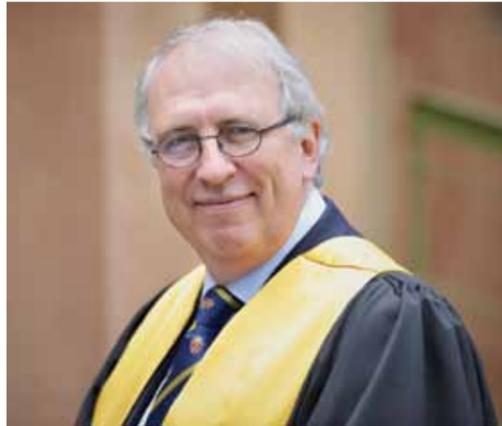




ROYAL AUSTRALASIAN  
COLLEGE OF SURGEONS

# Annual Report 2014



Michael Grigg, PRESIDENT

**Governance Management Report 2014**

**PROTECTING THE  
STANDARDS OF  
SURGERY FOR THE  
COMMUNITY**

It has been an honour, privilege and a challenge to be the College President over the past 12 months. Due to the structure of the Constitution, my Presidency will be for only one year. This may be an issue in the future and impair future Presidents' ability to interact meaningfully with external agencies. However, it has brought an urgency to my role to ensure that the College moves clearly to what I believe is the central issue confronting all medical colleges, but particularly the College of Surgeons – is the College a learned organisation for professionals or is this proud profession destined to be regarded as a grouping of tradesmen into the future?

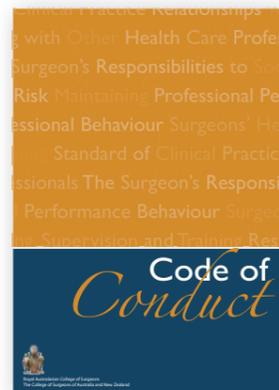
I am clearly and passionately of the belief that our College exists to maintain and enhance the professional status of surgeons for the benefit of the communities that we serve. Our College was formed because of a desire to protect and promote surgical standards. Although our College has expanded and matured, standards remain central to all of our activities.

Over the past decades we have seen government and regulatory bodies progressively encroach on the ground that Colleges must occupy. Colleges must occupy the 'ground of standards' with a moral standing and clearly articulated view, so that all Fellows as well as society and government recognise that we will take this seriously and responsibly. This College must be accountable for the surgical standards of the surgical profession. Although we must do this in a collegiate manner and ensure that the Fellowship understand and support our activities, we must also do this fearlessly.

That is the role of this College – to maintain and enhance surgical standards.

Over my nine years on Council, I have had the privilege of working with other senior members of the profession to ensure we can articulate these required standards. Every surgeon is aware of the articulation of the requirements of surgical practice through the College competencies that are embedded in our training and assessment programs. These are also the basis of the competence and the performance of surgeons within the workplace – delivering surgical care. This College has deliberately elaborated on this with the Code of Conduct. The second edition of this is framed within the context of the College Pledge. This is the Pledge that all Fellows – both current and past graduands state at the Convocation at the Annual Scientific Congress each year.

The College Pledge is a powerful statement of our commitment to the ongoing service of Fellows to their surgical career, to surgical practice and to the profession of surgery. The meaning is complex and articulated more fully within the Code of Conduct and our competencies. The challenges are clear, but the standards are more than aspirational – they are binding. Given binding standards, it is important that we now understand the growing importance of being in breach of the Code of Conduct. This was perhaps one



**Left:** Dean of Education Stephen Tobin, David Birks and President Michael Grigg.  
**Right:** Marianne Vonau, Alicia Mew, Debbie Paltridge, Stephen Tobin and Subramaniam Sivarajah – first Pilot of the Foundation Skills for Surgical Educators Course.

of the most important initiatives with which I have been involved. Fellows who do not comply with the Code of Conduct are given every opportunity to understand where their behaviour, their actions and their outcomes have fallen short of the required standard, but they must commit to achieving that standard. Remediation is where educational bodies such as the College need to excel. We do. Individuals are clearly offered the opportunity of improving their standards. But to maintain their Fellowship, they must succeed. The Fellowship is no longer about having passed an examination some decades ago. Our standards are not a vague aspiration. They are an absolute commitment to our professionalism – to the standards of a Fellow of the Royal Australasian College of Surgeons.

Over the past decade there has been a progressively more focused debate on the requirements for ongoing professional development including involvement in audit and peer review. This is now compulsory for surgeons to maintain their medical registration in New Zealand and in Australia. Indeed to be active in any way as a medical practitioner requires

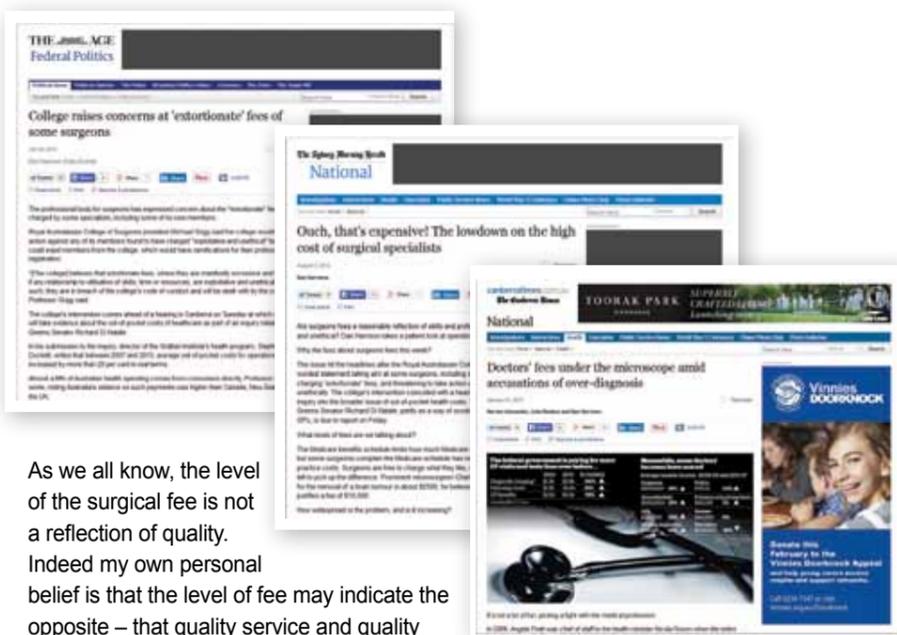
registration and with it the requirement to complete a Continuing Professional Development (CPD) program. It is a critical role for this College to remain central and pivotal to these discussions and have the primary influence on what constitutes good professional development and maintenance of standards. Importantly the College has now recognised that we must 'keep our own house in order'. We must be seen by the Medical Board of Australia and the Medical Council of New Zealand to be responsible custodians of the privilege of surgical professionalism. Increased rigour around professional development, involvement in mortality audits, morbidity audits and peer review is now in place. Fellows need to individually accept their responsibility and accountability in these areas – and they are. They also want the profession to ensure its responsibility and accountability by providing sanctions up to the removal of Fellowship if this does occur. It is an indictment that in the past, the only way a Fellow could lose their Fellowship was by failing to pay their subscription, no matter how poor a professional they were. No more.

## ADVOCATING ON THE ISSUES THAT COUNT

Advocacy is also of crucial importance to the College role. For a small percentage of the medical related workforce – we now only form 6.5 per cent of graduating Fellows from Medical Colleges – the College of Surgeons and its Fellowship is still well regarded and connected at many levels to Departments and Ministries of Health. As an example there were over 100 formal meetings between College representatives and Ministers or Departments of Health last year. However, as a College we must engage more effectively and clearly be advocating our position into the broader public domain. My personal view is that the sustainability of health care is the dominant health issue for the next 20 years. There are multiple aspects to this, but the overarching perspective is to be highly informed in our advocacy and be willing to identify solutions and work to address problems. Personally, I have been highly profiled with the College addressing the issue of 'Excessive Fees'.

The discussion around 'Excessive Fees' has brought an enormous commentary from within the Fellowship at many levels. I have been overwhelmed by the positive support that has continued over the past eight months. Surgeons are concerned as a profession about the exorbitant level of charging by a very small percentage of surgeons. They are outraged by individual surgeons who break the regulations of funding providers for financial benefit and consequently bring the entire profession into disrepute.

As this discussion has occurred in College publications and the general media, other organisations that may have a more market based view of the health sector have started to acknowledge the importance of the reputation of the profession and its involvement. Transparency is critical. Our patients need to be fully informed about what the costs of their care may entail. With the overwhelming support of the Fellowship, the College is now ensuring that we can provide guidance to society, to the government and funders about how excessive fees should be considered.

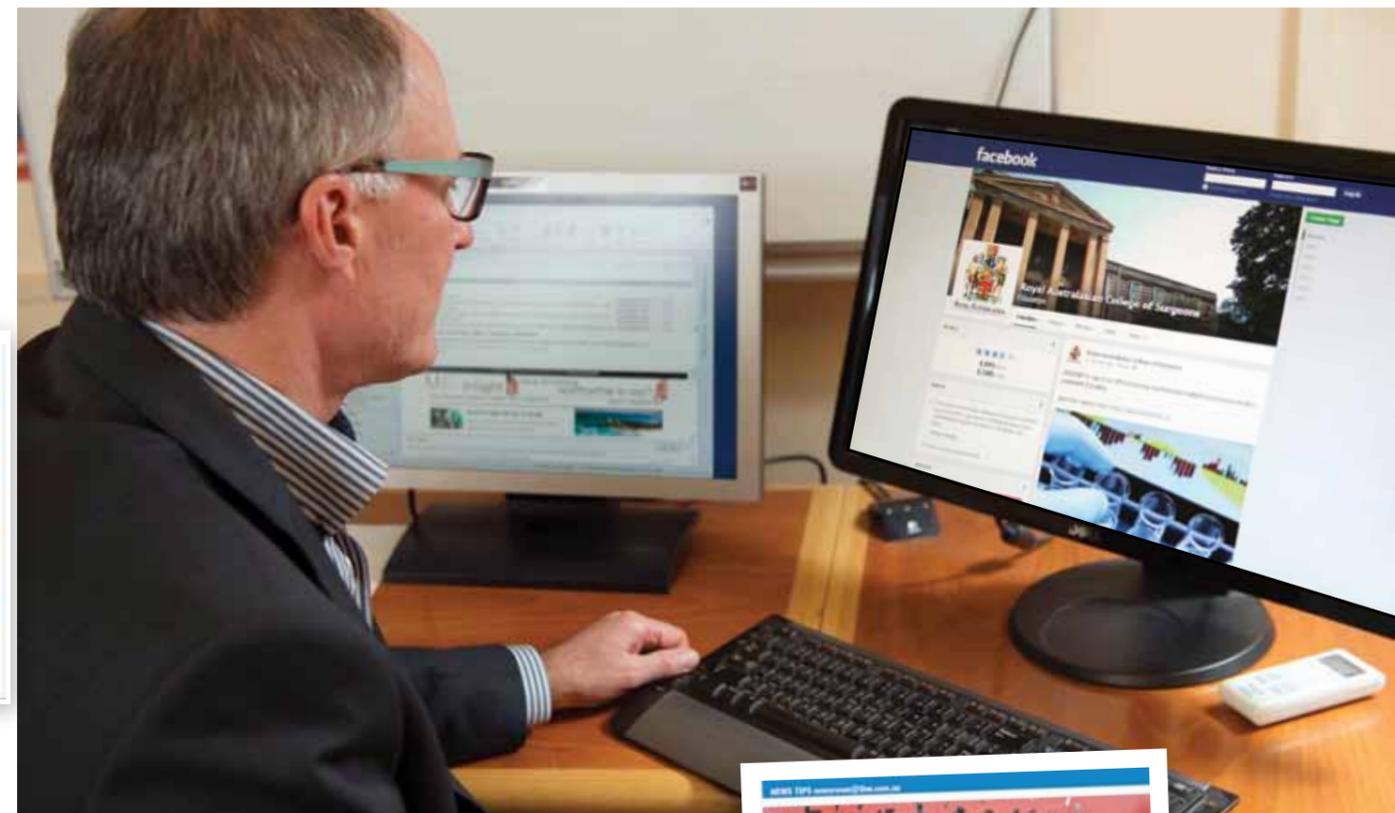


As we all know, the level of the surgical fee is not a reflection of quality. Indeed my own personal belief is that the level of fee may indicate the opposite – that quality service and quality surgeons are not often found in the group of surgeons who charge exorbitant fees. Health care is not a market place – it is our commitment as a profession to the standards of care for our community. This is the community to whom we provide our surgical skills.

I anticipate that in the near future, there will be significant discussions around 'futile' surgery. Though I dislike the terminology, the meaning is clear. The work done around Australia with the Mortality Audits has begun to focus on this difficult issue. This is a really important issue, both within the context of the sustainability of health care and the quality of health care itself. Our challenge will be to advocate the framework in which these types of discussions can be safely undertaken. This discussion is not just for surgeons, but also importantly with society and government. Politically the issue of sustainability of health care is handled differently between Australia and New Zealand. It is also handled differently between Australian states. The College needs to focus on our standards and ensure the quality of care is maintained and enhanced.

These newer areas of advocacy have been added to the College's ongoing concerns about road trauma and particularly alcohol fuelled violence. Alcohol fuelled violence has now gained bi-national profile with substantial political d coalitions that share concerns about the prevalence of alcohol related harm. Within this broader alliance, we are still maintaining our focus on three key actions points – HOT – the Hours of opening, the number of Outlets and the Taxes that are imposed on alcohol.

Due to the importance of our standards and our advocacy around it, the College Council has deliberately



enhanced our internal resources and skills. Advocacy and communication strategies have been reviewed and updated. Social media is now a must and the College must be adept at 'getting our messages out' repeatedly yet consistently across all areas where the College has influence. Importantly as more of our daily activities move to 'across the Internet', the College must improve the usability and functionality of our key Information Technology (IT) systems. This has been a challenge in many ways, not least of which is financial, but we are meeting the challenge.

Our Fellows and Trainees demand an IT based interaction that not only gives them the service they need in a focused manner, but with the minimal amount of time and maximal amount of ease. It is these principles that as President I have highlighted in all our strategies as we have been strategising and implementing our vision for our future. The significant developments in our IT system are often 'invisible' to Fellows and Trainees. The College is progressively moving to a far more digitally integrated structure with core functions being undertaken on a cohesive and comprehensive platform that includes ecommerce to progression of online learning modules to enhanced library resources to streamlined CPD applications. Our College is aware that we live in a digital age – I am pleased to report that we are alive and well and growing.



Left: SA Regional Chair Sonia Latzel with Barney McCusker receiving the Outstanding Service to the Community award.

Below: Hon Tim Watts, Federal Labour Minister, Chris Haw and Victorian Regional Chair Jason Chuen.





Fellow Stephen Franzi guiding junior doctors and Trainees through the ASSET course. **Below right:** The first online delivered Generic Surgical Sciences Exam.

## IMPACTING SURGICAL EDUCATION

It is now almost 10 years since the College's traditional training program of Basic Surgical Training (BST) and Advanced Surgical Training (AST) was combined to become Surgical Education and Training (SET). For many, this represented the destruction of an excellent training scheme and substitution of an 'untried system'. There were a number of key reasons for the change. There were concerns that the nine specialty training programs were becoming too lengthy and were selecting people only after an increasing amount of experience since graduation from medical school. There were increasing accusations of workforce manipulation. It was hoped that SET would allow earlier selection into the specialty of choice and streamline the graduation of competent and confident surgeons. There were an increasing number of BST positions, but because governments were not funding an increased number of AST positions there were increasing problems about BSTs without a career path. The efforts of the College to ensure that the number of BSTs would match the number of AST posts was not successful and came

under substantial criticism at political levels particularly with the ACCC still closely observing College activities. SET emerged from these dilemmas.

However, the absence of BST has seen the College progressively disconnected from the important space of 'possible surgeons of the future'. Part of our response has been to create a 'Framework for Junior Doctors' (J-Docs). This clearly outlines the requirements for the junior doctors in their early post-graduate years related to the nine College competencies at appropriate levels. With its release the College will progressively accredit training opportunities that are being made available for these skills and provide online resources as well as assessment tools for work based assessments. Importantly the 'early exam' (Generic Surgical Science Examination) has now been made available 'online' for those involved as J-Docs. J-Docs will be able to accumulate a portfolio of achievements and skills that will assist in appropriate selection into SET. It is important for the future of surgery that the most talented and skilled medical graduates are actively attracted to

a career in surgery. Although surgery still remains an attractive career and there is no shortage of applicants, it is critical for the College and the Specialty Societies to have training programs that not only allow the education of a truly competent and confident surgeon, but is also done in a manner that meets the expectations of the modern Trainee in terms of flexibility, educational environment and work-life balance.

It is vital that we highlight the importance and value of Fellows involved with Surgical Education. They are and always will be the most important resource for the College – Fellows who are committed to training the surgeons of the future. Reflecting on this contribution by so many of our Fellows, it was an honour to present David Birks with the inaugural Academy of Surgical Educators' award as the Professional Development Facilitator of the Year.

The Academy of Surgical Educators has a growing membership now approaching 600 members. They have thoroughly piloted the Foundation Skills for Surgical Educators course; 2015 will see a progressive roll-out to enable all surgeons involved in training and education being given the opportunity of understanding the educational principles that support our programs. Ongoing commitment to our Tri-partite arrangements with the Royal College of Physicians and Surgeons in Canada and the Royal Australasian College of Physicians sees not only the production of high quality educational events, but also the involvement at the highest international level of educational development.

At the same time, the Masters of Surgical Education program being run jointly with the University of Melbourne is both highly regarded and highly successful with our first set of graduates now completing the course. They represent an enormous resource for the future.

All of these developments are critical to support the educational programs of the College. Our 190 skills and simulations courses attracted over 3300 participants, which is more than 50 per cent of the 'active' College. The educational content of ASSET and CCriSP continues to be reviewed for eLearning opportunities. Our examination processes continue to be expanded. There were 345 sittings for the Fellowship Examination in 2014 with an annual pass rate of 79.5 per cent. Our support for International Medical Graduates continues to be enhanced to ensure they not only succeed in the College examinations, but also in the challenges of adapting to the Australian and New Zealand health ethos.



Kelvin Kong (second from right) presenting the ATSI Action Plan to Council.

## Aboriginal and Torres Strait Islander HEALTH ACTION PLAN

As a leading organisation within the health sector, our College must work with the entire sector to try and address what is a major tragedy – the health outcomes for the Indigenous population of Australia. Although concerns also exist for the Maori population and their health outcomes, the tragedy in Australia is both stark and appalling. The College Council approved our Aboriginal and Torres Islander Health Action Plan at its October Council meeting. Much work is now in front of us to demonstrate both leadership and advocacy in these areas which we hope over the long term will see both a) an increase in the Aboriginal and Torres Strait Islander profile among our graduating Fellows, and b) substantially increased understanding of the health related issues and supported by appropriately trained College staff. The College is ensuring that these are not just 'empty' words. Through the Foundation of Surgery we are developing a corpus of funds that will enable further enhanced activities.



**Foundation for Surgery**

Passion. Skill. Legacy.

## DEVELOPMENT OF COLLEGE CORPORA – success of the Foundation of Surgery

At a strategic level, it is vital that we have resources to ensure ongoing College activities. For my entire time as a Councillor, this has been a constant struggle let alone finding the funding for new initiatives. Contrary to what seems popular belief, the College does not have unlimited resources.

Our College has made a conscious decision to 'get out of property' and thus the costs associated with up-keep. Instead, there has been a focus on directing the funds to various corpora to enable the activities associated with them to be 'self-funding' into the future. These include creating corpora for innovation in education and also the visitors program for the ASC.

The Foundation of Surgery has been remarkably successful in profiling the College activities particularly in Surgical Research, Global Health and Indigenous Health. These combined areas of resources now total over \$20 million and exist within the almost \$50 million oversight by the Foundation of Surgery and the Investment Committee. This has been an outstanding achievement inspired by the vision of Dick Bennett AM many years ago, but also the current Foundation of Surgery Board chaired by Kingsley Faulkner AM. As a direct example of this, the College now awards and administers over \$1.7 million of scholarships each year – an incredible support to the development of expertise in surgical research.

The impressive development of the Foundation for Surgery would not be possible without the contribution of so many through philanthropy for which the College is incredibly grateful. At the same time, the strength of our financial position would not be possible without sound financial management. Although the details of this are within the Treasurer's report, I would like to acknowledge the wisdom of the College Council over many years to ensure that our expectations and aspirations are so clearly linked to a sound business and management approach. It enables the College to position itself purposefully in so many areas.



Top: Surgeons International Award recipient Dr Rahayu operating.  
Bottom: Rowan Nicks Scholar Dr Richard Leona with Fellow Mr Richard Grills.

## GLOBAL HEALTH – both the strategy & the detail

The College has linked with many international bodies to advocate for an increased profile of safe surgery and anaesthesia. Working within Australia and New Zealand, it is difficult to understand the substantial worldwide lack of access to basic but essential life-saving surgery and surgical training. Although many surgical groups have been involved in activities with the World Health Organisation (WHO), the WHO did not have surgical access or safe anaesthesia in their discussions or on any list of key

measures. After the joint advocacy of these groups and the College, particularly the Vice-President David Watters OBE and immediate past President, Michael Hollands, WHO is now in the process of confirming measures that reflect this importance. Things will not change overnight, but the conversations can now commence and an expectation of improvement be established.

As the President I was invited to give the Oratio Sapientiae at the University of Timor Leste Graduation Ceremony in Dili where the first postgraduate diplomas in surgery, anaesthesia and paediatrics were awarded. This is the outcome of so many years of work by many Fellows of this College and other medical colleges as well as the Global Health Committee and our staff. It really is the core of building self-sufficiency within neighbouring nations and speaks to the issue where you can get the strategy and the detail right. It was indeed an honour.

Our international development work continues in many other areas. The College is very involved in Myanmar where 18 doctors graduated with a post-graduate diploma in emergency medicine. The Timor-Leste program implemented a Family Medicine Program with 38 doctors commencing the two year program from July. Also in Timor-Leste the first Prosthetic Eye Clinic was opened. The Fiji National University reviewed its Post-Graduate Surgical Program with assistance from Fellows of the College. Our International Scholarships Program goes quite literally from strength to strength with more than 54 developing country doctors assisted to attend College or other surgical conferences.



## THE JEWEL IN THE CROWN?

Wherever I go, Fellows and Trainees continue to acknowledge the importance of our library and on-line resources. The College Council is determined to continue this high quality and much valued service. We combine annual resourcing of almost \$600,000 in online resources combined with a librarian presence to assist with surgically aligned research unmatched by any hospital and exceeding most Universities. The online library remains the most accessed of College resources.

I particularly want to acknowledge the ongoing importance of the 'ANZ Journal of Surgery' with John Harris AM as the Editor. It is incredibly important for the profile of surgery within Australia and New Zealand to have this as a vital peer reviewed journal that is internationally well-regarded. Effectively profiling all of our specialties is an ongoing challenge, but the current success of the Journal is testimony to the hard work of the Editor and the Editorial Committee.



## THE ONGOING DEVELOPMENT OF LEADERSHIP

As this report is being written I am hopeful that we will continue to develop our expertise in leadership across the Fellowship. I am highly supportive of the establishment of a section of Surgical Directors. Maybe it is because I have been in this senior management role personally for almost 20 years that I am very aware of the skills, the networking and the support that we need to be able to provide on a collegiate basis. Given the number of hospitals where surgeons are formally involved in management roles, it is an area that should be addressed.

At the same time the Section of Academic Surgery is undergoing a renaissance and Academic Career Pathways are receiving renewed attention, particularly in association with the Medical Deans of Australia and New Zealand and the Australian Academy of Health and Medical Sciences. It is important we grow and nurture these relationships to ensure the leadership of surgeons is prominent.

As part of the College's research and academic endeavours we continue to support ASERNIP-S in providing Health Technology Assessments. Principally funded by government, the College makes influential contributions to the Therapeutics Goods Administration, Medical Services Advisory Committee and the Health Policy Advisory Committee for Technology.

New Fellows convocating. Right; Top down: The College Stand, Congress Dinner drinks on the deck, Syme Lecturer Dr Kanwaljit Soin, the Singapore nightscape.

## PROFESSIONAL DEVELOPMENT

### – Annual Scientific Congress (ASC) – Singapore success

This annual report needs to highlight the success of the ASC in Singapore which ran in conjunction with the scientific meeting of the College of Anaesthetists. In many ways it was highly successful and particularly vibrant. More than 4000 attendees contributed to an enormous breadth of scientific programs that provided opportunities to listen to topics and themes not only core to their day to day activities, but also in related clinical areas as well as key themes confronting the health sector today. Having been judged an outstanding success,

the question still in many minds is when will be the next meeting of both Colleges?

The Conference and Events team that supports the ASC also continues to provide event management expertise to many other conferences across the entire health sector each year.

Other activities in the professional development area continue with over 68 workshops being delivered and attended by more than 1038 participants. Growing expertise in online modules will see the development of modules with a significant following.

## COMMITMENT

I would like to acknowledge and thank the Councillors retiring from Council over the past year. Mike Hollands retired as both President and Councillor after many years of extraordinary contribution. Most Fellows would be unaware of the links that he sustained in the area of EMST and the American College ATLS program as well as an incredible passion for International Development and Global Health. He led this College through challenging times both externally and across a range of internal relationship issues. Adrian Nowitzke provided enormous insights from both a surgical and management perspective; Sean Hamilton was unfortunately not able to continue on Council, but contributed actively to governance and advocacy; Helen O'Connell contributed over many years across a broad range of areas and particularly with the Board of Surgical Research. Thank you all for your hard work, for without that, many of our good ideas would have been only that – ideas. The College and the Fellowship are in your debt.

I would also like to acknowledge the contribution of the Expert Community Advisors on Council. Garry Wilson's experience and advice on governance, the management of complex organisations and the interface with government has been highly valuable. In 2014, he was joined by the Hon Robert Knowles AO who brings substantial political and health governance expertise.

The College is indeed lucky to have attracted a group of Honorary Advisors to whom we are greatly indebted. Anthony Lewis, Brian Randall OAM, Stuart Gooley, Reg Hobbs, Michael Randall OAM, John Craven, Chesley Taylor and Peter Wetherall provide generous and valued support to many of our activities throughout the year.

The Council welcomed Grant Fraser-Kirk as Chair of RACSTA in 2014. Following the annual elections and the Annual General Meeting in May, the Council welcomed Spencer Beasley, Bruce Hall, Sally Langley and Ian Gollow. They are already contributing at a high level.

I would like to thank all the staff of the College who, on a daily basis, support the 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-focused 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 and advice to myself as President and to Council in all its activities. I do thank him for his ongoing contribution. David is an exceptional individual whom I am proud to think of as a colleague and extremely delighted to regard as a friend.

The College employs a number of Fellows on staff who undertake distinct roles where surgical input is critical. Allan Panting NZNM retired as Executive Director Surgical Affairs of New Zealand. The Council acknowledges his enormous contribution over many years and roles. Richard Lander has now commenced in this role. My thanks also go to Stephen Tobin, Dean of Education; John Quinn, Executive Director of Surgical Affairs of Australia; Bruce Waxman OAM as Clinical Director of the Victorian Skills Centre; Roger Wale, ASC Coordinator; Peter Dohrmann, Clinical Director IMG Assessment; Guy Maddern, Clinical Director ASERNIP-S 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 Peter Zelas who is involved with CHASM, the Mortality Audits in New South Wales.

Serving the Fellowship as President has been an enormous privilege and honour. I do extend my thanks to you all. Being President is both time and 'place' challenging, and by place, I mean the travel. I must also note the forbearance of my employer, Eastern Health Melbourne – they have been very tolerant of my obvious pre-occupations. I am particularly in debt to my partner, Sherryl, who provides amazing support to me in this role and in all my activities. At times it might best be described as 'constructive criticism'! Without her support and without the support of all our partners, our roles would be very different.

There are many challenges on the horizon, perhaps greater challenges than we as a surgical profession have ever had to face before, but I am confident we are well placed to meet these successfully.

Finally, I wish to draw the attention of all surgeons to those who choose to serve on Council. Over the years, I have come to know a great many Councillors. All have made a sacrifice to devote time to our College, to our surgical profession. And by sacrifice, I mean both direct financial and personal sacrifice. All have been motivated by a desire to leave the surgical arena in a better place than it was when they arrived. It has been a pleasure and a privilege to know them.

### ACTIVE SET TRAINEES 2014

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total AUS	NZ	O/S	Total 2014	Total 2013	% Change 13/14
<b>Year 1</b>	8	63	0	50	15	3	55	17	211	37	0	248	282	-12.1
<b>Year 2</b>	10	77	4	44	20	8	42	26	231	28	1	260	266	-2.3
<b>Year 3</b>	3	77	5	34	16	4	51	14	204	38	3	245	234	4.7
<b>Year 4</b>	2	80	0	29	10	2	47	16	186	41	0	227	222	2.3
<b>Year 5</b>	0	53	1	23	9	0	49	15	150	34	0	184	185	-0.5
<b>Year 6</b>	0	29	0	10	6	0	23	6	74	5	2	81	107	-24.3
<b>Total</b>	23	379	10	190	76	17	267	94	1056	183	6	1245	1296	-3.9

### ACTIVE FELLOWS OF THE COLLEGE 2014

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total AUS	NZ	O/S	Total 2014	Total 2013	% Change 13/14
<b>CAR</b>	6	53	0	37	10	4	55	13	178	25	18	221	227	-2.6
<b>GEN</b>	19	535	15	280	135	28	434	128	1574	233	147	1954	1937	0.9
<b>NEU</b>	7	77	0	43	15	5	62	20	229	16	21	266	261	1.9
<b>ORT</b>	24	404	6	257	106	21	290	115	1223	260	52	1535	1524	0.7
<b>OTO</b>	9	145	3	83	44	8	110	38	440	85	26	551	537	2.6
<b>PAE</b>	4	33	0	13	8	3	21	8	90	18	22	130	129	0.8
<b>PLA</b>	5	117	2	64	40	11	130	44	413	59	21	493	482	2.3
<b>URO</b>	5	125	1	81	28	10	106	39	395	55	26	476	451	5.5
<b>VAS</b>	3	64	0	33	14	5	51	15	185	20	2	207	196	5.6
<b>Total</b>	82	1553	27	891	400	95	1259	420	4727	771	335	5833	5744	1.5



Marianne Vonau, TREASURER

# TREASURER'S REPORT

It is my pleasure to present this report and highlight the financial results of the College. The year under review has seen continued sound financial performance achieved from the combined business activities of the College. The investment portfolio has provided another year of healthy performance achieving a positive rate of return of 7% (2013 – 22.5%) despite some volatility in the capital markets. The investment strategy applied by the Investment Committee continues to underpin the robust performance of the College's investment activities which are dedicated to funding the ongoing long term commitment to scholarship and research grant related endeavours. The year has also seen continued collaboration with the specialty societies to deliver surgical training programs as well as continued significant capital investment in the College IT systems and resources that directly support our Fellows and Trainees.

## Statement of Comprehensive Income

Total operating revenue (excluding investment activities) in 2014 was \$63.09m compared to \$56.41m in 2013 while expenditure was \$60.63m compared to \$54.85m in 2013. Revenue earned from investments of \$3.86m compared to \$8.61m in 2013 resulting in an overall surplus of \$6.32m compared to a surplus of \$10.17m in 2013.

Key revenue streams were subscriptions and entrance fees of \$13.89m, training, examination and assessment fees of \$21.7m and project income and management fees of \$18.90m. Dominant expenditures were on personnel of \$20.35m, travel and accommodation of \$5.54m, external grants of \$9.18m mainly related to hospital training post payments funded under the Specialist Training Program and Specialist Society funding costs of \$4.14m. It is worth highlighting that \$3.34m of expenditure related to travel and accommodation is directly associated with revenue generating activities from skills training courses, examinations and co-ordination of domestic and global health service project programs.

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

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

In 2014, this revenue amounted to \$40.74m compared to \$38.74m in 2013 while expenditure was \$40.22m compared to \$38.41m in the previous year. The surplus in 2014 was \$525,000 compared to a surplus of \$336,000 in 2013.

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

The College sold the New Zealand property at 43 Kent Terrace (Elliott House). This sale resulted in a gain of \$496,000 once the write-back of the strengthening provision for the property had been booked. The value to our Fellows and Trainees from online library resources has seen increased investment in journals and associated databases with expenditure of \$560,000 compared to \$370,000 in 2013. The key College publications of 'Surgical News' and 'ANZ Journal of Surgery' represented combined expenditure of \$1.33m while generating revenue from advertising and royalties of \$270,000. Dominant revenue streams from annual subscriptions, training and examination fees continue to provide significant core funding for College operations including the new pre-vocational education sector now incorporated into the examination activities of the College.

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 \$87.3m (2013 - \$93.9m). Projects undertaken in 2014 include the Timor Leste Program II, Pacific Islands Program Tertiary Health Services, Vision 2020 East Timor Program, Rural Health Continuing Education Program, Specialist Training Program, MSAC, Horizon Scanning, Mortality Audits and Morbidity Audits.

In 2014, total project revenue amounted to \$18.5m compared to \$16.5m in 2013 and expenditure was \$18.6m compared to \$16.93m in 2013 resulting in a modest deficit of \$90,000 in 2014 compared to a deficit of \$430,000 in 2013. The significant Specialist Training Program (STP) funding contract of \$47.2m which runs until 2016 provided \$9m in payments to hospitals compared to \$7m in 2013.

The net overhead charge levied on projects, which reflects the oversight costs of the College's infrastructure and governance was \$746,000 compared to \$896,000 in 2013.

## Foundation - Scholarships, Fellowships and Research Grants.

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

Revenue included the positive investment return of 7% on bequest funds, donations from various sources including \$525,000 from a generous benefactor and a further additional transfer of \$2.47m from operational activities to provide ongoing long term funding support to the College corpora. The Foundation funds total \$47.74m compared to \$40.26m in 2013.

Scholarships of \$557,000 (2013 - \$636,000) were funded from bequest funds with \$554,000 (2013 - \$635,000) funded from the RACS Scholarship corpus. The total commitment was \$1.11m (2013 - \$1.27m).

In accordance with the strategic direction from Council to ensure long term funding for key educational and philanthropic activities, the value of the College corpora has increased due to positive investments returns since being established and additional funding allocations overtime. These committed funds as at 31 December 2014 of \$21.60m 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 2014, College Funds and Reserves have increased by 10% to \$69.58m.

Current assets increased by \$8.27m which included an increase in cash of \$824,000 primarily due to positive cash flows from operations, trade and other receivables of \$650,000 and decrease in prepayments \$1.57m mainly due to advanced payments for the ASC event being expensed upon completion in May 2014. Furthermore, investments held for trading increased by \$8.42m mainly due to the sound investment return of 7% and increased capital contributions. Current liabilities increased by \$1.33m due mainly to the increase in subscriptions, training and examinations billed in 2014 for income related to 2015.

## Statement of Cash Flows

The Statement of Cash Flows indicates a net cash inflow for 2014 provided from operating activities of \$5.24m and a net increase in cash held of \$824,000 from 2013 mainly due to the combined effects of timely receipting of annual subscription and training fees, New Zealand property sale proceeds and progress funding under the Specialist Training Program contract.

## In summary,

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

- Enhancement of our advocacy and communication strategies including:
  - Advocacy around Excessive fees
  - Advocacy concerning alcohol fuelled violence
- Ongoing improvement of our Information Technology platform and creation of the Digital College
- Launch of the J-Doc framework
- Launch of the Foundation course for Surgical Educators
- Recognition by WHO of the world wide requirement for access to safe surgery and anaesthesia
- Launch of the comprehensive Indigenous health strategy

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

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

### Directors' declaration

The Directors of the Royal Australasian College of Surgeons declare that the summarised financial report set out below have been derived from and are consistent with the full financial report of the Royal Australasian College of Surgeons for the year ended 31 December 2014. The full financial report can be provided upon request and is available via the College's website at

[www.surgeons.org](http://www.surgeons.org)

On behalf of the Directors

**M J GRIGG**, President

**M VONAU**, Treasurer

**D J HILLIS**, Chief Executive Officer

Melbourne, 27 February 2015

### 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 2014, 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 2014.

### 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

27 February 2015

### STATEMENT OF COMPREHENSIVE INCOME For the financial year ended 31 December 2014

	2014 \$	2013 \$
<b>Continuing Operations</b>		
Revenue from operating activities	62,597,417	55,337,919
Net surplus on sale of property	496,190	1,081,605
Other income – from investments	3,856,961	8,606,362
Revenue	<u>66,950,568</u>	<u>65,025,886</u>
<b>Expenditure</b>		
Personnel costs	20,345,706	19,108,694
Consultants fees - clinical	876,667	765,866
Consultants fees - management	1,644,968	1,317,342
Telephone, teleconference and audio visual costs	858,941	930,701
Printing, stationery and photocopying	1,575,664	1,548,950
Postage and courier costs	664,417	703,837
Information system costs	1,176,824	1,266,163
Travel and accommodation	5,535,893	4,992,152
Associations and library publications	772,334	549,193
Audit, legal and professional fees	134,504	360,535
Bank fees and merchant charges	661,952	563,839
Rent, rates, power, repairs and other property costs	2,316,909	2,196,683
Insurance	338,817	351,303
Project equipment purchases, hire and repairs	897,244	720,356
Training manuals and consumables used in education and field projects	675,579	630,711
Scholarships, fellowships and research grants	1,110,883	1,271,300
Awards, other grants, gifts and prizes	560,443	538,980
Grants – funded from external sources	9,182,180	6,311,364
Facilities hire and catering costs	4,191,793	2,829,648
Foreign exchange loss	21,070	202,086
Depreciation expense	2,302,257	2,745,787
Amortisation expense – lease incentive	64,846	64,846
Specialist societies funding costs	4,140,769	4,386,831
Committee and office bearers costs	82,800	8,590
Doubtful debts expense	91,404	9,734
QSEC write-off – development and legal costs	-	4,180
Other expenses from operating activities	402,560	456,606
<b>Expenditure</b>	<u>60,627,424</u>	<u>54,836,277</u>
<b>Surplus for the period</b>	<u>6,323,144</u>	<u>10,189,609</u>
Other Comprehensive Income		
Foreign currency translation	(1,198)	(15,536)
<b>TOTAL SURPLUS</b>	<u>6,321,946</u>	<u>10,174,073</u>

### STATEMENT OF FINANCIAL POSITION For the financial year ended 31 December 2014

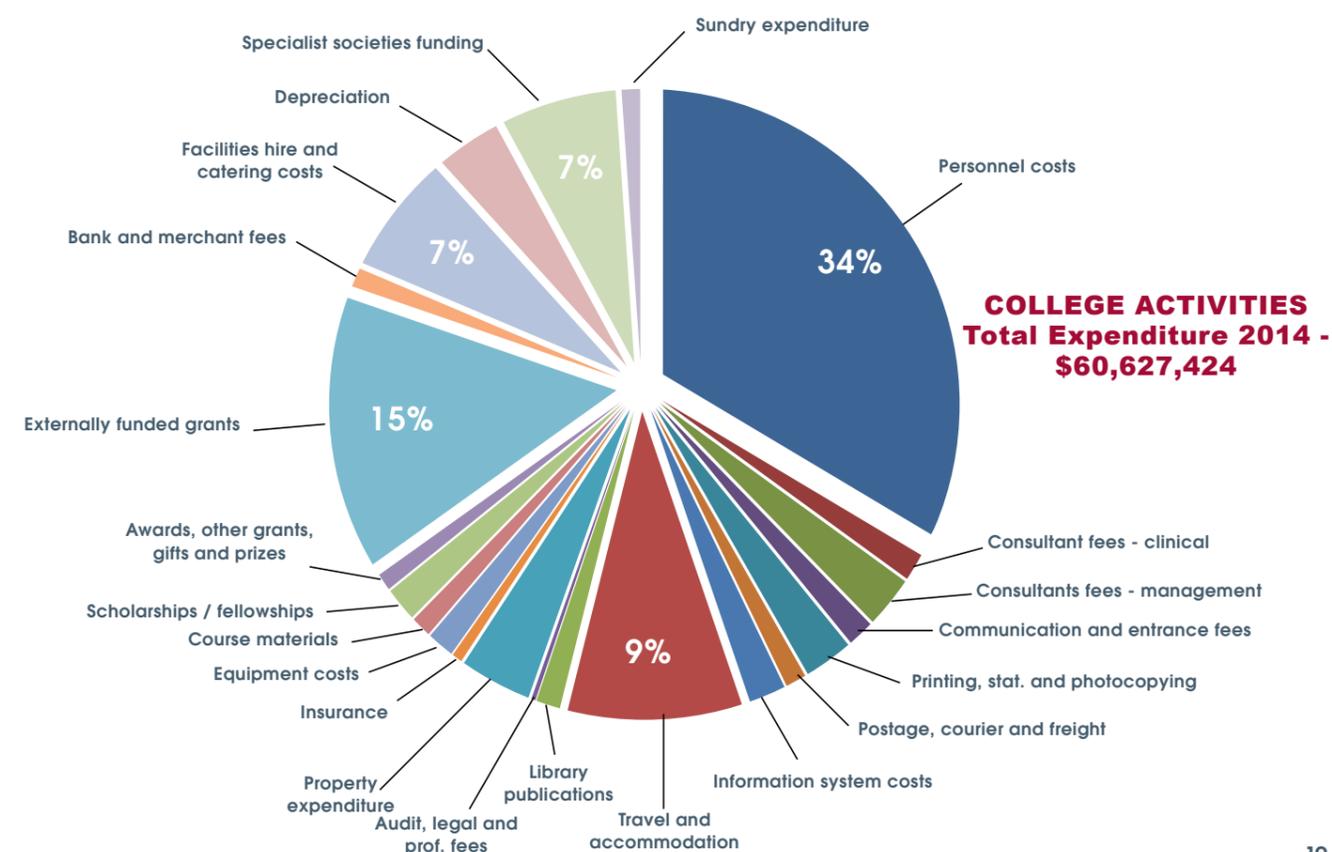
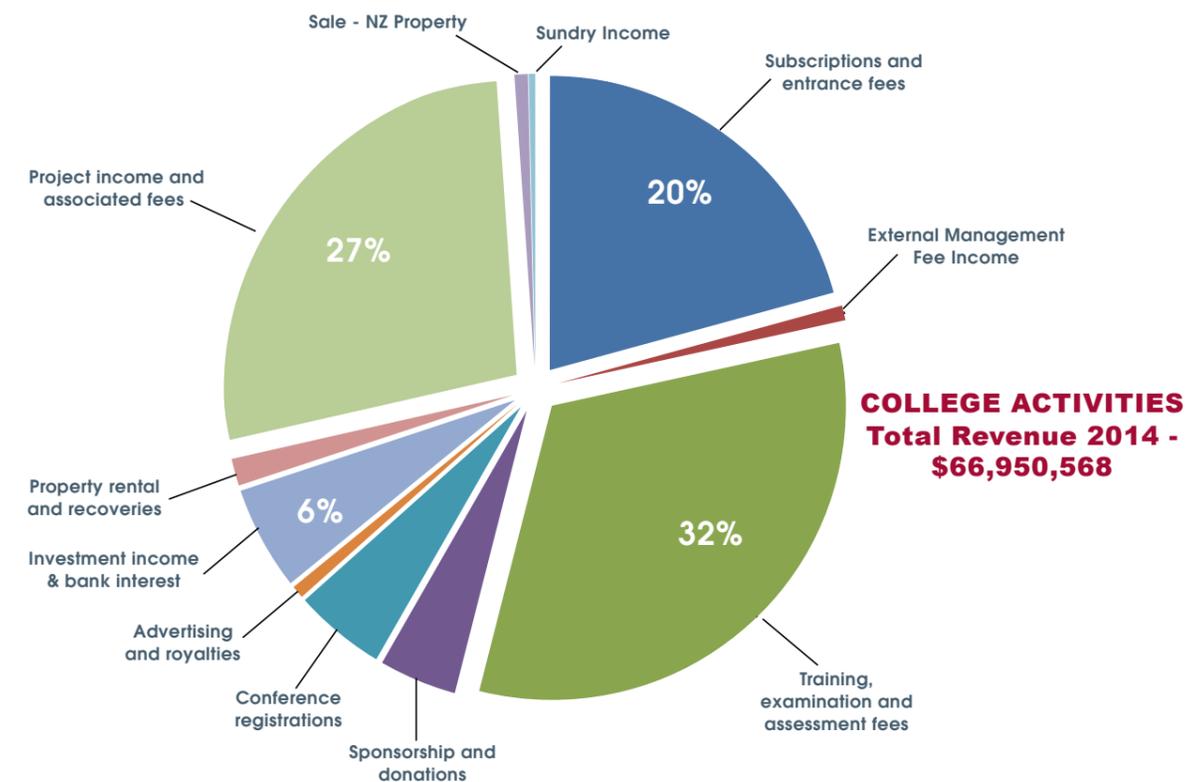
	2014 \$	2013 \$
<b>ASSETS</b>		
<b>Current Assets</b>		
Cash and short term deposits	16,366,097	15,542,281
Trade and other receivables	18,216,202	17,566,146
Inventories	181,907	227,888
Prepayments	1,533,344	3,109,637
Held for trading financial assets	55,961,889	47,539,712
<b>Total Current Assets</b>	<u>92,259,439</u>	<u>83,985,664</u>
<b>Non-Current Assets</b>		
Trade and other receivables	803,826	847,159
Property, plant and equipment	21,185,811	22,475,148
Lease Incentive	474,730	539,576
<b>Total Non-Current Assets</b>	<u>22,464,367</u>	<u>23,861,883</u>
<b>TOTAL ASSETS</b>	<u>114,723,806</u>	<u>107,847,547</u>
<b>LIABILITIES</b>		
<b>Current Liabilities</b>		
Trade and other payables	3,205,607	3,398,329
Provisions	3,007,636	2,811,462
Income in advance	24,367,227	23,727,799
Government grants received in advance	6,422,884	6,677,630
Funds held on behalf of others	7,344,592	6,404,166
<b>Total Current Liabilities</b>	<u>44,347,946</u>	<u>43,019,386</u>
<b>Non-Current Liabilities</b>		
Provisions	791,421	1,565,668
<b>Total Non-Current Liabilities</b>	<u>791,421</u>	<u>1,565,668</u>
<b>TOTAL LIABILITIES</b>	<u>45,139,367</u>	<u>44,585,054</u>
<b>NET ASSETS</b>	<u>69,584,439</u>	<u>63,262,493</u>
<b>COLLEGE FUNDS AND RESERVES</b>		
Retained earnings	63,262,493	53,088,420
Current year surplus - operations	5,591,680	8,182,930
Current year surplus - investment reserve	730,266	1,991,143
<b>TOTAL COLLEGE FUNDS AND RESERVES</b>	<u>69,584,439</u>	<u>63,262,493</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 2014**

	2014 \$	2013 \$
<b>Operating activities</b>		
Subscriptions and entrance fees	13,732,439	10,474,318
Training, examination and assessment fees	22,411,574	20,941,063
Sponsorship and donations	2,776,000	2,529,068
Conference registrations	3,197,798	2,077,466
Property rental and recoveries	1,050,753	783,782
Project income and associated fees	18,486,493	16,252,001
Interest income	34,342	43,453
Other income	218,451	620,779
Payments to suppliers and employees	(56,662,810)	(46,944,296)
<b>Net cash flows from operating activities</b>	<u>5,245,040</u>	<u>6,777,634</u>
<b>Investing activities</b>		
Net movement from investment securities	(3,112,835)	(3,081,431)
Payments for property plant and equipment	(1,815,044)	(1,486,950)
Net proceeds from sale – property	506,655	1,953,755
<b>Net cash flows used in investing activities</b>	<u>(4,421,224)</u>	<u>(2,614,626)</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>823,816</u>	<u>4,163,008</u>
<b>Cash and short term deposits at 1 January 2014</b>	15,542,281	11,379,273
<b>Cash and short term deposits at 31 December 2014</b>	<u>16,366,097</u>	<u>15,542,281</u>





## International Aid and Development Programs

### Information provided under the ACFID Code of Conduct

The College is a member of the Australian Council for International Development (ACFID) and a signatory to the ACFID Code of Conduct. The Code of Conduct is a voluntary self-regulatory code of good practice that aims to improve international development outcomes and increase stakeholder trust by enhancing the accountability and transparency of signatory members. Information disclosed below is in accordance with the financial reporting requirements of the ACFID Code of Conduct.

As a signatory to the Code, the College is committed to high standards in financial reporting, management and ethical practice. Further information on the code can be obtained from ACFID by visiting [www.acfid.asn.au](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 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](http://www.acfid.asn.au)

An independent audit of the Royal Australasian College of Surgeons financial accounts for 2014 was conducted by:

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

### STATEMENT OF CHANGES IN EQUITY For the year ended 31 December 2014

	Foreign Currency Translation Reserve	Retained Surplus	Investment Earnings Reserve	Total College Funds & Reserves
<b>At 1 January 2013</b>	48,417,835	188,564	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>	60,312,823	173,028	2,776,642	63,262,493
Surplus for the year	6,323,144	–	–	6,323,144
Other comprehensive income	–	(1,198)	–	(1,198)
Surplus / (Deficit) for reserve	(730,266)	–	730,266	–
Transfer to / (from) reserve	2,300,000	–	(2,300,000)	–
<b>At 31 December 2014</b>	68,205,701	171,830	1,206,908	69,584,439

### INCOME STATEMENT For the year ended 31 December 2014

	2014 \$	2013 \$
<b>International Aid and Development Programs</b>		
<b>REVENUE</b>		
Donations and gifts – monetary	200,470	212,970
Donations and gifts – non-monetary	–	–
Bequests and legacies	–	65,796
Grants – Australian - Department of Foreign Affairs and Trade – formally AusAID	3,941,783	4,232,992
Grants – Other Australian	255,894	219,548
Grants – Other Overseas	–	53,864
Investment income	700,608	1,600,509
Other income – International programs	87,374	33,165
Revenue for international political or religious proselytisation program	–	–
Other income – all other College activities	61,764,439	58,607,042
<b>Total Revenue</b>	<b>66,950,568</b>	<b>65,025,886</b>
<b>EXPENDITURE</b>		
<b>International Aid and Development Programs</b>		
International Programs		
Funds to international programs	1,169,658	1,462,731
Other international program costs	2,454,186	2,380,474
Program support costs	840,024	847,651
Community education	–	–
Fundraising costs	–	–
Public	–	–
Government, multilateral and private	–	–
Accountability and administration	118,454	122,634
Non-monetary expenditure	–	–
Expenses for international political or religious proselytisation program	–	–
Other expenditure – all other College activities	56,046,300	50,038,323
<b>Total Expenditure</b>	<b>60,628,622</b>	<b>54,851,813</b>
<b>TOTAL ENTITY POSITION</b>	<b>6,321,946</b>	<b>10,174,073</b>

### STATEMENT OF CASH MOVEMENTS For the year ended 31 December 2014

	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	2,314,031	3,638,448	4,847,245	1,105,234
International Scholarships provided by the College from bequest funds	6,689,636	497,724	229,509	6,957,851
Foundation – International Projects	2,508,088	549,593	351,362	2,706,319
Other – Domestic Operations	4,030,526	57,728,740	56,162,573	5,596,693
<b>Total</b>	<b>15,542,281</b>	<b>62,414,505</b>	<b>61,590,689</b>	<b>16,366,097</b>



**NEW FELLOWS**

Dr Sarah Abbott  
Dr Felicity Adams  
Dr Sarah Joy Aitken  
Dr John Henry Artrip  
Mr John Atkinson  
Dr Farhad Azimi  
Dr Mohammed Baba  
Dr Assad Ullah Bangash  
Dr Richard Lloyd Barr  
Mr Trenton Barrett  
Prof David Charles Craig Bartolo  
Dr Christopher James Bell  
Dr Susan Bell  
Mr Venu Madhav Bhamidipaty  
Dr Oliver Horst Christian Birke  
Dr Aaron James Buckland  
Dr Matthew John Burstow  
Mr Amir Rashid Butt  
Mr Daniel Derosier Carroll  
Dr Catherine Anne Cartwright  
Prof Ulf Anders Cervin  
Dr Jeon Cha  
Mr Parminder Singh Chandhok  
Dr Li Kuin Chang  
Dr Simon Jeffrey Chong  
Dr Hanumant Chouhan  
Dr Sharon Hwa Lian Chu  
Dr Hsiang Chung  
Dr Kristenne Elizabeth Clement  
Dr Stuart John Collins  
Dr Christine Cuthbertson  
Dr Peter Alberto D'Alessandro  
Dr Sommit Dan  
Mr Eric Daniel  
Miss Catharine Mary Darcy  
Dr Ranit De  
Ms Claudia Di Bella  
Dr Norbert Doeuk  
Dr Margaret Eleanor Dunkley  
Dr Renu Sosamma Eapen  
Dr Benjamin Graham East  
Mr Eric Soon Yi Ee  
Mr Robert Elliott  
Assoc Prof Alexander Engel  
Mr Ali Akbar Estakhri  
Mr Travis Michael Falconer  
Dr Shadi Faraj  
Dr Rebecca Anne Field  
Dr Rachael Claire Flanagan  
Mr Daniel James Fletcher  
Dr Andrew Foreman  
Dr Mark Cameron Gately  
Dr Sarah Ann Giutronich  
Ms Tamara Glyn  
Dr Bill Liang Gong  
Miss Anna Ellen Goodwin-Walters  
Dr Joshua Richard Grundy  
Dr Alice Kathleen Guidera  
Mr Nadeem Haider  
Mr Rohan Matthew Hall  
Ms Ruth Hardstaff  
Dr Georgina Ann Harris  
Dr Merwe Hartsliel

Dr Tiffany Alicia Hassen  
Dr Sinead Hassett  
Mr Alastair James Hepburn  
Mr Michael Alexander Herbert  
Dr Hayley Anne Herbert  
Dr Alexandra Elizabeth Hockings  
Dr Joseph Allan Hockley  
Dr Elizabeth Therese Hodge  
Dr Katherine Suzanna Holland  
Mr Michael Hong  
Dr Johnson Huang  
Mr Kevin Hung  
Mr Phillip Insull  
Dr Anand Padmanabhan Iyer  
Ms Neela Janakiramanan  
Dr Alexander Peter MacDonald Jay  
Dr Rupal Jayalath Bandara Adikari  
Mr Justin Jan Jedynek  
Dr Niall D. Jefferson  
Dr Catherine Melvin Jennings  
Mr Harishanker Jeyarajan  
Mr Simon Mathew John  
Dr Ashish John Jonathan  
Mr Samuel James Joseph  
Dr Nicholas E. Jufas  
Dr Jacob Kaplan  
Mr Darren Jonathan Katz  
Dr Hee Kyung Kim  
Dr Diana Nicole Kirke  
Dr Andrew Kwan Jen Kiu  
Mr Andrew Kibuka Kiyangi  
Dr Robert David Knox  
Mr Arpad Konyves  
Mr Mayur Krishnaswamy  
Dr Suyog Suresh Kulkarni  
Dr Harish Kumar  
Dr Martin Paul Laird  
Dr Benjamin Paul Lancashire  
Mr Adam Jason Landau  
Dr Catherine Claire Langusch  
Dr Yeong Joe Lau  
Dr Joanna Lee  
Dr Christopher Lehane  
Dr Max Leibenson  
Dr David James Lewis  
Mr Eugene Yu-Ping Lim  
Dr Caitlin Pui Ling Lim  
Dr Grace Poh Suan Lim  
Mr Shane Ling  
Dr Mary Siew Lin Ling  
Dr Jocelyn Fay Lippey  
Mr Michael Francis Lo  
Dr Jacky Chien Hsing Loa  
Dr Alan Robert Loch  
Mr Giovanni Simon Losco  
Mr Mikhail Lozinskiy  
Dr Serge Luke  
Dr Ephraem Colin Lye  
Mr Norman Tsun-Cheung Ma  
Mr Jason Edward Maani  
Dr Patricia MacFarlane  
Mr Rory Alexander Patrick Maher  
Ms Avanthi Mandaleson

Mr Simon Manners  
Dr Scott Mansfield  
Dr Christopher Richard McDonald  
Dr Scott Alan McDonald  
Dr Catherine Jane McDougall  
Dr Ian Robert McKenzie  
Dr James Marcus McLean  
Mr Garth McLeod  
Dr Brendan Paul McManus  
Dr Catherine Jennifer Meller  
Dr David Ray Messer  
Dr Patrick Kevin Michalka  
Mr Charles Milne  
Dr David K. Morrissey  
Dr Juanita Muller  
Dr Spencer Thomas Murray  
Dr David James Murray  
Dr Mathievathaniy Muthucumaru  
Mr Ahmed Naqeeb  
Mr Shelbin Inasu Neelankavil  
Dr Hannah Jane Dorothy North  
Dr Amy Kathleen O'Connor  
Mr Ponnaren Pak  
Dr Remo Pio Giuseppe Papini  
Dr Kesley Mardita Pedler  
Dr Justin Tyler Perron  
Dr Matthew Peters  
Mr William Robert Thomas Pianta  
Dr Turab Pishori  
Dr Brian Thomas Plunkett  
Dr Igor Alojzy Policinski  
Mr Anil Damodara Prabhu  
Mr Shalvin Rusheel Prasad  
Dr Upasna Pratap  
Dr Taeed Quddusi  
Dr Philippa Jane Rabbitt  
Dr Ross Ryan Radic  
Dr Natalie Rainger  
Dr Mariolyn Dilakshini Rajakulenthiran  
Mr Kheman Rajkomar  
Mr Sumit Raniga  
Mr Jeremy Mark Rawlins  
Dr Guillermo Ariel Regalo  
Dr Bradley Ian Richmond  
Mr Jens Carsten Ritter  
Dr Domenic Robinson  
Dr Sasha Roshan-Zamir  
Assoc Prof Warren Matthew Rozen  
Dr Kathryn Rzetelski-West  
Dr Gideon Sandler  
Mr Aravinthan Saravanamuttu  
Mr Prassannah Satasivam  
Dr Richard Savdie  
Dr Martin Scholsem  
Dr Shekib Shahbaz  
Dr Shahram Shahrokhi Ebrahimipour  
Mr Shekhar Sharma  
Mr Jonathan Shenfine  
Mr Subhaschandra Shetty  
Dr Louis Shidiak  
Dr Mark Shillington  
Dr Sunil Kumar Singh

Mr Rajinder Singh Rai  
Dr Vanaja Sivapathasingam  
Dr Jacqueline Claire Slater  
Dr Bjorn Nicholas Smith  
Dr Jonathan Andrew Smith  
Mr Kevin Gilbert Smith  
Dr Phillip Garnett Smith  
Mr Luigi Alessandro Sposato  
Dr Peter Stewart  
Prof Mark David Stringer  
Mr Sundaralingam Sudheshan  
Mr Yang Sun  
Dr Daniel Swan  
Mr Konstantinos Syrrakos  
Dr Tapukitea Tokilupe Taumoepeau  
Mr Rodrigo Plens Teixeira  
Dr Leong Ung Tiong  
Dr James Wei Tatt Toh  
Dr Edward Tong  
Mr Isileli Ma'afu Tonga  
Dr Antonio Tsahsarlis  
Dr Carolyn Vasey  
Dr Christopher Gregory Vernon  
Dr Kurt Paul Verschuer  
Dr Yuki Watanabe  
Dr Melanie Webb  
Dr Laurence Anthony Webber  
Dr Rebecca Webb-Myers  
Dr Jodie-Kate Williams  
Mr Aaron Hayden James Withers  
Dr Rebecca Ann Stevens Won  
Dr Johnny Ho Yin Wong  
Dr Joy Siew Chai Wong  
Dr Andrew James Wood  
Mr Michael Siu Hang Wu  
Dr Martin Wullschleger  
Mr Frank Wurmitzer  
Mr Michael Wyatt  
Dr Neil Kirsten Wylie  
Dr David William Wysocki  
Dr Matthew Yalizio  
Dr Arthur Shang-che Yang  
Dr Jonathan Yong  
Ms Nadya Evgenia York  
Dr Julian Liang Yu  
Dr Kamran Zargar Shoshtari  
Dr Yi Chen Zhao

**DECEASED FELLOWS**

**Australia**

Mr Anthony Darcy Pelly  
Mr Roderick Peter Chandler  
Mr Nicholas Talbot Hamilton  
Mr Richard Cunynghame Opie  
Mr John Joseph McCarthy  
Mr Arthur Robert Waterhouse  
Mr Claude Beratram Russell Mann  
Mr Geoffrey Richard Trembath Serpell  
Mr Kenneth James Brown  
Mr David Geoffrey Failes, AM  
Mr Geoffrey William Gladstone Sinclair  
Mr William Sydney Egerton, AM  
Mr John Alastair McArthur  
Mr James O'Halloran Hyde

Mr John Mervyn Collibee  
Mr James Herbert Stephens Martin  
Dr John Harvey Drew  
Dr Noel Frederick Langley  
Mr Alan Gregory Poole  
Mr Edward George Brownstein  
Mr Raymond Leon Carroll  
Mr Ian Alexander MacIsaac  
Mr Neville Beer  
Mr John Bede Maloney  
Mr Thomas Stack  
Mr Alan George Nicholls  
Mr Roy Laurence Willis Fink  
Mr Patrick Francis O'Dwyer  
Mr Alexander Denis Campbell  
Prof Earl Ronald Owen, AO  
Assoc Prof John Arthur Lewis Hart  
Dr Alfred William Lewis  
Mr Rex David Fairbairn  
Mr John Morgan  
Mr Peter John Burke  
Mr William Gerald Coverly Maling  
Mr Richard Weld Fletcher  
Mr Wayne Glenn Stott  
Mr John Anthony Harding  
Mr Ajay Kanti Poddar  
Mr James Hilton Findlater  
Mr Antoine Selvaraj  
Mr Peter Francis Anderson  
Mr Donald Golinger, AM  
Mr Peter Linklater Isbister  
Mr Murray Wallace Melville  
Dr Ian Clifford Farmer  
Mr Mudiyansele Sarath Senanayake  
Mr Mark Dening McGree  
Mr David Lees  
Mr Martin Hunter Christie  
Assoc Prof Peter William Harold Woodruff, AM  
Mr Richard William Horton  
Mr Graham Gordon Dinning  
Mr Frank George Szallasi  
Prof Phillip John Walker  
Mr Richard John Buccleugh Wingate  
Mr Thomas Arthur Parsons  
Mr Dipen Kumar Mitra  
Mr Malcolm James Lees Stening, OAM  
Mr James Don Sidey  
Dr John Neill Openshaw  
Dr Yi Hua Xie

**New Zealand**

Mr Richard Henry Lindo Ferguson, CBE  
Mr James Escott Church  
Mr John Herbert Heslop, CBE  
Mr Garth George Powell  
Mr David Brockway Rogers  
Mr Alan Robert McKenzie  
Mr Iain James Alister MacFarlane  
Prof Barbara Farnsworth Heslop, CBE  
Mr Damien Anthony Mosquera

**Overseas**

Mr Arthur Siew Ming Lim  
Mr Muhammad Shaffi

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The late Mrs Elizabeth Unsworth

**HONOURS &  
AWARDS**

**New Zealand New Year  
Honours**

**Officer of the NZ Order of Merit  
(ONZM)**

> Dr Tearikivao Maoate  
> Professor Stephen Richard Munn

**Member of the NZ Order of Merit  
(MNZM)**

> Dr Allan Leslie Panting

**Australia Day Honours**

**Officer (AO) in the General Division**

> Professor John Thompson

**Member (AM) in the General Division**

> Dr Vikja Andersons RFD  
> Mr Timothy Bugg (member of Appeals Committee)

> Dr Stewart Hart

> Dr Peter Myers

> Dr Ian Nicholson

> Dr Paul Stalley

> Dr Phillip Truskett

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

> Dr Belinda Jane Brown

> Dr Darryl Gregor

> Dr Peter Livingstone

> Prof George Ramsey-Stewart  
> Mr Michael Randall (Honorary Advisor)

> Assoc Prof Bruce Waxman

**2014 Queens Birthday  
Honours**

**Officer (AO) in the General Division**

> Emeritus Professor John Miles Little AM, AO  
> Professor Michael Kerin Morgan AO

**Member (AM) in the General  
Division**

> Dr Gary Raymond Speck AM  
> Professor James Tatoulis AM

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

> Dr Francis Poh Gwan Cheok OAM  
> Dr Peter Dalton Hughes OAM  
> Dr Alastair Alexander Mackendrick OAM

## COUNCIL ATTENDEES OCTOBER 2014

**Back row left to right:** Allan Panting, Ian Gollow, Neil Vallance, Lawrence Malisano, Roger Paterson, Stephen Tobin, Alan Saunder, David Theille, Julian Smith, Garry Wilson, Rob Knowles, Richard Lander, Sonia Latzel, John Batten, Mary Langcake, Tony Sparnon

**Third row left to right:** Julie Mundy, Grant Fraser-Kirk, Richard Perry, Phil Carson, Barry O'Loughlin, Richard Martin, Phil Truskett, Sally Langley, John Quinn, Spencer Beasley, Nigel Willis, Ian Bennett, Bruce Hall

**Front row:** Andrew Brooks, Simon Williams, Michael Grigg, Graeme Campbell, Marianne Vonau, Cathy Ferguson, David Watters.



### The Royal Australasian College of Surgeons

Head Office, College of Surgeons Gardens

250-290 Spring Street, East Melbourne, Victoria, Australia 3002

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

