

# Strategic Plan / Business Plan 2017-2018









## President's Message

On behalf of the College Council I have pleasure in presenting the business plan for 2017 - 2018. 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 fore-front 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.

**Mr Phil Truskett AM**  
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.

The College 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: Cardiothoracic surgery, General surgery, Neurosurgery, Orthopaedic surgery, Otolaryngology Head-and-Neck surgery, Paediatric surgery, Plastic and Reconstructive surgery, Urology and Vascular surgery.

## Vision

Leading surgical performance, professionalism and improving patient care.

## Mission

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

## RACS Values

- Service
- Integrity
- Respect
- Compassion
- Collaboration

**"BELITTLING OTHERS IS A SIGN OF INSECURITY...BE PART OF THE SOLUTION, NOT THE PROBLEM."**

Chris Pyke PhD, FRACS, FACS, Associate Professor of Surgery, University of Queensland

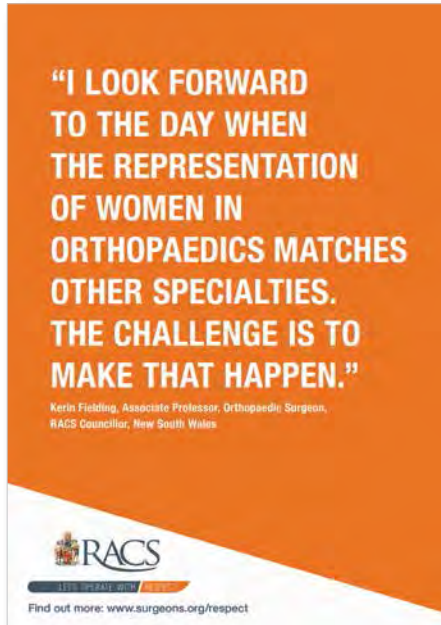


**RACS**  
LET'S OPERATE WITH RESPECT

Find out more: [www.surgeons.org/respect](http://www.surgeons.org/respect)

**"I LOOK FORWARD TO THE DAY WHEN THE REPRESENTATION OF WOMEN IN ORTHOPAEDICS MATCHES OTHER SPECIALTIES. THE CHALLENGE IS TO MAKE THAT HAPPEN."**

Kerin Fielding, Associate Professor, Orthopaedic Surgeon, RACS Councillor, New South Wales



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**"CULTURAL CHANGE WILL COME WHEN WE ALL UNDERSTAND THE LINK BETWEEN OUR BEHAVIOUR AND PATIENT SAFETY."**

Adrian Amis, General Surgeon, RACS Councillor, South Australia



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LET'S OPERATE WITH RESPECT

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**MOST OF US HAVE EXPERIENCED BULLYING OR WE'VE SEEN IT HAPPEN. WE NEED TO OWN THE PROBLEM AND DO SOMETHING ABOUT IT.**

*Jason Chuen, Vascular and Endovascular Surgeon*



LET'S OPERATE WITH RESPECT



# Pillars and Strategic Objectives 2014-2018

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## To champion professionalism and standards in surgical practice and education.

- 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 RACS is seen as a leader in relation to eliminating and changing the culture around discrimination, bullying and sexual harassment within the work place.

## To support and enhance the contribution of surgeons to the broader community.

- Support and assist Fellows through all stages of their professional careers.
- Promote and support surgical leadership across education, standards and research.
- Be actively involved in surgical service development for 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.
- Lead the evaluation of new techniques and technology and their responsible uptake into practice.
- Effectively promote the RACS image and enhance the public recognition of the FRACS brand.

## To develop and maintain strong external relationships.

- Collaborate with all procedural specialties, and the Specialty Societies, to strengthen the culture that enables surgeons to act in the best interest of their patients and the community.
- Be recognised as the leading advocate for surgery's contribution to the health and well-being of patients, including participation in global health advocacy.
- Work proactively with government to ensure an adequate and accessible surgical workforce for the communities we serve.

## To ensure the most effective use of resources.

- 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.
- Use our current facilities and newer technologies effectively.
- Review and adapt our business models to ensure they continue to support the development and delivery of our strategic objectives.

# Education, Development and Assessment

## Education Development and Research

### Key Result Area

- 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

- 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 (PGY) 1, PGY2 and PGY3 through provision of courses, examinations, simulated learning environments and opportunities for mentoring.
- Provide strategic support for eLearning delivery.

### Key Performance Indicators

- Implement 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.
- Develop and accredit appropriate professionalism courses.
- High standard web delivery of educational resources.
- Implement a revised eLearning Strategy.

## 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 ongoing examiner training.
- 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.

### Key Performance Indicators

- Increased profile of centre for internal and external clients.

## 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 improvement and review of delivery methodology.

### Key Performance Indicators

- Development of a comprehensive course approach to Discrimination, Bullying and Sexual Harassment and other technical and non-technical skills.
- Core requirement of non-technical skills progressively emphasised.
- Development of e-learning modules that are applicable for JDocs and complement the ASSET, EMST, CCrISP, TIPS and CLEAR courses.
- Develop and implement marketing strategy to ensure fully subscribed courses.





# Education and Training Administration

## International Medical Graduates

### Key Result Area

- Achieve more effective supervision and support of IMGs, with appropriate training of clinical assessors.
- Ensure that there is a voice for IMGs issues at all levels of RACS.
- 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.
- Advocate for better assessment opportunities for IMGs in well supported clinical posts.
- Active support for IMGs provided by the IMG Assessment Department and the Regional Offices.

### Key Performance Indicators

- All clinical assessors complete the recommended educational programs.
- Role of the Clinical Director, IMG Assessment and Support is well defined and profiled across RACS activities.
- IMGs are more represented on RACS committees.
- Assessment process that is free of Discrimination, Bullying and Sexual Harassment. Provide useful online and mobile MSF and other tools.
- Assessment posts are developed in major and regional/rural hospitals that can provide assessment and ongoing linkages to regional and rural areas.
- Structured and regular programs for learning and support are available through Regional Offices.
- Increased success of IMG's achieving fellowship.

## Surgical Training

### Key Result Area

- Ensure that RACSTA's voice is heard at all levels of RACS.
- Maintain the pre-eminence of the RACS training program through partnering particularly with the Specialty Societies.
- Achieve more effective supervision and assessment of Trainees, with the assessment and training of supervisors, in conjunction with the Academy of Surgical Educators.
- Monitor the quality of the training posts of the nine training programs from the Trainees' perspective.
- Support boards by providing appropriate training for chairs and members to ensure they have the skills and knowledge to make appropriate, fair and transparent decisions.





- Identify opportunities for supporting flexible training and identifying opportunities for Indigenous Trainees.
- To progress gender equity concerns, encouraging women to pursue a surgical career, particularly through trainees accessing flexible training positions.

#### Key Performance Indicators

- Training programs free from bullying, harassment or prejudice are endorsed across all specialties.
- Trainees are involved with all appropriate committees.
- Maintain AMC and MCNZ accreditation. Continued compliance assessment of specialty board Regulations against RACS policies.
- All supervisors, senior trainees and clinical assessors complete the recommended educational programs.
- Develop and implement survey to assess quality of training posts.
- Continued engagement through the Board of Surgical Education and Training with focus on governance and decision making.
- Explicit and supportive curriculum that encompasses all aspects of selection requirements, education, training, assessment, supervision and hospital accreditation.
- Develop initiatives around gender equity, flexible training and understanding issues around female attrition rates.
- Through the Post Fellowship Education and Training Committees, and in consultation with the Specialty Societies, continue to accredit post fellowship training programs.
- Continue to expand training possibilities in non- traditional settings, particularly emphasising generalist training roles and the increased use of the private sector.



#### Key Performance Indicators

- Develop a competency based model for surgical gastrointestinal endoscopy training and recertification in Australia and New Zealand.
- Identify and promote issues of advocacy.
- Implementation of an efficient assessment process.
- Advocacy with the Department of Health resulting in extension of the Specialist Training Program for 2018-2020.

## Training Projects

#### Key Result Area

- Develop standards and advocacy for Surgical Endoscopy training, credentialing and professional development in Australia and New Zealand.

# 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.
- Ensure cohesive and proactive involvement in healthcare sustainability initiatives such as Choosing Wisely and Medicare Review.

### Key Performance Indicators

- Develop position papers and standards which focus on clinical standards and issues of professionalism.
- All fellows actively engaged in a recognised CPD program and provide documentation of this.
- 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 Discrimination, Bullying and Sexual Harassment.
- Verification rate is maintained at 7 per cent annually, with the verification process as automated as possible.

- Achieve recognition of the program by regulators.
- Ongoing collaboration with stakeholders 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 across the RACS competencies.







### Key Performance Indicators

- Professional development resources are available in multiple learning modalities.
- There is a particular focus on the building respect improve patient safety action plan.
- The Foundation Skills Course for Surgical Educators is made available for all Fellows involved in RACS training and education.
- The Academy of Surgical Educators Recognition Awards are offered annually.
- Clinical leadership programs provided particularly looking at the role of surgical leaders and responding to building respect improve patient safety.

## 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.

### Key Performance Indicators

- Progressive implementation and monitoring of the RACS Reconciliation Action Plan 2016-2017 and Māori Action Plan 2016-2018.
- Advocacy plan developed with all key sections.
- Involvement in submissions on key public health and community issues.

## Library and Information

### 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

- Continue to improve effective access and tailoring of resources and services to all specialties.

## 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.

## Complaints Resolution

### Key Result Area

- Complaints process refined and its purpose understood and supported by RACS Committees.

### Key Performance Indicators

- New complaints management framework released.
- Communication strategies develop to inform all staff and Fellows/ Trainees/ International Medical Graduates as well as external shareholders.
- New complaints reporting system for Council finalised.

# Research and Academic Surgery

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## Research and Evaluation Incorporating 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 research activities and national/ international bodies and funders.
- Expanded surgically-related research and evaluation.
- Expand research and use of surgical simulation.

### Key Performance Indicators

- Outcomes of Health Technology Assessments broadly promoted and published to the surgical community.
- Successful development of products, tools and services that can be offered in a commercial manner.
- Successful project applications both nationally and internationally, with continued publications in the peer reviewed and 'lay' literature.
- RACS research and evaluation projects to be prioritised and undertaken, including areas of education, standards and advocacy.
- 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.

## Academic Surgery

### Key Result Area

- Continued implementation of the strategies to support academic research and the breadth of careers in academic surgery.

### Key Performance Indicators

- Closer collaborations with university and government departments/ agencies.
- Membership profile of section and involvement with activities.
- Research abstracts at key meetings.

## Research Scholarships

### Key Result Area

- Work with the Scholarship Evaluation and Monitoring Committee to ensure the breadth, type and funding allocations of scholarships and research grants meets requirements.

### Key Performance Indicators

- Update all relevant scholarship and research grant policies ensuring they reflect approvals for any changes to the scholarship program.
- Scholarship and research grant allocation.



# Surgical Audit

## 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 are provided (e.g. MALT) to support ongoing evaluation of surgical practice.

### Key Performance Indicators

- MALT and other tools continue to be available to the membership.

streams, which may include partnerships and collaborations, across audit and research activities.

### Key Performance Indicators

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

## Project Office

### Key Result Area

- Ensure all PO systems, policies and procedures are based on an ISO approach, incorporating appropriate risk measures.
- Through business development activities identify additional funding



# External Affairs

## RACS Global Health

### Key Result Area

- Advocate for access to safe surgery and surgical standards within the global health agenda.
- International development, scholarships and profile work is progressively self-supporting with either external funding or Foundation corpus development.
- 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, the Pacific, Indonesia and Myanmar.

### Key Performance Indicators

- Maintain meaningful engagement with ministries of health in the Pacific and South East Asia regions, other medical and procedural colleges and World Health Organization.

- Effectively manage the RACS advocacy role and appropriately profile International Scholarships and International Grants. These activities are progressively evaluated as to their success and impact.
- Program promoted within an appropriate risk managed framework. Ensure all activities delivered are aligned with the national or regional health priorities.

## 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 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.











# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

## VISION

Leading surgical performance, professionalism and improving patient care.

## MISSION

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

### KEY STRATEGIES

#### PILLAR 1

To champion professionalism and standards in surgical practice and education

#### PILLAR 2

To support and enhance the contribution of surgeons to the broader community.

#### PILLAR 3

To develop and maintain strong external relationships.

### VALUES

SERVICE

INTEGRITY

RESPECT



## 2017 IMPERATIVES INCLUDE:

### PILLAR 4

To ensure the most effective use of resources.

Significant progress in the Building Respect Campaign.

Achieve Australian Medical Council accreditation.

Make a difference in Indigenous and Māori health.

Continue to gain advantage from the Digital College investment.

COMPASSION

COLLABORATION



# Relationships and Advocacy

## Communications and Advocacy

### Key Result Area

- Improve and maintain proactive RACS internal and external communication to better profile RACS advocacy, Building Respect Improving Patient Safety initiatives, RACS events, scholarship recipients, Award recipients and contributions of Fellows.
- Ensure specialty societies, other medical Colleges and relevant organisations are consulted to identify and progress advocacy issues for RACS.
- Enhance surgeons' skills in responding to the media and engaging in social media.

### Key Performance Indicators

- Surgical News content is planned to cover these areas. Other RACS Communications channels promote these areas.
- All Comms/Policy staff contribute.
- Input from specialties and other colleges sought regularly and received.

- Evidence of improved proactive communication.
- Provide proactive communication and advocacy support and media training to College Councillors, Regional Chairs and other key Fellows.

## 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 maintain mutually beneficial relationships between RACS, hospitals, other medical colleges and jurisdictions that support the Building Respect Improving Patient Safety Action Plan.
- Ensure timely, regular and robust reporting through RACS publications and special communication of achievements against the Building Respect Improving Patient Safety Action Plan.

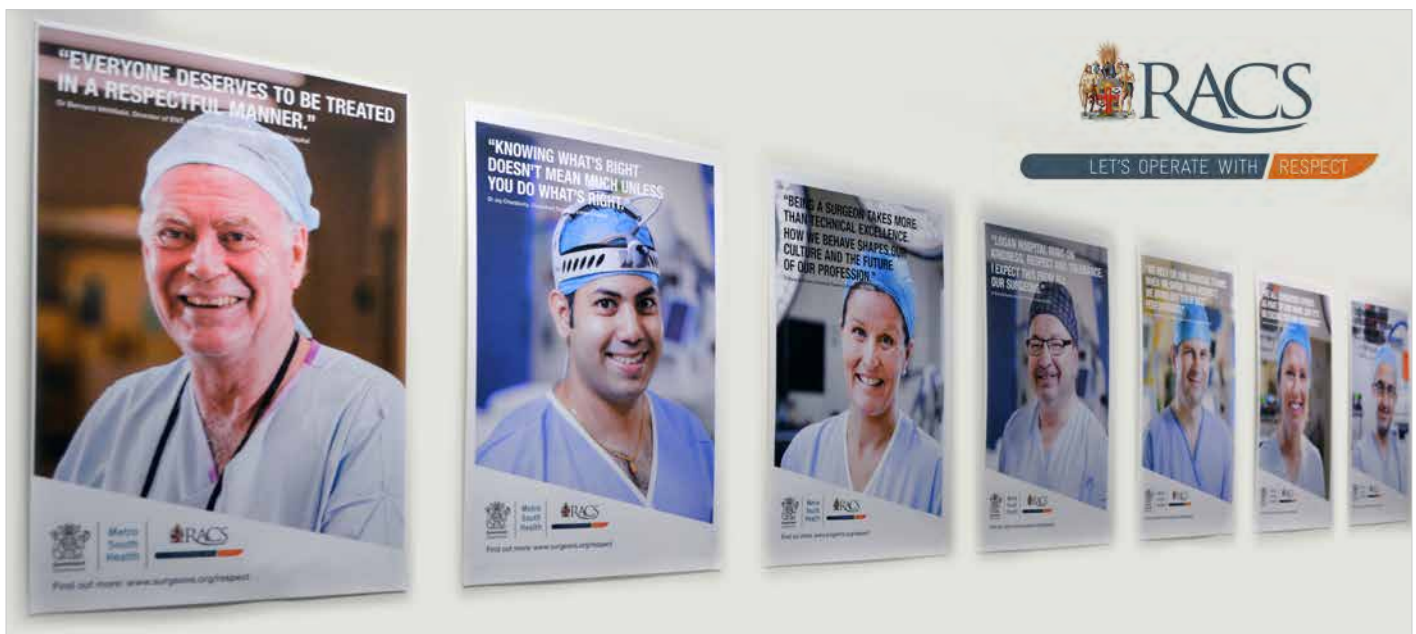
### Key Performance Indicators

- 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.
- Regular communications with MoU partners, leading to increased engagement by RACS Fellows, Trainees and IMGs.
- Compilation of annual report for Building Respect Improving Patient Safety.
- Milestones and events are highlighted as they occur.

## 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

- Through analysis, evaluation and consultation, identify prioritise and progress key advocacy issues for the region.
- Increased recognition of the contribution of Fellows, Trainees and IMGs to the College and community.

#### Key Performance Indicators

- Contribute to a cohesive and coordinated RACS advocacy approach including submissions to reviews, briefings with ministers/departments of health

and regular interaction with regional/ rural hospitals.

- Nomination targets are met for outstanding service to community awards. Nominations to other College awards are made by regional committees. Regional activities and events recognise contributions.

### Foundation for Surgery

#### Key Result Area

- Foundation collateral and promotion through Surgical News and other avenues profiles contributing Fellows and activities of RACS funded by Foundation.

#### Key Performance Indicators

- Number of donors and donations increase, more inquiries received as a result of better branding and highlighting of Fellows, Trainees, IMGs and supported activities.

### Human Resources

#### Key Result Area

- Ensure adequate resources and systems to recruit and develop staff, build capacity within the organisation and increase engagement.
- 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.

#### Key Performance Indicators

- HR services focus on RACS attracting suitably skilled and qualified talent, valuing staff tenure, increasing staff engagement and developing management leadership competencies.
- Ensure staff and managers are knowledgeable about their responsibilities in maintaining a safe and healthy workplace.
- Managers aware of duty of care responsibilities for staff. Maintain compliance with OHS and WHS regulators and workplace incidents are below agreed targets.
- EAP usage assessed to ensure wellbeing of staff is aligned to RACS values.
- RACS values are regularly highlighted along with acceptable and non-acceptable behaviours, understood by all staff, upholding values incorporated into ongoing activities, and appraised against performance, staff engagement and competencies in role.

# 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, whilst continuing to simplify the process of reporting on resource utilisation and adherence to agreed service levels and standards.
- Identify innovative funding opportunities across RACS.

### Key Performance Indicators

- E-commerce incorporated optimally to support Trainees' and Fellows' online services with the RACS.
- Consult across RACS to streamline financial requests and approvals processes.

- Ensure procurement reviews are conducted on a periodic basis for major expenditure areas.
- 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.
- Appropriate internal and external audit plans are in place across RACS with all improvement actions being addressed in a timely manner.
- Finances / reports transparent and easy to understand and distributed in an informative and timely fashion.
- Incorporated business plan discussions with key management staff as part of the annual budget program to identify funding and revenue growth opportunities.

## 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.
- Consult across RACS teams to ensure time required to interact with the College 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.
- Manage the overall Master Plan for Melbourne and support the Regions to ensure all office environments adhere to recognised standards, policies and directions with respect to owning or renting properties.





- Work with internal and external stakeholders to ensure high levels of customer satisfaction and utilisation are achieved.

## Archives and Records Management

### Key Result Area

- Full utilisation of the Electronic Document and Record Management System (eDRMS).
- Promote the Archive as a significant historical resource and facilitate improved access through effective collection management.

### Key Performance Indicators

- eDRMS is fully incorporated into operations with Records Management system in 2017.
- Enhance profile of Archive through web, social media and archive research queries.
- Support and ensure achievement of re-accreditation for the Museum in 2018.

## Collections

### Key Result Area

- Promote the Collections as a significant benefit to the surgical and broader community.

### Key Performance Indicators

- Prepare for and ensure achievement of re-accreditation for the Museum in 2018.
- Create a three-year plan which will include the identification of key promotional themes, define appropriate measures of success, lead to an increase in web and social media presence and outline an appropriate funding model.



# Council 2016-2017

## Senior Office Holders



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

President  
**Philip Truskett AM**

### Fellowship



Chair, Professional Development and Standards Board  
**Cathy Ferguson**

Chair, Professional Standards  
**Lawrie Malisano**

Chair, Professional Development  
**Sally Langley**

Chair, Fellowship Services  
**Richard Perry**

Chair, Research and Academic Surgery  
**Andrew Hill**

Chair, Surgical Audit  
**Adrian Anthony**

Chair, External Affairs  
**Phillip Carson**

### Education



Censor-in-Chief  
**John Batten**

Chair, Court of Examiners  
**Tony Sparron**

Chair, Board of Surgical Education and Training  
**Neil Vallance**

Deputy Chair, Board of Surgical Education and Training  
**Andrew Brooks**

Chair, Prevocational and Skills Education Committee  
**Jonathan Serpell**

Chair, Post Fellowship Education and Training Committee  
**Christopher Pyke**

### Relationships & Advocacy



Vice President  
**Spencer Beasley**

Chair, Board of Regional Chairs  
**David Fletcher**

### Resources



Treasurer  
**Julie Mundy**

Deputy Treasurer  
**Andrew Brooks**



### Fellowship Elected Councillors

Adrian Anthony  
John Batten  
Spencer Beasley  
Ruth Bollard  
Phillip Carson  
Jennifer Chambers  
Kerin Fielding  
Catherine Ferguson  
Annette Holian  
Andrew Hill  
Sally Langley  
Lawrie Malisano  
Richard Perry  
Christopher Pyke  
Jonathan Serpell  
Phil Truskett

### Specialty Elected Councillors

Julie Mundy  
Cardiothoracic Surgery  
David Fletcher  
General Surgery  
Bruce Hall  
Neurosurgery  
Greg Witherow  
Orthopaedic Surgery  
Neil Vallance  
Otolaryngology Head and Neck Surgery  
Anthony Sparnon  
Paediatric Surgery  
Geoffrey Lyons  
Plastic and Reconstructive Surgery  
Andrew Brooks  
Urology  
John Crozier AM CSM  
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

David Scott  
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  
Guy Maddern  
Surgical Director of Research and Evaluation



# RACS Regional Committees



## Australian Capital Territory

### Chair

Sivakumar Gananadha

### Deputy Chair

Ailene Fitzgerald

### Committee Members

Frank Piscioneri

Justin Pik

John Tharion

### Co-opted Members

Wendell Nielson

Glenn McKay

Rex Chan

Mike He

Ros Farhadieh

## New South Wales

### Chair

Raffi Qasabian

### Deputy Chair

Ken Loi

### Committee Members

Sally Butchers

Richard Harvey

Andrew Bean

Steven Leibman

Philip J Crowe

Payal Mukherjee

Michael Edge

Tim Musgrove

Douglas Fenton-Lee

### Co-opted Members

Andrew Armstrong

Ricardo Hamilton

Philip Chang

Tasha Micheli

Paul Curtin

Nirmal Patel

Upeksha De Silva

David Storey

Emily Granger

Shehnarz Salindera

Ravi Huilgol

Soundappan Venkatraman

## Ex-officio Members

Phillip Truskett

Andrew Brooks

Kerin Fielding

Jennifer Chambers

John Crozier

## New Zealand

### Chair

Randall Morton

### Deputy Chair

David Adams

### Honorary Treasurer

Nicola Hill

### Committee Members

Robert Coup

Elizabeth Dennett

Gary Duncan

Jesse Kenton-Smith

Jonathan Koea

Philippa Mercer

Richard Reid

### Specialty Representatives

Peter Alison

Sally Langley

Robert Allison

Philippa Mercer

Spencer Beasley

Stephen Mark

Suzanne Jackson

Jean-Claude Theis

Justin Roake

### Co-opted Members

Ramez Ailabouni

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Spencer Beasley



## Northern Territory

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Patrick Bade  
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Sanjay Kalgutkar  
Ollapallil Jacob

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### Co-opted Members

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Robert McCusker  
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Robert Whitfield  
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Adrian Anthony

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David Stary  
Luke Rayner  
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### Committee Members

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### Co-opted Members

Liang Low  
Niall Corcoran  
Francis Miller  
Nigel Broughton  
Wai-Ting Choi  
Christian Kenfield  
Alexander Heriot  
Michael Wilson  
Su-Wen Loh  
Tristan Leech  
Bruce Waxman  
Nicholas Low  
Peng Luen  
Jason Chuen

## Tasmania

### Chair

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### Committee Members

Nishanti Gurusinghe  
Mary Self  
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Girish Pande  
David Penn  
Brian Kirkby  
Nusa Naiman

# Specialty Societies & Associations



## Australian and New Zealand Society of Cardiac and Thoracic Surgeons

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Vice President

**Aubrey Almeida**

Honorary Secretary/Treasurer

**Jayne Bennetts**

Chief Executive Officer

**Michael Nugara**

Chief Operating Officer

**Nick Danes**



## Australian and New Zealand Society for Vascular Surgery

President

**Bernie Bourke**

President Elect

**Andrew Hill**

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General Manager

**Abby Richardson**



## Australian Society of Otolaryngology Head & Neck Surgery

President

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Vice President

**Philip Fisher**

Treasurer

**David Veivers**

Secretary

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## Australian and New Zealand Association of Paediatric Surgeons

President

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**Vacant**

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Executive Officer

**Terleetha Kruger**



## Australian Orthopaedic Association

President

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Second Vice President

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Chair of Education and Training

**Omar Khorshid**

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Scientific Secretary

**Ian Harris**

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President

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**Sarah Benson**

Director Education & Training

**Monica Carrarini**



### New Zealand Association of General Surgeons

President

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**Julian Speight**

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### New Zealand Society of Otolaryngology Head & Neck Surgery

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### Neurosurgical Society of Australasia

President

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**Sarah Olson**

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Secretary

**Alison Wray**

Chief Executive Officer

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### New Zealand Association of Plastic Surgeons

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Honorary Treasurer

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Executive Officer

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### Urological Society of Australia and New Zealand

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President

**Mr Richard Keddell**

Honorary Treasurer

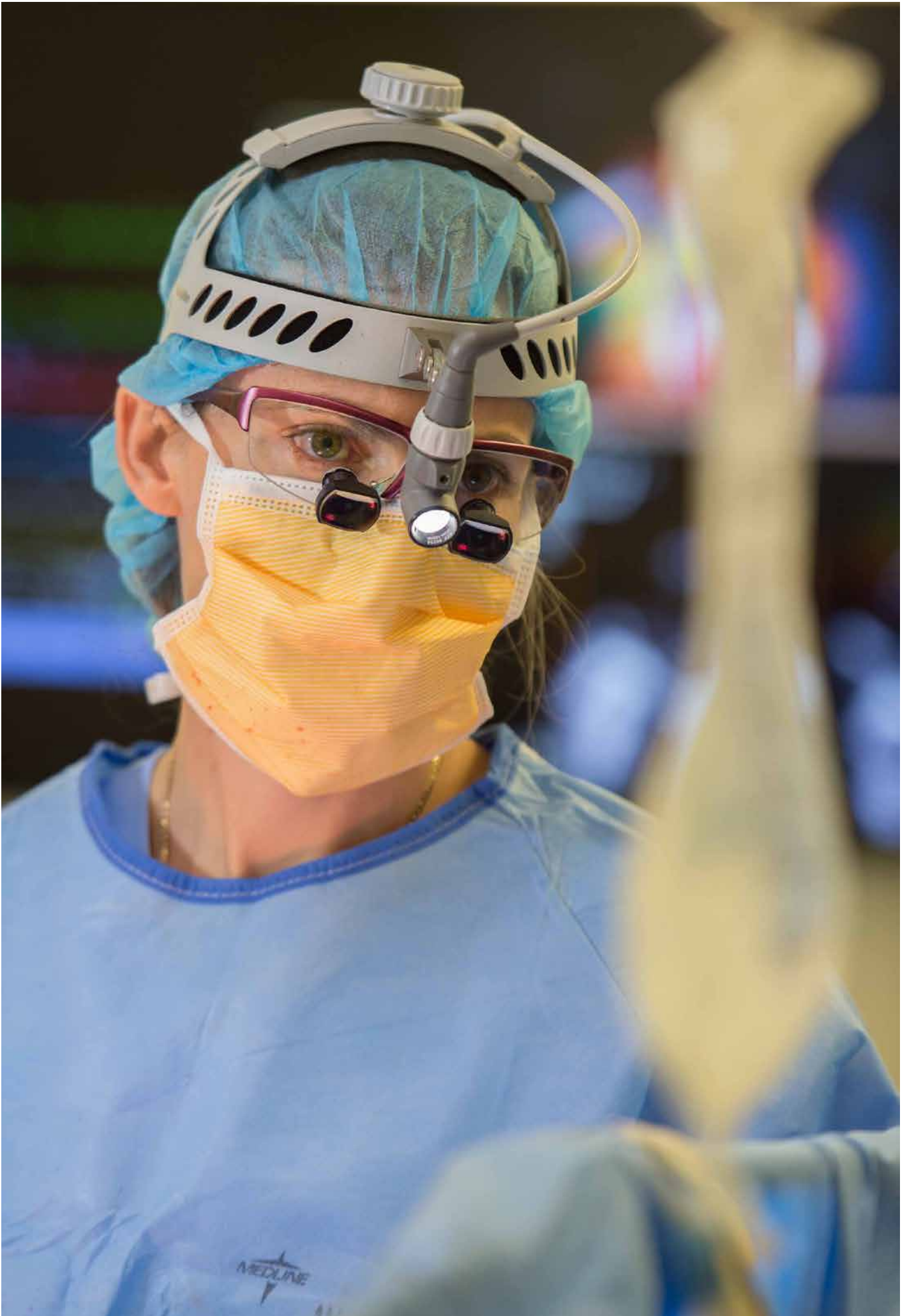
**Stewart Walsh**

Honorary Secretary

**Andrew Oakley**

Chief Executive Officer

**Andrea Pettett**





# RACS Management

## Leadership

### Chief Executive Officer

David Hillis

## Relationships

### Relationships & Advocacy

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**Margaret Rode**

Human Resources  
**Sharon Hallett**

Communications and Advocacy  
**Greg Meyer**

Workforce Assessment  
**Tricia Quek**

Foundation for Surgery  
**Jessica Redwood**

NZ - **Justine Peterson**  
ACT - **Amy Kimber**

NSW - **Allan Chapman**  
QLD - **David Watson**

SA - **Daniela Ciccarello**  
TAS - **Dianne Cornish**  
VIC - **Katherine Walsh**  
WA/NT - **Angela D'Castro**

## Executive Support

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**Bernadine McNamara**

CEO Office Manager  
**Sandra Findlay**

Quality, Risk and Compliance Manager  
**(Vacant)**

## Resources

### Resources

Andrew Parker

Finance  
**Adam Shepard**

Information Technology  
**Elisabeth Howson**

Facilities Management  
**John Sember**

Archives and Records Management  
**Elizabeth Milford**

College Collections  
**Geoff Down**

## Education

### Education Development & Assessment

Kathleen Hickey

Skills Training  
**Ellen Webber**

Education Development and Research  
**Zaita Oldfield**

Examinations  
**Laura Cotrone**

Pre-Vocational and Online Education  
**Jacky Heath**

Skills Centre  
**David Lawrence**

### Education Training & Administration

Glenn Petrusch

Surgical Training  
**Fiona Bull**

IMG Assessments  
**Toula Panagopoulos**

Training Projects  
**Fiona Morrow**

## Fellowship

### Fellowship & Standards

John Biviano

Professional Standards  
**Rebecca Clancy**

Professional Development  
**Robert Di Leva**

Complaints Resolution  
**Frances O'Connor**

Fellowship Services  
**Paul Cargill**

Library and Information  
**Graham Spooner**

Website  
**Grant Matthews**

### Research and Academic Surgery/Surgical Audit

Wendy Babidge

Project Office and Scholarships  
**Pip Coleman**

Research and Evaluation inc. ASERNIPS  
**Alun Cameron**

Academic Surgery  
**Tamsin Garrod**

Morbidity Audits and Logbook  
**Katherine Economides**

Mortality Audits  
**Gordon Guy**

### External Affairs

Daliah Moss

Conferences and Events  
**Lindy Moffat**

Global Health  
**Lito de Silva**

## Fellows

**Dean of Education**  
**Stephen Tobin**

**Surgical Director, Research and Evaluation**  
**Guy Maddern**

**Surgical Director, International Medical Graduates (IMG) Assessment and Support**  
**Graeme Campbell**

**Clinical Director, Morbidity Audit and Logbook Tool (MALT)**  
**Franklin Bridgewater**

**Clinical Director, Queensland Audit of Surgical Mortality (QASM)/Northern Territory Audit of Surgical Mortality (NTASM)**  
**John North**

**Clinical Director, Tasmanian Audit of Surgical Mortality (TASM)**  
**Robert Bohmer**

**Clinical Director, Western Australian Audit of Surgical Mortality (WAASM)**  
**James Aitken**

**Executive Director for Surgical Affairs (Australia)**  
**John Quinn**

**Executive Director for Surgical Affairs (New Zealand)**  
**Richard Lander**

**Annual Scientific Congress (ASC) Coordinator**  
**Roger Wale**

**Clinical Director, Australian Capital Territory Audit of Surgical Mortality (ACTASM)**  
**John Tharion**

**Clinical Director, South Australian Audit of Peri-Operative Mortality (SAAPM)**  
**Glenn McCulloch**

**Clinical Director, Victorian Audit of Surgical Mortality (VASM)**  
**Barry Beiles**

**Editor In Chief ANZ Journal of Surgery**  
**John Harris**

# Contacts

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## 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](mailto:college.sec@surgeons.org)  
[www.surgeons.org](http://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](mailto: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](mailto: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](mailto:college.nz@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](mailto: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](mailto:college.qld@surgeons.org)

### South Australia

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

Tenancy 5, Level 1 555 Lonsdale Street  
Melbourne VIC 3000

T +61 3 9642 4699  
F +61 3 9642 5611  
E administration@nsa.org.au  
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  
Edgecliff 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](mailto:college.sec@surgeons.org)**

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

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