

SERVICE & PROFESSIONALISM / INTEGRITY / RESPECT & COMPASSION /  
COMMITMENT & DILIGENCE / COLLABORATION & TEAMWORK

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The College of Surgeons of Australia & New Zealand



ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

STRATEGIC  
**PLAN**  
2013-2018

BUSINESS  
**PLAN**  
2013-2014



## PRESIDENT'S MESSAGE

On behalf of the College Council I have pleasure in presenting the College's vision for the next four years.

We believe this vision remains true to the purposes for which the College was founded in 1927 and confidently addresses modern challenges.

Our aim continues to be to provide the finest surgical education and care possible for the people of Australia and New Zealand and, as required, the people of our region.

**Mike Hollands**



### **RACS Purpose:**

**Excellence in Surgical Education and Practice**

### **College Values:**

- > **Service and Professionalism**  
performing to and upholding high standards
- > **Integrity**  
upholding professional values
- > **Respect and Compassion**  
being sympathetic and empathetic
- > **Commitment and Diligence**  
being dedicated, doing one's best to deliver
- > **Collaboration and Teamwork**  
working together to achieve the best outcome



## 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 and e-learning

#### Key Result Areas

- > Maintain the pre-eminence of the RACS training program through partnering with other professional and educational bodies, particularly the Specialty Societies, and undertaking educational research that validates and continues to improve the program for lifelong learning
- > Expand the presence of RACS into Post Graduate Year (PGY) 1, PGY2 and PGY3 years, with particular consideration of courses, examinations, mobile simulation environments and opportunities for mentoring. This should be aimed at the ongoing recruitment of high quality surgical aspirants
- > Ensure the effectiveness of educational programs delivered across RACS, highlighting support for Educators and programs for Trainees or Fellows in difficulty

#### Key Performance Indicators

1. Develop educational resources, including e-learning, that support training and assessment of the non-technical RACS competencies throughout the life-time of surgical practice
2. Ensure improved delivery of teaching materials and assessment. In particular, training programs should be supported through high quality e-learning, simulation and IT enhanced learning
3. The Trainees in Difficulty program is clearly defined with appropriate 'signals for involvement', support and remediation where necessary.

### Trainees' Representation

#### Key Result Areas

- > 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 whilst 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 part-time

### Examinations

#### Key Result Areas

- > The Fellowship examination is representative of educational best practice at an international level
- > Examinations are supported and conducted through an integrated, cohesive and IT based platform
- > Provide education for examiners and assessors in conjunction with the Academy of Surgical Educators

#### Key Performance Indicators

1. Successful implementation of the extended, closed marking system
2. Ensure that high standard and transparent summative assessments, blueprinted against the specialty curricula are maintained and systematically improved through ongoing review
3. All new Fellowship examiners undertake examiner training and this is introduced for the clinical examinations

### Skills Training

#### Key Result Areas

- > Courses addressing the non-technical competencies are developed, widely offered and incorporated into a life-long 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. Courses include formal assessment and detailed feedback processes
3. In conjunction with the Academy of Surgical Educators, the role of instructors in education and training is supported and highlighted.

## EDUCATION AND 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

#### Key Performance Indicators

1. Structured programs are available through Regional offices that are centrally supported and e-learning facilitated
2. Assessment posts are developed that provide improved linkages between major hospitals and regional and rural areas

### 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. The training programs are supported by strong, mutually agreeable partnering agreements that support educational compliance and financial transparency
- > Achieve more effective supervision 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 all components of the education and training program, providing the basis of ongoing pre-eminence in surgical education

#### Key Performance Indicators

1. Explicit curriculum that encompasses all aspects of selection requirements, education, training, assessment, supervision and hospital accreditation, underpin the specialty training boards
2. Education and training programs address all nine competencies with an emphasis on competency over time-based training
3. Scalable tools such as the on-line 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

### 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 nontraditional 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

The College will deliver this vision in four key areas of activity as detailed in the following business plan 2013-2014. All programs are delivered in accordance with the College's quality management system, which complies with ISO 9001:2008 and management is committed to ensure that its effectiveness is continually improved.

## FELLOWSHIP AND STANDARDS

### Professional Standards

#### Key Result Areas

- > RACS will actively promote Continuing Professional Development (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 increased 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 specialties and societies, develop clear, objective measures of fitness to practise and performance assessment that enables surgeons and their peers to judge their responsibilities and capabilities
- > In conjunction with RACGP, ACRRM and other procedural Colleges, develop standards that facilitate development of procedural training pathways and provide ongoing support networks for GP and other proceduralists
- > Develop position papers and standards relating to health and surgical services, particularly promoting standards of access for emergency and elective surgery

#### Key Performance Indicators

1. Policies and procedures highlight 100% CPD compliance, noting that failure to comply is a breach of the Code of Conduct
2. Verification rate is increased from 3.5% to 70% in 2013, 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. Training pathways are evaluated and endorsement / external funding for broader proceduralist training is obtained

### 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
- > Identify programs of professional development to support Fellows through the key transitions and stages of a surgical career, including establishing a surgical practice, becoming a surgical leader and moving through the phases of 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'
2. A comprehensive generic curriculum for educating surgical educators is developed and delivered
3. A reward and recognition system that acknowledges a surgeon's contributions to educational activities, and which particularly supports and nurtures the educational career, is developed

### 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
- > Enhance career options for the 'competent but not confident' Fellow, whilst still allowing full training opportunities for Trainees in teaching units
- > Support International Medical Graduates to successfully transition into surgical practice in Australia and New Zealand
- > Assist Fellows in profiling their practices through active branding of FRACS
- > Following consultation with the various specialties and associated societies, enhance the RACS web and library assets, particularly through provision of on-line videos, e-books and access to specialty links and resources

#### Key Performance Indicators

1. Externally funded projects to support the endeavours of Fellows and International Medical Graduates are identified, supported and managed. These are successfully profiled through regional offices with central and electronically based resources
2. Development of web-based and 'practice-ready' resources that profile FRACS, and which are communicated particularly to Practice Managers supporting the Fellows
3. Ongoing provision of library assets that align with the training and educational requirements of surgical specialties, with regular review and monitoring of utilisation

## RESEARCH AUDIT AND ACADEMIC SURGERY

### ASERNIP-S and Simulation Assessment

#### Key Result Areas

- > Health technology assessment is recognised as a core RACS research strength with fuller funding obtained from external bodies and philanthropy
- > Strengthen the profile of RACS around quality research of simulation environments for surgical training and assessment
- > Promote surgical research and innovation to the whole medical community

#### Key Performance Indicators

1. Successful project applications both nationally and internationally, with increased ASERNIP-S and simulation related publications in peer reviewed and 'lay' literature
2. Funding is sourced for the two simulation units to deliver services as initially intended and units used to showcase simulation
3. Expanded surgical simulation research to include non-technical as well as technical skill assessment

### 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
- > 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
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
- > Support is profiled and promoted, with an added emphasis around collaborative surgical research endeavours or specific supported initiatives
- > Funding from philanthropy and Foundation corpus development supports these endeavours

#### 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

### 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

#### Key Performance Indicators

1. Increased profile of academically aligned surgeons
2. Closer collaborations with university departments

## EXTERNAL AFFAIRS

### International Development

#### Key Result Areas

- > Advocate for surgery and surgical standards within the global health agenda, particularly in ameliorating the burden of surgical disease in low and middle income countries and promoting perioperative mortality as a health indicator
- > Through an effective and respected international development program, support communities in need by contributing to improved health outcomes and providing education and training opportunities to medical personnel in the Pacific, Timor-Leste, Papua New Guinea, 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 Organisation
2. Continue to actively manage and report on security issues and risks to those 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
- > Run effective conferences and events for Specialty Societies and other medical groups as both a supportive and financially rewarding endeavour

#### Key Performance Indicators

1. Increase the frequency of ASCs held overseas, in countries where RACS has strategic links
2. Ensure the delivery of innovative ASC educational material
3. RACS progressively 'partners' with other organisations to bring conferences to Australia and New Zealand





## RELATIONSHIPS AND ADVOCACY

### Advocacy, public relations, media and ANZ Journal of Surgery

#### Key Result Areas

- > Identify the issues that are strategically important for the broader surgical community and 'surgeons in positions of influence' and identify appropriate solutions. These key messages are advocated effectively to enhance the brand FRACS and the College
- > Enhance surgeons' skills in governance, public relations and negotiating
- > Maintain and improve the RACS profile through all communication avenues including social media
- > Increase the profile of the ANZ Journal of Surgery and its scientific impact both locally and internationally

#### Key Performance Indicators

1. Other proceduralists and their professional bodies, as well as the surgical specialties and associated societies, are actively consulted to highlight issues for common 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. Develop a strong and vocal position on issues around alcohol induced trauma and disease
4. Well targeted professional development supplements councillor's skills as directors of the company
5. RACS identifies and implements a revitalised marketing and communication strategy, with consistency of presentation, prominence of the RACS brand, its value proposition and an approach that is most appropriate for Trainees and Fellows of RACS

### Council and Governance

#### Key Result Areas

- > Governance is strategically focused, fit for purpose and fully delegated to an effective committee and administrative support structure
- > Council demonstrates a responsive, representative and accountable governance model with appropriate reserve powers
- > Strengthen the relationships between RACS and the increasing number of Specialty Societies through effective use of President forums, the Surgical Leaders' Forum and Specialty meetings

#### Key Performance Indicators

1. Board charter implemented with deliverables around improved roles and expectations for the Council / Executive, Boards / Committees and both Specialty and Fellowship Elected Councillors
2. ISO 9001 accreditation maintained
3. Ensure key issues of governance, such as appropriate privacy and security of information, are maintained

### Workforce and Advocacy

#### Key Result Areas

- > Ensure RACS remains an authority on trends in workforce, Areas of Need and issues of recruitment, retention and efficiency

#### Key Performance Indicators

1. In association with the various specialties and associated societies, assess and influence workforce projections to assure an adequate and self-sufficient surgical workforce in Australia and New Zealand



### National and Regional Offices

#### Key Result Areas

- > Regional advocacy should enhance the ongoing collaborative relationship with stakeholders, including governments and their departments of health, which particularly profiles surgical services to the community
- > Enhance communication to all Fellows and surgically aligned medical practitioners
- > Increased involvement of Trainees, Younger Fellows and International Medical Graduates, 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. Profile and recognise Fellows who have contributed over the decades of their professional career, including through Certificates of Service and Foundation Dinners
2. Enhance communication between Regional Committees and university surgical student societies, in particular developing programs 'linking students to mentors'
3. Develop an active outreach program to support Fellows in Difficulty
4. Active engagement with practice managers of surgeons to improve the profile of Fellows' practices and RACS branding

### Skills and Education Centre

#### Key Result Areas

- > Ensure RACS facilities are used to the maximum benefit of Trainees 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

### Foundation for Surgery

#### Key Result Areas

- > Enable the development of Foundation funds for scholarships, international development and profile, and educational activities
- > Profile the activities of the Foundation in multiple forums and emphasise the benevolence and philanthropic support of RACS around Indigenous health issues

#### Key Performance Indicators

1. Increased profile and donor base for Foundation activities

### Human Resources

#### Key Result Areas

- > Sourcing the right people for the RACS and ensuring they have the skills and resources to deliver in a safe environment
- > Recruit 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. Recruitment approach and retention exceed industry standard
2. Customer service and other 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, whilst continuing to simplify the process of transparently reporting on resource utilisation
- > Following review of our current business models to ensure they are sustainable, to 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, clear subscription categories and avoiding duplication
- > Continue through careful investment stewardship to develop the financial corpus to fully cover research scholarships, international development and profile activities as well as educational initiatives

#### Key Performance Indicators

1. Ensure risk management and appropriate audit is routinely incorporated into RACS activities
2. Delegation manual outlines all relevant powers
3. Financial reports reviewed to ensure information disclosed is relevant and readily understood
4. Subscription model is refined with clearly defined concessions
5. Corpuses developed for additional activities

### Information Technology

#### Key Result Areas

- > Progress the strategic direction, business cases and implementation of highly functional and comprehensive web-based resources to satisfy the educational, learning and audit needs of Trainees and Fellows
- > Extract efficiencies for Fellows and Trainees at all opportunities with e-commerce, e-events and tele-video-conferencing

#### Key Performance Indicators

1. Appropriate security and privacy of information is maintained whilst making web-based resources available
2. Efficiencies are obtained between RACS and other procedurally based groups in their information technology support

### Facility Management

#### Key Result Areas

- > Maintain property facilities to meet the 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

### 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

#### Key Performance Indicators

1. EDRMS is successfully implemented with archived preservation
2. Further development of website based archive / museum

### 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 achieved

#### Key Performance Indicators

1. External funding bodies engaged in the ongoing upgrading of the Museum

## SENIOR OFFICE HOLDERS



## LEADERSHIP

**Michael Hollands**

President

#### Strategic Focus

- > Strongly support the practice and demonstration of College values and promotion of excellence in surgical care
- > Strengthen the relationship between the College and the Specialist Surgical Societies and Associations



## FELLOWSHIP

**David Watters**

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

**Michael Grigg**

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.

David Watters  
Chair, Professional Development and Standards Board

Graeme Campbell  
Chair, Professional Standards

Julian Smith  
Chair, Professional Development

Catherine Ferguson  
Chair, Fellowship Services

Ian Bennett  
Chair, Research, Audit and Academic Surgery

Phil 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

Catherine Ferguson  
Chair, Post Fellowship Education and Training Committee

Michael Grigg  
Vice President

Adrian Nowitzke  
Chair, Regional Chairs

Lawrence Malisano  
Chair, Workforce

Marianne Vonau  
Treasurer

Andrew Brooks  
Deputy Treasurer



## Royal Australasian College of Surgeons Council

(as of May 2013)

President Michael Hollands  
 Vice President Michael Grigg  
 Censor in Chief Simon Williams  
 Treasurer Marianne Vonau OAM  
 Deputy Treasurer Andrew Brooks  
 Chair Professional Development & Standards Board David Watters OBE  
 Chair Board of Surgical Education and Training Phil Truskett  
 Chair Skills Education Committee Richard Perry  
 Chair Court of Examiners John Batten  
 Chair Professional Standards Graeme Campbell  
 Chair Professional Development Julian Smith  
 Chair Fellowship Services Catherine Ferguson  
 Chair Research, Audit, Academic Surgery Ian Bennett  
 Chair External Affairs Phil Carson  
 Chair Post Fellowship Education and Training Board Catherine Ferguson  
 Chair, Regional Chairs Adrian Nowitzke  
 Chair, Workforce Lawrence Malisano

### Fellowship Elected Councillors

Michael Hollands	Graeme Campbell
David Watters	Julian Smith
Phil Truskett	Lawrence Malisano
John Batten	Catherine Ferguson
Richard Perry	Helen O'Connell
Marianne Vonau	Ian Bennett
Simon Williams	Barry O'Loughlin
Phill Carson	Sean Hamilton

### Specialty Elected Councillors

Julie Mundy – Cardiothoracic Surgery  
 Alan Saunder – General Surgery  
 Neil Vallance – Otolaryngology Head and Neck Surgery  
 Adrian Nowitzke – Neurosurgery  
 Tony Sparnon – Paediatric Surgery  
 David Theile – Plastic and Reconstructive Surgery  
 Andrew Brooks – Urology  
 Michael Grigg – Vascular Surgery  
 Roger Paterson – Orthopaedic Surgery

### Co-opted Members

Garry Wilson KStJ – Expert Community Advisor  
 Carolyn Vasey – Chair, RACS Trainees' Association

### Co-Opted Representative

Lindy Roberts – 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  
 Allan Panting – Executive Director for Surgical Affairs, New Zealand

## AUSTRALIAN CAPITAL TERRITORY

Chair  
 Hodo Haxhimolla

### Committee Members

Carolyn Cho  
 Sivakumar Gananadha  
 Wendell Neilson  
 Frank Piscioneri  
 Damian Smith  
 John Tharion

### Co-opted Members

David Hardman  
 Ram Ganesalingam

## NEW SOUTH WALES

Chair  
 Robert Costa  
 Honorary Secretary  
 Raffi Qasabian  
 Honorary Treasurer  
 Mary Langcake

### Committee Members

Steven Leibman  
 Tim Musgrove  
 Gary G Fermanis  
 Sally L M Butchers  
 Philip J Crowe  
 Bruce Hodge  
 Richard Harvey  
 Jim Iliopoulos  
 Ken Loi

### Co-opted Members

Greg O'Sullivan  
 Ravi L Huilgol  
 Graham Sellars  
 Tim Musgrove  
 Larry Kalish  
 Darweesh al-Khawaja  
 Soundappan Sannappa  
 Venkatraman  
 Vincent Lam  
 David Storey  
 Nirmal Praful Patel  
 Tasha Micheli

### Ex-officio Members

Michael Hollands  
 Phillip Truskett  
 Andrew J Brooks

## NEW ZEALAND

Chair  
 Scott Stevenson  
 Deputy Chair  
 Nigel Willis  
 Honorary Treasurer  
 Randall Morton

### Committee Members

David Adams  
 Elizabeth Dennett

Timothy Eglinton  
 Jonathan Koea  
 William Sugrue  
 Jean-Claude Theis

### Specialty Representatives

Peter Alison  
 Michael Rodgers  
 Agadha Wickremesekera  
 Richard Lander  
 Howard Klein  
 Bryan Thorn  
 Mark Fraundorfer  
 Andrew A Hill

### Co-opted Members

Phillip Insul  
 Gowan Creamer  
 John Kyngdon  
 Judith Potter

### Ex-officio Members

Matthew Boyle  
 Richard Perry  
 Catherine Ferguson  
 Spencer Beasley  
 Bruce Twaddle  
 Garry Wilson

## NORTHERN TERRITORY

Chair  
 Patrick Bade  
 Secretary  
 Simon Elix

## QUEENSLAND

Chair  
 Bernard Whitfield  
 Deputy Chair  
 Owen Ung  
 Secretary  
 Mark Smithers

### Committee Members

Reza Adib  
 Deborah Bailey  
 Brian McGowan  
 Praga Pillay  
 Pieter Prinsloo  
 Christina Steffen  
 Maurice Stevens  
 Jeff Webster

### Co-opted

Simon Gatehouse  
 Philip Richardson  
 Joanne Dale  
 Rupert Templeman  
 Richard Lewandowski

### Ex-officio Members

Marianne Vonau  
 Ian Bennett  
 Barry O'Loughlin  
 Adrian Nowitzke

David R Theile  
 Lawrence Malisano  
 Julie Mundy

## SOUTH AUSTRALIA

Chair  
 Peter Subramaniam  
 Vice Chair  
 Sonja Latzel

### Committee Members

Jayne Bennetts  
 Tim Bright  
 James Edwards  
 Day Way Goh  
 David King  
 Kim Moretti  
 Greg Otto  
 David Walters  
 Michael Worthington

### Co-opted Members

Christine Lai  
 Thien LeCong  
 Michelle Lodge  
 Trevor Collinson  
 Mario Zotti  
 Michael Damp  
 Denby Steele  
 David Walsh  
 Roger Paterson

### Ex-officio Member

Anthony Sparnon

## TASMANIA

Chair  
 Brian Kirkby

### Committee Members

Fiona Lee  
 Mary Self  
 Ana Naiman  
 Girish Pande  
 James Roberts-Thomson

### Co-opted Members

Richard Turner  
 Daniel Chubb  
 David Penn  
 Stephen Wilkinson  
 David Stary  
 Greg Harvey  
 Andrew Castley  
 Frank Kimble  
 Hung Nguyen  
 Rob Bohmer

### Ex-officio Member

John Batten

## VICTORIA

Chair  
 Robert Stunden

Deputy Chair  
 Jason Chuen  
 Secretary  
 Nicole Yap  
 Treasurer  
 Liang Low

### Committee Members

Sean Mackay  
 Zeev Duieb  
 Franklin Pond  
 Wanda Stelmach  
 Rondhir Jithoo  
 David Love  
 Helen Maroulis  
 Paul Cashin

### Co-opted Members

Francis Miller  
 Chris Chang  
 Adrian Fox  
 Yvonne Chow  
 Brian Loh  
 Craig Noonan  
 Michael Wilson  
 James Stoney  
 Ian Faragher

### Ex-Officio Members

Julian Smith  
 Graeme Campbell  
 Michael Grigg  
 Simon Williams  
 David Watters  
 Helen O'Connell  
 Alan Saunder  
 Neil Vallance

## WESTERN AUSTRALIA

Chair  
 Robert Love

### Committee Members

Jeff Thavaseelan  
 Jon Armstrong  
 Nigel Barwood  
 Tom Bowles  
 Rupert Hodder  
 Corinne Jones  
 Richard Naunton  
 Peter Bray  
 Stephen Honeybul  
 Stephen Rodrigues

### Coopted Members

Greg Witherow  
 James Aitken  
 Will Blakeney  
 Ian Gollow  
 Jeff Hamdorf  
 Aaron Tay

### Ex-officio Members

Sean Hamilton  
 Richard Martin

**SPECIALTY SOCIETIES & ASSOCIATIONS**



**SPECIALTY SOCIETIES & ASSOCIATIONS**

**Australasian Society of Cardiac and Thoracic Surgeons**

President Robert Costa  
 Vice President Paul Bannon  
 Treasurer TBA  
 Honorary Secretary TBA  
 Chief Executive Officer Michael Nugara  
 Chief Operating Officer Nick Danes

**Australian and New Zealand Association of Paediatric Surgeons**

President Ralph Cohen  
 President-Elect Deborah Bailey  
 Treasurer Russell Taylor  
 Executive Officer Kristy Scalea

**Australian and New Zealand Society for Vascular Surgery**

President John Quinn  
 President Elect Doug Cavaye  
 Treasurer Gary Fell  
 General Manager Abby Richardson

**Australian Orthopaedic Association**

President John Owen  
 Vice President Peter Choong  
 2nd Vice President John Tuffley  
 Chairman of Training Ian Incoll  
 Chairman of Professional Development and Standards Andreas Loeffler  
 Scientific Secretary Allan Wang  
 Chief Executive Officer Adrian Cosenza

**Australian Society of Otolaryngology Head & Neck Surgery**

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

**Australian Society of Plastic Surgeons**

President Rodney Cooter  
 Vice President & Treasurer Geoffrey Lyons  
 Honorary Secretary Anthony Kane  
 Chief Executive Gaye Phillips

**Colorectal Surgical Society of Australia and New Zealand**

President Ian Bissett  
 Vice President James Moore  
 Honorary Secretary Bruce Waxman  
 Honorary Treasurer Justin Evans  
 Executive Administrator Liz Neilson

**General Surgeons Australia**

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

**Neurosurgical Society of Australasia**

President John Fuller  
 Vice President Mark Dexter  
 Treasurer TBA  
 Secretary Nicholas Little  
 Executive Director Stacie Gull

**New Zealand Association of General Surgeons**

President Mike Rodgers  
 Vice President Phillipa Mercer  
 Secretary/Treasurer Hugh Cooke  
 Chairman Training & Education Liz Dennett  
 Executive Director Bronwen Evans

**New Zealand Association of Plastic Surgeons**

President John de Waal  
 Secretary Charles Davis  
 Treasurer Patrick Lyall  
 Executive Officer Jane Doherty

**New Zealand Orthopaedic Association**

President Richard Lander  
 Treasurer Grant Kiddle  
 Honorary Secretary Hamish Leslie  
 Chief Executive Officer Flora Gilkison

**New Zealand Society of Otolaryngology Head and Neck Surgery**

President Catherine Ferguson  
 Honorary Secretary Graeme Webster  
 Treasurer Jamie Ryan  
 Executive Officer Celia Stanyon

**Urological Society of Australia and New Zealand**

President Stephen Ruthven  
 Vice President David Winkle  
 Honorary Treasurer & Secretary David Malouf  
 Chief Executive Michael Nugara

**MANAGEMENT**

**LEADERSHIP**

CHIEF EXECUTIVE OFFICER  
 David Hillis

**RELATIONSHIPS**

RELATIONSHIPS and ADVOCACY  
 James McAdam



**RESOURCES**



**EDUCATION**



Dean of Education  
 Stephen Tobin

**FELLOWSHIP**



Executive Director for Surgical Affairs Australia  
 John Quinn

Executive Director for Surgical Affairs New Zealand  
 Allan Panting



# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS CONTACTS

## HEAD OFFICE

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

## AUSTRALIAN CAPITAL TERRITORY

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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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**Web: [www.paediatricsurgeons.org](http://www.paediatricsurgeons.org)**

### AUSTRALASIAN SOCIETY OF CARDIAC AND THORACIC SURGEONS

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Edgecliff NSW 2027  
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### AUSTRALIAN AND NEW ZEALAND SOCIETY FOR VASCULAR SURGERY

Royal Australasian College of Surgeons  
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### AUSTRALIAN ORTHOPAEDIC ASSOCIATION

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T: +61 2 8071 8000  
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E: admin@aoa.org.au  
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### AUSTRALIAN SOCIETY OF OTOLARYNGOLOGY HEAD AND NECK SURGERY

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### AUSTRALIAN SOCIETY OF PLASTIC SURGEONS

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### COLORECTAL SURGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

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## NEUROSURGICAL SOCIETY OF AUSTRALASIA

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