



Royal Australasian College of Surgeons  
**Annual Report 2013**



RACS - The College of Surgeons of Australia and New Zealand  
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# Governance Management Report 2013



Mike Hollands, PRESIDENT

I am writing my second report as the President of the College in a time that I regard as turbulent, for surgeons, for surgical and medical organisations and for the interface of healthcare and the community where we practice our profession and advocate for and on behalf of society more broadly.

With the fragmentation of our specialty, the challenge of remaining up-to-date in our areas of practice and diminished access to health-based resources on one hand, and a community demand for broad services and committed professionals on the other, we face a perpetual balancing act.

The responsibility for identifying solutions belongs to us all at both an individual and collective level.

Although all Annual Reports deal

of necessity with the immediate and important achievements that have occurred, it is also important that we reflect on these challenges against the purpose of the College as outlined in the Constitution of our organisation. The College's purpose is clearly stated:

1. Advance education, training and research in the practice of surgery
2. Determine and maintain professional standards for the practice of surgery in Australia and New Zealand
3. Provide an environment promoting Fellowship development and support
4. Provide authoritative advice, information and opinion to other professional organisations, to governments and to the public

The purpose of an Annual Report is to respond positively to the alignment of our activities and our purpose.

## Maintaining Standards

I was recently asked to give a presentation at an overseas meeting of Surgical Colleges. The theme was the key challenge confronting Colleges and I spoke to the issue of the importance of self-regulation. This is a core component of being a professional and belonging to a profession.



The profession is given the privilege of self-regulation but, we must also be aware of the growing responsibility that comes with it. In my mind there is no doubt that the public, and the politicians who represent them, believe that we have a varied record on this.

Although the best of our colleagues are exemplars in patient care and safety, the entire profession, and indeed the health sector, is brought

down by the individuals or hospitals where priorities have drifted and patient safety concerns have not been addressed.

There are scandals in all parts of the world that focus our minds, move us to grief and despair, but significantly bring politicians and regulators increasingly into areas of medical and surgical practice that should be effectively self-regulated.

So how do we, as individuals and as a College, ensure that the profession of surgery is one that fully understands these commitments, fully embraces the challenge and moves to a position of ensuring our agreed standards are adhered to? This is no longer a remote or philosophical discussion. We have to take action now.

As clearly articulated by our previous Expert Community Advisor on the College Council, the Hon Geoffrey Davies AO, if we do not do it for ourselves, it will be done for us. And indeed this is now taking place with the substantial changes in the regulatory structures. It would be fair to say that Revalidation/ Continuing Professional Development / Recertification is becoming the key issue for the College to address. We need to provide reassurance to our own membership and confidence to the public. As determining and maintaining professional standards will always stay core to the purpose of the College, this work now includes addressing not only our educational activities, but the review of our own practice and that of our colleagues.

## Advancing Education

In the Education field the 'turbulence of change' continues. It has been well-discussed over a number of years that the government's response to address the shortage of medical practitioners - by opening more medical schools and effectively doubling the output of medical graduates in the space of 10 years - would have a profound impact. And so it has.

Although the full impact will not be with us for four years, the increased heterogeneity of medical course curricula is providing enormous variability in the expertise, knowledge and experience of junior medical staff in hospitals.

Combined with shorter working hours and reduced rosters due to budget pressures, the College and the Specialty Societies have less confidence in the required skills of applicants applying for surgical training. This is creating pressures on surgical training, with later 'years of entry' and longer training programs as a result. The College is now deliberately working to be more involved in the early pre-vocational years of medical graduates and providing further definition and detail around what should be achieved. By providing the basic skills that all proceduralists require, this framework will be invaluable for the nine surgical specialties and also other proceduralist Colleges or Associations.

Importantly the College has invested substantially in a program of

upgrading its Information Technology infrastructure and the educational resources and examinations that we can make available online through the College website. E-learning will never replace the face-to-face, heavily experiential style of our training and education. However, its power as an adjunct is growing rapidly and the increased number of mobile devices demands a changing approach and prioritisation of College initiatives.

## Providing Authoritative Advice

Moving from our key strategies in Standards and Education, the College's advocacy has been effective from a number of perspectives over the past 12 months. The success in the campaign against alcohol induced violence has had a substantial profile in regard to our HOT issues: Hours, Outlets and Taxes. Combining with public outrage against the deaths of individuals from what we now call a 'Coward Punch', there is a growing understanding of the requirements in reducing the opening hours of alcohol outlets, the number of outlets or the tax associated with alcohol related beverages. This is substantial progress, where previously the political response had been focussed only on the penalties for people directly involved with the act of violence.

Separately the College has worked at a number of initiatives to progress access to safe surgery and



A simulation to support the work of the Research, Audit and Academic Research Division

anaesthesia when needed across the world. This involves taking our advocacy from Australia and New Zealand to work with the 193 countries that make up the World Health Organisation to try to have an agreed measure of surgical and anaesthetic safety. With that in place, it will then provide the impetus to have surgical infrastructure, resources and eventually training in all countries. The marker is the peri-operative mortality ratio that can be captured in most countries. This is a new level of College advocacy and there are many influential groups, including the Lancet Commission that includes Fellows of this College, Russell Gruen, Rowan Gillies and David Watters.

Closer to home, we have been working strongly with the Australian Government to have uniform definitions that can be applied to Emergency and Elective Surgery across all States and Territories. A fundamental requirement to have meaningful measures across Australia, the preparatory work saw a very strong working relationship develop between the College and the Australian Institute of Health and Welfare.

This comprehensive range of issues can then be reflected to our meetings between Fellows of the College and

Ministers of Health / Departments of Health. These are highly valued and take place regularly. Indeed, more than 80 meetings occurred between Councillors, Regional Committees and Ministers of Health / Departments of Health over the past 12 months.

These three key areas of development are examples of how we continue to address the College's purpose and achieve strong resonance and support in ongoing discussions with Fellows.

### Educational Endeavours

The College has an enormous range of activities. Many of these are detailed in the accompanying volume of College Activities Report. I encourage your perusal of this document.

The College and the Specialty Societies continue to deal with a high level of applications for the nine training programs. In 2013 there were 945 individuals wishing to commence training with the College. Only 250 achieved a position. The College continues to deliver our Early Management of Severe Trauma (EMST) course with 1164 participants and an active faculty of 505 instructors actively involved. The ASSET course

had 341 participants and an active faculty of 468 instructors. The CLEAR course is no longer compulsory for all nine surgical specialties and saw 334 participants and 44 instructors. The CCriSP™ had 466 participants and an active faculty of 253.

Of particular interest to the College is the ongoing development of professional skills. Under the ongoing guidance of Councillor, Mr Phil Truskett AM, the 'Training in Professional Skills (TIPS)' course was delivered to 89 participants with an active faculty of 32 instructors.

Obviously the breadth of our courses includes those more focussed on professional development of our Fellows, particularly those involved in educational activities. I am very pleased to say that the Academy of Surgical Educators continues to gather momentum both in membership and activities. There are now in excess of 500 members involved.

The Academy provides educational forums, both face-to-face and online with webinars proving increasingly popular. The Foundation course will assist to provide our surgical educators with a solid platform of educational knowledge and skills and also provide the educational common-ground for

our various educator courses including SATSET (Supervisors and Trainers for SET), KTOT (Keeping Trainees on Track), NOTSS (Non-Technical Skills for Surgeons), Clinical Decision Making, Instructors courses and courses for our Examiners.

Online Professional Development resources that have been successfully completed include Acute Neurotrauma, Intercultural Competency and Indigenous Health. Additional Professional Development courses have been run in conjunction with other providers looking particularly at Presentation Skills, Communication, as well as governance skills in Risk and Finance. There is an enormous educational endeavour continually taking place in face-to-face courses and work-shops throughout each year. In modernising its approach to courses, the College is progressively involving e-learning modules and simulation environments that can be accessed without having to formally present to a course. This distributed approach, that is more accessible into the workplace and immediate training environment will be increasingly emphasised into the future.

### The College-Society Agreements

Of course most Fellows of the College are involved with the supervision or training of individual Trainees, or involved as an Examiner. There are 1296 active Trainees in the nine specialty training programs. One of the most intense periods whilst I have been President has been the negotiations around the Memorandum of Understanding / Service Agreements between the College and the Specialty Societies that support the nine training programs. As this report is prepared, I am hopeful that is now successfully behind the College for a number of years. Balancing the responsibilities that the College has to the Australian Medical Council that accredits the program and the Fellows of the

College who quite literally own the intellectual property and educational endeavours, with the desires of the Societies who want to focus their endeavours specifically on their individual requirements has not been easy. However, the blend of agreements should see our Trainees able to study for and achieve the standard for surgery in Australia and New Zealand – a Fellowship of the College of Surgeons. This has been my key guiding principle as we have worked through this difficult process.

### Optimal training hours - high quality training posts

There is an increasing number of Trainees who are completing their training, but still require additional confidence to be able to pass the Fellowship examination or then move successfully into independent practice. It is a worrying trend that examination pass rates are dropping slowly and this is being closely analysed. It highlights the attention that needs to be provided to all training posts to ensure they are high-quality educational experiences, focussed on acquiring the required skills and attributes.

It is also apparent that the decreasing number of hours that Trainees are able to work is starting to impact on training. Studies by the Trainees Association indicate that the optimal balance of training experience is achieved with about 60 hours of rostered work each week. The Safe Working Hours initiatives are usually able to be achieved with this, but many hospitals are now only allowing rosters of 40 hours per week. With the agreement and support of the Trainees Association, the College is engaging with the Australian Medical Association and other groups to see what can be done to have a more optimal balance of work hours for training purposes.

The Trainees Association is now surveying training positions to try

to ensure they are high-quality experiences. One of the issues being highlighted is the culture of the workplace and the incidence of bullying/harassment. This is being further analysed, but speaks to a major activity for the College – how do we influence all Fellows to support a training environment and hospital culture that is bullying free. This is shaping as a major initiative into the future.

### Workforce and International Medical Graduates

The assessment and support of International Medical Graduates continues to be a major area of College activity. In 2013, 79 applications were assessed through a complex process of CV assessment, references and interviews. Separately there are 89 International Medical Graduates who have successfully been assessed who are under oversight/supervision. The College remains concerned about the support that is available for International Medical Graduates, either in their immediate community or hospital. Initially it is a difficult time; understanding a new culture, the Australian or New Zealand health system and establishing a practice. However, the College has ongoing initiatives through Regional Committees that particularly involve International Medical Graduates and address some of these issues.

There is no discussion around training or International Medical Graduates that does not include our understanding of workforce requirements. After many months of discussion in 2012, Health Workforce Australia released its report that indicated in 2025, surgery was not going to be in critical undersupply. Indeed, in their calculation some of the smaller specialties may be in over-supply. The biggest concern will be distribution of the available specialists and an increasing requirement for generalists rather than sub-specialists across



Convocation of new Fellows, 2013 Annual Scientific Congress, New Zealand

the nine specialties. There is significant concern about all nine specialties of the College breaking into smaller areas of expertise and the negative impact this would have on workforce availability.

However, concerns about shortages in any surgical or medical group pale into insignificance next to the nursing workforce which has enormous shortages. The College had been in active discussion with HWA regarding this issue and many others. Throughout 2013, we continued to have significant doubts about the HWA's modelling assumptions that might not appropriately factor in the demands arising from an increasingly ageing population. Also, despite government initiatives to improve access to training positions away from major public hospitals, the identification of posts or training positions in all the specialty medical colleges falls far behind the increases we believe are required.

### Annual program for CPD

The College continues to adjust our Continuing Professional Development (CPD) program to be more appropriate to clinical practice in the 21st Century. The College endorsed an annual approach to the CPD program and continues to upgrade its online presence to

enable us to have 100 per cent online submission of material from 2015. Verification of CPD has been increased to 7 per cent of the Fellowship in any one year and across all categories of the program. Participation in the Audits for Surgical Mortality is a compulsory component of the College's CPD program.

### Research and Audit Activities

The College continues to be a committed supporter of surgical research. More than \$1.25 million dollars is awarded annually for a number of scholarships with the intention of increasing surgical research skills and endeavours. Our premier scholarship is the John Mitchell Crouch Scholarship which was awarded in 2013 to Professor Andrew Hill from the University of Auckland for his ongoing research interests in improving post-operative care of the abdominal surgical patient. Andrew and his father, Graham Lancelot Hill, are the first 'father and son' to have received this award.

Our research endeavours continue and are reflected in an increased number of publications: ten papers were accepted or published relating to our work in simulation and a further

eight relating to health technology assessment. These publications join the five journal articles and two book chapters that focus on the College's work on clinical decision-making, correlation of selection scores and assessment approaches. In all it has been an outstanding year in profiling the work of the College across a broad range of endeavours.

The College audits continue to grow in strength. The Morbidity Audit and Logbook Tool (MALT) is now successfully being rolled out for the use by all Trainees and Fellows. Initially configured as a log book, the incorporation of the RACS Audit 'minimum data set' means that Fellows now can undertake a comprehensive audit of a section of their practice or, if they wish, record the details for all procedures. The Mortality Audit program continues with the production of highly useful reports; from the Annual Australian report to providing detailed feedback to an individual surgeon. A seminal paper was prepared by the Clinical Director of the Western Australian Mortality Audit, Mr James Aitken and published in the Medical Journal of Australia, demonstrating the benefit of the audit in reducing deaths in Western Australia amongst surgical patients over a ten year period.



An 'in office' careers event in NSW; part of Surgeons' Month activities

The Annual Scientific Congress remains the biggest educational activity of the College with a highly successful program in Auckland. My thanks are extended to all who were involved to make this an outstanding success. The leadership demonstrated by Professor John Windsor and Professor Andrew Hill was exceptional. Also my thanks to the Conference and Events team who continue to provide an outstanding congress which is admired internationally as an outstanding surgical education event. Obviously we now turn our eyes to Singapore in 2014, where we are joining with the College of Anaesthetists to run a parallel program.

### Strength in our Global Surgery initiatives

I continue to find both personal and professional motivation in the work that we undertake across Timor-Leste, Papua New Guinea, Indonesia, Myanmar and the Pacific. In addition, the collaborations we are able to achieve with other Medical Colleges are outstanding. The emphasis of our programs continues to be the development of surgical capacity and surgical leadership. I do strongly believe we achieve this, as well as undertaking many thousands of consultations and operations. Hundreds of medical specialists volunteer

through our programs including a substantial number of surgeons. Of great importance is our capacity to provide grants to deserving Asia-Pacific surgeons to attend educational and training opportunities in Australia and New Zealand. The sustainability and worthiness of these programs were formally reviewed and the long-term outcome of the Rowan Nicks Scholarship program was published in the ANZ Journal of Surgery.

### Supported by the allocation of our resources

I have already highlighted the importance of upgrading our Information Technology infrastructure to ensure it supports our best endeavours with e-learning and online support for educational resources and assessments. The complexity of this task is substantial, involves the entire College and will be ongoing. There is close scrutiny of our IT-related strategy, its implementation and its costs. The College Council continues to highlight those issues that must be addressed for the benefit of Fellows, Trainees and International Medical Graduates. It is these issues that are driving the program.

The College Museum was formally accredited which is the outcome of many years of hard work, to ensure all

the displays, exhibitions and associated programs are at a recognised standard. Congratulations to all involved. The College remains a popular site for tours and is also involved in the Open Day program that profiles buildings across Melbourne. The Museum and Archives area will be intimately involved in a number of displays relating to the World War One and then the Gallipoli landing centenary.

The Treasurer will make a separate report as to the Finances of the College. However, let me highlight the successful development of the Foundation of the College over the recent years. Fashioned from the model initially implemented by Professor Dick Bennett when he was Treasurer, it is now fitting that the Foundation oversees corpuses that are designated to Research Scholarships, International Development, Annual Scientific Congress visitors, Indigenous Health and Educational Innovations. The journey of a Foundation is always over many years and it is with much pleasure that it is now focussed and progressively well endowed. This will enable the College to maintain these really important activities into the future.

### Commitment

The College remains deeply indebted to the Fellows who contribute so substantially to its endeavours. Whether it is through representation, educational and training courses or formal involvement in the College's governance and committee groups, this commitment is critical to the ongoing work of the College. I do thank you all.

In particular, I would like to thank the Councillors retiring from Council over the past year. Spencer Beasley and Bruce Twaddle both contributed substantially in various roles on Council and gave strongly of their New Zealand perspective. Carolyn Vasey continued the tradition of the incredible value from the Chair of the Trainees



Participants in the Surgical Skills Competition in Queensland

Association. Thank you all for your hard work, for without that, many of our good ideas would have been only that. The College and the Fellowship is in your debt.

I would particularly like to acknowledge the contribution of the Expert Community Advisor on Council. Garry Wilson's experience and advice on governance, the management of complex organisations and the interface with government has been highly valuable. I am delighted to announce that the Hon Robert Knowles AO will join Council as the second Expert Community Advisor in 2014.

The College is indeed lucky to attract a group of Honorary Advisors to whom we are greatly indebted. 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 provide generous and valued support to many of our activities throughout the year.

Following the annual elections and the Annual General Meeting in May, the Council welcomed Roger Paterson who is already contributing at a high level.

I would like to thank all the staff of the College who, on a daily basis, support the activities of the College at the discretion of Council. I have always been impressed by the willingness of the staff to provide an enthusiastic and customer-focussed service to ensure the success of our endeavours. The emphasis of the College is to continue to recruit and retain highly capable staff, and we deliberately have in place policies that ensure developmental opportunities, flexibility, and the provision of the highest level of support. This is done within the framework of a quality-based, ISO accredited organisation. The College Chief Executive Officer, David Hillis, who co-authored this report, continues to provide management support to myself as President and to Council in all its activities. I do thank him for his great work.

The College employs a number of Fellows on staff who undertake distinct roles where surgical input is critical. Don Murphy retired from his position as Clinical Director of the Victorian Skills and Education Centre and Bruce Waxman OAM has been appointed to this key role. My thanks go to

Stephen Tobin, Dean of Education; John Quinn, Executive Director of Surgical Affairs Australia; Allan Panting NZNM, Executive Director of Surgical Affairs New Zealand; Roger Wale, ASC Coordinator; Peter Dohrmann, Clinical Director IMG Assessment; Guy Maddern, Clinical Director ASERNIPs as well as John Harris AM, Editor of 'The ANZ Journal of Surgery'.

The Clinical Directors of the Mortality Audits play a key role across the regions of Australia: James Aitken (Western Australia); Glenn McCulloch (South Australia); Rob Bohmer (Tasmania); Barry Beiles (Victoria); John North (Queensland / NT); John Tharion (ACT) and Michael Fearnside who is involved with the Mortality Audits in New South Wales.

Serving the Fellowship as President for the past two years has been an enormous privilege and honour. I do extend my thanks to you all. I am particularly in debt to my partner, Jane, who provides amazing support to me in this role and in all my activities. Without the support of our partners, our roles would be very different.

### ACTIVE SET TRAINEES

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total AUS	NZ	O/S	Total 2013	Total 2012	% Change 12/13
<b>Year 1</b>	5	92	1	46	19	3	58	25	249	33	0	282	280	0.7
<b>Year 2</b>	2	84	1	37	19	0	65	15	223	43	0	266	262	1.5
<b>Year 3</b>	2	76	0	38	12	1	47	15	191	43	0	234	220	6.4
<b>Year 4</b>	1	60	0	27	16	0	61	14	179	43	0	222	203	9.4
<b>Year 5</b>	1	47	1	33	9	0	50	16	157	24	4	185	102	81.4
<b>Year 6+</b>	0	36	1	18	8	0	25	7	95	8	4	107	19	463.2
<b>Total</b>	11	395	4	199	83	4	306	92	1094	194	8	1296	1086	19.3

### ACTIVE FELLOWS OF THE COLLEGE

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total AUS	NZ	O/S	Total 2013	Total 2012	% Change 12/13
<b>CAR</b>	4	54	0	35	9	3	57	13	175	24	28	227	214	6.1
<b>GEN</b>	17	533	17	268	128	26	427	123	1539	240	158	1937	1885	2.8
<b>NEU</b>	6	73	0	41	15	5	59	19	218	19	24	261	257	1.6
<b>ORT</b>	23	395	6	252	110	21	289	115	1211	259	54	1524	1471	3.6
<b>OTO</b>	8	140	3	80	42	8	110	38	429	82	26	537	520	3.3
<b>PAE</b>	4	31	0	12	8	3	23	8	89	16	24	129	129	0.0
<b>PLA</b>	5	118	2	59	40	9	127	42	402	58	22	482	461	4.6
<b>URO</b>	5	122	1	76	29	10	99	36	378	51	22	451	431	4.6
<b>VAS</b>	3	62	1	36	14	4	44	13	177	17	2	196	193	1.6
<b>Total</b>	75	1528	30	859	395	89	1235	407	4618	766	360	5744	5561	3.3



# Treasurer's Report



Marianne Vonau, TREASURER

It is my pleasure to present this report and highlight the financial position of the College. The year under review has seen sound financial performance achieved from the combined business activities of the College. The investment portfolio has performed well and achieved a positive return of 22.5% (2012 - 17%) as capital markets experienced renewed confidence and consistent growth throughout the year. The investment strategy applied by the Investment Committee continues to underpin the strong performance of the investment portfolio which provides long term funding for the College's ongoing commitment to scholarship and research grant related activities. The year has also seen continued increase in funding to the specialty societies to deliver surgical training programs in partnership with the College as well as investment in the College IT systems supporting Fellows, Trainees and IMGs.

## Statement of Comprehensive Income

Total operating revenue (excluding investment activities) in 2013 was \$56,420k compared to \$53,623k in 2012 while expenditure was \$54,852k compared to \$54,845k in 2012. Due significantly to the revenue earned from investments of \$8,606k compared to \$5,805k in 2012 the overall surplus was \$10,174k compared to a surplus of \$4,583k in 2012.

Key revenue streams were subscriptions and entrance fees of \$12,102k, training examination and assessment fees of \$20,537k and project income and associated fees of \$16,405k. Dominant expenditures were on personnel of \$19,109k, travel and accommodation of \$4,992k, external grants of \$6,311k mainly related to hospital training post payments funded under the Specialist Training Program and specialist society funding costs of \$4,387k. It is worth highlighting that \$3,405k of expenditure related to travel and accommodation is directly associated with revenue generating activities from skills training courses, examinations and co-ordination of domestic and international health service project programmes.

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

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

In 2013, this revenue amounted to \$38,742k compared to \$35,538k in 2012 while expenditure was \$38,406k compared to \$37,167k in the previous year. The surplus in 2013 was \$336k compared to a deficit of \$1,629k in 2012.

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

The Queensland building was sold with settlement on the 29th April 2013 resulting in a gain on sale of \$1,082k. Revenue from the gain on sale contributed materially to a strong operational surplus result which enabled a contribution of \$2,200k in source

funding to establish the ASC Visitors and Named Lecturers corpus.

Payment to the specialty societies for delivering their component of the training program increased from \$4,030k in 2012 to \$4,387k or approximately 9% in 2013. As a direct result of increased usage of the online library services, additional funding of \$80k was provided to invest in further expansion of online library information resources.

Revenue from annual subscriptions and entrance fees was modestly favourable to budget by \$200k or 1.7% and continues to provide significant core funding for College operations. Similarly revenue from examination fees of \$4,888k was \$205k or 4.4% favourable to budget with increased number of candidates sitting the Surgical Science Examination.

The College is continually challenged to maintain a balanced operational budget, but due to the College's diverse business activities its funding reserves continue to grow and underpin the College's long term financial stability and ability to invest in its core operations into the future.

**College Projects** relate to activities funded by external agencies and funding providers.

The College is responsible for managing international and local aid projects as well as research and audit projects with a total value over the project life in excess of \$93.9 million (2012 - \$86.8 million). Projects undertaken in 2013 include the Timor Leste Program II, Pacific Islands Program Tertiary Health Services, Vision 2020 East Timor Program, Rural Health Continuing Education Program, Specialist Training Program, MSAC, Horizon Scanning, Mortality Audits, Morbidity Audits and Surgical Simulation.

In 2013, total project revenue amounted to \$16,506k compared to \$15,472k in 2012 and expenditure was \$16,934k compared to \$16,347k in 2012 resulting in a deficit of \$428k in 2013 compared to a deficit

of \$875k in 2012. It is worth noting in real terms the 2013 overall deficit is reduced to \$344k after removing the impact of the internal surplus transfer of \$84k from the closed Pacific Island Project IV to the Foundation for International projects.

The net overhead charge levied on projects, which reflects the oversight costs of the College's infrastructure and governance was \$896k compared to \$922k in 2012.

## Foundation and Investment Reserve - Scholarships, Fellowships and Research Grants

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

Revenue included the positive investment return of 22.5% on bequest funds, donations from various sources including \$450k from a generous benefactor, transfer of the Pacific Islands Program IV surplus and establishment of a number of new corpuses for ongoing support of education and other philanthropic activities. The overall increase in the Foundation related funds was from \$28,150k (2012) to \$40,258k (2013).

Scholarships of \$632k (2012 - \$637k) were funded from bequest funds with \$635k (2012 - \$547k) funded from the RACS Scholarship corpus. The total commitment was \$1,267k (2012 - \$1,184k).

In accordance with the strategic direction from Council to ensure long term funding for key educational and philanthropic activities, a number of

corpuses were established in 2013. Initial establishment funding of \$6,797k was sourced from the Investment Reserve \$3,697k, Foundation for Surgery of \$900k and surplus funds from core operations of \$2,200k. These newly created corpuses will provide dedicated funding for educator scholarships, educational innovation initiatives, international development and aid programs not routinely funded by the Australian government, indigenous education and training in surgery and the ASC Visitors and Named Lecturers program.

## Statement of Financial Position

In 2013, College Funds and Reserves have increased by 19% to \$63,262k.

Key movements in assets included an increase in cash and cash equivalents of \$4,163k primarily due to positive cash flows from operations and increase in current trade receivables of \$1,520k. Investments held for trading increased by \$10,104k mainly due to the strong investment return of 22.5%. Current liabilities increased by \$4,484k due mainly to the increase in subscriptions, training and examinations billed in 2013 for income related to 2014.

## Statement of Cash Flows

The Statement of Cash Flows indicates a net cash inflow for 2013 provided from operating activities of \$6,778k and a net increase in cash held of \$4,163k from 2012 mainly due to the combined effects of timely receipting of annual training fees, Queensland property sale proceeds and progress funding under the Specialist Training Program contract.

In summary, some of the key 2013 achievements of the College included:

- Delivered 138 skills training courses to 2,428 participants.
- Increased resources and services

- Development of new eLearning modules and refinements to the CPD program.
- Continued work in partnership with Australian Department of Foreign Affairs and Trade (formally AusAID) to deliver training and strengthen surgical skills in a range of international aid programs for the Pacific Islands, Papua New Guinea, Timor Leste and Myanmar with a combined contract value of \$15.3 million.
- Rollout of the Morbidity Audit and Logbook Tool (MALT) to all Fellows and Trainees.

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

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



### Councillors' declaration

The Councillors 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 2013.

On behalf of the Councillors  
**M J HOLLANDS**, President  
**M VONAU**, Treasurer  
**D J HILLIS**, Chief Executive Officer  
 Melbourne, 28 February 2014

### Independent Audit Report to Members of Royal Australasian College of Surgeons

We have audited the summarised financial report of the Royal Australasian College of Surgeons as at 31 December 2013, comprising the Statement of Comprehensive Income, Statement of Financial Position and Statement of Cash Flows, in accordance with Australian Auditing Standards. The summarised financial report has been derived from the Royal Australasian College of Surgeons annual statutory financial report for the year ended 31 December 2013.

### Audit Opinion

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

**ERNST & YOUNG,**  
**PAUL GOWER**  
 Partner  
 28 February 2014

### STATEMENT OF COMPREHENSIVE INCOME For the financial year ended 31 December 2013

	2013 \$	2012 \$
<b>Continuing Operations</b>		
Revenue from operating activities	55,337,919	53,629,356
Gain / (loss) on sale of property	1,081,605	(5,833)
Other income – from investments	8,606,362	5,805,262
Revenue	<u>65,025,886</u>	<u>59,428,785</u>
<b>Expenditure</b>		
Personnel costs	19,108,694	17,373,023
Consultants fees - clinical	765,866	850,745
Consultants fees - management	1,317,342	1,732,543
Telephone, teleconference and audio visual costs	930,701	726,148
Printing, stationery and photocopying	1,548,950	1,650,171
Postage and courier costs	703,837	701,380
Information system costs	1,266,163	1,111,898
Travel and accommodation	4,992,152	5,349,380
Associations and publications	549,193	449,548
Audit, legal and professional fees	360,535	770,818
Bank fees and merchant charges	563,839	534,419
Rent, rates, power, repairs and other property costs	2,196,683	2,168,537
Insurance	351,303	330,360
Project equipment purchases, hire and repairs	720,356	994,015
Training manuals and consumables used in education and field projects	630,711	524,176
Scholarships, fellowships and research grants	1,271,300	1,196,593
Awards, other grants, gifts and prizes	538,980	440,324
External grants	6,311,364	6,393,501
Facilities hire and catering costs	2,829,648	3,557,930
Foreign exchange loss	202,086	20,468
Depreciation expense	2,745,787	2,500,863
Impairment charge	-	9,305
Amortisation expense – lease incentive	64,846	44,038
Specialist societies funding costs	4,386,831	4,030,205
Committee and office bearers costs	8,590	69,219
Doubtful debts expense	9,734	18,749
QSEC write-off – development and legal costs	4,180	106,958
Provision charge – NZ building strengthening works	-	646,415
Other expenses from operating activities	456,606	511,979
Expenditure	<u>54,836,277</u>	<u>54,813,708</u>
<b>Surplus for the period</b>	<u>10,189,609</u>	<u>4,615,077</u>
<b>Other Comprehensive Income</b>		
Foreign currency translation	(15,536)	(32,041)
<b>TOTAL SURPLUS</b>	<u>10,174,073</u>	<u>4,583,036</u>

### STATEMENT OF FINANCIAL POSITION For the financial year ended 31 December 2013

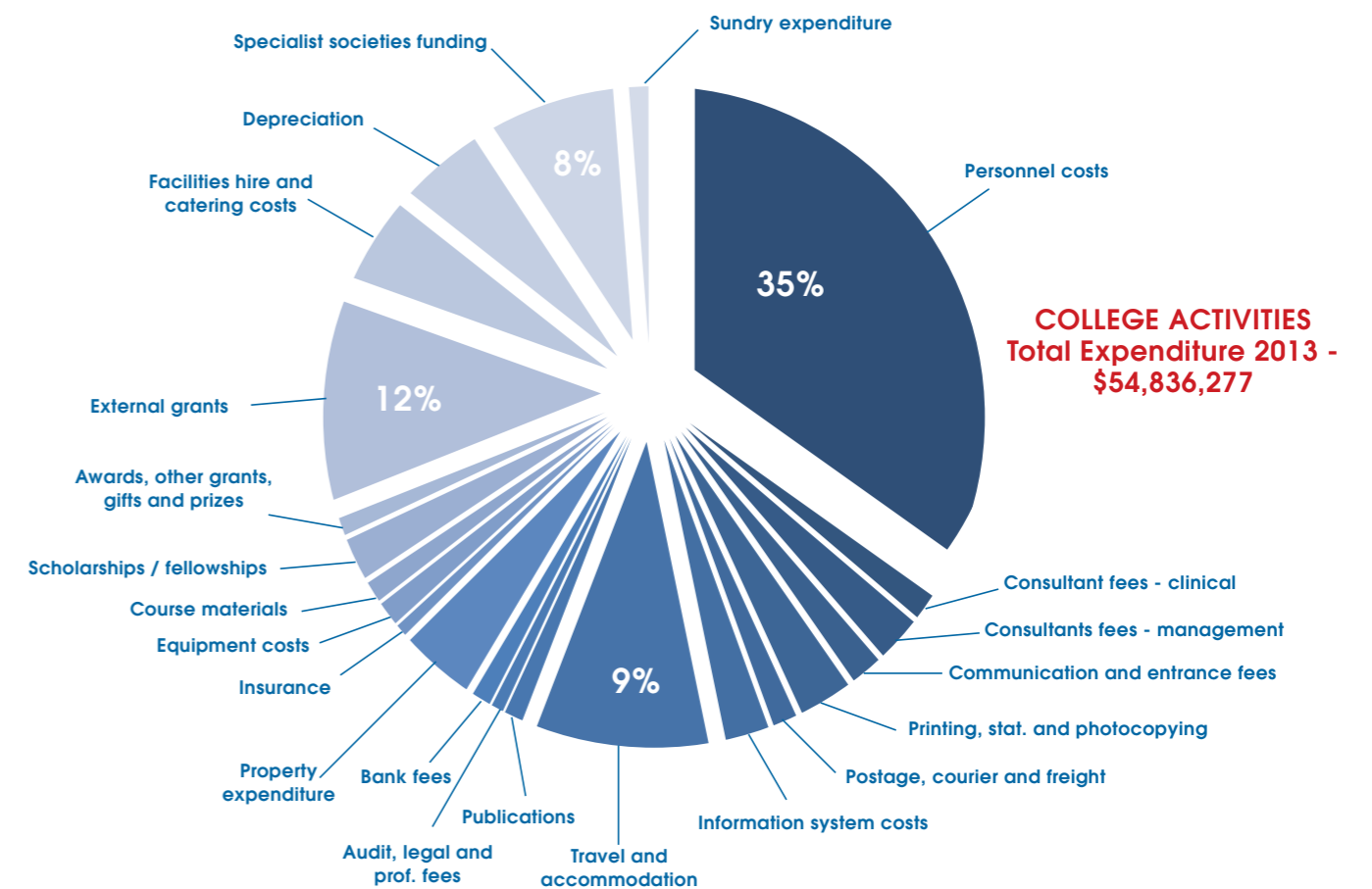
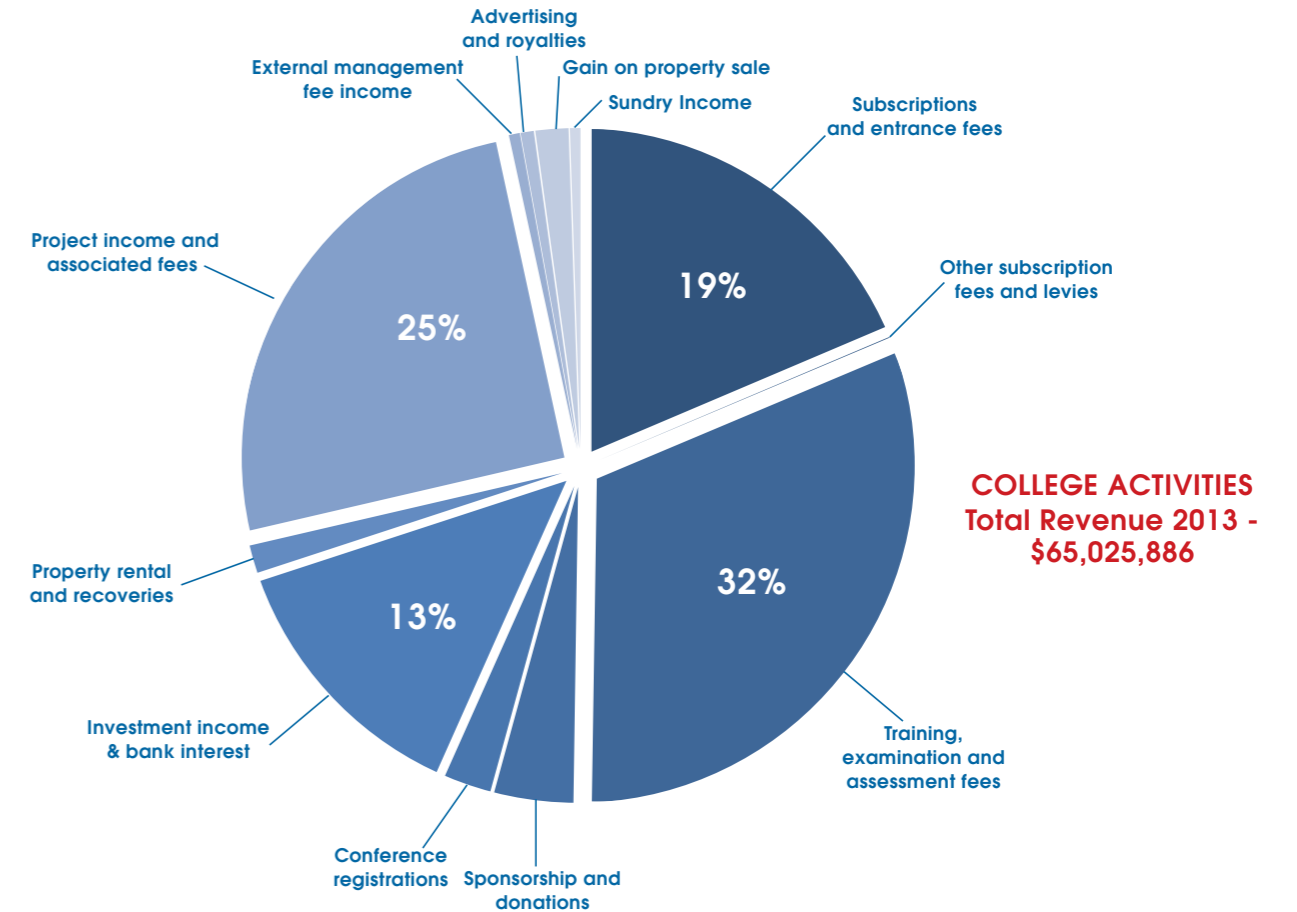
	2013 \$	2012 \$
<b>ASSETS</b>		
<b>Current Assets</b>		
Cash and short term deposits	15,542,281	11,379,273
Trade and other receivables	17,566,146	16,046,462
Inventories	227,888	220,094
Prepayments	3,109,637	1,927,022
Held for trading financial assets	47,539,712	37,435,219
Property held for sale	-	872,150
<b>Total Current Assets</b>	<u>83,985,664</u>	<u>67,880,220</u>
<b>Non-Current Assets</b>		
Trade and other receivables	847,159	832,451
Property, plant and equipment	22,475,148	23,863,091
Lease Incentive	539,576	604,422
<b>Total Non-Current Assets</b>	<u>23,861,883</u>	<u>25,299,964</u>
<b>TOTAL ASSETS</b>	<u>107,847,547</u>	<u>93,180,184</u>
<b>LIABILITIES</b>		
<b>Current Liabilities</b>		
Trade and other payables	3,398,329	4,025,926
Provisions	2,811,462	2,485,147
Income in advance	23,727,799	20,203,353
Government grants received in advance	6,677,630	7,414,923
Funds held on behalf of others	6,404,166	4,405,549
<b>Total Current Liabilities</b>	<u>43,019,386</u>	<u>38,534,898</u>
<b>Non-Current Liabilities</b>		
Provisions	1,565,668	1,556,866
<b>Total Non-Current Liabilities</b>	<u>1,565,668</u>	<u>1,556,866</u>
<b>TOTAL LIABILITIES</b>	<u>44,585,054</u>	<u>40,091,764</u>
<b>NET ASSETS</b>	<u>63,262,493</u>	<u>53,088,420</u>
<b>COLLEGE FUNDS AND RESERVES</b>		
Retained earnings	53,088,420	48,505,384
Current year surplus - operations	8,182,930	2,749,764
Current year surplus - investment reserve	1,991,143	1,833,272
<b>TOTAL COLLEGE FUNDS AND RESERVES</b>	<u>63,262,493</u>	<u>53,088,420</u>

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



**STATEMENT OF CASH FLOWS**  
For the financial year ended 31 December 2013

	2013 \$	2012 \$
<b>Operating activities</b>		
Subscriptions and entrance fees	10,474,318	11,510,863
Training, examination and assessment fees	20,941,063	19,061,703
Sponsorship and donations	2,463,272	1,796,896
Other donations – Rowan Nicks estate	65,796	2,078,647
Conference registrations	2,077,466	1,991,674
Property rental and recoveries	783,782	792,575
Project income and associated fees	16,252,001	14,862,465
Interest income	43,453	37,701
Other income	620,779	641,270
Payments to suppliers and employees	(46,944,296)	(47,590,368)
<b>Net cash flows from operating activities</b>	<u>6,777,634</u>	<u>5,183,426</u>
<b>Investing activities</b>		
Net movement from investment securities	(3,081,431)	(4,494,227)
Payments for property plant and equipment	(1,486,950)	(2,702,084)
Net proceeds from sale – property	1,953,755	2,810,553
<b>Net cash flows used in investing activities</b>	<u>(2,614,626)</u>	<u>(4,385,758)</u>
<b>Financing activities</b>		
<b>Net cash flows used in financing activities</b>	<u>-</u>	<u>-</u>
<b>Net increase in cash and short term deposits</b>	<u>4,163,008</u>	<u>797,668</u>
<b>Cash and short term deposits at 1 January 2013</b>	11,379,273	10,581,605
<b>Cash and short term deposits at 31 December 2013</b>	<u>15,542,281</u>	<u>11,379,273</u>







## International Aid and Development

### Information provided under the ACFID Code of Conduct

The College is a signatory member of the Australian Council for International Development (ACFID). The ACFID 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 Australian Council for International Development (ACFID) Code of Conduct, the College is committed to high standards in financial reporting, management and ethical practice. Further information on the code, including how to make a complaint, can be obtained from ACFID by visiting [www.acfid.asn.au](http://www.acfid.asn.au) or emailing [code@acfid.asn.au](mailto:code@acfid.asn.au). Complaints in relation to the

Code can be made directly to the International Development Program by telephone: +61 3 9276 7436 or email: [international.projects@surgeons.org](mailto:international.projects@surgeons.org). Any complaints will be handled in line with the College 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](http://www.acfid.asn.au)

An independent audit of the Royal Australasian College of Surgeons financial accounts for 2013 was conducted by:

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

### STATEMENT OF CHANGES IN EQUITY For the year ended 31st December 2013

	Retained Surplus	Investment Earnings Reserve	Total College Funds & Reserves
<b>At 1 January 2012</b>	45,856,635	2,648,749	48,505,384
Surplus for the year	4,615,077	-	4,615,077
Other comprehensive income	(32,041)	-	(32,041)
Surplus / (Deficit) for reserve	(1,833,272)	1,833,272	-
Transfer to / (from) reserve	-	-	-
<b>At 31 December 2012</b>	48,606,399	4,482,021	53,088,420
Surplus for the year	10,189,609	-	10,189,609
Other comprehensive income	(15,536)	-	(15,536)
Surplus / (Deficit) for reserve	(1,991,143)	1,991,143	-
Transfer to / (from) reserve	3,696,522	(3,696,522)	-
<b>At 31 December 2013</b>	60,485,851	2,776,642	63,262,493

### INCOME STATEMENT For the year ended 31st December 2013

	2013 \$	2012 \$
<b>International Aid and Development Programs</b>		
<b>REVENUE</b>		
Donations and gifts – monetary	212,970	238,432
Donations and gifts – non-monetary	-	-
Bequests and legacies	65,796	2,078,647
Grants – Australian - Department of Foreign Affairs and Trade – formally AusAID	4,232,992	3,759,893
Grants – Other Australian	219,548	278,465
Grants – Other Overseas	53,864	218,525
Investment income	1,600,509	893,839
Other income – International programs	33,165	25,083
Revenue for international political or religious proselytisation program	-	-
Other income – all other College activities	58,607,042	51,935,901
<b>Total Revenue</b>	<b>65,025,886</b>	<b>59,428,785</b>
<b>International Aid and Development Programs</b>		
<b>EXPENDITURE</b>		
International Programs		
Funds to international programs	1,462,731	1,463,463
Other international program costs	2,380,474	2,058,167
Program support costs	847,651	757,288
Community education	-	-
Fundraising costs		
Public	-	-
Government, multilateral and private	-	-
Accountability and administration	122,634	139,751
Non-monetary expenditure	-	-
Expenses for international political or religious proselytisation program	-	-
Other expenditure – all other College activities	50,038,323	50,427,080
<b>Total Expenditure</b>	<b>54,851,813</b>	<b>54,845,749</b>
<b>TOTAL ENTITY POSITION</b>	<b>10,174,073</b>	<b>4,583,036</b>

### STATEMENT OF CASH MOVEMENTS For the year ended 31st December 2013

	Cash available at beginning of financial year	Cash raised during financial year	Cash disbursed during financial year	Cash available at end of financial year
International Projects	3,458,575	4,366,125	5,510,669	2,314,031
International Scholarships provided by the College from bequest funds	5,599,102	1,267,798	177,264	6,689,636
Foundation – International Projects	1,349,326	1,394,168	235,406	2,508,088
Other – Domestic Operations	972,270	48,647,594	45,589,338	4,030,526
<b>Total</b>	<b>11,379,273</b>	<b>55,675,685</b>	<b>51,512,677</b>	<b>15,542,281</b>

**NEW FELLOWS**

Dr Ada Ng  
 Dr Adam Fowler  
 Dr Adrian Sjarif  
 Mr Ajay John  
 Prof Alasdair Sutherland  
 Dr Albert Tiu  
 Dr Alexandra Gordon  
 Dr Alfred Hing  
 Mr Alfredo Noches-Garcia  
 Mr Amarjeet (Aman) Singh  
 Mr Amir Kalanie  
 Dr Amiralaa Khalessi  
 Dr Andrew Ling  
 Mr Andrew Mattin  
 Dr Andrew Mayo  
 Dr Andrew Chang  
 Mr Andrew Herd  
 Dr Angela Robson  
 Mr Angus Jennings  
 Dr Anil Nair  
 Dr Anita Yuen  
 Dr Anthony Leslie  
 Dr Anthony O'Neill  
 Mr Antony Liddell  
 Mr Anubhav Sathu  
 Mr Arash Taheri  
 Mr Arvind Jain  
 Dr Ashish Gupta  
 Mr Ashish Taneja  
 Dr Benjamin Loveday  
 Mr Benjamin Keong  
 Dr Benjamin Parkinson  
 Mr Broad Sowman  
 Dr Bradley Morris  
 Mr Broughton Snell  
 Dr Carl Lisec  
 Dr Carolyn Russell  
 Dr Charles Han  
 Dr Chatar Goyal  
 Mr Chien-Wen Liew  
 Dr Chitrakanti Kapadia  
 Dr Christian Connors  
 Dr Christopher Phoon  
 Dr Christopher Cole  
 Mr Christopher Gray  
 Dr Claire Taylor  
 Dr Cornelius Burger  
 Dr Craig Harris  
 Dr Danella Favot  
 Mr Daniel Sydenham  
 Mr Daniel Steiner  
 Mr Daniel Lenaghan  
 Dr Darren Lituri  
 Dr David Agolley  
 Dr David Lieu  
 Dr David Dewar  
 Dr David Waterhouse  
 Mr David Goh  
 Dr Diana Tam  
 Mr Dihan Aponso

Mr Dinesh Ratnapala  
 Dr Dinesh Sharma  
 Mr Dylan James  
 Dr Eddy Wong  
 Mr Elango Selvarajah  
 Dr Eli Olschewski  
 Miss Emily Kong  
 Mr Fabiano Farto Viana  
 Dr Farid Aghaee Meybodi  
 Dr Garrath Evans  
 Dr Gemma Olsson  
 Mr Glenn Gomez  
 Mr Godwin Choy  
 Assoc Prof Gregory Jack  
 Dr Hajir Nabi  
 Dr Hamish Rae  
 Dr Harald Puhalla  
 Mr Hemanshu Patel  
 Dr Homayoun Zargar Shoshtari  
 Mr Ilan Freedman  
 Dr Imogen Patterson  
 Dr Ineke Meredith  
 Mr Jack Zoumaras  
 Mr Jacob Vanyai  
 Mr James Duthie  
 Mr James Huang  
 Dr James Wykes  
 Ms Janet Hsuan  
 Dr Jason Papacostas  
 Miss Jennett Kelsall  
 Dr Jennifer Ryan  
 Mr Jeremy Richardson  
 Dr Jessica Prasad  
 Mr Jim Dimitriou  
 Dr Joel Budge  
 Dr Johannes Stroebel  
 Dr Johannis Kilian  
 Mr John Dillon  
 Mr John Choi  
 Dr Johnny Kwei  
 Mr Jonathan Manson  
 Mr Jonathon Richards  
 Dr Joseph Ischia  
 Mr Joshua Kempthorne  
 Dr Julia Crawford  
 Dr Juliet Clayton  
 Dr Justin Munt  
 Dr Justine O'Hara  
 Dr Jyotsna Jayarajan  
 Dr Kate Campbell  
 Dr Katherine Wilson  
 Dr Kenneth Loon  
 Dr Kerrie Lewis  
 Dr Kirk Austin  
 Mr Konrad Schwanecke  
 Mr Kontoku Shimokawa  
 Dr Kowsalya Murugappan  
 Dr Kristy Fraser-Kirk  
 Mr Kush Shrestha  
 Dr Lochlin Brown  
 Mr Luke Reid

Dr Luke Johnson  
 Dr Luke Henschke  
 Mr Dylan James  
 Mr Man Cao  
 Mr Mark Grant  
 Mr Markus Trochsler  
 Dr Martin Elmes  
 Mr Martyn Sims  
 Ms Mary Ann Johnson  
 Mr Matthew Brown  
 Mr Matthew Barnes  
 Dr Matthew Cronin  
 Dr Matthew Hope  
 Mr Matthew Hutchinson  
 Dr Maxine Ronald  
 Mr Mayooraan Theivendran  
 Dr Mehan Siriwardhane  
 Mr Michael O'Keefe  
 Dr Michael Tawadrous  
 Dr Michael Byrom  
 Mr Michael Lushkott  
 Dr Michael Devadas  
 Mr Michael Van Niekerk  
 Mr Miu Fei Lam  
 Dr Muhammad Abdul-Hamid  
 Ms Muthuthantrige Fernando  
 Dr Nabila Ansari  
 Dr Namrata Anavekar  
 Dr Natalie Sist  
 Dr Nathan Brunott  
 Dr Nelson Alphonso  
 Mr Ngov Ly  
 Mr Niall Jones  
 Mr Nicholas Aggar  
 Mr Nicholas Campbell  
 Mr Nicholas Hall  
 Mr Nicholas Potter  
 Dr Niruban Thanigasalam  
 Mr Nova Thani  
 Dr Pamela Howson  
 Dr Pankaj Saxena  
 Mr Patrick Pritzwal-Stegmann  
 Mr Paul Paddle  
 Mr Paul Gilmore  
 Mr Paul Crow  
 Mr Paul Strauss  
 Mr Peter Wong  
 Dr Peter Pockney  
 Mr Phillip Toonson  
 Dr Ping-en Chen  
 Dr Pragadesh Joshi  
 Mr Prashant Sharma  
 Dr Rachel Esler  
 Mr Rafid Alzubaidy  
 Mr Ramin Shayan  
 Mr Raminder Dhillon  
 Dr Razvan Stoita  
 Dr Rebecca Wyten  
 Dr Rebecca Read  
 Prof Reinhold Gregor  
 Mr Reuven Gurfinkel  
 Dr Richard Smith

Mr Robert Goodwin  
 Dr Roger Khan  
 Dr Rohit Kumar  
 Dr Rosairo Mejia  
 Dr Rotimi Afolabi  
 Mr Russell Hodgson  
 Mr Ryan Lisle  
 Mr Ryan De Freitas  
 Mr Salil Pandit  
 Mr Samuel Greig  
 Dr Sandhya Deo  
 Dr Scott Leslie  
 Mr Scott Mason  
 Dr Scott Turner  
 Mr Sean Galvin  
 Mr Sebastian King  
 Mr Servaise De Kock  
 Mr Shalinder Sadiq  
 Dr Shane Anderson  
 Dr Shane O'Neill  
 Mr Shaneel Deo  
 Dr Shannon Thomas  
 Dr Sheen Peeceeyen  
 Dr Sherry Tagalao  
 Dr Shyan Goh  
 Dr Siamak Choroomi  
 Dr Simon Wall  
 Dr Simon Quinn  
 Dr Sivapirabu Sathasivam  
 Dr Sivashankar Chandrasekaran  
 Dr Stefan Antoniou  
 Dr Stephanie Van Dijk  
 Mr Sumeet Toshniwal  
 Dr Sunil Randhawa  
 Dr Suntharalingam Sivananthan  
 Mr Suresh Navaadgi  
 Prof Suzanne Rea  
 Dr Tamara Preda  
 Dr Tanya Yuen  
 Mr Tarik Sammour  
 Mr Thair Aldujaili  
 Dr Thomas Jarvis  
 Mr Timothy Connolly  
 Mr Timothy Fletcher  
 Dr Tracey Lam  
 Mr Tristan Leech  
 Prof Tristan Yan  
 Mr Troy Keith  
 Dr Tsu-Hui Low  
 Dr Umeshchandra Dhanjee  
 Dr Upeksha De Silva  
 Dr Vibhuti Mahanta  
 Mr Vinna An  
 Mr Wei-Tim Loke  
 Mr William Tjhin  
 Mr Yao-Yen Chen  
 Dr Yasser Farooque  
 Dr Yezdi Mistry  
 Dr Zeigfeld Yeh  
 Dr Zenia Chow

**DECEASED FELLOWS Australia**

Mr Jack Solomon Indyk, FRACS  
 Mr John Macdonald Falconar Grant, AO, OBE, FRACS  
 Mr Alan Boyd Holmes, FRACS  
 Mr Kenneth Bruce Cornwell, FRACS  
 Assoc Prof Philomena McGrath, FRACS  
 Mr Kenneth John Millar, FRACS  
 Mr John Gladestone Sweeney, FRACS  
 Mr Marx Wald, FRACS  
 Mr Richard English Dunstan, FRACS  
 Mr Jack Lindsay Swann, FRACS  
 Mr Philip William Van Gelderen, FRACS  
 Mr Ernest James England, FRACS  
 Mr Richard Taunton Southwood, FRACS  
 Mr William Hamilton Cadzow, FRACS  
 Mr Wilton Campbell Carter, FRACS  
 Mr James Robert Smith, FRACS  
 Mr John Roger Garden Williams, FRACS  
 Mr Frederick Gordon Binns, FRACS  
 Mr Malcolm Charles Douglas, FRACS  
 Mr William Noen Chin, FRACS  
 Mr Edward John Beckenham, FRACS  
 Mr Peter Charles MacLeod Wilson, FRACS  
 Mr Daryl Heath Nye, FRACS  
 Mr Kulasingham Ramanathan Sathiah, FRACS  
 Mr Alan Innes-Brown, FRACS  
 Mr Richard Anthony McArthur, FRACS  
 Mr John Hugh Wilson Hogg, OAM, FRACS  
 Mr Peter Adolph Bolliger, FRACS  
 Mr Ronald Francis James Wood, FRACS  
 Prof Sydney Michael Lewis Nade, FRACS  
 Mr Raymond Latt, FRACS  
 Mr George Owe-Young, FRACS  
 Prof Donald Stephen Esmore, AO, FRACS  
 Mr John Grant Dickson, OAM, FRACS  
 Mr Marius Fahrer, FRACS  
 Mr Anthony Joseph Bookallil, FRACS  
 Mr Patrick Sherwood Harkness Browne, FRACS  
 Mr Thomas Bruce Smith, FRACS  
 Mr William Eric Swaney, FRACS

**New Zealand**

Mr Oliver Ross Nicholson, OBE, FRACS  
 Mr John McIlwaine, FRACS  
 Prof Graham Lancelot Hill, ONZM, FRACS  
 Mr Alwyn James Seeley, FRACS  
 Mr George Jerzy Schweitzer, FRACS  
 Mr George Choa, CBE, KSTJ, FRACS

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 Professor Ian Gough and Dr Ruth Gough  
 The late Mrs Marjory Hooper  
 Dr Mary Jepson  
 The late Mrs Eugenie Johnston  
 The late T. D. Kelly  
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 The Henry Lumley Charitable Trust  
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 The late Mr Rowan Nicks OBE  
 The late Emeritus Professor Murray Pheils and Mrs Unity Pheils  
 Queensland Gas Company  
 Mrs Diana Ramsay  
 The Sporting Chance Cancer Foundation  
 Francis and Phyllis Thornell-Shore  
 Tour de Cure  
 The late Mrs Elizabeth Unsworth

**HONOURS AND AWARDS****New Zealand New Year Honours****Dame Companion of the Order (DNZM)**

> Dame Judith Potter (Expert Community Advisor on NZ National Board)

**Officer of the Order (ONZM)**

> Associate Professor Ian David Campbell

**Australia Day Honours****Member of the Order of Australia (AM)**

> Associate Professor Andrew Donald Cochrane  
 > Dr Brian Leslie Cornish  
 > Dr Mark Francis Ellis

**Medal of the Order of Australia (OAM)**

> Dr Malcolm Baxter  
 > Dr Geoffrey Vernon Mutton  
 > Dr John Cracroft Rice  
 > Associate Professor Michael John Weidmann

**Queen's Birthday Honours Australia****Member (AM) in the General Division**

> Mr Paul Beaumont  
 > Mr John Harrison  
 > Mr Edgeworth McIntyre  
 > Assoc Prof Peter Woodruff

**Medal (OAM) in the General Division**

> Dr Eric Guazzo  
 > Dr Ian McInnes

## COUNCIL ATTENDEES OCTOBER 2013

**Back row left to right:** Roger Paterson, Alan Sander, Lawrence Malisano, Richard Martin, Garry Wilson, Adrian Nowitzke, David Theille, Wendell Neilson, John Batten, Allan Panting

**Third row left to right:** Patrick Bade, Neil Vallance, Graeme Campbell, Phillip Truskett, Robert Costa, Julian Smith, Tony Sparnon, Barry O'Loughlin, Sean Hamilton, Stephen Tobin

**Second row left to right:** Julie Mundy, Catherine Ferguson, Richard Perry, Tom Bowles, Carolyn Vasey, Ian Bennett, John Quinn, Phillip Carson

**Front row left to right:** Simon Williams, Michael Grigg, Michael Hollands, Marianne Vonau, David Watters



### The Royal Australasian College of Surgeons

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T: +61 3 9249 1200 / F: +61 3 9249 1219 / E: [college.sec@surgeons.org](mailto:college.sec@surgeons.org)

