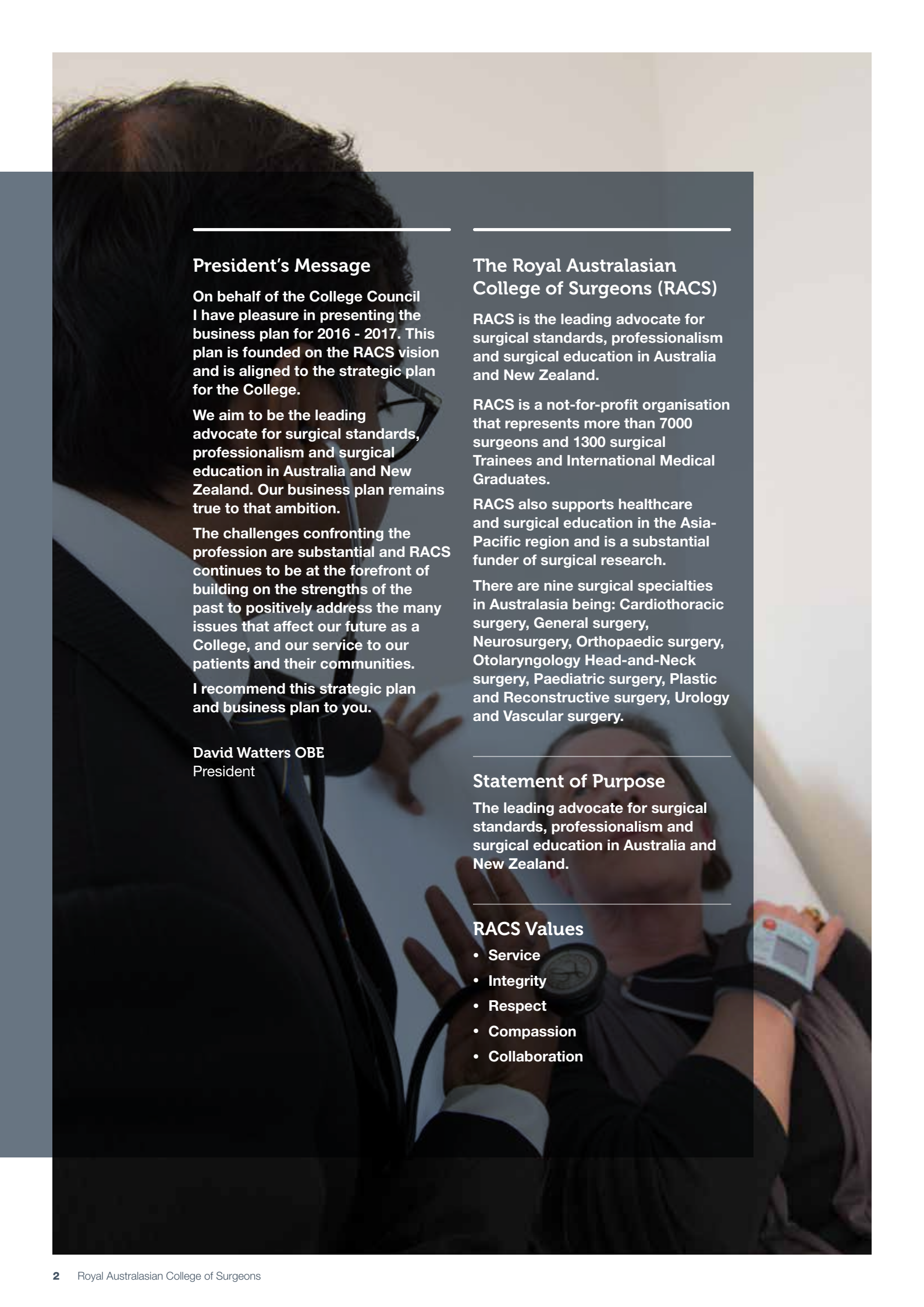


Strategic Plan 2014-2018 Business Plan 2016-2017





President's Message

On behalf of the College Council I have pleasure in presenting the business plan for 2016 - 2017. This plan is founded on the RACS vision and is aligned to the strategic plan for the College.

We aim to be the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. Our business plan remains true to that ambition.

The challenges confronting the profession are substantial and RACS continues to be at the forefront of building on the strengths of the past to positively address the many issues that affect our future as a College, and our service to our patients and their communities.

I recommend this strategic plan and business plan to you.

David Watters OBE
President

The Royal Australasian College of Surgeons (RACS)

RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand.

RACS is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical Trainees and International Medical Graduates.

RACS also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research.

There are nine surgical specialties in Australasia being: Cardiothoracic surgery, General surgery, Neurosurgery, Orthopaedic surgery, Otolaryngology Head-and-Neck surgery, Paediatric surgery, Plastic and Reconstructive surgery, Urology and Vascular surgery.

Statement of Purpose

The leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand.

RACS Values

- Service
- Integrity
- Respect
- Compassion
- Collaboration

Vision and Strategic Objectives

2014-2018

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

- RACS is the trusted 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.
- Effectively promote the RACS image to enhance the public recognition of the FRACS brand.
- Ensure RACS is seen as a leader in relation to eliminating and changing the workplace culture around discrimination, bullying and sexual harassment.

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

- Support and assist Fellows through all stages of their professional careers.
- Promote and support surgical leadership in education, clinical governance, surgical audit, research and academic surgery.
- Be actively involved in surgical service development to communities in need in Australia, New Zealand and the Asia-Pacific Region particularly through supporting Fellows' pro-bono activities.

- Champion healthcare development in Indigenous communities across Australia and New Zealand. Support Indigenous doctors at selection and within SET.
- Lead the evaluation of new techniques and technology and their responsible uptake into practice.

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

- Collaborate with other 'proceduralist' groups to strengthen the culture that enables surgeons to act in the best interest of their patients and the community.
- Involve all procedural 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.
- Work proactively with government to plan an adequate accessible surgical workforce for the communities we serve.

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, IMGs and staff.
- Use our current facilities and newer technologies effectively.
- Review our current business models to ensure they are sustainable and identify new business models to facilitate the ongoing development and provision of RACS resources.

Education, Development and Assessment

Education Development and Research

Key Result Area

- Maintain the pre-eminence of the RACS training program through partnering particularly with the Specialty Societies.
- Foster evaluation and research around all surgical education programs.
- 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.

Key Performance Indicators

- Support the development of educational resources, including e-learning and educational programs that support training and assessment of the non-technical RACS competencies. There is emphasis about preventing and responding to discrimination, bullying and sexual harassment (DBSH).
- Establish ongoing evaluation of the educational programs and assessment tools of RACS, with particular emphasis on professionalism. Develop research associated with surgical education.
- Maintain AMC and MCNZ accreditation.

Pre-vocational and Online Education

Key Result Area

- Expand the presence of RACS into Post Graduate Year PGY1, PGY2, PGY3 and PGY3+ through provision of courses, examinations, simulated learning environments and opportunities for mentoring.

- Provide strategic support for eLearning delivery.

Key Performance Indicators

- Implementation of the JDOC framework with accreditation of resources, development of assessment tools and portfolio structure. Aim for common use in the clinical environment.
- Build relationships/partnerships with stakeholders that support the dissemination and implementation of the JDOC framework.
- Development and accreditation of professionalism courses.
- High standard web delivery of educational resources.

Examinations

Key Result Area

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

Key Performance Indicators

- High standard and transparent summative assessments, blueprinted against the specialty curricula are maintained and systematically improved through ongoing review.
- All examiners undertake examiner training and are regularly updated.
- Continue to move the delivery and support of examinations to online systems and marking systems to an electronic system.

Skills and Education Centre

Key Result Area

- Ensure RACS facilities are used to the maximum benefit of Trainees, IMGs and Fellows while also attracting external users.
- Promote the use of simulation and support innovative training.

Key Performance Indicators

- Increased profile of centre for internal and external clients.
- Build partnerships and relationships with surgeons to increase the frequency of simulation courses.

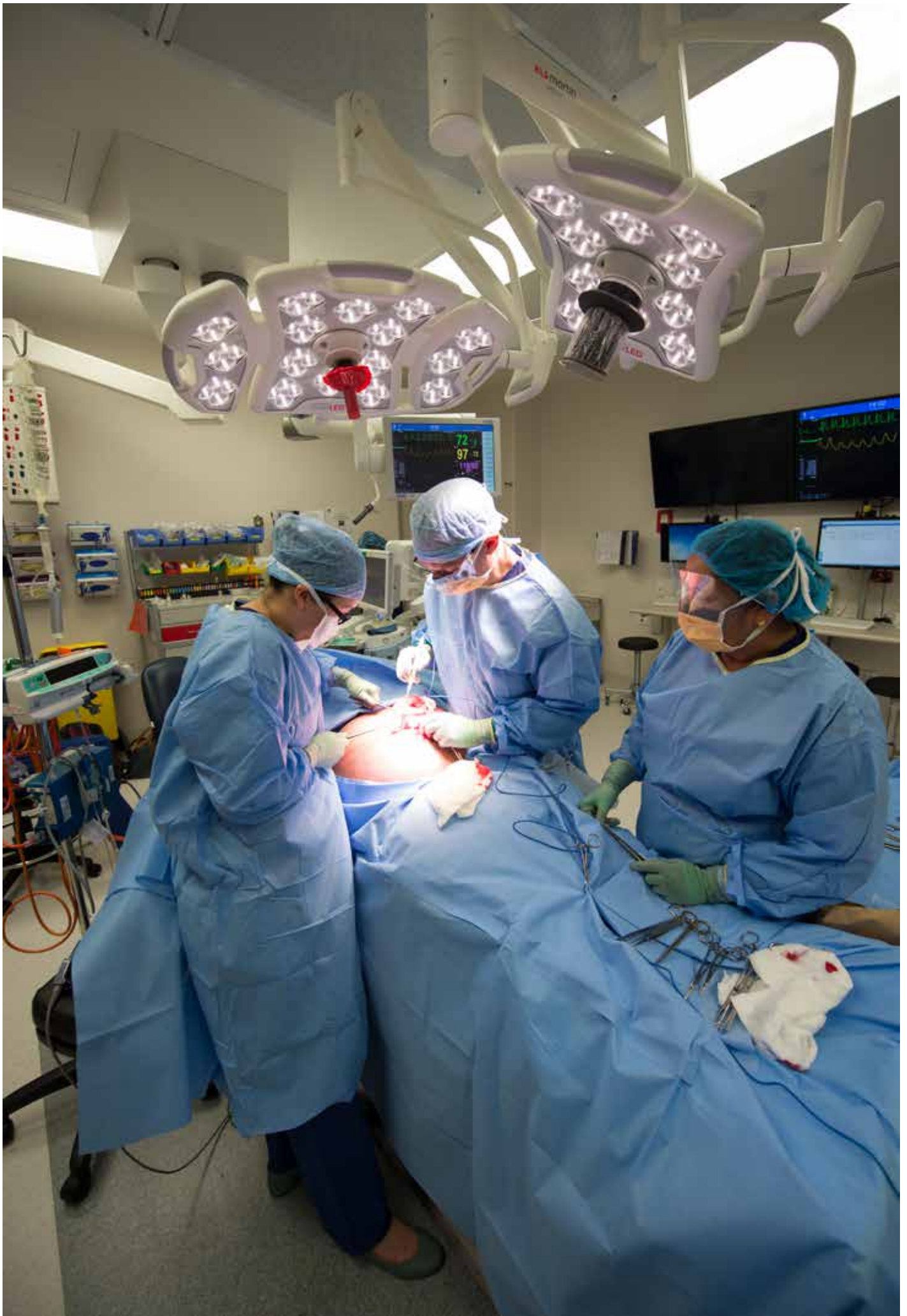
Skills Training

Key Result Area

- 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 through continuous evaluation, improvement and review of delivery methodology.
- Professionalising the instructor and educator role.

Key Performance Indicators

- Development of a comprehensive course approach to DBSH and other technical and non-technical skills.
- Development of eLearning modules that are applicable for JDocs, which complement the ASSET, EMST, CCrISP, TIPS and CLEAR courses.
- Develop and implement marketing strategy to ensure fully subscribed courses.
- Providing faculty with opportunities to up-skill.





Education and Training Administration

International Medical Graduates

Key Result Area

- Assist in addressing areas of workforce shortage by active involvement of RACS in the declaration of Area of Need / Workforce Shortage Districts.
- 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.
- Active support for IMGs provided through Regional Offices assisted by IMG department.

Key Performance Indicators

- Assessment posts are developed in major and regional/rural hospitals that can provide assessment and ongoing linkages to regional and rural areas.
- Assessment process that is free of discrimination, bullying and sexual harassment.
- Provide useful online and mobile MSF and other tools.
- Structured programs of support for learning and are available through Regional Offices.

RACSTA

Key Result Area

- Monitor the quality of the training posts of the nine training programs from the Trainees' perspective.
- Ensure a complaints process is developed that is transparent and effective as well as protects the victims of DBSH.
- Ensure that the Trainees' 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

- Feedback from Trainees about the calibre of training posts and training programs is reliably built into educational models.
- Comprehensive feedback system developed for all training positions.
- Support an independent RACSTA project officer.
- Training programs free from bullying, harassment or prejudice are endorsed across all specialties.
- Trainees are able to access training positions that are less than full time.

Surgical Training

Key Result Area

- Achieve more effective supervision and assessment of Trainees, with the assessment of supervisors in conjunction with the Academy of Surgical Educators.
- Identify opportunities for working more collaboratively with the Specialty Societies across Australia and New Zealand, particularly in the area of supporting less than fulltime training and identifying opportunities for Indigenous Trainees.
- To progress gender equity concerns, encouraging women to pursue a surgical career, particularly through Trainees accessing less than full time training positions.

Key Performance Indicators

- All supervisors, Senior Trainees and clinical assessors complete the recommended educational programs (including Foundation Skills for Surgical Educators course).

- Explicit curriculum that encompasses all aspects of selection requirements, education, training, assessment, supervision and hospital accreditation. In turn this collaborates with specialty training board activities.
- Develop initiatives around gender equity, less than full-time training and understanding issues around female attrition rates.
- Address the issues that emerge from the attrition project when reported in 2016.

Training Projects

Key Result Area

- Through the Post Fellowship Education and Training Committees, and in consultation with the Specialty Societies, continue to accredit post fellowship training accreditation programs when requested.
- Continue to expand training possibilities in non- traditional settings, particularly emphasising generalist training roles.

Key Performance Indicators

- Implementation of a fast-tracked assessment process free of delays caused by contract negotiations.
- Advocacy with the Department of Health resulting in a replacement Specialist Training Program for 2017.

Fellowship and Standards

Professional Standards

Key Result Area

- Develop position papers and standards relating to health and surgical services.
- 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.
- Provide clear objective measures of fitness to practice supported by tools of self-assessment.
- 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.
- Development of sustainability committee, Choosing Wisely initiative, working collaboratively with insurers and government.

Key Performance Indicators

- Develop position papers and standards that focus on ethical standards.
- 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. Committee structure and processes established to deal with CPD compliance.
- 360 degree assessment tool and work based/on-site evaluation tools developed. RACS provides advice and review of surgeons' performance as required, including complaints and issues about DBSH.
- Verification rate is maintained at 7 per cent annually, with the verification process as automated as possible.
- Achieve recognition of the program by regulators.
- Committee structure and processes established to deal with inappropriate fee issues and sustainable use of health resources.

- RACS establishes collaboration with holders of 'big-data' to enable preparation of performance indicator reports.

Professional Development

Key Result Area

- 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 deliver support, skills and recognition for RACS educators (including supervisors, instructors, trainers and assessors).
- RACS will continue to promote, review and improve professional development activities and resources that are needs-based and aligned to the RACS competencies.





Key Performance Indicators

- Professional development resources are available in multiple learning modalities and are particularly focused on stages of a career.
- The Foundation Skills Course for Surgical Educators is made available for all RACS Educators.
- Clinical leadership programs provided particularly looking at the role of surgical leaders. Surgical leaders will assist with abolishing workplace discrimination, bullying and sexual harassment.

Fellowship Services

Key Result Area

- Key initiatives of RACS Indigenous Health Strategy are funded and implemented. Maintain strong advocacy for significant improvements in Indigenous health and health care.
- RACS will enhance engagement with, and provide support for, special interest groups amongst the Fellowship.

- Increase the advocacy of trauma prevention around roads and farms.

Key Performance Indicators

- Progressive implementation and monitoring of the RACS Aboriginal and Torres Strait Islander Action Plan 2014-2016, including launch of the Reconciliation Action Plan. Development of the Māori Action Plan.
- Advocacy plan developed with all key sections.
- Involvement in submissions on key public health and community issues.
- Active media presence leads to increased safety measures.

Library

Key Result Area

- Enhance the quality and usability of the library services, particularly through provision of multimedia, e-books and access to specialty links and resources.

Key Performance Indicators

- Ongoing provision and evaluation of library resources and services, including alerting services, which align with the training, educational and information requirements of the surgical specialties and other users.

Website

Key Result Area

- Development of web-based and 'practice-ready' resources that profile FRACS, and are usable optimally over multiple devices.

Key Performance Indicators

- A responsive web design made available.
- Integration with RACS Portfolio for an enhanced user experience.



Research Audit and Academic Surgery

ASERNIP-S

Key Result Area

- 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.
- Expanded research in surgical simulation as facilitated by available funding.
- Expanded revenue base in novel areas of health technology assessment and other evidence-based work areas.

Key Performance Indicators

- Outcomes of Health Technology Assessments broadly promoted and published to the surgical community.
- Successful project applications both nationally and internationally, with continued publications in the peer reviewed and 'lay' literature.
- Expanded surgical simulation research to examine the needs and requirements of Trainees and junior doctors, and to address the barriers precluding their uptake of surgical simulation for training.
- Successful development of products, tools and services that can be offered in a commercial manner.

Mortality Audits

Key Result Area

- Mortality audits based in all hospitals across Australia 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.

Key Performance Indicators

- Increased dissemination of high quality reports to hospitals, with progressive alignment to key quality, accreditation and credentialing requirements.
- Strong cross-membership and cross-activity between regional and mortality audit committees.

Morbidity Audits

Key Result Area

- Audit tools able to support surgical practice. Encourage proper and contextual morbidity and mortality meetings in hospitals.
- RACS is recognised as a leader in managing surgical audits.

Key Performance Indicators

- Morbidity audits (MALT) capacity progressively available to all Trainees, International Medical Graduates and Fellows. This includes SNOMED as a universal coding approach and a peer review capacity.
- RACS successfully manages audit tools for procedural societies.

Research Scholarships

Key Result Area

- Promote surgical research and innovation to the whole surgical community, including SET Trainees.
- Work with the Scholarship Evaluation and Monitoring Committee to ensure the breadth, type and funding allocations of scholarships meets the audience needs.

Key Performance Indicators

- Scholarships profiled more effectively in surgical and research

literature, as well as internal publications to increase funding opportunities.

- Innovating new or modify existing scholarships to meet identified needs.

Academic Surgery

Key Result Area

- Academic Surgery including the competencies of leader, 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

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

Project Office

Key Result Area

- Ensure all systems, policies and procedures are consistent with RACS and ISO approach.
- Through business development activities identify additional funding streams, which may include partnerships and collaborations, across audit and research activities, particularly ASERNIP-S.

Key Performance Indicators

- All systems reviewed with key HR, Finance, IT departments.
- Additional funding streams identified and progressed.

External Affairs

RACS Global Health

Key Result Area

- Support health systems in the Asia-Pacific region to provide improved health services to their communities through training and mentoring national health professionals.
- Deliver essential secondary and tertiary medical and surgical services that are unavailable locally, to reduce the burden of surgically treatable conditions in the Asia-Pacific.
- Advocate for access to safe surgery and surgical standards within the global health agenda.

Key Performance Indicators

- Maintain meaningful engagement with ministries of health in the Pacific and South East Asia regions, other medical and procedural colleges and in-country partners.
- Strengthened national health care capacity.

- Visiting teams will work closely with their national counterparts, sharing their skills and expertise, to support the development of local health care systems to better provide medical services into the future.
- Promote international surgical interchange and increase the interaction between the surgical communities of ANZ and countries in Southeast Asia and the Pacific.
- Advocacy and collaboration with the global surgical community to advance the global surgery agenda.

Conference and Events

Key Result Area

- RACS continues to profile innovative delivery of conference material via conventional and social media outlets.
- 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.

- Profile effective conferences and events for Specialty Societies and other medical groups as both a supportive and financially rewarding endeavour.

Key Performance Indicators

- Ensure the delivery of innovative ASC educational material, including via social media.
- RACS progressively partners with other organisations to bring conferences to Australia and New Zealand.
- Events are organised and completed with positive outcomes evidenced by strong attendance and positive financial result.





Relationships and Advocacy

Communications and Advocacy

Key Result Area

- Improve and maintain proactive RACS internal and external communication through traditional and social media channels and increase brand awareness of RACS and FRACS.
- Through analysis, evaluation and consultation identify, prioritise and progress key advocacy issues with specific outcomes.
- Enhance surgeons' skills in responding to the media and engaging in social media.
- Increase the profile of key publications including Surgical News and ANZ Journal of Surgery.

Key Performance Indicators

- Increase awareness and understanding of the RACS communication and advocacy strategies, building positive capacity around the Social Media framework.
- Ensure all relevant stakeholders are actively consulted in order to identify, prioritise, progress and respond to key proactive and reactive issues.
- Provide proactive communication and advocacy support to RACS Councillors.
- Positive feedback from political and other stakeholders.

Council and Governance

Key Result Area

- 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.

- Develop and implement strategies for cultural change around zero tolerance of discrimination, bullying and sexual harassment within the workplace.

Key Performance Indicators

- Direction setting and monitoring, compliance and risk management are fulfilled and based on quality improvement strategies.
- Continue to improve and monitor roles and expectations for the Council/Executive, Boards/Committees and both Specialty and Fellowship Elected Councillors.
- Implementation of recommendations from the Expert Advisory Group.

Workforce Assessments

Key Result Area

- 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 to meet national surgical workforce planning needs.

Key Performance Indicators

- Undertake bi-annual large scale surveys of the surgical workforce with subsequent data analysis and work with other stakeholders undertaking workforce assessments to coordinate information.
- Ongoing dialogue with departments of health to provide recommendations for an adequate and self-sufficient surgical workforce in Australia and New Zealand.

National Board/Regional Committees and Offices

Key Result Area

- Build / maintain relationships with key stakeholders including the specialty societies, medical colleges, researchers, government and statutory agencies and elected members of Parliament to progress advocacy priorities.
- Regional committee and office activities to involve medical students, surgical interest groups, junior doctors, Trainees, International Medical Graduates (IMG), Younger Fellows and Māori, Aboriginal and Torres Strait Islanders in order to develop the surgeons of the future.
- Regional activities align with the RACS vision of supporting and enhancing the contribution of surgeons to the broader community, surgical education, research and practice.

Key Performance Indicators

- Contribute to a cohesive RACS advocacy approach by meeting with key stakeholders, developing collaborative advocacy projects, and providing submissions to reviews / consultation documents.
- Provide briefings to Health Ministers, other elected members of Parliament, and government agencies and engage regularly with hospitals within jurisdiction.
- Regional committee and staff to participate in medical student events, promote JDocs framework and foster support for Younger Fellows, Trainees and IMGs through provision of educational and other activities.
- Profile and recognise Fellows who have contributed over the decades of their professional career.

Foundation for Surgery

Key Result Area

- Increase donor base through enhanced profile and breadth of fundraising activities.

Key Performance Indicators

- Modify existing and/or create new approaches to fundraising, maximising engagement of Fellows, Councillors and Foundation Board.

high performance and excellence in customer service provision to all internal and external stakeholders.

- Workplace Health and Safety is supported through an appropriate structure and system including regular communication and reporting.
- Ongoing emphasis on staff culture aligned to RACS values and defined appropriate behaviours that support best practice internal and external customer service.

- Ensure staff and managers are knowledgeable about their responsibilities in maintaining a safe and healthy workplace. Maintain compliance with OHS and WHS regulators and workplace incidents are below agreed targets.
- RACS values are regularly highlighted along with acceptable and non-acceptable behaviours, incorporated into ongoing activities, and appraised against performance and competencies.

Human Resources

Key Result Area

- Provide innovative and strategic services to recruit and retain staff who are committed to an ethos of

Key Performance Indicators

- HR services focus on RACS attracting suitably skilled and qualified talent, maintaining staff tenure, and increasing engagement and leadership development of identified talent.





Resources

Finance and Audit

Key Result Area

- Ongoing review of business models to ensure they are sustainable. 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.
- Empower the RACS Council and committee structure through clear delegation, while continuing to simplify the process of transparently reporting on resource utilisation.
- Incorporation of risk management processes across RACS activities.

Key Performance Indicators

- E-commerce incorporated optimally to support Trainees' and Fellows' online services with RACS.
- RACS Corpora continues to be maintained for current activities as well as being developed for additional activities as determined by Council.
- Delegation manual outlines all relevant powers.
- Finances / reports transparent and easy to understand.
- Ensure risk management and appropriate audit reviews are routinely incorporated into the RACS operational activities.

Information Technology

Key Result Area

- 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-videoconferencing.
- All business and transactional models support privacy and information security requirements.

Key Performance Indicators

- The Digital College systems particularly for educational and professional development activities are progressively implemented.
- Time required to interact with RACS is minimised.
- Ongoing review of systems to ensure IT security, correct handling of all private information and handling of audit data to ensure appropriate alignment with QP requirements, global standards and applicable legislation.

Facilities

Key Result Area

- Maintain property facilities appropriately to ensure they meet the current and future needs of Fellows, staff and external customers.
- Ensure proper balance of facilities utilisation achieved.

Key Performance Indicators

- RACS space is used efficiently and effectively in order to meet increasing demand from key stakeholders.

- Strategic review of property requirements across RACS with view to developing differing models of owning or renting properties.

Archives and Records management

Key Result Area

- Full utilisation of the Electronic Document and Record Management System (eDRMS) 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

- eDRMS is fully incorporated into operations.
- Further development of website based archive / museum resources for Collections, Archives and Museum.

Collections

Key Result Area

- 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

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

Council 2015-2016

Senior Office Holders



“We aim to be the leading advocate for surgical standards, professionalism and surgical education.”

President
David Watters OBE

Fellowship



Chair, Professional Development and Standards Board
Julian Smith

Chair, Professional Standards
Catherine Ferguson

Chair, Professional Development
Spencer Beasley

Chair, Fellowship Services
Richard Perry

Chair, Research, Audit and Academic Surgery
Ian Bennett

Chair, External Affairs
Phillip Carson

Education



Censor-in-Chief
Phil Truskett AM

Chair, Court of Examiners
John Batten

Chair, Board of Surgical Education and Training
Julie Mundy

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

Chair, Skills Education Committee
David Theile

Chair, Post Fellowship Education and Training Committee
Catherine Ferguson

Relationships & Advocacy



Vice President
Graeme Campbell

Chair, Board of Regional Chairs
Lawrie Malisano

Chair, Workforce
Barry O'Loughlin

Resources



Treasurer
Marianne Vonau OAM

Deputy Treasurer
Andrew Brooks

Fellowship Elected Councillors

John Batten
 Spencer Beasley
 Ian Bennett
 Graeme Campbell
 Phillip Carson
 Catherine Ferguson
 Andrew Hill
 Sally Langley
 Lawrie Malisano
 Barry O'Loughlin
 Richard Perry
 Jonathan Serpell
 Julian Smith
 Phil Truskett AM
 Marianne Vonau OAM
 David Watters OBE

Specialty Elected Councillors

Julie Mundy
 Cardiothoracic Surgery
 David Fletcher
 General Surgery
 Bruce Hall
 Neurosurgery
 Roger Paterson
 Orthopaedic Surgery
 Neil Vallance
 Otolaryngology Head and Neck Surgery
 Anthony Sparnon
 Paediatric Surgery
 David Theile
 Plastic and Reconstructive Surgery
 Andrew Brooks
 Urology
 John Crozier
 Vascular Surgery

Co-opted Members

The Hon Rob Knowles AO
 Expert Community Advisor
 Garry Wilson KStJ
 Expert Community Advisor
 Ruth Mitchell
 RACS Trainees' Association Representative

Co-opted Representative

Genevieve Goulding
 President, Australian and New Zealand College of Anaesthetists

Invited Observers

Christine Lai
 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



RACS Regional Committees



Australian Capital Territory

Chair

Sivakumar Gananadha

Committee Members

Ailene Fitzgerald
Wendell Neilson
John Tharion

Co-opted Members

Hin Fan Chan
Yi He
Glenn McKay
Frank Piscioneri
Calista Spiro

Ex-officio Members

Andrew Brooks
John Crozier
Phillip Truskett

New Zealand

Chair

Randall Morton

Deputy Chair

David Adams

Honorary Treasurer

Nicola Hill

Committee Members

Robert Coup
Elizabeth Dennett
Gary Duncan
Philippa Mercer
Jesse Kenton-Smith
Jonathan Koea
Richard Reid

Specialty Representatives

Peter Alison
Philippa Mercer
Suzanne Jackson
Jean-Claude Theis
Robert Allison
Stephen Mark
Justin Roake
Sally Langley
Spencer Beasley

Co-opted Members

Ramez Ailabouni
Andrew MacCormick
Judith Potter

Ex-officio Members

Catherine Ferguson
Andrew Hill
Richard Perry
Garry Wilson
Sally Langley
Spencer Beasley

New South Wales

Chair

Mary Langcake

Deputy Chair

Raffi Qasabian

Committee Members

Steven Leibman
Tim Musgrove
Sally Butchers
Andrew Bean
Philip J Crowe
Michael Edye
Douglas Fenton-Lee
Richard Harvey
Ken Loi
Payal Mukherjee

Co-opted Members

Andrew Armstrong
Ricardo Hamilton
Philip Chang
Emily Granger
Ravi Huilgol
Upeksha De Silva
Tasha Micheli
Paul Curtin
Nirmal Patel
Shehnarz Salindera
David Storey
Soundappan Venkatraman

Northern Territory

Chair

John Treacy

Committee Members

Patrick Bade
Mahiban Thomas
Sanjay Kalgutkar

Co-opted Members

Vignesh Narasimhan
Abdallah Elsabagh

Ex-officio Members

Phillip Carson

Queensland

Chair

Owen Ung

Deputy Chair

Brian McGowan

Honorary Treasurer

Deborah Bailey

Committee Members

Reza Adib
Praga Pillay
Christina Steffen
Jefferson Webster
Emma Secomb
Ray Lancashire
Robert Tam
Ken Cutbush
Anthony Kiosoglous

Co-opted Members

John Quinn
Richard Lewandowski
Sarah Byrne
Joanne Dale
Sandy Grieve
Brett Halliday
Bernard Whitfield

Ex-officio Members

Marianne Vonau
Julie Mundy
Lawrence Malisano

Bruce Hall
Barry O'Loughlin
Ian Bennett
David R Theile

South Australia

Chair

Sonja Latzel

Vice Chair

David Walters

Committee Members

Peter Subramaniam
Jayme Bennetts
Day Way Goh
Phil Worley
Daniel Spernat
Matthias Wichmann
Harshita Pant
George Balalis

Co-opted Members

Roger Woods
David Walsh
Christine Lai
Robert Whitfield
Amal Abou-Hamden
Trevor Collinson
Angelo Ricciardelli

Ex-officio Members

Anthony Sparnon
Roger Paterson

Tasmania

Chair

Brian Kirkby

Committee Members

Nishanti Gurusinghe
Mary Self
James Roberts-Thomson
Girish Pande
David Penn
Raj Gogia
Nusa Naiman

Co-opted Members

Hung Nguyen
David Stary
Stephen Wilkinson
Richard Turner
Robert Bohmer
Andrew Castley
Greg Harvey
Jack Pang

Ex-officio Members

John Batten

Victoria

Chair

Jason Chuen

Deputy Chair

Wanda Stelmach

Secretary

Nicole Yap

Treasurer

David Love

Committee Members

Sean Mackay
Franklin Pond
Robert Stunden
Salena Ward
Ramin Shayan
Susan Shedda
Adrian Fox

Co-opted Members

Liang Low
Niall Corcoran
Francis Miller
Luke Bradshaw
Debra Devonshire
Michael Wilson
Rachael Knight
Heather Mack
Su-Wen Loh
James Chiu
Bruce Waxman
Wai-Ting Choi

Ex-officio Members

Julian Smith
Graeme Campbell
David Watters
Jonathon Serpell
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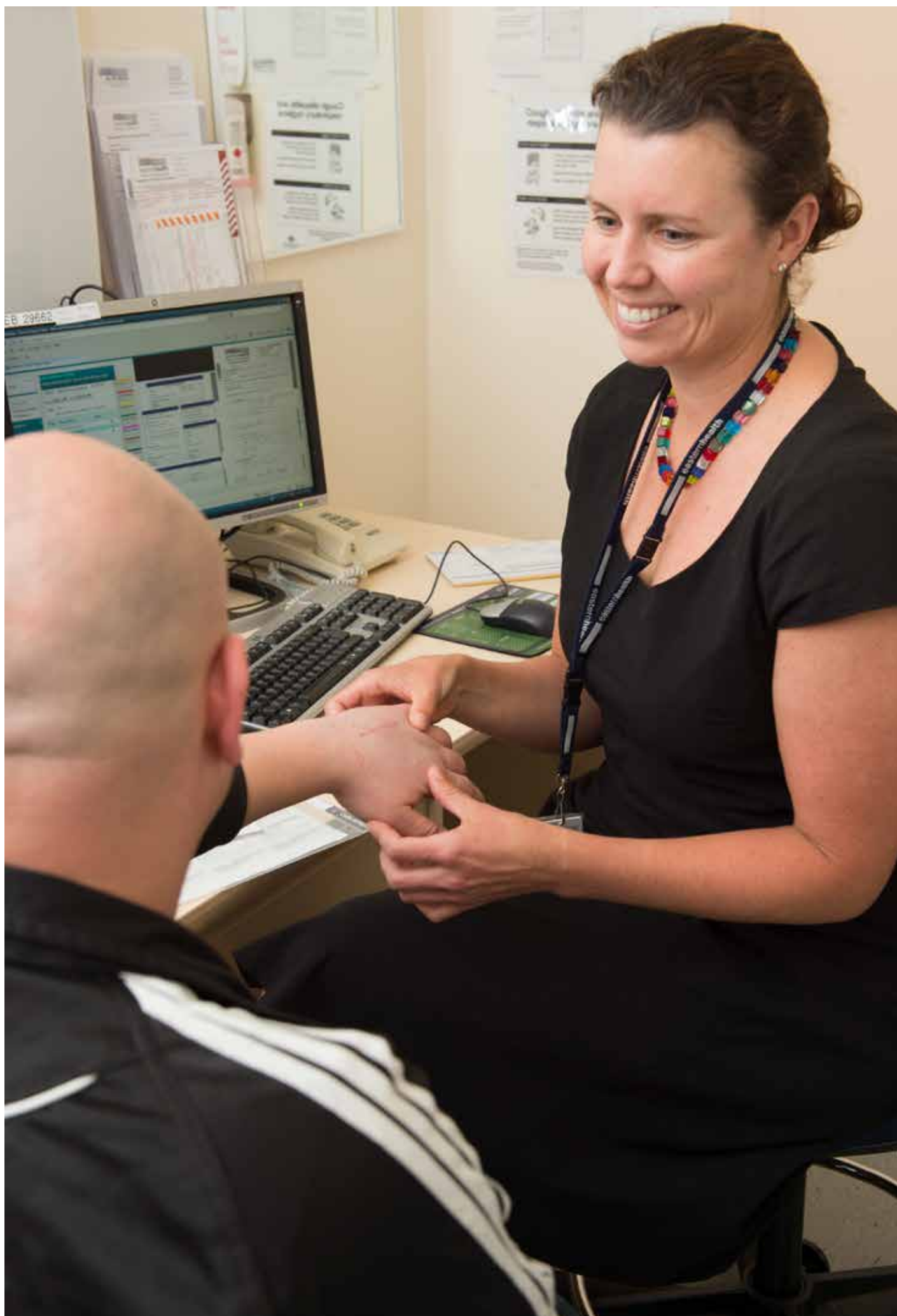
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Flora Gilkison



RACS Management

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Chief Executive Officer
David Hillis

Relationships and Advocacy

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Deborah Jenkins

President and Council
Margaret Rode

Workforce Assessment
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Communications & Advocacy
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Human Resources
Sharon Hallett

Foundation for Surgery
Jessica Redwood

NZ Regional Office
Justine Peterson

ACT Regional Office
Eve Edwards

NSW Regional Office
Allan Chapman

QLD Regional Office
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SA Regional Office
Daniela Ciccarello

TAS Regional Office
Dianne Cornish

VIC Regional Office
Denice Spence

WA/NT Regional Office
Angela D'Castro

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Director
Ian Burke

Finance
Adam Shepard

Information Technology
Elisabeth Howson

Facility Management
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Museum & Art Gallery
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Archives and Records
Management
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Education Development & Assessment

Director
Kathleen Hickey

Skills Training
Ellen Webber

Education Development & Research
Zaita Oldfield

Pre-Vocational & Online
Education
Jacky Heath

Skills Centre
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Examinations
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Education Training & Administration

Director
Glenn Petrusch

Surgical Training
Fiona Bull

IMG Assessments
Toula Panagopoulos

Training Projects
Fiona Morrow

Fellowship & Standards

Director
John Biviano

Professional Standards
Rebecca Clancy

Professional Development
Michelle Barrett

Fellowship Services
Philip Vita

Library
Graham Spooner

Website
Grant Matthews

Research, Audit and Academic Surgery

Director
Wendy Babidge

Project Office & Scholarships
Pip Coleman

ASERNIPS
Alun Cameron

Morbidity Audits & Logbook
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Mortality Audits
Gordon Guy

External Affairs

Director
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Events Management
Lindy Moffat

Global Health & International
Scholarships
Lito De Silva

Dean of Education
Stephen Tobin

Executive Director for
Surgical Affairs Australia
John Quinn

Executive Director
for Surgical Affairs
New Zealand
Richard Lander

Contacts

Head Office

Royal Australasian College of Surgeons

College of Surgeons' Gardens
250-290 Spring Street
East Melbourne VIC 3002
T +61 3 9249 1200
F +61 3 9249 1219
E college.sec@surgeons.org
www.surgeons.org

RACS Regional Offices

Australian Capital Territory

Unit 4, 13 Napier Close
Deakin ACT 2600
T +61 2 6285 4023
F +61 2 6285 3366
E college.act@surgeons.org

New South Wales

Suite 1, Level 26 201 Kent Street
Sydney NSW 2000
T +61 2 8298 4500
F +61 2 8298 4599
E college.nsw@surgeons.org

New Zealand

Level 3, 5-8 Kent Terrace
Mount Victoria, Wellington 6011
PO Box 7451
Newtown, Wellington 6242
T +64 4 385 8247
F +64 4 385 8873
E college.nz@surgeons.org
www.surgeons.org

Northern Territory

Darwin Public Hospital
Rocklands Drive, Tiwi NT 0810
GPO Box 41326
Casuarina NT 0811
T + 61 8 8944 8302
E college.nt@surgeons.org

Queensland

Level 2, 59-69 Shafston Ave
Kangaroo Point QLD 4169
PO Box 7647
East Brisbane QLD 4169
T +61 7 3249 2900
E college.qld@surgeons.org

South Australia

51-54 Palmer Place
North Adelaide SA 5006
T +61 8 8239 1000
E college.sa@surgeons.org

ASERNIP-S

199 Ward Street
North Adelaide SA 5006
PO Box 44
North Adelaide SA 5006
T +61 8 8219 0900
F +61 8 8219 0999
E asernips@surgeons.org

Tasmania

147 Davey Street
Hobart TAS 7000
T +61 3 6223 8848
F +61 3 6223 5019
E college.tas@surgeons.org

Victoria

250-290 Spring Street
East Melbourne VIC 3002
T +61 3 9249 1255
F +61 3 9249 1256
E college.vic@surgeons.org

Western Australia

184 Hampden Road
Nedlands WA 6009
T +61 8 6389 8600
F +61 8 6389 8698
E college.wa@surgeons.org

Specialty Societies & Associations

Australian And New Zealand Association of Paediatric Surgeons

250–290 Spring Street
East Melbourne VIC 3002

T +61 3 9276 7416
F +61 3 9249 1240
E college.anzaps@surgeons.org
www.paediatricsurgeons.org

Australia And New Zealand Society of Cardiac And Thoracic Surgeons

Suite 512, Eastpoint
180 Ocean Street
Edgecliff NSW 2027

T + 61 2 9328 0605
F + 61 2 9362 1433
E info@ascts.org
www.anzscts.org

Australian And New Zealand Society For Vascular Surgery

250–290 Spring Street
East Melbourne VIC 3002

T +61 3 9276 7414
F + 03 9249 1119
E anzsvs@surgeons.org
www.anzsvs.org.au

Australian Orthopaedic Association

Level 12, 45 Clarence Street
Sydney NSW 2000

T +61 2 8071 8000
F +61 2 8071 8002
E admin@aoa.org.au
www.aoa.org.au

Australian Society of Otolaryngology Head And Neck Surgery

Suite 403, Level 4
68 Alfred Street
Milsons Point NSW 2061

T +61 2 9954 5856
F +61 2 9957 6863
E info@asohns.org.au
www.asohns.org.au

Australian Society of Plastic Surgeons

Suite 503, Level 5
69 Christie Street
St Leonards NSW 2065

T +61 2 9437 9200
F +61 2 9437 9210
E info@plasticsurgery.org.au
www.plasticsurgery.org.au

General Surgeons Australia

250–290 Spring Street
East Melbourne VIC 3002

T +61 3 9276 7452
F +61 3 9249 1257
E admin@generalsurgeons.com.au
www.generalsurgeons.com.au

Neurosurgical Society of Australasia

250–290 Spring Street
East Melbourne VIC 3002

T +61 3 9249 1294
F +61 3 9249 1293
E college.nsa@surgeons.org
www.nsa.org.au

New Zealand Association of General Surgeons

Level 3, 5–8 Kent Terrace
Mount Victoria, Wellington 6011

PO Box 7451
Newtown, Wellington 6242
T +64 4 384 3355
E info@nzags.co.nz
www.nzags.co.nz

New Zealand Association of Plastic Surgeons

Level 3, 5–8 Kent Terrace
Mount Victoria, Wellington 6011

PO Box 7451
Newtown, Wellington 6242
T +64 4 803 3020
F +64 4 385 8873
E advice@plasticsurgery.org.nz
www.plasticsurgery.org.nz

New Zealand Orthopaedic Association

Greenock House
Level 12, 39 The Terrace
Wellington 6011

T +64 4 913 9891
F +64 4 913 9890
E admin@nzoa.org.nz
www.nzoa.org.nz

New Zealand Society of Otolaryngology Head And Neck Surgery

Level 3, 5–8 Kent Terrace
Mount Victoria, Wellington 6011

PO Box 7451
Newtown, Wellington 6242
T +64 4 385 8247
F +64 4 385 8873
E secretary@orl.org.nz
www.orl.org.nz

Urological Society of Australia And New Zealand

Suite 512, Eastpoint
180 Ocean Street
Edgecliffe NSW 2027

T +61 2 9362 8644
F +61 2 9362 1433
E education@usanz.org.au
www.usanz.org.au

For more information contact

Royal Australasian College of Surgeons

T +61 3 9249 1200

F +61 3 9249 1219

E college.sec@surgeons.org

www.surgeons.org



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