

Strategic Plan 2014-2018

Business Plan 2015-2016



ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS



This and other reports are available at www.surgeons.org
The College of Surgeons of Australia and New Zealand



RACS Purpose

Excellence in Surgical Education and Practice

RACS Values

- ✓ Service
- ✓ Integrity
- ✓ Respect
- ✓ Compassion
- ✓ Collaboration

Our Vision

To champion professionalism and standards in surgical practice and the delivery of high quality surgical education and training

- > RACS is the trusted and acknowledged authority on surgical standards in Australia and New Zealand
- > Support ongoing development and the maintenance of expertise during the lifelong learning that accompanies surgical practice
- > Ensure that high quality surgical education programs, which lead to FRACS are delivered by RACS, affiliated Societies or RACS accredited providers
- > Promote, teach and assess standards across all nine recognised competencies
- > Ensure that FRACS continues to stand for competence and quality in surgical care, with public recognition of the 'Brand'
- > Re-energise the RACS image through communication and marketing activities which reflect and promote an effective and valuable service
- > Progressively build relationships with others to ensure this commitment is achieved, recognised and effectively communicated

To support and enhance the contribution of surgeons to the broader community, surgical education, research and practice

- > Ensure RACS is seen as the first port of call by its membership for assistance, help and support
- > Support Fellows through all stages of their professional careers
- > Promote and support surgical leadership in clinical governance, surgical audit and peer review
- > Support, train and recognise Fellows involved in educational activities
- > Be actively involved in surgical service development to communities in need in Australia, New Zealand and the Asia-Pacific Region and support, where possible, Fellows' pro-bono activities
- > Champion healthcare development in Indigenous communities across Australia and New Zealand
- > Promote and support surgical research and academic surgery
- > Lead the evaluation of new techniques and technology and their responsible uptake into practice

To develop and maintain strong external relationships which facilitate and leverage our representation and engagement

- > Work with other 'proceduralist' groups to protect and strengthen the culture that enables surgeons to act in the best interest of their patients and the community
- > Involve all specialties, and the Specialty Societies, in the processes that provide direction and identify advocacy issues for RACS
- > Be recognised as the leading advocate for the surgical health and well-being of patients, including participation in global health advocacy
- > Be the primary source of prompt and informed advice on all matters of surgical significance for government and the media
- > Work proactively with government to ensure an adequate and accessible surgical workforce for the communities we serve
- > Ensure that collegiality remains at the core of our relationships, particularly with support for Trainees and International Medical Graduates as they establish their careers.

To ensure the most effective use of resources through astute and dynamic governance and decision making

- > Ensure RACS systems are quality based, add value and are 'customer service' focused
- > Develop and retain the best people to enhance the delivery of services to Fellows and Trainees
- > Recognise the contribution of Trainees, Fellows and staff
- > Use new technologies effectively
- > Review our current business models to ensure they are sustainable and identify new business models to underpin the ongoing development and provision of RACS resources



EDUCATION, DEVELOPMENT AND ASSESSMENT

Education Development and Research

Key Result Areas

- > Maintain the pre-eminence of the RACS training program through partnering with other professional and educational bodies, particularly the Specialty Societies
- > Through review, evaluation, support and maintenance ensure the validity and reliability of RACS examinations
- > Foster evaluation and research around surgical education programs and resources, both within RACS and by partnering with other professional educational bodies
- > Ensure the effectiveness of educational programs delivered across RACS, highlighting support for Educators across all programs

Key Performance Indicators

1. Support the development of educational resources, including e-learning, that support training and assessment of the non-technical RACS competencies throughout the lifetime of surgical practice
2. Ensure improved delivery of teaching materials and assessment tools. In particular, training programs should be supported through high quality e-learning, simulation and IT enhanced learning
3. Establish ongoing evaluation and research of the educational programs and assessment tools of RACS

Pre-vocational and online education

Key Result Areas

- > Expand the presence of RACS into Post Graduate Year (PGY) 1, PGY2 and PGY3 through provision of courses, examinations, simulated learning environments and opportunities for mentoring. This should be aimed at the ongoing development of procedural specialty aspirants
- > Increase the availability of courses and educational material to better prepare prevocational doctors for application to enter a surgical training program

Key Performance Indicators

1. Implementation of the JDocs framework, with accreditation of resources, development of assessment tools and portfolio structure
2. Web delivery of educational material particularly from Skills and Professional Development is enhanced

Examinations

Key Result Areas

- > RACS examinations are representative of educational best practice at an international level
- > Examinations are supported and conducted through an integrated, cohesive and IT based platform
- > Education for examiners and assessors is provided in conjunction with the Academy of Surgical Educators and Court of Examiners

Key Performance Indicators

1. Ongoing monitoring of the validity and reliability of the examination process
2. Progressive delivery of appropriate examinations through online systems. Marking systems progressively moved to an electronic system.
3. High standard and transparent summative assessments, blueprinted against the specialty curricula are maintained and systematically improved through ongoing review
4. All new examiners undertake examiner training

Skills and Education Centre

Key Result Areas

- > Ensure RACS facilities are used to the maximum benefit of Trainees, IMGs on a pathway to Fellowship and Fellows while also attracting external users
- > Promote surgical research and innovation by providing opportunities for relevant surgical research

Key Performance Indicators

1. Educational programs that are innovative are 'championed' through the Skills Centre
2. Increased profile of centre for internal and external clients

Skills Training

Key Result Areas

- > Courses addressing the non-technical competencies are developed, widely offered and incorporated into a lifelong learning model
- > Ensure the high quality and accessibility of the skills courses and the broader simulation environment through continuous improvement, review of delivery methodology and partnership with external bodies

Key Performance Indicators

1. Development of courses that are applicable for proceduralists from multiple medical backgrounds, with TIPS and NOTSS courses made available to all IMGs and Trainees
2. Development of e-learning modules that is applicable for JDocs which complement the ASSET, EMST, CCrISP, TIPS and CLEAR courses
3. In conjunction with the Academy of Surgical Educators, the role of instructors in education and training is supported and highlighted

EDUCATION & TRAINING ADMINISTRATION

International Medical Graduates

Key Result Areas

- > Develop mutually beneficial relationships between RACS, Fellows, hospitals and jurisdictions that support International Medical Graduates (IMGs) in their assessment and progression to achievement of the Fellowship
- > Assist in addressing areas of workforce shortage by more active involvement of RACS in the declaration of Area of Need / Workforce Shortage Districts
- > Active support for IMGs provided through Regional Offices assisted by IMG department

Key Performance Indicators

1. Assessment posts are developed in major hospitals that can provide assessment and ongoing linkages to regional and rural areas
2. Structured programs of support that are e-learning facilitated are available through Regional Offices
3. Active support program developed for IMGs sitting the Fellowship Examinations

Trainees' Representation

Key Result Areas

- > Monitor the quality of the training posts of the nine training programs from the Trainees' perspective
- > Ensure that the Trainee's voice is heard at all levels of RACS
- > In collaboration with the jurisdictions, develop models that promote training which is more flexible for the Trainee while meeting hospitals' service obligations

Key Performance Indicators

1. Feedback from Trainees about the calibre of training posts and training programs is reliably built into educational models
2. Training programs free from bullying, harassment or prejudice are endorsed across all specialties
3. An increased number of Trainees access training positions that are flexible and part-time

Surgical Training

Key Result Areas

- > Educational and accreditation standards required by Australian Medical Council and Medical Council of New Zealand are maintained by RACS in partnership with the Specialty Societies and Associations and other educational bodies
- > Achieve more effective supervision and assessment of Trainees, with the distribution of induction material, involvement in courses and the ongoing assessment of supervisors in conjunction with the Academy of Surgical Educators
- > Quality improvement principles are applied to the education and training program, providing the basis of ongoing pre-eminence in surgical education
- > Identify opportunities for working more collaboratively with the Specialty Societies across Australia and New Zealand, particularly in the area of supporting flexible training and identifying opportunities for Indigenous Trainees

Key Performance Indicators

1. Explicit curriculum that encompasses all aspects of selection requirements, education, training, assessment, supervision and hospital accreditation and that underpin the specialty training board activities
2. Education and training programs address all nine competencies with an emphasis on competency over time-based training
3. Scaleable tools such as the online referee reports are further developed to improve the productive use of resources between programs
4. Ongoing analysis of complaints and appeals that provide an improved process for the resolution of educational issues and the avoidance of appeals or court based action
5. Increased numbers of Trainees accessing flexible training posts

Training Projects and Post Fellowship Education and Training

Key Result Areas

- > Continue to expand training possibilities by extending training opportunities and developing novel training approaches in non-traditional settings, particularly emphasising generalist training roles and the increased use of the private sector
- > Undertake strategic review of post Fellowship Educational possibilities, particularly those provided by universities
- > Through the Post Fellowship Education and Training Committees, and in consultation with the Specialty Societies, continue to accredit post fellowship training accreditation programs

Key Performance Indicators

1. Increased generalist roles supported through funded positions
2. Post Fellowship education more formally supported by RACS



FELLOWSHIP AND STANDARDS

Professional Standards

Key Result Areas

- > RACS will actively promote CPD participation to Fellows, providing clear information on compliance and a streamlined program that enables Fellows to complete their regulatory, professional and educational requirements
- > The CPD verification rate will be at a level to satisfy the community's expectation that the surgical profession in Australia and New Zealand is willing and able to self-regulate
- > With the various Specialty Societies, develop clear, objective measures of fitness to practise and performance assessment that enables surgeons to self-assess and their peers to similarly assess and to judge their responsibilities and capabilities
- > Develop position papers and standards relating to health and surgical services, particularly promoting ethical standards on issues like fees as well as standards of access for emergency and elective surgery

Key Performance Indicators

1. Policies and procedures highlight 100 per cent CPD compliance, noting that failure to comply will be dealt with as a breach of the Code of Conduct
2. Verification rate is maintained at 7 per cent annually, with the verification process as automated as possible
3. 360 degree assessment tool and work based/on-site evaluation tools developed, along with associated training packages. RACS provides advice and review of surgeons' performance if under question by jurisdictions or others, ensuring that appropriate review of a surgeon's performance is undertaken
4. Committee structures and processes established to deal with CPD compliance, ethical and inappropriate fee issues

Professional Development including Academy of Surgical Educators

Key Result Areas

- > RACS will continue to promote, review and improve professional development activities and resources that are needs-based and aligned across the RACS competencies
- > Professional development programs are provided to support Fellows through the key transitions and stages of a surgical career. The stages include establishing a surgical practice, surgical leadership and steps towards retirement.
- > The Academy of Surgical Educators will provide a local and international platform

to profile RACS' educational programs and deliver support, skills and recognition for RACS educators (including supervisors, instructors, trainers and assessors)

Key Performance Indicators

1. Professional development resources are available in multiple learning modalities and are particularly focused on stages of a career, such as 'Preparation for Practice' and 'Navigating the Stages of a Surgical Career'
2. Following the piloting of the comprehensive generic curriculum for educating surgical educators, it is rolled out establishing a faculty of sufficient size to achieve critical mass
3. Continued reward, recognition and profiling of surgeons' contribution to educational activities

Fellowship services including library and website

Key Result Areas

- > RACS will enhance engagement with, and support for, special interest groups amongst the fellowship, including younger and senior surgeons, women in surgery, rural surgeons, trauma surgeons, and surgeons working in medico-legal practice and Indigenous health
- > Implementation and monitoring of the RACS Aboriginal and Torres Strait Islander Action Plan 2014-2016. Development of the Maori Action Plan
- > Promote the use of the RACS Practice Card and 'Find a Surgeon' to enable Fellows to profile their practices
- > Enhance the usability of the RACS web and library services, particularly through provision of online videos, e-books and access to specialty links and resources

Key Performance Indicators

1. Key initiatives of RACS Indigenous Health Strategy are funded and implemented. Maintain strong advocacy for significant improvements in Indigenous health and health care
2. Development of web-based and 'practice-ready' resources that profile FRACS, and which are communicated particularly via Regional Offices to practice managers supporting the Fellows
3. Website content is reviewed and updated to conform with style guide and requirements for improved usability
4. Ongoing provision of library resources and services, including the alerting service, that align with the training, educational and information requirements of the surgical specialties that is regularly monitored for relevance and utilisation

RESEARCH AUDIT AND

ACADEMIC SURGERY

ASERNIP-S and Surgical Simulation Research

Key Result Areas

- > Health technology assessment is recognised as a core RACS research strength with fuller funding obtained from external bodies and philanthropy
- > Broadening of interactions between ASERNIP-S and national/international bodies and funders
- > Promote outcomes of Health Technology Assessments to the surgical community
- > Expanded research in surgical simulation, particularly in the non-technical skills and as facilitated by available funding

Key Performance Indicators

1. Successful project applications both nationally and internationally, with continued publications from ASERNIPs on surgical simulation in peer reviewed and 'lay' literature
2. Research on basic laparoscopic skills, focused in rural areas, identifying the best method of delivery and needs/gaps in availability to Fellows, Trainees, IMGs, JDocs and students
3. Expanded surgical simulation research to include non-technical as well as technical skill assessment. Funding obtained to continue the non-technical skills in the operating theatre research

Audits

Key Result Areas

- > Mortality audits based in all hospitals across Australia and New Zealand with outputs to progressively enhance standards of clinical care
- > Greater regional ownership of and involvement in audit activity, with appropriate hospital-network deliverables where possible
- > RACS is recognised as a leader in managing surgical audits

Key Performance Indicators

1. Increased dissemination of appropriate reports to stakeholders and contributing surgeons, with progressive alignment to key quality, accreditation and credentialing requirements
2. Strong cross-membership and cross-activity between regional and audit committees
3. Morbidity audits (MALT) capacity progressively available to all Trainees, International Medical Graduates and Fellows across all specialties and further sub-specialty areas. This involves inclusion of SNOMED as a universal coding approach
4. RACS manages more fully-funded audits from external organisations

Research and Training Scholarships

Key Result Areas

- > Promote surgical research and innovation to the whole surgical community
- > Enhance research scholarships in Health Technology Assessment, as well as scholarships to support Trainees and those seeking academic surgical careers particularly at the post-doctoral level
- > Funding from philanthropy and Foundation corpus development supports these endeavours
- > Examine other scholarship programs and evaluate the RACS program

Key Performance Indicators

1. Increased awareness of funding available for research and evaluation of program effectiveness in both surgical and research communities
2. Scholarships and increased funding profiled more effectively in surgical and research literature, as well as internal publications
3. Thorough evaluation of scholarship programs to ensure their relevance and ways to increase their impact on surgical practice

Academic Surgery

Key Result Areas

- > Academic Surgery and the competencies of scholar and teacher will continue to be nurtured within the Fellowship
- > Continued implementation of the strategies identified to support academic research and the breadth of careers in academic surgery

Key Performance Indicators

1. Increased profile of academically aligned surgeons
2. Closer collaborations with university and government departments/agencies

EXTERNAL AFFAIRS

Global Health

Key Result Areas

- > Advocate for surgery and surgical standards within the global health agenda, particularly in ameliorating the burden of surgical disease in poorer countries and promoting perioperative mortality as a health indicator
- > Promote international development and capacity strengthening activities, particularly those undertaken on a pro-bono basis, within the Fellowship to deliver an effective and respected international development program in Timor-Leste, Papua New Guinea, the Pacific, Indonesia and Myanmar
- > International development, scholarships and profile work is progressively self-supporting with either external funding or Foundation corpus development

Key Performance Indicators

1. Maintain meaningful engagement with representatives from ministries of health in the Pacific and South East Asia regions, and other medical and procedural colleges. Developed positions to be advanced to government and World Health Organization
2. Continue to actively manage, mitigate and report on security issues and risks to those working in our international activities
3. Effectively manage the RACS ambassadorial role and appropriately profile International Scholarships and International Grants. These activities are progressively evaluated as to their success and impact

Conference and Events

Key Result Areas

- > Annual Scientific Congress (ASC) to attract the breadth of RACS Fellowship by progressively including more sub-specialties in programs that are educationally innovative and of high quality
- > RACS continues to profile innovative delivery of conference material via conventional and social media outlets
- > Run effective conferences and events for Specialty Societies and other medical groups as both a supportive and financially rewarding endeavour
- > Increase profile of ASC events to colleges and surgical societies overseas

Key Performance Indicators

1. Hold ASCs overseas at least once every four years, in countries where RACS has strategic links
2. Ensure the delivery of innovative ASC educational material, including via social media
3. Events are organised and completed with positive outcomes evidenced by strong attendance and positive financial result
4. RACS progressively partners with other organisations to bring conferences to Australia and New Zealand



RELATIONSHIPS AND ADVOCACY

Communications and Advocacy

Key Result Areas

- > Through analysis, evaluation and consultation identify, prioritise and establish the key advocacy issues for RACS. These key issues are clearly articulated and defined with specific outcomes
- > Enhance surgeons' skills in responding to the media and engaging in social media
- > Improve the RACS profiling of departments and activities through appropriate internal and external communication avenues including social media
- > Increase the profile of key publications including *Surgical News* and the *ANZ Journal of Surgery*

Key Performance Indicators

1. Ensure all relevant stakeholders are actively consulted in order to identify, prioritise, establish and respond to RACS key issues for advocacy
2. Maintain advocacy for significant improvements in Indigenous health and health care, including provision of culturally appropriate health care services and the development of the Indigenous health workforce
3. Build and maintain a strong and proactive position around the RACS' primary advocacy issues such as alcohol related harm
4. Provide proactive communication and advocacy support to College Councillors
5. Increase awareness and understanding of the RACS' communication and advocacy strategies, building positive capacity around the Social Media framework

Council and Governance

Key Result Areas

- > Governance is strategically focused, and fully supported by an effective committee and administrative structure
- > Council demonstrates a dynamic, responsive, representative and accountable governance model with appropriate reserve powers
- > The relationships between RACS and stakeholders are strengthened through effective use of President forums, the Surgical Leaders' Forum and Specialty meetings

Key Performance Indicators

1. Continue to improve and monitor roles and expectations for the Council/ Executive, Boards/Committees and both Specialty and Fellowship Elected Councillors
2. ISO 9001 accreditation maintained
3. Key responsibilities of governance, such as direction setting and monitoring, compliance and risk management, are fulfilled

Workforce Assessment

Key Result Areas

- > Ensure RACS remains an authority on trends in surgical workforce numbers, workforce issues and Areas of Need
- > Ensure that the various Health Departments in Australia and New Zealand communicate with RACS in respect to Area of Need positions

Key Performance Indicators

1. Undertake bi-annual large scale surveys of the surgical workforce with subsequent data analysis. Provide recommendations to assure an adequate and self-sufficient surgical workforce in Australia and New Zealand



National and Regional Offices

Key Result Areas

- > Increased regional advocacy enhances the ongoing collaborative relationship with stakeholders, including governments and their departments of health, and particularly profiles surgical services to the community
- > Regional activities align with the RACS vision of supporting and enhancing the contribution of surgeons to the broader community, surgical education, research and practice
- > Increased involvement of Trainees, International Medical Graduates and Younger Fellows in the activities of Regional Committees
- > Improve the reach and standing of the Foundation for Surgery and other RACS activities in the regions through stronger profiling and more regular communication

Key Performance Indicators

1. Contribute to a cohesive and coordinated RACS advocacy approach including submissions to reviews and briefings of Minister of Health and Departments
2. Profile and recognise Fellows who have contributed over the decades of their professional career, including through Certificates of Service and Foundation Dinners
3. Active engagement and outreach to Regional and Rural hospitals with organised meetings on a regular and ongoing basis
4. Regional committee and staff to participate in medical student events (competitions, career evenings), promote JDocs framework and support Trainees and IMGs
5. Active engagement with practice managers of surgeons to improve the profile of the Practice Card and RACS branding

Foundation for Surgery

Key Result Areas

- > Increase Foundation funds for scholarships, international capacity development, Indigenous health, and educational activities
- > Increase the profile of the activities undertaken by the Foundation in multiple forums and emphasise the benevolence and philanthropic support of RACS

Key Performance Indicators

1. Enhanced profile of the Foundation for Surgery dinners
2. Increased profile and donor base for Foundation activities

Human Resources

Key Result Areas

- > Provide innovative human resources services to support the achievement of the RACS strategic goals and objectives
- > Ensure RACS recruits and retain staff who are committed to an ethos of excellence of customer service and the delivery of high value services to Trainees and Fellows

Key Performance Indicators

1. HR services focus on RACS achieving maintenance of low staff turnover, increased engagement and leadership development and a safe working environment
2. Recruitment practices continue to be refined to ensure Divisions have the right people in the right job at the right time
3. Outstanding customer service and the RACS values are regularly highlighted, incorporated into ongoing activities, and appraised

RESOURCES

Finance and Audit

Key Result Areas

- > Empower the RACS Council and committee structure through clear delegation, while continuing to simplify the process of transparently reporting on resource utilisation
- > Ongoing review of business models to ensure they are sustainable. Identify and develop further business models, such as licensing, to allow RACS to meet its planned objectives. Emphasis will be applied to achieving increased efficiencies, through digital transformation that streamlines processes, removes duplication and inefficient or obsolete systems
- > Continue through careful investment stewardship to develop the RACS Corpora to ensure research scholarships, international development, educational initiatives and Indigenous activities are self-funding

Key Performance Indicators

1. Ensure risk management and appropriate audit reviews are routinely incorporated into the RACS operational activities
2. Delegation manual outlines all relevant powers
3. E-commerce incorporated optimally to support Trainees' and Fellows' online services with the RACS
4. Financial reports reviewed to ensure information disclosed is relevant, transparent and readily understood
5. RACS Corpora continue to be developed for additional activities as determined by Council

Information Technology

Key Result Areas

- > Develop the Digital College ensuring all interactions with RACS are streamlined for Trainees and Fellows and add value across all activities
- > Extract efficiencies for Fellows and Trainees at all opportunities with e-commerce, e-events and tele-video-conferencing

Key Performance Indicators

1. The Digital College systems particularly for educational and professional development activities are progressively implemented
2. Security and privacy of information are maintained at acceptable industry standard while making web-based resources available

3. Efficiencies are obtained between RACS and other procedurally based groups in their information technology support

Facility Management

Key Result Areas

- > Maintain property facilities appropriately to ensure they meet the current and future needs of Fellows, staff and external customers

Key Performance Indicators

1. Strategic review of property requirements across RACS with view to developing differing models of owning or renting properties
2. RACS space is used efficiently and effectively in order to meet increasing demand from key stakeholders

Archives and Records Management

Key Result Areas

- > Progressively introduce a comprehensive Electronic Document and Record Management System (EDRMS) which is fully utilised by all staff
- > Promote the Archive as a significant historical resource and facilitate improved access through effective collection management, in particular highlighting surgical commitment to World War One and Gallipoli

Key Performance Indicators

1. EDRMS is successfully implemented
2. Further development of website based archive / museum resources for Collections, Archives and Museum
3. Deliver Gallipoli presentation/displays for centenary celebrations

Collections including the Museum and Art Gallery

Key Result Areas

- > Promote the Collections as a significant benefit to the surgical and broader community
- > Identify innovative funding opportunities to enable the objectives of the museum and art gallery to be progressed

Key Performance Indicators

1. External funding bodies engaged in the ongoing upgrading of the Museum
2. Enhance profile of Collections, Museum and Art Gallery through the web and social media

SENIOR OFFICE HOLDERS



LEADERSHIP

Michael Grigg

President

Strategic Focus

- > Strongly support the practice and demonstration of College values and promotion of excellence in surgical care.



FELLOWSHIP

Graeme Campbell

Chair, Professional Development and Standards Board

Strategic Focus

- > Enhance Fellowship activities and support.
- > Promote the competence and performance of the surgeon as a professional.



EDUCATION

Simon Williams

Censor-in-Chief

Strategic Focus

- > Define the characteristics and skills of a professional surgeon, which underpin our training and assessment.
- > Promote support for surgical aspirants and trainees.



RELATIONSHIPS & ADVOCACY

David Watters

Vice President

Strategic Focus

- > Communicate with Fellows and others to promote the activities of the College.
- > Ensure the reputation of surgery in Australia and New Zealand is enhanced in the community and valued by key stakeholders.



RESOURCES

Marianne Vonau

Treasurer

Strategic Focus

- > Ensure the resources of the College are effectively managed to fully support all its activities.

Graeme Campbell
Chair, Professional Development and Standards Board

Julie Mundy
Chair, Professional Standards

Julian Smith
Chair, Professional Development

Catherine Ferguson
Chair, Fellowship Services

Ian Bennett
Chair, Research, Audit and Academic Surgery

Phillip Carson
Chair, External Affairs

Simon Williams
Censor-in-Chief

John Batten
Chair, Court of Examiners

Phil Truskett
Chair, Board of Surgical Education and Training

Barry O'Loughlin
Deputy Chair, Board of Surgical Education and Training

Richard Perry
Chair, Skills Education Committee & Deputy Censor in Chief

Catherine Ferguson
Chair, Post Fellowship Education and Training Committee

David Watters
Vice President

Lawrence Malisano
Chair Board of Regional Chairs

David Theile
Chair Workforce

Marianne Vonau
Treasurer

Andrew Brooks
Deputy Treasurer

Royal Australasian College of Surgeons Council

as at 1 January 2015

President – Michael Grigg

Vice President – David Watters OBE

Censor in Chief – Simon Williams

Treasurer – Marianne Vonau OAM

Chair Professional Development & Standards Board – Graeme Campbell

Chair Board of Surgical Education and Training – Phil Truskett AM

Chair Skills Education Committee – Richard Perry

Chair Court of Examiners – John Batten

Chair Professional Standards – Julie Mundy

Chair Professional Development – Julian Smith

Chair Fellowship Services – Catherine Ferguson

Chair Research, Audit, Academic Surgery – Ian Bennett

Chair External Affairs – Phillip Carson

Chair Post Fellowship Education and Training Board – Catherine Ferguson

Chair Board of Regional Chairs – Lawrence Malisano

Chair Workforce – David Theile

Fellowship Elected Councillors

Simon Williams

David Watters

Phil Truskett

John Batten

Richard Perry

Marianne Vonau

Spencer Beasley

Phil Carson

Graeme Campbell

Julian Smith

Lawrence Malisano

Catherine Ferguson

Sally Langley

Ian Bennett

Barry O'Loughlin

Specialty Elected Councillors

Julie Mundy – **Cardiothoracic Surgery**

Alan Saunder – **General Surgery**

Neil Vallance – **Otolaryngology Head and Neck Surgery**

Bruce Hall – **Neurosurgery**

Tony Spamon – **Paediatric Surgery**

David Theile – **Plastic and Reconstructive Surgery**

Andrew Brooks – **Urology**

Michael Grigg – **Vascular Surgery**

Roger Paterson – **Orthopaedic Surgery**

Co-opted Members

Rob Knowles AO – **Expert Community Advisor**

Garry Wilson KStJ – **Expert Community Advisor**

Grant Fraser-Kirk – **Chair, RACS Trainees' Association**

Ian Gollow – **Councillor representing Western Australian Surgeons**

Co-Opted Representative

Genevieve Golding – **President, Australian and New Zealand College of Anaesthetists**

Invited Observers

Richard Martin – **Younger Fellows Representative**

Principal Advisors to Council

Stephen Tobin – **Dean of Education**

John Quinn – **Executive Director for Surgical Affairs, Australia**

Richard Lander – **Executive Director for Surgical Affairs, New Zealand**

AUSTRALIAN CAPITAL TERRITORY

Chair

Wendell Neilson

Committee Members

Carolyn Cho

Sivakumar Gananadha

Frank Piscioneri

John Tharion

Ailene Fitzgerald

Gert Frahm-Jensen

Co-opted Members

Yi He

NEW SOUTH WALES

Chair

Mary Langcake

Deputy Chair

Raffi Qasabian

Committee Members

Sally L M Butchers

Phillip J Crowe

Gary G Fermanis

Douglas Fenton-Lee

Bruce Hodge

Jim Iliopoulos

Steven Leibman

Ken Loi

Tim Musgrove

Co-opted Members

Darweesh al-Khawaja

Andrew Armstrong

Phillip Chang

Aurelius Hamilton

Ravi L Huilgol

Vincent Lam

Tasha Micheli

Elias Moisisdis

Nirmal Praful Patel

Graham Sellars

Shehnarz Salindera

David Storey

Soundappan Sannappa

Venkatraman

Ex-officio Members

Phillip Truskett

Andrew J Brooks

NEW ZEALAND

Chair

Nigel Willis

Deputy Chair

Randall Morton

Honorary Treasurer

Timothy Eglinton

Committee Members

David Adams

Elizabeth Dennett

Gary Duncan

Nicola Hill

Jesse Kenton-Smith

Jonathan Koea

Richard Reid

Specialty Representatives

Peter Alison

Reinhold Gregor

Suzanne Jackson

Brett Krause

Stephen Mark

Phillipa Mercer

Justin Roake

Co-opted Members

Ramez Ailabouri

Andrew MacCormick

Judith Potter

William Sugrue

Ex-officio Members

Spencer Beasley

Catherine Ferguson

Sally Langley

Richard Perry

Garry Wilson

NORTHERN TERRITORY

Patrick Bade

Committee Members

Frances Booth

Sanjah Kalgutkar

Mahiban Thomas

Co-opted Members

Stephanie Weidlich

Vignesh Narasimhan

Abdallah Elsabagh

Ex-officio Member

Phillip Carson

QUEENSLAND

Chair

Bernard Whitfield

Deputy Chair

Owen Ung

Secretary

Mark Smithers

Committee Members

Emma Secomb

Deborah Bailey

Brian McGowan

Praga Pillay

Ray Lancashire

Christina Steffen

Maurice Stevens

Jeff Webster

Richard Khaler

Co-opted

Greg Malone

Joanne Dale

Sarah Byrne

Richard Lewandowski

Sandy Grieve

Robert Tam

Ex-officio Members

Marianne Vonau

Ian Bennett

Barry O'Loughlin

Bruce Hall

David R Theile

Lawrence Malisano

Julie Mundy

SOUTH AUSTRALIA

Chair

Sonja Latzel

Vice Chair

David Walters

Committee Members

Jayne Bennetts

Day Way Goh

Daniel Spernat

Peter Subramaniam

Matthais Wichman

Phillip Worley

Co-opted Members

Amal Abou-Hamden

George Balalis

Trevor Collinson

Michael Damp

Christine Lai

Michelle Lodge

Angelo Ricciardelli

David Walsh

Ex-officio Members

Roger Paterson

Anthony Spamon

TASMANIA

Chair

Brian Kirkby

Committee Members

Fiona Lee

Raj Gogia

Fiona Lee

Girish Pande

David Penn

James Roberts-Thomson

Mary Self

Co-opted Members

Andrew Castley

Greg Harvey

Hung Nguyen

David Stary

Stephen Wilkinson

Nusa Naiman

Rob Bohmer

Richard Turner

Richard Jamieson

Ex-Officio Member

John Batten

VICTORIA

Chair

Jason Chuen

Deputy Chair

Wanda Stelmach

Secretary

Nicole Yap

Committee Members

Paul Cashin

Zeev Duieb

Adrian Fox

Sean Mackay

Helen Maroulis

Franklin Pond

Susan Shedda

Robert Stunden

Co-opted Members

Luke Bradshaw

James Chui

Yvonne Chow

Niall Corcoran

Deborah Devonshire

Rachel Knight

Liang Low

Heather Mack

Francis Miller

Bruce Waxman

Michael Wilson

Ex-Officio Members

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Michael Grigg

Julian Smith

Simon Williams

David Watters

Alan Saunder

Neil Vallance

WESTERN AUSTRALIA

Chair

Tom Bowles

Deputy Chair

Stephen Honeybul

Committee Members

Peter Bray

Paul Bumbak

David Fletcher

Rupert Hodder

Corinne Jones

Richard Naunton Morgan

Stephen Rodrigues

Mary Theophilus

Ming Yew

Genevieve Gibbons – trainee

representative

Coopted Members

James Aitken

Elizabeth Whan

Christopher Merry

Jeff Hamdorf

Dieter Weber

Aaron Tay

Elizabeth Whan

Dermot Collopy

Ex-officio

SPECIALTY SOCIETIES & ASSOCIATIONS

as at 1 January 2015

Australian and New Zealand Society of Cardiac and Thoracic Surgeons

President – Robert Costa
Vice President – Paul Bannon
Honorary Secretary/Treasurer – Homayoun Jalali
Chief Executive Officer – Michael Nugara
Chief Operating Officer – Nick Danes



Australian and New Zealand Association of Paediatric Surgeons

President – Deborah Bailey
President-Elect – Phil Morreau
Treasurer – Russell Taylor
Executive Officer – Terleetha Kruger



Australian and New Zealand Society for Vascular Surgery

President – Doug Cavaye
Treasurer – Nicholas Boyne
General Manager – Abby Richardson



Australian Orthopaedic Association

President – John Tuffley
Vice President – Andreas Loeffler
Chairman of Training – Ian Incoll
Chairman of Professional Development and Standards – Michael Johnson
Scientific Secretary – Allan Wang
Chief Executive Officer – Adrian Cosenza



Australian Society of Otolaryngology Head & Neck Surgery

President – Neil Vallance
Vice President – Chris Perry
Treasurer – David Veivers
Secretary – Chris Que Hee
Executive and Finance Officer – Lorna Watson



Australian Society of Plastic Surgeons

President – Anthony Kane
Vice President – Hugh Bartholomeusz
Treasurer – Heather Cleland
Honorary Secretary – James Savundra
Chief Executive – Gaye Phillips



General Surgeons Australia

President – Michael Donovan
Vice President – Trevor Collinson
Secretary/Treasurer – Sayed Hassen
Executive General Manager – Sarah Benson
Director Education & Training – Monica Carrarini



Neurosurgical Society of Australasia

President – Mark Dexter
Vice President – Andrew Kam
Treasurer – Matthew McDonald
Secretary – Michael Biggs
Executive Director – Stacie Gull



New Zealand Association of General Surgeons

President – Philippa Mercer
Vice President – Andrew Moot
Treasurer – Hugh Cooke
Chairman Training & Education – Rowan French
Executive Director – Bronwen Evans



New Zealand Association of Plastic Surgeons

President – Sally Langley
Treasurer – Marcus Bisson
Executive Officer – Jane Doherty

New Zealand Orthopaedic Association

President – Brett Krause
Treasurer – Stewart Walsh
Honorary Secretary – Andrew Oakley
Chief Executive Officer – Flora Gilkison



New Zealand Society of Otolaryngology Head and Neck Surgery

President – Theo Gregor
Honorary Secretary – Julian White
Treasurer – Jamie Ryan
Executive Officer – Celia Stanyon



Urological Society of Australia and New Zealand

President – David Winkle
Vice President – Mark Frydenberg
Honorary Treasurer & Secretary – Stephen Ruthven
Chief Executive – Michael Nugara

MANAGEMENT

LEADERSHIP

CHIEF EXECUTIVE OFFICER

David Hillis

RELATIONSHIPS

RELATIONSHIPS & ADVOCACY

Deborah Jenkins

NZ
ACT
NSW
QLD
SA
TAS
VIC
WA/NT

Justine Petersen
Eve Edwards
Allan Chapman
David Watson
Daniela Ciccarello
Dianne Cornish
Denice Spence
Angela D'Castro

President and Council
Margaret Rode
Workforce Assessment
Tricia Quek
Communications & Advocacy
Greg Meyer
Human Resources
Sharon Hallett
Foundation
Kay Blandthorn

RESOURCES

RESOURCES

Ian Burke

Finance
Adam Shepard
Information Technology
Jan Spinder
Facility Management
John Sember
College Collections
Museum & Art Gallery
Geoff Down
Archives & Records Management
Elizabeth Milford

EDUCATION

EDUCATION DEVELOPMENT & ASSESSMENT

Kathleen Hickey
Skills Training
Ellen Webber
Education Development & Research
Zaita Oldfield
Pre-Vocational & Online Education
Jacky Heath
Skills Centre
David Lawrence
Examinations
Laura Cotrone

EDUCATION & TRAINING ADMINISTRATION

Glenn Petrusch
Surgical Training
Fiona Bull
IMG Assessments
Toula Panagopoulos
Training Projects
Fiona Morrow

Dean of Education
Stephen Tobin

FELLOWSHIP

FELLOWSHIP & STANDARDS

John Biviano
Professional Standards
Rebecca Clancy
Professional Development
Michelle Barrett
Fellowship Services
Philip Vita
Library
Graham Spooner

RESEARCH & AUDIT

Wendy Babidge
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Pip Coleman
ASERNIPS
Alun Cameron
Morbidity Audits & Logbook
Katherine Economides
Mortality Audit
Gordon Guy

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Daliah Moss
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Lindy Moffat
Global Health & International Scholarships
Lito De Silva

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Specialty Societies & Associations

AUSTRALIAN AND NEW ZEALAND ASSOCIATION OF PAEDIATRIC SURGEONS

c/- Royal Australasian College of Surgeons
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T: +61 3 9276 7416
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AUSTRALIA AND NEW ZEALAND SOCIETY OF CARDIAC AND THORACIC SURGEONS

Suite 512, Eastpoint
180 Ocean Street
Edgecliff NSW 2027
(T) + 61 2 9328 0605
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AUSTRALIAN AND NEW ZEALAND SOCIETY FOR VASCULAR SURGERY

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AUSTRALIAN ORTHOPAEDIC ASSOCIATION

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Web: www.aoa.org.au

AUSTRALIAN SOCIETY OF OTOLARYNGOLOGY HEAD AND NECK SURGERY

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Milsons Point NSW 2061
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AUSTRALIAN SOCIETY OF PLASTIC SURGEONS

Suite 503, Level 5
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St Leonards NSW 2065
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F: +61 2 9437 9210
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Web: www.plasticsurgery.org.au

GENERAL SURGEONS AUSTRALIA

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Web: www.generalsurgeons.com.au

NEUROSURGICAL SOCIETY OF AUSTRALASIA

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