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

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

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

Mike Hollands
EDUCATION, DEVELOPMENT AND ASSESSMENT

Education Development and Research and e-learning

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

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

Trainees’ Representation

Key Result Areas
1. Ensure that the Trainee’s voice is heard at all levels of RACS.
2. In collaboration with the jurisdictions, develop models that promote training which is more flexible for the Trainee whilst meeting hospitals’ service obligations.

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

Examinations

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

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

Skills Training

Key Result Areas
1. Courses addressing the non-technical competencies are developed, widely offered and incorporated into a life-long learning model.
2. Ensure the high quality and accessibility of the skills courses and the broader simulation environment through continuous improvement, review of delivery methodology and partnership with external bodies.

Key Performance Indicators
1. Development of courses that are applicable for procedural skills from multiple medical backgrounds, with TIPS and NOTSS courses made available to all IMGs and Trainees.
2. Courses include formal assessment and detailed feedback processes.
3. In conjunction with the Academy of Surgical Educators, the role of instructors in education and training is supported and highlighted.

EDUCATION AND TRAINING ADMINISTRATION

International Medical Graduates

Key Result Areas
1. 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.
2. Assist in addressing areas of workforce shortage by more active involvement of RACS in the declaration of Area of Need / Workforce Shortage Districts.

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

Surgical Training

Key Result Areas
1. Educational and accreditation standards required by Australian Medical Council and Medical Council of New Zealand are maintained by RACS in partnership with the Specialty Societies and Associations and other educational bodies. The training programs are supported by strong, mutually agreeable partnering agreements that support educational compliance and financial transparency.
2. Achieve more effective supervision of Trainees, with the distribution of induction material, involvement in courses and the ongoing assessment of supervisors in conjunction with the Academy of Surgical Educators.

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

Training Projects and Post Fellowship Education and Training

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

Key Performance Indicators
1. Increased generalist roles supported through funded positions.
2. Post Fellowship education more formally supported by RACS.
### Vision & Strategy

#### Business Plan 2013-2014

#### Fellowship and Standards

**Professional Standards**

**Key Result Areas**

> RACS will actively promote Continuing Professional Development (CPD) participation to Fellows, providing clear information on compliance and a streamlined program that enables Fellows to complete their regulatory, professional and educational requirements

> The CPD verification rate will be increased to satisfy the community's expectation that the surgical profession in Australia and New Zealand is willing and able to self-regulate

> With the various specialties and societies, develop clear, objective measures of fitness to practice and performance assessment that enables surgeons and their peers to judge their responsibilities and capabilities

> In conjunction with RACGP, ACRRM and other procedural Colleges, develop standards that facilitate development of procedural training pathways and provide ongoing support networks for GP and other proceduralists

> Develop position papers and standards relating to health and surgical services, particularly promoting standards of access for emergency and elective surgery

**Key Performance Indicators**

1. Policies and procedures highlight 100% CPD compliance, noting that failure to comply is a breach of the Code of Conduct
2. Verification rate is increased from 35% to 70% in 2013, with the verification process as automated as possible
3. 360-degree assessment tool and work based / on-site evaluation tools developed, along with associated training packages. RACS provides advice and review of surgeons' performance if under question by jurisdictions or others, ensuring that appropriate review of a surgeon's performance is undertaken
4. Training pathways are evaluated and endorsement / external funding for broader proceduralist training is obtained

**Professional Development including Academy of Surgical Educators**

**Key Result Areas**

> RACS will continue to promote, review and improve professional development activities and resources that are needs-based and aligned across the RACS competencies

> Identify programs of professional development to support Fellows through the key transitions and stages of a surgical career, including establishing a surgical practice, becoming a surgical leader and moving through the phases of retirement

> The Academy of Surgical Educators will provide a local and international platform to profile RACS educational programs and deliver support, skills and recognition for RACS educators (including supervisors, instructors, trainers and assessors)

**Key Performance Indicators**

1. Professional development resources are available in multiple learning modalities and are particularly focused on stages of a career, such as 'preparation for practice'
2. A comprehensive genetic curriculum for educating surgical educators is developed and delivered
3. A reward and recognition system that acknowledges a surgeon's contributions to educational activities, and which particularly supports and nurtures the educational career, is developed

**Fellowship services including library and website**

**Key Result Areas**

> RACS will enhance engagement with, and support for, special interest groups amongst the fellowship, including younger and senior surgeons, women in surgery, rural surgeons, trauma surgeons, and surgeons working in medico-legal practice and Indigenous health

> Enhance career options for the 'competent but not confident' Fellow, whilst still allowing full training opportunities for Trainees in teaching units

> Support International Medical Graduates to successfully transition into surgical practice in Australia and New Zealand

> Assist Fellows in profiling their practices through active branding of FRACS

> Following consultation with the various specialties and associated societies, enhance the RACS web and library assets, particularly through provision of on-line videos, e-books and access to specialty links and resources

**Key Performance Indicators**

1. Externally funded projects to support the endeavours of Fellows and International Medical Graduates are identified, supported and managed. These are successfully profiled through regional offices with central and electronically based resources

2. Development of web-based and ‘practice-ready’ resources that profile FRACS, and which are communicated particularly to Practice Managers supporting the Fellows

3. Ongoing provision of library assets that align with the training and educational requirements of surgical specialties, with regular review and monitoring of utilisation

### RESEARCH AUDIT AND ACADEMIC SURGERY

#### ASERNIP-S and Simulation Assessment

**Key Result Areas**

> Health technology assessment is recognised as a core RACS research strength with fuller funding obtained from external bodies and philanthropy

> Strengthen the profile of RACS around quality research of simulation environments for surgical training and assessment

> Promote surgical research and innovation to the whole medical community

**Key Performance Indicators**

1. Successful project applications both nationally and internationally, with increased ASERNIP-S and simulation related publications in peer reviewed and lay literature

2. Funding is sourced for the two simulation units to deliver services as initially intended and units used to showcase simulation

3. Expanded surgical simulation research to include non-technical as well as technical skill assessment

#### Audits

**Key Result Areas**

> Morbidity audits based in all hospitals across Australia and New Zealand with outputs to progressively enhance standards of clinical care

> Greater regional ownership of and involvement in audit activity

> RACS is recognised as a leader in managing surgical audits

**Key Performance Indicators**

1. Increased dissemination of appropriate reports to stakeholders and contributing surgeons, with progressive alignment to key quality, accreditation and credentialing requirements

2. Strong cross-membership and cross-activity between regional and audit committees

3. Morbidity audits (MALT) capacity progressively available to all Trainees, International Medical Graduates and Fellows across all specialties and further sub-specialty areas

4. RACS manages more fully funded audits from external organisations

#### Research and Training Scholarships

**Key Result Areas**

> Promote surgical research and innovation to the whole surgical community

> Support is profiled and promoted, with an added emphasis around collaborative research, research education and training opportunities to medical personnel in the Pacific, Timor-Leste, Papua New Guinea, Indonesia and Myanmar

> Development of web-based and ‘practice-ready’ resources that profile FRACS, and which are communicated particularly to Practice Managers supporting the Fellows

**Key Performance Indicators**

1. Increased profile of academically aligned surgeons

2. Close collaborations with university departments

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#### Academic Surgery

**Key Result Areas**

> Academic Surgery and the competencies of scholar and teacher will continue to be nurtured within the Fellowship

> Continued implementation of the strategies identified to support academic research

**Key Performance Indicators**

1. Increased profile of academically aligned surgeons

2. Closer collaborations with university departments

#### External Affairs

**International Development**

**Key Result Areas**

> Advocate for surgery and surgical standards within the global health agenda, particularly in ameliorating the burden of surgical disease in low and middle-income countries and promoting perioperative mortality as a health indicator

> Through an effective and respected international development program, support communities in need by contributing to improved health outcomes and providing training opportunities to medical personnel in the Pacific, Timor-Leste, Papua New Guinea, Indonesia and Myanmar

> International development, scholarships and profile work is progressively self-supporting with other external funding or Foundation corpus development

**Key Performance Indicators**

1. Maintain meaningful engagement with representatives from ministries of health in the Pacific and South East Asia regions, and other medical and procedural colleges. Developed positions to be advanced to government and World Health Organisation

2. Continue to actively manage and report on security issues and risks to those in our international activities

3. Effectively manage the RACS ambassadorial role and appropriately profile International Scholarships and International Grants. These activities are progressively evaluated as to their success and impact

#### Conference and Events

**Key Result Areas**

> Annual Scientific Congress (ASC) to attract the breadth of RACS Fellowship by progressively including more sub-specialties in programs that are educationally innovative and of high quality

> Run effective conferences and events for Specialty Societies and other medical groups as both a supportive and financially rewarding endeavour

**Key Performance Indicators**

1. Increase the frequency of ASCs held overseas, in countries where RACS has strategic links

2. Ensure the delivery of innovative ASC educational material

3. RACS progressively ‘partners’ with other organisations to bring conferences to Australia and New Zealand
RELATIONSHIPS AND ADVOCACY

Advocacy, public relations, media and ANZ Journal of Surgery

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

Key Performance Indicators
1. Other proceduralists and their professional bodies, as well as the surgical specialties and associated societies, are actively consulted to highlight issues for common advocacy.
2. Maintain advocacy for significant improvements in Indigenous health and health care, including provision of culturally appropriate health care services and the development of the Indigenous health workforce.
3. Develop a strong and vocal position on issues around alcohol induced trauma and disease.
4. Well targeted professional development supplements councilor’s skills as directors of the company.
5. RACS identifies and implements a revitalised marketing and communication strategy, with consistency of presentation, prominence of the RACS brand, its value proposition and an approach that is most appropriate for Trainees and Fellows of RACS.

Council and Governance

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

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

Workforce and Advocacy

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

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

Skills and Education Centre

National and Regional Offices

Key Result Areas
- Regional advocacy should enhance the ongoing collaborative relationship with stakeholders, including governments and their departments of health, which particularly profile surgical services to the community.
- Enhance communication to all Fellows and surgically aligned medical practitioners.
- Increased involvement of Trainees, Younger Fellows and International Medical Graduates, in the activities of Regional Committees.
- Improve the reach and standing of the Foundation for Surgery and other RACS activities in the regions through stronger profiling and more regular communication.

Key Performance Indicators
1. Profile and recognise Fellows who have contributed over the decades of their professional career, including through Certificates of Service and Foundation Dinners.
2. Enhance communication between Regional Committees and university surgical student societies, in particular developing programs linking students to mentors.
3. Develop an active outreach program to support Fellows in Difficulty.
4. Active engagement with practice managers of surgeons to improve the profile of Fellows’ practices and RACS branding.

Foundation for Surgery

Key Result Areas
- Ensure FRACS facilities are used to the maximum benefit of Trainees and Fellows while also attracting external users.
- Promote surgical research and innovation by providing opportunities for relevant surgical research.

Key Performance Indicators
1. Educational programs that are innovative are ‘championed’ through the Skills Centre.

Human Resources

Key Result Areas
- Sourcing the right people for the RACS and ensuring they have the skills and resources to deliver in a safe environment.
- RACS and retain staff who are committed to an ethos of excellence of customer service and the delivery of high value services to Trainees and Fellows.

Key Performance Indicators
1. Recruitment approach and retention exceed industry standard.
2. Customer service and other values are regularly highlighted, incorporated into ongoing activities, and appraised.
1. Key Performance Indicators
   1. Ensure risk management and appropriate audit is routinely incorporated into RACS activities
   2. Delegation manual outlines all relevant powers
   3. Financial reports reviewed to ensure information disclosed is relevant and readily understood
   4. Subscription model is refined with clearly defined concessions
   5. Corpuses developed for additional activities

2. Strategic Focus
   - Strengthen the relationship between the College and the Specialist Surgical Societies and Associations
   - Ensure the resources of the College are effectively managed to fully support all its activities.

3. Educational Initiatives
   - Define the characteristics and skills of a professional surgeon, which underpin our training and assessment.
   - Promote support for surgical aspirants and trainees.
   - Communicate with Fellows and others to promote the activities of the College.
   - Ensure the reputation of surgery in Australia and New Zealand is enhanced in the community and valued by key stakeholders.

4. Governance
   - Define the governance principles and objectives. Emphasis will be applied to achieving increased efficiencies, clear subscription categories and avoiding duplication.
   - Continue through careful investment stewardship to develop the financial corpus to fully cover research scholarships, international development and profile activities as well as educational initiatives.

5. Information Technology
   - Progressively introduce a comprehensive Electronic Document and Record Management System (EDRMS) which is fully utilised by all staff
   - Promote the Archive as a significant historical resource and facilitate improved access through effective collection management

6. Archives and Records Management
   - EDRMS is successfully implemented with archived preservation
   - Further development of website based archive / museum

7. Research
   - Further development of website based archive / museum
   - Further development of website based archive / museum

8. Collections including the Museum and Art Gallery
   - Promote the Collections as a significant benefit to the surgical and broader community
   - Identify innovative funding opportunities to enable the objectives of the museum and art gallery to be achieved
Royal Australasian College of Surgeons Council
(As of May 2013)

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

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Sukumaran Gananadhia
Wendell Nelson
Frank Pfeiffer
Darnell Smith
John Thorton
Co-opted Members:
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Ran Bamasiad

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Aaron Tay
Ex-officio Members:
Sean Hamilton
Richard Martin

COLLEGE REGIONAL COMMITTEES

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SPECIALTY SOCIETIES & ASSOCIATIONS

Australasian Society of Cardiac and Thoracic Surgeons
President Robert Costa
Vice President Paul Bannon
Treasurer TBA
Honorary Secretary TBA
Chief Executive Officer Michael Nugara
Chief Operating Officer Nick Daines

Australian and New Zealand Association of Paediatric Surgeons
President Ralph Cohen
President-Elect Deborah Bailey
Treasurer Russell Taylor
Executive Officer Kristy Scales

Australian and New Zealand Society for Vascular Surgery
President John Quinn
President-Elect Doug Cayaye
Treasurer Gary Fell
General Manager Abby Richardson

Australian Orthopaedic Association
President John Owen
Vice President Peter Choong
2nd Vice President John Tulloch
Chair of Management Ian Hreod
Chairman of Professional Development and Standards Andreas Lootter
Scientific Secretary Allan Wang
Chief Executive Officer Adrian Cosenza

Australian Society of Otolaryngology Head & Neck Surgery
President John Gurda
Vice President Neil Valance
Treasurer David Weyers
Secretary Chris Que Hee
Executive and Finance Officer Lorna Watson

Australian Society of Plastic Surgeons
President Rodney Cooter
Vice President & Treasurer Geoffrey Lyons
Honorary Secretary Anthony Kane
Chief Executive Guy Philips

Colorectal Surgical Society of Australia and New Zealand
President Ian Bissett
Vice President James Moore
Honorary Secretary Bruce Wixman
Honorary Treasurer Justin Evans
Executive Administrator Liz Nelson

General Surgeons Australia
President Michael Cox
Vice President Michael Donovan
Secretary/Treasurer Sayed Hassan
Executive General Manager Sarah Bernson
Director Education & Training Monica Cararin

Neurosurgical Society of Australasia
President John Fuller
Vice President Mark Dexter
Treasurer TBA
Honorary Treasurer Nicholas Little
Executive Director Blaise Gull

New Zealand Association of General Surgeons
President Mike Rodgers
Vice President Phillipa Mercer
Secretary/Treasurer Hugo Cooke
Chairman Training & Education Liz Dennett
Executive Director Bronwen Evans

New Zealand Association of Plastic Surgeons
President John de Waal
Vice President Charles Davis
Treasurer Patrick Lyon
Executive Officer John Doherty

New Zealand Orthopaedic Association
President Richard Lander
Treasurer Grant Kiddle
Honorary Secretary Harshie Leslie
Chief Executive Officer Fiona Gilkeson

New Zealand Society of Otolaryngology Head and Neck Surgery
President Catherine Ferguson
Honorary Secretary Graeme Webster
Treasurer Jimmie Ryan
Executive Officer Celia Stanley

Urological Society of Australia and New Zealand
President Stephen Ruthven
Vice President David Whitley
Honorary Treasurer & Secretary David Malouf
Chief Executive Michael Nugara

VISION & STRATEGY 2013 – 2018 (p14)

MANAGEMENT

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CHIEF EXECUTIVE OFFICER
David Hills

RELATIONSHIPS
RELATIONSHIPS and ADVOCACY
James McAdam

EDUCATION

FELLOWSHIP

RESEARCH, AUDIT & ACADEMIC SURGERY
Wendy Baldidge

EXTERNAL AFFAIRS
Dalah Moss

FINANCE
Adam Shepard

INFORMATION TECHNOLOGY
Jan Spindler

FELLOWSHIP & STANDARDS
Pam Montgomery

PROFESSIONAL STANDARDS
Rebecca Canny

ASERNIP-S
Merric Edgar-Hughes

Scholarships
Keith Hayes

Morbidity Audits/Logbook
Katherine Economides

Mortality Audit
Gordon Guy

Fellowship Services
Andrew McComman

SSSP
Meryl Attees

Dean of Education
Stephen Sibley

Executive Director for Surgical Affairs Australia
John Quinn

Executive Director for Surgical Affairs New Zealand
Alan Parling