardens  
Spring Street  
Melbourne Vic 3000

Telephone: +61 3 92491255  
Facsimile: +61 3 9249 1256  
Email: college.vsc@surgeons.org

Chair: M Pitcher  
Hon Secretary: J Smith  
Hon Treasurer: A Saunder  
Regional Manager: M Carrarini (Acting)

### New South Wales

177A Albion Street  
Surrey Hills NSW 2010  
Telephone: +61 2 9331 3933  
Facsimile: +61 2 9331 3145  
Email: college.nsw@surgeons.org

Chair: H Carmalt  
Hon Secretary: P Truskett  
Hon Treasurer: A Richardson  
Regional Manager: B Lindley

### South Australia

PO Box 44  
North Adelaide SA 5006  
Telephone: +61 8 8239 1000  
Facsimile: +61 8 8267 3069  
Email: college.sa@surgeons.org

Chair: S Krishnan  
Vice President: P Dolan  
Hon Secretary: D Walsh  
Hon Treasurer: J Krishnan  
Regional Manager: A Wilson

### Queensland

PO Box 50  
Spring Hill Qld 4004  
Telephone: +61 7 3832 5000  
Facsimile: +61 7 3832 5001  
Email: college.qld@surgeons.org

Chair: E Maguire  
Hon Secretary: H Bartholomeusz  
Hon Treasurer: M Stevens  
Regional Manager: J McCartney

### West Australia

CTEC Building  
University of Western Australia  
Hackett Drive  
Nedlands WA 6009

Telephone: +61 8 9380 8699  
Facsimile: +61 8 9380 8698  
Email: college.wa@surgeons.org

Chair: J Hamdorf  
Hon Secretary/Treasurer: S Baker  
Regional Manager: P Anderson

### Tasmania

AMA House  
2 Gore Street  
South Hobart Tas 7004

Telephone: +61 3 6223 8848  
Facsimile: +61 3 6223 5019  
Email: college.tas@surgeons.org

Chair: S Fletcher  
Hon Secretary/Treasurer: A Dixit  
Regional Manager: D Cornish

### Australian Capital Territory

Unit 4, 13 Napier Close  
Deakin ACT 2600  
Telephone: +61 2 6285 4023  
Facsimile: +61 2 6285 3545  
Email: college.act@surgeons.org

Chair: D T A Hardman  
Hon Secretary/Treasurer: D McMahon  
Regional Manager: E Edwards

### New Zealand

PO Box 7451  
Wellington South  
Telephone: +64 4 385 8247  
Facsimile: +64 4 385 8873  
Email: college.nz@surgeons.org

Chair: P Bagshaw  
Hon Secretary: M Pfeifer  
Hon Treasurer: C Ferguson  
Regional Manager: J Peterson  
Executive Director of Surgical Affairs:  
Mr John Simpson