

Annual Report

2016





Building Respect and Improving Patient Safety



Dr Susan O'Dwyer, Executive Director and Professor Spencer Beasley; MOU signing with Queensland Metro South



RACS booth at ASC 2016



Women in Surgery breakfast, ASC 2016



RACS President, Mr Philip Truskett; MOU signing with St Vincent's Health Australia

One of the key priorities for the Royal Australasian College of Surgeons (RACS) over the past two years has been our efforts to address discrimination, bullying and sexual harassment (DBSH) within the practice of surgery. With the full support of the RACS Council, RACS fully accepts the responsibility that we must, as a profession, address issues associated with poor culture in the health sector. RACS has published a 2016 Progress Report (<http://www.surgeons.org/flipbook3d/Digital/BRIPSPROGRESSREPORT/index.html>) on its achievements against the *Building*

Highlights of RACS progress in 2016 include:

- New eLearning module on DBSH - mandatory for all RACS Fellows, Trainees and International Medical Graduates (IMGs), integrated with RACS' continuing professional development program and a mandatory CPD 2017 requirement
- Foundation Skills for Surgical Educators (FSSE) course, to strengthen surgical education - mandatory for surgeons who teach or train surgical Trainees or supervise IMGs

“We need to lead the way wherever we work; to advocate for change, stand up to unacceptable behaviour and demonstrate what it looks like to operate with respect.”

Respect, Improving Patient Safety Action Plan (published in December 2015), which sets eight goals in three main areas; Cultural Change & Leadership, Surgical Education and Complaints Management.

More than 20 projects are now underway, many of which will take more than three years to deliver. It is now up to each surgeon to play their part. “We need to lead the way wherever we work; to advocate for change, stand up to unacceptable behaviour and demonstrate what it looks like to operate with respect”.

- New Diversity and Inclusion Plan, revised Code of Conduct and revised policies and procedures College-wide
- Updated complaints processes and management, with a new Complaints User Guide and other information published
- Signed agreements with 14 agencies across the public and private health sector, in metropolitan and regional areas, committed to a collaborative approach to deal effectively with DBSH in their jurisdictions.

Leading the way in surgical education and training



During 2016 RACS prepared for re-accreditation in 2017 by the Australian Medical Council (AMC) and the Medical Council of New Zealand; a requirement for all specialist medical colleges in both countries. Staff and Fellows, including the training boards, are to be congratulated on their enormous efforts in developing the 300 page submission with around 500 supporting documents, a huge achievement!

JDocs

RACS continues to define the standards expected of surgical aspirants before they formally apply for surgical education and training. The development of the Framework for Junior Doctors (JDocs) progressed with the launch of the JDoc portfolio in January 2016 and by the end of the year, 577 had subscribed. Over 1100 prevocational doctors presented for the Generic Surgical Science Examination (overall pass rate 71.6%) an indication of the continued strong interest of junior doctors in pursuing a surgical career. Our future depends on attracting the most talented and skilled medical graduates and ensuring our appeal as a profession that embraces diversity and gender equity.

Supporting our Trainees, International Medical Graduates and Fellows

RACS has placed greater focus on supporting members in distress,

ranging from the meaningful handling of concerns and complaints to responding to requests for more structured support and advice. Substantial resourcing has been directed towards these requirements. Importantly, RACS now has a more defined approach to the mental health and wellbeing of its Fellows, Trainees and International Medical Graduates (IMGs). In 2016 we launched the RACS Support Program, which provides confidential, arms-length counselling services and we will continue with future initiatives to promote surgeons' healthcare through one's own general practitioner and better access to peer support.

RACS continues to drive change and improvement to create the best environment for Trainees to undertake surgical education and training, delivered by committed and trained educators. This will ensure we have highly competent and highly performing surgeons into the future.

During 2016 RACS commenced a major policy review and approved the creation of the IMG Committee, to support the assessment of IMGs on a pathway to Fellowship. The committee, will be focusing on the tools used and the recognition of demonstrated skill and competency when assessing the primary specialist surgical training of an IMG.

Supporting Life-long Learning

RACS and the Academy of Surgical Educators continue to provide a range of training programs for those involved

with Surgical Education. In 2016, 35 Foundation Skills for Surgical Educators (FSSE) courses were rolled out across Australia and New Zealand and around 100 courses are planned in 2017. The FSSE course is now mandatory for surgeons who are involved in the training and supervising of RACS SET Trainees.

Our educational endeavours are vital to sustain and improve surgical standards. Electronic enrolment for courses was introduced in 2016 and 146 Skills courses conducted with 2460 participants. We anticipate an increase with the comprehensive roll-out of the FSSE course and also development of specific courses addressing discrimination, bullying and sexual harassment.

The Academy of Surgical Educators (ASE) has grown to over 700 members, with 1300 attendees participating in our surgical educator-related activities and 86 professional development courses. The Academy recognises the contribution of surgical educators through the ASE Recognition Awards, with Mr David Speakman FRACS awarded Facilitator/Instructor of the Year in 2016.

I need to highlight the huge contribution by Fellows of the College to our educational activities. It is enormous, it is on-going, and of very high quality. RACS relies on the commitment by so many Fellows to these educational activities, most of which are provided pro-bono.



The Annual Scientific Congress

RACS managed a successful Annual Scientific Congress (ASC) held in Brisbane in partnership with Royal College of Surgeons of England achieving the highest domestic attendance of any ASC with over 2000 delegates. A key highlight was the President's Lecture from Lieutenant General David Morrison (pictured, above right), previous Chief of the Australian Army and 2016 Australian of the Year. He received a standing ovation for his moving address on leadership. The Congress also launched the RACS Let's Operate with Respect campaign to tackle discrimination, bullying and sexual harassment.

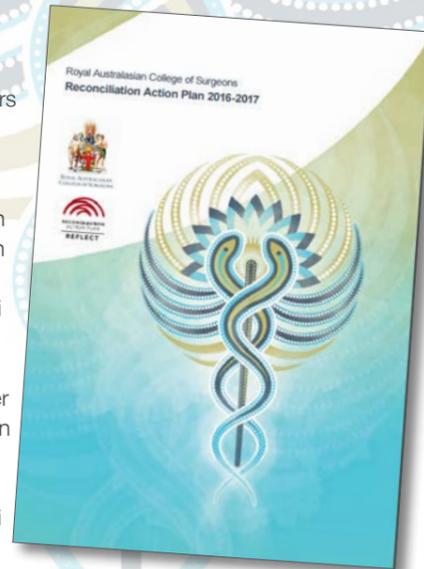
Building diversity and inclusion

We have a well-established Indigenous Health Committee, which is addressing concerns about the cultural and health outcomes for Māori and Aboriginal and Torres Strait Islander populations, but we acknowledge the time required for enduring impact. Our Reconciliation Action Plan is being progressively implemented.

RACS sponsored a number of Aboriginal, Torres Strait Islander and Māori meetings throughout 2016 including the Australian Indigenous Doctors Association (AIDA) annual meeting, the Te Ohu Rata O Aotearoa's (Māori Medical Practitioners Association) Hui-a-tau and the Pacific Region Indigenous Doctors Congress (PRIDoC) meeting. Our support and attendance at these events provides an opportunity for aspiring Aboriginal, Torres Strait Islander and Māori doctors to learn more about surgical training and a career in surgery.

RACS also launched the Aboriginal and Torres Strait Islander Surgical Trainee Selection Initiative, providing guidance to RACS Surgical and Education Training boards to further support the selection of Aboriginal and Torres Strait Islander doctors seeking to undertake a career in surgery.

RACS sponsored six Aboriginal, Torres Strait Islander and Māori junior doctors and medical students to attend the ASC in Brisbane. At the ASC RACS and Johnston & Johnston (J&J) launched the RACS Aboriginal, Torres Strait Islander and Māori SET training 1 year scholarship program partnership to support Aboriginal, Torres Strait Islander and Māori SET Trainees over the next three years. In July the Foundation for Surgery granted funding for 12 new Career Enhancement Scholarships for Aboriginal, Torres Strait Islander and Māori junior doctors and medical students.



Reconciliation Action Plan: http://www.surgeons.org/media/24170346/2016-05-24_RACS_RAP-2016.pdf

Māori Health Action Plan: https://www.surgeons.org/media/22617045/maori-health-action-plan-2016-18_final_29-february.pdf



Professional Standards

The RACS Continuing Professional Development program was reviewed in 2016, with extensive consultation to ensure it remains relevant to Fellows and the medical regulators in Australia and New Zealand. Reflective practice has been incorporated into the CPD framework to support lifelong learning, support a culture of personal development, and assist Fellows to identify areas of focus to maintain their high level of surgical skills. All activities completed within the CPD program now map to the RACS competencies to easily identify the range of skills and knowledge expected of surgeons. To

support the changes across the CPD program, a range of online resources has also been launched, including a learning plan.

Multisource Feedback (MSF) is one of the activities available to meet the Reflective Practice requirement (mandatory across all practice types) and RACS piloted a fully administered MSF tool in 2016. An evaluation of the pilot is now complete and further investigation is underway to make the tool available to the broader Fellowship.

The Code of Conduct has been reviewed and updated and continues to uphold professional standards and respectful behaviour.

Clinical Variation

Combining the perspective of the speciality experts with the skills of a data custodian, RACS worked in collaboration with Medibank Private to produce five surgical variation reports covering orthopaedic surgery, vascular surgery, general surgery, urology and otolaryngology ear nose and throat surgery. The reports assist in exploring variation in surgical practice and raise questions that will allow clinicians and others to reflect on aspects of medical practice.

Complaints

Significant work has been undertaken to progress the Expert Advisory Group (EAG) recommendations including revision of policies encompassing external oversight, partnering with health agencies to more effectively address DBSH in the workplace. RACS implemented a new complaints framework incorporating restorative justice options, established a complaints hotline, published a new complaint form and information factsheet and improved confidentiality and transparency of complaints reporting to a centralised source. The newly appointed Manager Complaints Resolution

delivered 25 presentations to various stakeholders throughout the year to increase awareness of the complaints framework.

A complaint specific database was launched. Over time the data mined will enable identification of complaint hotspots and inform education requirements specific to unacceptable behaviours. The number of complaint enquiries registered in 2016 has increased by 25 per cent on previous years reflecting an increased awareness of the RACS commitment to receiving and addressing complaints. Approximately 70 per cent of all complaint enquiries registered were resolved and closed in 2016.

Global Health

Our Global Health activities continue to support capacity development in the Asia and Pacific region. For the first time we were involved in health development activities in Indonesian Papua with funding support by the Australian department of Foreign Affairs and Trade.

The Pacific Islands Program (PIP) contract covering 2012 – 2016 was successfully implemented, with 17,134 Pacific islanders receiving specialist consultations and medical treatment. A new five-year funding contract was secured, valued at AUD 7.5 million, with a new Pacific Islands Program focusing on health workforce development and systems improvement/strengthening.

We secured a two-year funding extension for the RACS program in Timor Leste, with additional budget of AUD 3.86m, to support the Family Medicine Program and postgraduate training diploma programs. This will result in around 80 well-trained East Timorese clinicians ready for deployment in district health facilities by 30 June 2018.

A new Lions Club International Foundation SightFirst grant enabled the East Timor Eye Program (ETEP) outreach visits to provide 1,562 consultations and 228 operations across nine districts of Timor-Leste.





Foundation for Surgery

Passion. Skill. Legacy.

Foundation for Surgery

The Foundation for Surgery is now stronger than ever, with a scholarships and grants program that committed \$1.8 million in 2016 (up from \$1.5 million in 2015). To guide the Foundation for Surgery Board in its funding decisions, a new vision and mission were developed and approved.

Vision

A world in which people have access to quality surgical care.

Mission

To forge higher levels of quality in surgical care in Australia, New Zealand and the Asia-Pacific Region, through:



- *Surgical research and training*
- *Global Health programs, projects and activities*
- *Indigenous health programs, projects and activities.*

Through a refreshed approach to our major campaigns, the Foundation was able to extend its reach and increase engagement. This has resulted in an increase of over 300 per cent both for

number of individual donors (over 1,100) and donations received, excluding bequests (\$1.1 million).

Working with other areas of RACS, the Foundation for Surgery has supported:

- Over **10,584** patients in developing countries in the Asia-Pacific to receive specialist consultation
- Over **2,526** critical procedures to be delivered in Asia-Pacific countries
- The delivery of **23** skills courses and specialist training workshops in these Asia-Pacific countries
- **38** scholarships and grants enabling ground-breaking research in cardiothoracic surgery, laparoscopy and robotic technology, healthcare rationing, colonic surgery, haemorrhage control and many other areas of critical research to promote improved patient outcomes.

Health Advocacy and Government Relations

RACS made over 70 submissions to government or other agencies in 2016. We were called to provide expert opinions to government committees.

We had over 140 meetings with health ministers or government officials in 2016. The Regional Chairs are strong advocates for RACS in their regions. They provide advice on local issues and policies that impact on the delivery of quality patient outcomes, including Transforming Health in South Australia, prioritisation in New Zealand, and a health workforce strategy in Queensland. Additionally, we now have a dedicated resource for government relations in Canberra and a new office in Deakin. This has enabled us to create and maintain key relationships with the Australian Federal Government and helped us to respond quickly when our expertise is called upon.



Partnering for success in trauma prevention

RACS 2016 advocacy has seen tremendous success in securing \$450,000 of Federal funding over three years for the Australian Trauma Registry and also in the Northern Territory government's removal of open speed zones along the Stuart Highway. These successful outcomes both followed increasing advocacy by RACS Fellows and staff over 2016. RACS was represented at the Tasmanian Coronial inquest into the deaths of seven quad bike riders in October. RACS joined the National Road Safety Partnership Program and continued to work in partnership with the Australian Alcohol Policy Coalition to focus on improving public awareness and drive policy change at state and national levels, including tougher legislation in NSW and Queensland to reduce alcohol related harm.

A coalition of support for Aboriginal and Torres Strait Islander Ear Health

Aboriginal Ear health became a major advocacy focus. RACS Fellows and staff, in partnership with the Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS) met with government and opposition ministers and hosted a roundtable for relevant stakeholders. Submissions were made to the Royal Commission into the Protection and Detention of Children in the Northern Territory and the Inquiry into Hearing Health and Wellbeing of Australia.

RACS rapidly built stakeholder consensus to influence policy makers in support of a national approach to Aboriginal and Torres Strait Islander ear health and the formation of a national taskforce to lead the change required to successfully close the gap in ear health outcomes.



Communications

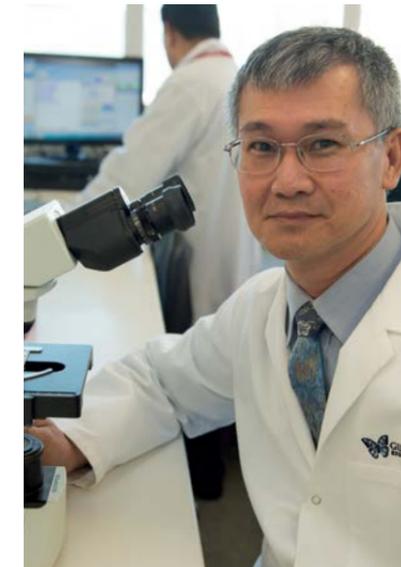
Over the past year, RACS has seen substantial growth across all three of its primary social media platforms; Facebook, Twitter and LinkedIn, and has started to strategically use other platforms, such as YouTube, to increase and improve its online reputation and presence.

RACS' proactive work in the digital arena has allowed the College to 'close the gap between where we are now and where we want to be.' An innovative digital 'Respect' campaign has been a great step towards meeting these objectives.

RACS was also extremely proactive in its traditional media activity throughout 2016, releasing more than 80 media releases, many of which related directly to Building Respect & Improving Patient Safety (BRIPS) and to the advocacy work in which RACS was engaged.

ANZJSurg.com was visited almost 65,000 times in the 2016 calendar with around 116,000 page views, while the SurgWiki site saw almost a quarter of a million visitors with around 325,000 page views

The RACS flagship Surgical News publication has also undergone a major refresh to reflect a fresh, modern and professional publication that mirrors the strategic and professional focus of the College and promotes and enhances the RACS and FRACS brands.



Research, Audit & Academic Surgery

In 2016 Research and Evaluation, incorporating ASERNIP-S undertook a number of valuable projects for RACS in addition to our usual work for external stakeholders. These reports included 'Hospitals, Day procedure centres and Office-based facilitates in Australian and New Zealand: Review of legislation and accreditation', 'Literature review on outcomes of bullying and inappropriate behaviour, and the benefits of training and resilience', 'Stem cells in Surgery', and 'Overlapping, simultaneous and concurrent surgery'.

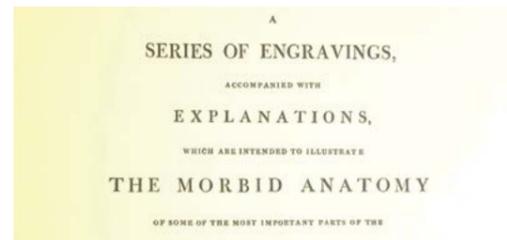
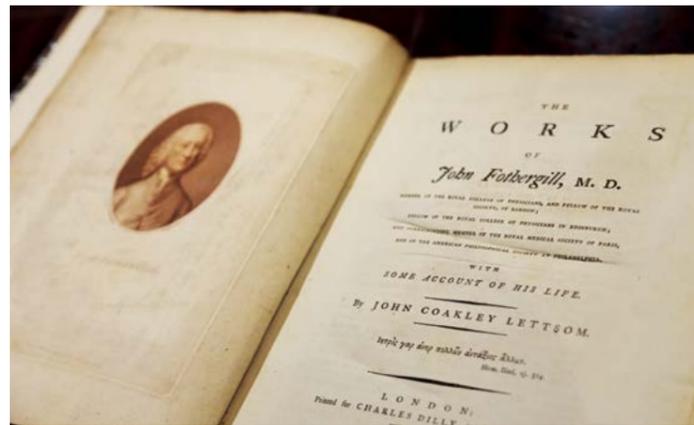
The Morbidity Audits Department implemented the new SNOMED coding system for use by our members to record their operative experience in MALT. This work places RACS as one of the leaders in the implementation of SNOMED in Australia/ New Zealand because we are one of the few organisations who have done so successfully and with clinician support.

In 2016 the audits of surgical mortality had six articles published in peer review journals. Each region also held successful workshops on themes ranging from end of life matters to clinical leadership, which will continue into 2017. Formal collaboration with the Colleges of Anaesthetists and Radiologists was also approved in 2016 and ANZASM looks forward to a fruitful partnership with these Colleges.

The Cowlshaw Symposium 2016

The 11th biennial Cowlshaw Symposium was held at the RACS Melbourne Office in October 2016, a meeting that has become one of the principal events on the history of medicine calendar. RACS is fortunate to own the impressive collection of historical medical texts that was amassed by Leslie Cowlshaw from the early 20th Century until his death in 1943.

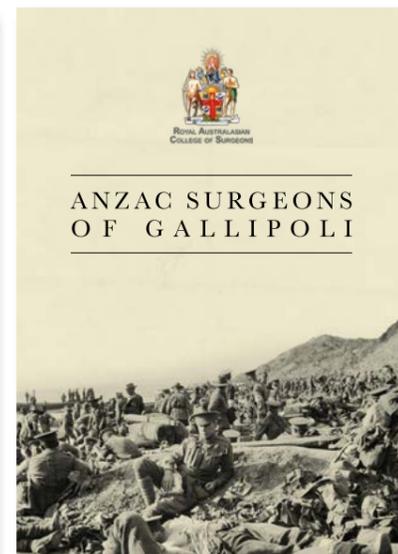
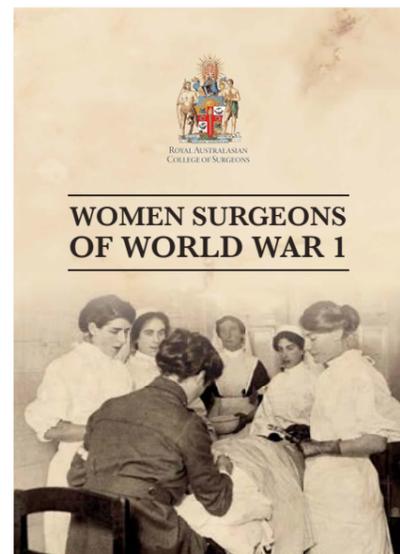
The Collection includes a number of volumes published in the 15th Century including an Avicenna Canon of 1497 from Padua and the 1483 Nuremberg *De proprietatibus rerum* of Bartholomæus Anglicus. In 1996, Wyn Beasley initiated the Symposium in order to promote the Cowlshaw Collection, both to Fellows of the College and to the wider community of medical professionals and bibliophiles.



Celebrating our Heritage Online

This year has seen a concentrated effort to make more of our heritage, archives and collections available online through our Digital Exhibitions. These are all accessible through the Archives Gallery section of the website. These include: Paving the Way – Our Early Women, Women Surgeons of World War 1, and ANZAC Surgeons of Gallipoli. The later book presents some wonderful images from the campaign that capture the steps taken to provide the best medical outcomes to the soldiers of both sides.

<http://www.surgeons.org/about/college-history/archives/archives-gallery/>



The Digital College

To support our educational activities, RACS has made substantial investment in its Information Technology infrastructure. This is not only in the on-line library resources and the development of e-modules to support our skills courses but also increasing capacity in on-line examinations and streamlined short answer marking. Such progress extends across all forms of assessment but will particularly support the Fellowship Examination. With 378 candidates (Trainees and IMGs) registering for the Fellowship examination in 2016, delivering the exam involves a highly complex, logistic challenge. The examination pass rate for Trainees was 70.8 per cent.

The Digital College program has produced a major step forward for the RACS online presence. Amongst other things, the website has become more personalised and user-friendly, particularly with the introduction of the RACS Portfolio and more recently the CPD application (See above).

Greater control of your own details with RACS and improved access to RACS resources are key aims. The CPD experience was redesigned to make it easier and more intuitive to enter CPD activities and to see your progress.

Subscriptions can now be paid online and there are plans to integrate this further with the RACS Portfolio. RACS merchandise can be purchased and donations made online.

Online applications for SET have been modernised and IMG applications can also be made online.

The RACS Website, RACS Portfolio and online forms are all mobile and tablet-friendly so are available to you wherever you have internet connectivity. 2016 also saw the start of the RACS website redesign project with phase one focusing on stakeholder and user (Fellows, Trainees, IMGs and JDoc) consultations. Further phases of this project will continue throughout 2017.

The Library-developed eTOC service, which allows subscribers to receive regular emailed, linkable journal Table of Contents alerts, grew from 309 to 686 Members during 2016. New sets for Colorectal Surgery, Urology, Gastric & Oesophageal Surgery and Cardiothoracic Surgery were added throughout the year. An eTOC for ANZ Journal of Surgery was also created and made available.





The Australian and New Zealand College of Anaesthetists (ANZCA) and RACS, sign Letter of Agreement: President Professor David A Scott and Mr Philip Truskett



The Building Respect, Improving Patient Safety campaign



MoU signing. RACS Vice President, Prof. Spencer Beasley (R).

Commitment

The office bearers on Council make a large contribution in time, energy and expertise. I would like to thank Professor Spencer Beasley who has been a highly supportive Vice-President in continuing to champion the *Building Respect* initiative, leading collaborative efforts with health jurisdictions and health services. Associate Professor Julie Mundy took on her first term as Honorary Treasurer with great enthusiasm, mastering the portfolio and safeguarding our resources. Mr John Batten has brought his wide experience of education and collaborative demeanour to the position of Censor in Chief. Dr Cathy Ferguson has worked tirelessly to lead the Professional Development and Standards Board, which has achieved a great deal, including the updated Code of Conduct and revised CPD Program.

I would like to acknowledge and thank the Councillors whose terms ended. Professor David Watters OBE retired as President. He was the face of the College when we made the *Apology* in response to the findings of the Expert Advisory Group leading to the Building Respect, Improving Patient Safety Action Plan. This was a significant moment in the history of RACS and one we can be proud of when we look back at the achievements of the past year. Likewise, Mr Graeme Campbell, as retiring Vice President, contributed heavily to the implementation of the Action Plan, in commencing the work on collaborative

partnerships and engaging the various health agencies.

I would like to thank Professor Marianne Vonau OAM as retiring Treasurer for her many years overseeing the RACS finances and steering them in a very favourable direction, Professor Ian Bennett for his untiring work in progressing research and academic surgery, and Professor Julian Smith for his work on education and steering the Professional Development and Standards Board. My thanks also to Mr Barry O'Loughlin, Chair Workforce, Dr Roger Patterson (Orthopaedic Specialty Elected Councillor), and Dr David Theile, Chair Provocational and Skills Education Committee.

The contributions made by Dr Ruth Mitchell as the Chair of RACSTA continue to be particularly valued, as feedback and advice from Trainees is absolutely essential and vital to any modern surgical education program.

I would particularly like to acknowledge the contribution of the Expert Community Advisors on Council, Mr Garry Wilson KSJ and the Hon Rob Knowles AO who continue to provide the College with valuable advice on governance, strategy and management. For this we are truly grateful.

RACS has attracted a group of Honorary Advisors to whom we remain indebted year after year. Mr Anthony Lewis, Mr Brian Randall OAM, Mr Stuart Gooley, Mr Reg Hobbs, Mr Michael

Randall OAM, Mr John Craven, Mr Chesley Taylor and Mr Peter Wetherall are incredibly generous with their time and support to our many activities. Their depth and breadth of experience adds enormously to our governance capability.

Following the Annual General Meeting in May 2016, Council welcomed Fellowship Elected Councillors Mr Adrian Anthony, Dr Ruth Bollard, Dr Jenny Chambers, Assoc Professor Kerin Fielding, Dr Annette Holian, A/Prof Christopher Pyke and Dr Greg Witherow (representing orthopaedic surgeons) and Mr Geoff Lyons (representing plastic & reconstructive surgeons). They are already contributing in many ways adding their voice to the collective wisdom of Council.

I would like to thank the Chief Executive Officer, A/Prof David Hillis, for his ongoing support, advice to Council and management of the College. This would not be possible without the senior management team and staff of the College who ensure the operational activities of RACS continue to function at a high standard. RACS staff are dedicated and hardworking and provide a high level of service that underpins our success. The implementation of the *Building Respect* initiative would not have been possible without their support. The College hopes to continue to recruit and retain highly capable staff, and ensure they enjoy developmental opportunities, employment flexibility and

high levels of support. It is important to recognise that RACS achieves this within the internationally recognised framework of an ISO-accredited organisation.

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

The Clinical Directors of the Mortality Audits play a key role across the regions

of Australia: Mr James Aitken (WA); Mr Glenn McCulloch (SA); Mr Barry Beiles (Vic); Dr John North (Qld); Dr John Tharion (ACT); Mr Rob Bohmer (Tas) and Professor Peter Zelas OAM who is involved with CHASM, the Mortality Audits in New South Wales. I would like to thank Associate Professor Franklin Bridgewater, Clinical Director, MALT. I must also express my gratitude to all the Regional Chairs and staff.

Serving the Fellowship as President has been a great honour and privilege. I am grateful for the opportunity. I extend my thanks to you all. I also acknowledge the forbearance of my employer and my colleagues at Prince of Wales Hospital. Without their kind and unquestioning support I could not have done this job. They have supported my activities throughout my years on Council and

particularly in the last year.

I am indebted to my wife, Moira, who has supported me in all my College activities. Without her encouragement and input, I would not have been able to contribute to the College with the same energy or enthusiasm.

We face many challenges that will continue to confront the College and the surgical profession. However, I am confident that we are well-placed to meet these opportunities and we have ensured that RACS is resourced appropriately. Finally, I wish to highlight the contribution of all on Council. Each member makes an enormous sacrifice to devote so much time to our College and to the future of the surgical profession in Australia and New Zealand. It has been a pleasure and a privilege to work with each of them individually and collectively.

ACTIVE SET TRAINEES BY YEARS IN TRAINING AND TRAINING POST LOCATION

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUS	NZ	O/S	Total 2016	Total 2015	% Change 15/16
Year 1	5	64	3	31	16	2	55	16	192	35	0	227	207	9.7
Year 2	2	57	5	25	11	5	36	18	159	30	0	189	247	-23.5
Year 3	2	68	1	38	9	4	57	17	196	34	0	230	218	5.5
Year 4	1	71	1	41	15	1	45	14	189	27	0	216	242	-10.7
Year 5	2	73	0	33	15	1	57	13	194	35	1	230	196	17.3
Year 6+	2	24	0	9	5	0	21	4	65	6	0	71	67	6.0
Total	14	357	10	177	71	13	271	82	995	167	1	1163	1177	-1.2

ACTIVE FELLOWS BY LOCATION AND SPECIALTY

Location & Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUS Total	NZ	O/S	Total 2016	Total 2015	% Change 16/15
CAR	5	57	0	38	11	3	60	15	189	29	22	240	229	4.8
GEN	23	575	18	303	140	28	459	138	1684	240	148	2072	2012	3.0
NEU	8	78	0	47	17	6	66	20	242	22	26	290	280	3.6
ORT	24	427	4	287	116	21	306	128	1313	260	53	1626	1578	3.0
OTO	8	150	2	89	46	9	115	41	460	90	24	574	564	1.8
PAE	3	38	0	14	7	3	22	8	95	16	21	132	132	0.0
PLA	4	128	2	67	41	10	142	46	440	62	23	525	506	3.8
URO	5	134	1	83	30	10	119	41	423	59	24	506	489	3.5
VAS	4	65	0	37	16	4	54	15	195	19	2	216	212	1.9
Sub Total	84	1,652	27	965	424	94	1343	452	5041	797	343	6181	6002	3.0
OB & GYN	0	2	0	0	0	0	0	0	2	0	0	2	2	0.0
OPH	2	87	1	35	13	3	69	12	222	8	5	235	243	-3.3
Total	86	1741	28	1000	437	97	1412	464	5265	805	348	6418	6247	2.7

Treasurer's Report to Fellows



Associate Professor Julie Mundy – Treasurer

This Summary of the Financial Report for the year ended 31 December 2016 is presented together with the Auditor's Report and the voluntary Code of Conduct report for the Australian Council for International Development (ACFID).

It is my pleasure to present this report and highlight the financial results for 2016. We have seen continued sound financial performance across our combined activities with revenue of \$66.6M, albeit slightly lower than last year (\$67.0M in 2015). The major drivers were a lower than expected revenue from our externally funded work and a lower return from our investment portfolio, caused by market volatility. These shortfalls were addressed by an extremely pleasing financial result from our core operations (see below).

Our expenses were kept in line with the lower revenue expectations finishing at \$63.4M (\$64.1M in 2015). This essentially follows the pattern of the externally funded work, where less external project work incurs less cost for our operations. Other management actions taken through the year include a below budget result for travel costs, lower depreciation on assets and reduced expenditures around IT operations and projects.

Overall, we have achieved our Council agreed goal of ensuring a strategic surplus of \$3.2M in 2016 (\$2.9M in 2015). The surplus provides the opportunity to top-up our future funding of research, grant and advocacy activities. There have been allocations made to the Indigenous and Maori Health, RACS Scholarships, Global Health, ASC Named Lecturers and Heritage Acquisition Corpus.

Key Revenue Streams

Key revenue streams for the year can be broken down into:

- Training, examination and assessment fees of \$25.4M, which included 1,253 candidates sitting the Generic Surgical Sciences Examination (GSSE) in comparison to 735 in 2015;
- Project income and management fees from external parties of \$16.0M;
- Subscriptions and entrance fees of \$15.4M with an additional 287 new Fellows in 2016; and
- Strong sponsorship of \$1.0M support for the Annual Scientific Conference (ASC) in comparison to a budget of \$0.8M.

Key Expenses

Key expense streams for the year can be broken down into:

- Personnel costs of \$23.2M, with increases in salaries managed to an external market benchmark;
- External grants of \$8.1M mainly related to hospital training post payments funded under the Specialist Training Program (STP);
- Travel and accommodation of \$5.4M, which was under budget and 57% of these costs relate to revenue generating activities; and
- Specialist Society funding costs of \$4.2M and in line with the partnership agreements.

Core Operations

The core operational activities of RACS include Fellowship services, education and training, the ASC and conferences and workshops with the required supporting leadership, governance and administrative structures. In 2016, the prudent management actions and reprioritisation

of activities resulted in a surplus of \$1.7M (\$342k deficit in 2015). The overall revenue was \$47.2M (\$42.7M in 2015) and expenditure was \$45.5M (\$43.0M in 2015).

Foundation for Surgery

The Foundation activities encompass scholarships, fellowships and research grants as well as direct oversight of our philanthropic endeavours. Scholarship commitments of \$1.8M have been made during 2016 (\$1.5M in 2015) and the overall supporting funds as at 31 December 2016 are \$22.6M (\$21.9M in 2015). This commitment is based on bequest funds of \$0.9M in 2016 (\$0.9M in 2015) and an increase in direct funding of \$0.8M (\$0.6M in 2015) from the RACS Scholarship Corpus.

Investments

The investment strategy funds the ongoing long-term commitment to the Foundation. Our investment portfolio showed a positive return of 2.9% and revenue of \$2.0M in 2016 (\$3.1M in 2015). This lower than expected result means we have had to reprioritise some of our advocacy and scholarship activities in 2017 and will continue to review subject to returns from the market.

Building Respect, Improving Patient Safety

The ongoing commitment of the College to address discrimination, bullying and sexual harassment in the practice of surgery created total expenditures of \$1.0M in 2016. A large part of these costs relate to provision of resources covering additional staffing and consultancy fees. It is important to recognise that this is a multi-year program of work and further provisions have been made in 2017 to further support the program, including the running of the mandatory Foundation Skills for Surgical Educators (FSSE) courses.

Leading Surgical Performance

Over 2016, Council has continued to support advocacy and investments to ensure we can better serve the Fellowship and the broader community. Activities worth noting are:

1. Recognition of achievements and presentations of awards and prizes have been distributed to the value of \$1.0M (\$0.8M in 2015).

2. An increase in the number of Fellows requesting and being supported with interest free travel loans for overseas studies and research.
3. The closure of the Digital College program, which has been a multi-year investment that has delivered an improved online learning Portfolio, CPD and website experience.
4. The on-going investments in new Examination systems capabilities allowing the GSSE to be administered to more junior doctors.

Summary of Financial Position

Overall, the funds and reserves have increased by 3.8% during 2016 to \$75.2M and our current assets have increased by \$2.8M. Current liabilities decreased marginally by \$46k due mainly to a decrease in government grants received in advance.

The Statement of Cash Flows indicates a net cash inflow provided from operating activities of \$3.6M and a net increase in cash held of \$1.3M above 2015. This is mainly due to the combined effects of timely receipting of annual subscription and training fees thanks to previous investments in eCommerce resulting in earlier payment.

In Closing

I would like to acknowledge the services of our Honorary Advisers for which we remain indebted. I note my thanks to Mr Anthony Lewis (Audit, Investment, Finance & IT), Mr Brian Randall OAM (Investment & Foundation), Mr Stuart Gooley (Audit, Finance & IT), Mr Reg Hobbs (Property), Mr Michael Randall OAM (Investment), Mr John Craven (Information Technology), Mr Chesley Taylor (Investment) and Mr Peter Wetherall (Investment) for their generous and valued support during the year. RACS is extremely grateful to all our Honorary Advisers for their wise counsel and support in relation to finance, investment, property, IT and audit matters.

I should also thank the RACS staff and management for their ongoing hard work and commitment in pursuing our strategic and operational goals. Without their support the good work of our Fellows, and our educational, advocacy and philanthropic work would not be possible.

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

Director's Declaration

The Directors of the Royal Australasian College of Surgeons declare that the summarised financial report set out below have been derived from and are consistent with the full financial report of the Royal Australasian College of Surgeons for the year ended 31 December 2016. The full financial report can be provided upon request and is available via the College's website at www.surgeons.org

On behalf of the Directors

P G TRUSKETT
President

J A MUNDY
Treasurer

MELBOURNE
31 MARCH 2017



INDEPENDENT AUDIT REPORT TO MEMBERS OF ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

We have audited the financial report of the Royal Australasian College of Surgeons as at 31 December 2016, comprising the Statement of Comprehensive Income, Statement of Financial Position, and Statement of Cash Flows, in accordance with Australian Auditing Standards. The information disclosed in the annual report has been derived from the Royal Australasian College of Surgeons full financial report for the year ended 31 December 2016.

Audit opinion

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

Ernst & Young
PAUL GOWER Partner
31 MARCH 2017

STATEMENT OF COMPREHENSIVE INCOME FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2016

	2016 \$	2015 \$
REVENUE		
Revenue from operating activities	64,608,682	63,853,632
Income from investments	1,994,394	3,106,674
Total Revenue	66,603,076	66,960,306
EXPENDITURE		
Personnel costs	23,245,796	21,816,112
Consultants fees - clinical	890,338	1,023,372
Consultants fees - management	2,041,635	2,706,546
Telephone, teleconference and audio visual costs	999,095	705,620
Printing, stationery and photocopying	1,286,353	1,433,957
Postage and courier costs	677,759	583,995
Information system costs	1,287,847	1,459,938
Travel and accommodation	5,441,328	5,319,220
Associations and library publications	1,177,728	1,082,350
Audit, legal and professional fees	442,016	588,030
Bank fees and merchant charges	718,995	682,322
Rent	1,501,321	1,596,628
Utilities and other property costs	1,012,089	1,437,318
Insurance	317,049	334,706
Project equipment purchases, hire and repairs	641,175	1,038,039
Training manuals and consumables used in education and field projects	662,271	688,151
Scholarships, fellowships and research grants	1,769,335	1,538,690
Awards, other grants, gifts and prizes	1,025,500	825,421
Grants – funded from external sources	8,083,366	8,901,659
Facilities hire and catering costs	3,824,080	3,328,090
Depreciation expense	2,138,587	2,473,788
Specialist societies funding costs	4,182,972	4,134,497
Other expenses from operating activities	33,914	374,113
Total Expenditure	63,400,549	64,072,562
Surplus for the Period	3,202,527	2,887,744
Other Comprehensive Income Items not to be reclassified subsequently to profit or loss:		
Foreign currency translation loss	(424,424)	(34,071)
Other Comprehensive Income for the Year	(424,424)	(34,071)
TOTAL SURPLUS	2,778,103	2,853,673

STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER 2016

	2016 \$	2015 \$
ASSETS		
Current Assets		
Cash and short-term deposits	21,001,523	19,705,231
Trade and other receivables	19,064,662	17,872,095
Inventories	218,092	248,594
Prepayments	2,154,188	2,083,443
Held for trading financial assets	57,336,964	57,080,733
Total Current Assets	99,775,429	96,990,096
Non-Current Assets		
Trade and other receivables	733,886	758,132
Property, plant and equipment	21,899,282	21,921,639
Other non-current assets	-	409,884
Total Non-Current Assets	22,633,168	23,089,655
TOTAL ASSETS	122,408,597	120,079,751
LIABILITIES		
Current Liabilities		
Trade and other payables	3,181,768	3,464,423
Provisions	4,109,784	3,667,761
Income in advance	26,517,605	25,974,797
Government grants received in advance	4,502,303	5,650,739
Funds held on behalf of others	8,509,613	8,109,245
Total Current Liabilities	46,821,073	46,866,965
Non-Current Liabilities		
Provisions	371,309	774,674
Total Non-Current Liabilities	371,309	774,674
TOTAL LIABILITIES	47,192,382	47,641,639
NET ASSETS	75,216,215	72,438,112
College Funds and Reserves		
Retained surplus	75,502,880	72,300,353
Foreign currency translation reserve	(286,665)	137,759
TOTAL COLLEGE FUNDS AND RESERVES	75,216,215	72,438,112

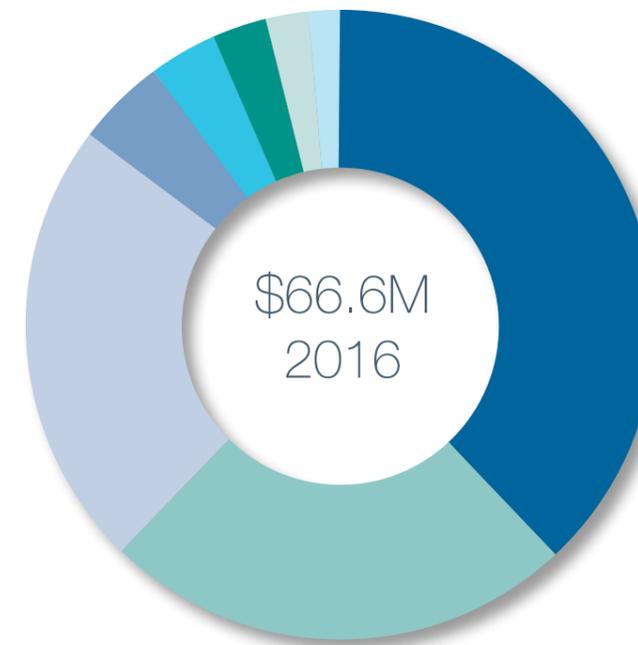
Certain lines of items required in the ACFID Code of Conduct reporting including but not limited to Assets held for sale, Investment property, Intangibles, Borrowings and Current tax liabilities have nil balances for both reporting periods covered.

STATEMENT OF CASH FLOWS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2016

	2016 \$	2015 \$
Operating activities		
Subscriptions and entrance fees	15,587,003	14,920,893
Training, examination and assessment fees	24,189,490	25,220,410
Sponsorship and donations	2,979,843	4,531,045
Conference registrations	2,397,763	1,696,277
Property rental and recoveries	1,087,066	903,842
Project income and associated fees	14,850,949	16,783,173
Interest income	103,497	74,032
Other income	3,817,352	1,636,684
Payments to suppliers and employees	(61,418,017)	(60,659,356)
Net cash flows from operating activities	3,594,946	5,107,000
Investing activities		
Net movement from investment securities	(290,472)	1,818,597
Payments for property plant and equipment	(2,088,575)	(3,574,594)
Net proceeds from sale – fixed assets	1,400	33,415
Net cash flows used in investing activities	(2,377,647)	(1,722,582)
Net increase in cash and short-term deposits	1,217,299	3,384,418
Net foreign exchange difference	78,993	(45,284)
Cash and short-term deposits at 1 January 2016	19,705,231	16,366,097
Cash and short-term deposits at 31 December 2016	21,001,523	19,705,231

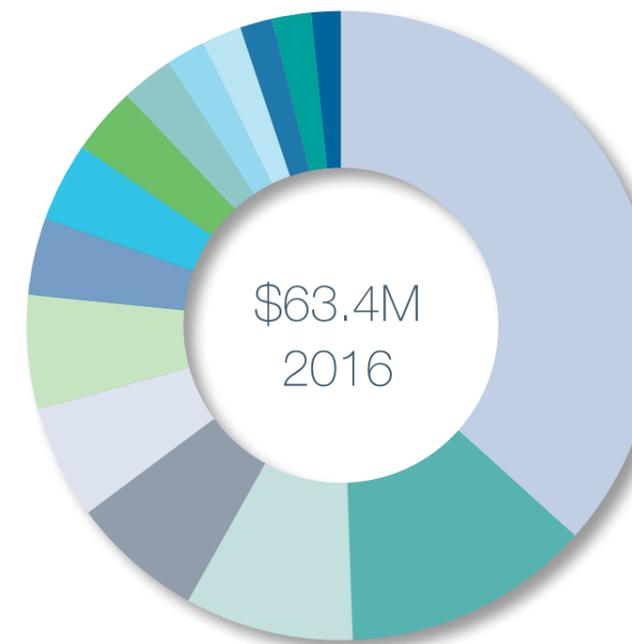


Revenue activities



Training, examination & assessment fees	38%
Project income & management fees	24%
Subscriptions & entrance fees	23%
Sponsorship & donations	5%
Conference registrations	3%
Investment income & bank interest	3%
Other	2%
Property rental & recoveries	2%

Expenditure activities



Personnel	35%
Externally funded grants	13%
Travel & accomodation	9%
Specialist societies funding	7%
Facilities hire & catering	6%
Admin expenses	5%
Consultants fees	5%
Property expenditure	4%
Depreciation	3%
Scholarships/Fellowships	3%
Awards & other grants	2%
Bank & professional service fees	2%
Equipment & course materials	2%
Information systems	2%
Library publications	2%

International Projects



Information to be provided under the ACFID Code of Conduct

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

ACFID. Any complaints will be handled in line with the RACS Global Health's Complaints Process Policy. The Summary Financial Reports disclosed below have been prepared in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to the ACFID Code of Conduct Implementation Guidance available at www.acfid.asn.au. An independent audit of the Royal Australasian College of Surgeons financial accounts for 2016 was conducted by:

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



STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 DECEMBER 2016

	Retained Surplus		Foreign Currency Translation Reserve	Total College Funds and Reserves
	Operating \$	Investment \$	\$	\$
At 31 December 2015	70,873,328	1,427,025	137,759	72,438,112
Adjustments or changes in equity	-	-	-	-
Items of other comprehensive income	-	-	(424,424)	(424,424)
Excess of revenue over expenses	2,908,919	293,608	-	3,202,527
Other amounts transferred (to) or from reserves	-	-	-	-
At 31 December 2016	73,782,247	1,720,633	(286,665)	75,216,215

INCOME STATEMENT – FOR THE YEAR ENDED 31 DECEMBER 2016 INTERNATIONAL AID AND DEVELOPMENT PROGRAMS

	2016 \$	2015 \$
REVENUE		
Donations and gifts – monetary	455,121	428,962
Donations and gifts – non-monetary	-	-
Bequests and legacies	-	-
Grants – Australian - Department of Foreign Affairs and Trade – formally AusAID	2,506,108	3,496,211
Grants – Other Australian	80,279	338,973
Grants – Other Overseas	-	-
Investment income	310,038	570,570
Other income – International programs	522,797	181,521
Revenue for international political or religious proselytisation program	-	-
Other income – all other College activities	62,728,733	61,944,069
Total Revenue	66,603,076	66,960,306
EXPENDITURE		
International Aid and Development Programs		
International Programs		
Funds to international programs	2,321,829	3,623,262
Program support costs	569,920	790,169
Community education	-	-
Fundraising costs	-	-
Public	-	-
Government, multilateral and private	-	-
Accountability and administration	206,053	145,819
Non-monetary expenditure	-	-
Expenses for international political or religious proselytisation program	-	-
Other expenditure – all other College activities	60,302,747	59,513,312
Total Expenditure	63,400,549	64,072,562
Excess of Revenue over Expenditure	3,202,527	2,887,744
Other Comprehensive Income	(424,424)	(34,071)
Total Comprehensive Income	2,778,103	2,853,673

SUMMARY OF CASH MOVEMENTS FOR THE YEAR ENDED 31 DECEMBER 2016

	Cash available at beginning of financial year \$	Cash raised during the financial year \$	Cash disbursed during financial year \$	Cash available at end of financial year \$
International Projects	758,351	3,496,702	3,052,925	1,202,128
International Scholarships provided by the College from bequest funds	6,991,149	442,935	298,329	7,135,755
Foundation – International Projects	2,994,291	1,174,888	807,490	3,361,689
Other – Domestic Operations	8,961,440	59,899,838	59,559,327	9,301,951
Total	19,705,231	65,014,363	63,718,071	21,001,523

NEW FELLOWS

Dr Earl Abraham
Dr Simon Abson
Dr Aanand Acharya
Dr Sam Adie
Dr Jennifer Ah Toy
Dr Sukhbir Ahluwalia
Dr Ramez Ailabouni
Dr Hamish Alexander
Dr Justin Alexander
Dr Matthew Alexander
Dr Yahya Al-Habbal
Dr Mahyar Amjadi
Dr Santosh Antony Olakkengil
Dr Rakesh Arora
Dr Mohamed Atalla
Dr Vani Prasad Atluri
Dr Waleed Aty
Dr Vikram Balakrishnan
Dr George Banic
Dr Catherine Banks
Dr Guillermo Becerril-Martinez
Dr Rajesh Bedi
Dr Edwin Beenen
Dr Corina Behrenbruch
Mrs Priscilla Bevan
Dr Savitha Bhagvan
Dr Krishna Bhagwat
Mr Jayapadman Bhaskar
Prof Randipsingh Bindra
Dr Theo Birch
Dr Sarah Birks
Dr James Blackett
Dr Mark Boccola
Dr Daniel Bopf
Dr Glenn Boyce
Dr David Burnett
Dr Nick Butler
Dr Stephen Byrne
Dr Nicole Campbell
Dr Nikki Casey
Dr Kevin Chan
Dr Lyndon Chan
Dr Jared Chang
Dr Wai Keat Chang
Dr Sheryn Cheah
Dr Janice Cheng
Dr Ju Yong Cheong
Dr Deepak Cheriachan
Dr Henry Yan Chi Cheung
Dr Deepak Chhabra
Dr Timothy Chittleborough
Dr Justin Chou
Mr Kevin Chu
Dr Amanda Chung
Dr Caroline Louise Clarke
Dr Michael Collin
Mr Paul Conaglen
Dr Jane Cross
Mr Graeme Crossland
Mr Alexander Dalzell
Dr Kamala Das
Dr Emilia Dauway
Dr Mahrokh Davarpanah

Mr Vikram David
Dr Andrew Davidson
Dr Nicola Davis
Dr Devang Desai
Dr Benjamin Dodd
Dr Xenia Doorenbosch
Mr Jason Du
Dr Ryan Du Sart
Mr Adam El-Gamel
Dr Sandra Elmer
Dr John Estens
Dr David Evans
Dr Sam Flatman
Dr Mark Fleming
Dr Jonathan Foo
Dr Larissa Freeman
Dr Layan Gamage
Dr Ramanujan Ganesalingam
Dr Michel Genon
Dr Chloe George
Mr Charles Giddings
Dr Peter Gifford
Dr Anna Giles
Mr Robert Gilmour
Dr Susannah Graham
Dr Heather Greig
Dr Maurice Guzman
Dr Roger Haddad
Mr Matthew Hadfield
Dr Reema Hadi
Dr Jacqueline Hang
Dr Kieran Hart
Dr David Healey
Dr Anton Hinton-Bayre
Dr Jodi Hirst
Mr Yiu Ming Ho
Mr Roy Hopkins
Dr Zhen Hou
Dr Andrew Huo
Mr Frederick Huynh
Dr Andrew Ing
Dr Pooi Ip
Dr Abraham Jacob
Dr Bhavin Jadav
Dr Bryon Jaques
Dr Gunnar Johansson
Dr James Johnston
Dr Christopher Jones
Dr Narotam Jootun
Dr Holly Keane
Dr Benjamin Kenny
Dr Peter Khong
Dr David Kieser
Dr Lawrence Hyun Chul Kim
Mr Radek Kindl
Dr Rachel Kirby
Dr Jennifer Kong
Dr George Koufogiannis
Dr Senthil Kumar
Dr Andrew Kurmis
Dr Amanda Kusel
Dr David Lam
Dr Lawrence Lau
Dr Yee Chen Lau
Dr Angus Lecuona

Dr James Ledgerd
Dr Chun Hin Angus Lee
Dr Eunice Lee
Dr Brett Levin
Mr Matthew Liava'a
Dr Sean Liddle
Dr Simon Liebenberg
Dr Simon Liebenberg
Dr Che Siu Lim
Mr Chandika Liyanage
Dr Brian Loh
Dr Aldenb Lorenzo
Dr Brendan Louie
Dr Suzanne Ma
Dr Benedict Mackay
Dr David Mackrill
Dr Abdulrahman Maher
Dr Paul Manohar
Dr Dror Maor
Dr Phillip Markham
Dr Jacques Marnewick
Dr Manoj Mathew
Dr Owen Mattern
Dr Mandivavarira Maundura
Dr Rahul Mehrotra
Dr Felicity Meikle
Dr Mahendrakumar Meta
Dr George Mirmilstein
Dr David Mitchell
Dr Kirstin Miteff
Dr April Miu
Mr Prasenjit Modak
Dr Luke Mooney
Dr Edwina Moore
Dr Justin Moore
Dr Richard Moore
Dr Thomas Morgan
Mr Krinalkumar Mori
Dr Owen Morris
Mr Thomas Morris
Dr Levi Morse
Dr Lingjun Mou
Dr Naila Mouratova
Dr Angus Moxon
Dr Vijitha Mudalige
Dr Amelia Murray
Dr James Musicki
Dr Kurian Mylankal
Mr Sonalmeet Nagra
Dr Eva Nagy
Dr Christopher Nahm
Dr Prathyusha Nakka
Dr Sasikaran Nalliah
Dr Benjamin Namdarian
Dr Mumraiz Naqshband
Dr Jonathan Negus
Dr Sally Ng
Dr Suat Li Ng
Dr Mani Niazi
Dr Alexander Nicholls
Dr Briony Norris
Dr David Oehme
Dr Horng Lii Oh
Dr Edmund O'Leary
Dr Shuo Ou Yang

Dr Pranavan Palamuthusingam
Dr Sushil Pant
Dr Andrew Pearson
Dr Peter Penkoff
Dr Richard Pennington
Dr Marcos Perini
Dr Joshua Petterwood
Dr Josephine Alexa Potter
Dr Chatika Premaratne
Dr David Proud
Dr Mehdi Rahman
Dr Vasant Rajan
Dr Senthilkumar Rajavel
Sundaramurthy
Dr Avi Raman
Dr David Ramsay
Dr Prashanth Rao
Dr Kaushalendra Rathore
Dr Prem Singh Rathore
Assoc Prof Michael Reid
Dr Senthil Kumar Rengasamy
Dr Handoo Rhee
Dr Mark Rickman
Dr Joanne Rimmer
Dr Jason Rocky
Dr Michael Rtshiladze
Dr Magdalena Sakowska
Dr Anthony Samson
Prof Klaus-Martin Schulte
Dr Alison Scott
Dr Selwyn Selvendran
Dr Scarlett Shackleton
Dr Avinash Sharma
Dr Karen Shaw
Dr Manjunath Siddaiah-Subramanya
Dr Rahuram Sivasubramaniam
Dr David Slattery
Dr Ian Smith
Dr Colin Song
Dr Samriti Sood
Dr Sanket Srinivasa
Dr Mithra Sritharan
Dr Andrew Stephens
Dr Jarrad Stevens
Dr Aaron Stevenson
Dr Mark Stewart
Dr Siva Sundararajan
Dr Joel Symonds
Dr James Symons
Dr Ahmad Taha
Dr William Talbot
Dr Michelle Pei Sun Tan
Mr Wei-Han Tay
Dr Francis Ting
Dr Puneet Titoria
Dr Francois Tudor
Dr Hamish Urquhart
Dr Gerrit van De Pol
Dr Jeffrey Van Gangelen
Dr Prem Venugopal
Dr Prem Venugopal
Dr Danielle Wadley
Dr Christopher Wall
Dr Hayley Waller

Dr Kirrily-Rae Warren
Dr Anna Watson
Dr Adam Wells
Dr Nathan White
Dr Andrew Wilkinson
Dr Nicole Winter
Dr Man-Shun Wong
Dr Adam Woodbridge
Dr Robert Wormald
Dr Danette Wright
Mr Yi Yang
Dr En Loon Charles Yong
Dr Richard Zinn

DECEASED FELLOWS

Australia

Mr Lehonde Lucas Hoare
Mr John Edward Critchley
Mr Donald Gordon Macleish
Mr Robert Peter Silverton
Mr Gordon James Bougher
Mr Ralph Denison Upton
Mr John Hartley Williams
Mr Robert Andrews Leggatt
Mr Lucas Souvlis
Mr Robert Nall
Mr John Herbert Mitchell
Mr Ian Valentine Lishman
Dr Robert John Oakeshott
Mr Geoffrey Grant Ward
Mr Thomas McIntyre Stevenson
Prof Gordon James Aitken Clunie
Mr Anthony Peter Tynan
Prof Thomas Kinman Fardon Taylor
Mr Ian Favilla
Prof John Richard Mackay
Mr Terence Charles Morgan
Mr Lindsay Alan Castles
Mr Arthur Cameron Battersby
Mr Lionel Frederick Hann
Mr Francis Patrick Sullivan
Mr Geoffrey John Buckham
Mr Kimbal David Frumar
Mr Andrew Malcolm Jenkins
Dr Leon George Gillam
Mr David Neil Adamthwaite
Mr Colin Bruce Arnaud Reid
Dr Graeme George Griffith

New Zealand

Mr Peter Court Grayson
Mr Reginald Bruce Conyngnam
Mr John Bruce Russell Wells
Mr Victor Desmond Hadlow
Mr Peter Mann Meffan
Mr Robin Alistair Gilmore
Mr Samir Nessim Bishara
Mr James Robert Fenton

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Johnson & Johnson Medical

RACS ASC Silver Supporter
Medtronic

RACS ASC Bronze Supporter
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Section Program Supporter

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Prof Philip John Walker

Rotary Club of Wagga Wagga

Royal College of Surgeons Thailand

Anonymous donor

St John's Ambulance Western Australia

The Royal Australian and New Zealand

College of Ophthalmologists

Tour De Cure Limited

AWARDS 2016

New Zealand New Year Honours

Companion of the New Zealand Order of Merit (CNZM)
Prof Ian Donald Shepherd Civil
CNZM MBE KStJ

Officer of the New Zealand Order of Merit (ONZM)

Prof Kevin Craig Pringle ONZM

Australia Day Honours

Member (AM) in the

General Division

Mr Ian Carlisle AM

Dr Jay Chandra AM

Dr Timothy Michael Cooper AM

Prof Mark Frydenberg AM

Dr Michael Anthony Gardner AM

Dr Brian Thomas Spain AM

Medal (OAM) in the General Division

Mr John Edward Cunningham OAM

Queen's Birthday Honours (Australia)

Member (AM) in the

General Division

Dr Gordon Dean Beaumont AM

Prof Daniel Thomas Cass AM

Dr Nicholas William Dorsch AM

Prof John Perry Fletcher AM

Mr Peter Charles Heiner AM

Dr Geoffrey Henry Hirst AM

Dr John Timothy Kennedy AM

Prof Avni Sali AM

Medal (OAM) in the General Division

A/Prof Brett Gerard Courtenay

Mr John Swinnen

Queen's Birthday Honours (New Zealand)

Officer of the New Zealand Order of Merit (ONZM)

Emeritus Prof. Bryan Parry ONZM

Members of the New Zealand

Order of Merit (MNZM)

A/Prof Patrick Alley MNZM

Dr Nadarajah Manoharan MNZM

Mr Garnet Tregonning MNZM

Council Attendees October 2016

- Back row left to right:** Kingsley Faulkner, Stephen Rodrigues, Rob Knowles, Andrew Hill, Greg Witherow, Neil Vallance, David Fletcher, Christopher Pyke, Stephen Tobin, Garry Wilson.
- Middle row left to right:** John Quinn, Richard Lander, Sally Langley, Ruth Mitchell, Joanne Dale, Lawrence Malisano, Tony Spamon, Johnathon Serpell, Adrian Anthony, Bruce Hall, John Treacey, Richard Perry, Phill Carson, John Batten, John Crozier, Andrew Brooks.
- Front row left to right:** Christine Lai, Jenny Chambers, Cathy Ferguson, Spencer Beasley, Phil Truskett, Annette Holian, Ruth Bollard, Julie Mundy.



The Royal Australasian College of Surgeons

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