Governance Management Report 2013

I am writing my second report as the President of the College in a time that I regard as turbulent, for surgeons, for surgical and medical organisations and for the interface of healthcare and the community where we practice our profession and advocate for and on behalf of society more broadly. With the fragmentation of our specialty, the challenge of remaining up-to-date in our areas of practice and diminished access to health-based resources on one hand, and a community demand for broad services and committed professionals on the other, we face a perpetual balancing act. The responsibility for identifying solutions belonging to us all at both an individual and collective level. Although all Annual Reports deal of necessity with the immediate and important achievements that have occurred, it is also important that we reflect on these challenges against the purpose of the College as outlined in the Constitution of our organisation. The College’s purpose is clearly stated:

1. Advance education, training and research in the practice of surgery
2. Determine and maintain professional standards for the practice of surgery in Australia and New Zealand
3. Provide an environment promoting Fellowship development and support
4. Provide authoritative advice, information and opinion to other professional organisations, to governments and to the public

The purpose of an Annual Report is to respond positively to the alignment of our activities and our purpose.

Maintaining Standards

was recently asked to give a presentation at an overseas meeting of Surgical Colleges. The theme was the key challenge confronting Colleges and I spoke to the issue of the importance of self-regulation. This is a core component of being a professional and belonging to a profession. The profession is given the privilege of self-regulation but, we must also be aware of the growing responsibility that comes with it. In my mind there is no doubt that the public, and the politicians who represent them, believe that we have a varied record on this. Although the best of our colleagues are exemplars in patient care and safety, the entire profession, and indeed the health sector, is brought down by the individuals or hospitals where priorities have alliterated and patient safety concerns have not been addressed. There are scandals in all parts of the world that focus our minds, move us to grief and despair but significantly bring politicians and regulators increasingly into areas of medical and surgical practice that should be effectively self-regulated.

So how do we, as individuals and as a College, ensure that the profession of surgery is one that fully understands these commitments, fully embraces the challenge and moves to a position of earning our agreed standards are adhered to? This is no longer a remote or philosophical discussion. We have to take action now.

As clearly articulated by our previous Expert Community Advisor on the College Council, the Hon Geoffrey Davies AO, if we do not do it for ourselves, it will be done for us. And indeed this is now taking place with the substantial changes in the regulatory structures. It would be fair to say that Revalidation/Continuing Professional Development / Recertification is becoming the key issue for the College to address. We need to provide reassurance to our own membership and confidence to the public. As determining and maintaining professional standards will always stay core to the purpose of the College, this work now includes addressing not only our educational activities, but the review of our own practice and that of our colleagues.

Advancing Education

In the Education field the ‘turbulence of change’ continues. It has been well-discussed over a number of years that the government’s response to address the shortage of medical practitioners - by opening more medical schools and effectively doubling the output of medical graduates in the space of 10 years - would have a profound impact. And so it has. Although the full impact will not be with us for four years, the increased heterogeneity of medical course curricula is providing enormous variability in the expertise, knowledge and experience of junior medical staff in hospitals.

Combined with shorter working hours and reduced rosters due to budget pressures, the College and the Specialty Societies have less confidence in the required skills of applicants applying for surgical training. This is creating pressures on surgical training, with 'later years of entry' and longer training programs as a result. The College is now deliberately working to be more involved in the early pre-vocational years of medical graduates and providing further definition and detail around what should be achieved.

By providing the basic skills that all surgical proceduralists require, this framework will be invaluable for the nine surgical specialties and also other proceduralist Colleges or Associations. Importantly the College has invested substantially in a program of upgrading its Information Technology Infrastructure and the educational resources and examinations that we can make available online through the College website. E-learning will never replace the face-to-face, heavily experiential style of our training and education. However, its power as an adjunct is growing rapidly and the increased number of mobile devices demands a changing approach and prioritisation of College initiatives.

Providing Authoritative Advice

Moving from our key strategies in Standards and Education, the College’s advocacy has been effective from a number of perspectives over the past 12 months. The success in the campaign against alcohol induced violence has had a substantial profile in regard to our HOS issues. Hours, Outlets and Taxes. Combining with public outrage against the deaths of individuals from what we now call a ‘Coward Punch’, there is a growing understanding of the requirements in reducing the opening hours of alcohol outlets, the number of outlets or the tax associated with alcohol related beverages. This is substantial progress, where previously the political response had been focused only on the penalties for people directly involved with the act of violence.

Separately the College has worked at a number of initiatives to progress access to safe surgery and
between Fellows of the College and can then be reflected to our meetings this comprehensive range of issues of Health and Welfare.

The preparatory work saw a very strong fundamental requirement to have definitions that can be applied to Government to have uniform mortality ratio that can be captured in most countries. This is a new level of surgical infrastructure, resources and eventually training in all countries. The marker is the peri-operative mortality rate that can be captured in all countries. This is a new level of College advocacy and there are many influential groups, including the Lancet Commission that includes Fellows of this College, Russell Gruen, Rowan Gillies and David Watters.

Closer to home, we have been working strongly with the Australian Government to have uniform definitions that can be applied to Emergency and Elective Surgery across all States and Territories. A fundamental requirement to have meaningful measures across Australia, the preparatory work saw a very strong working relationship develop between the College and the Australian Institute of Health and Welfare.

Our various educator courses including SATSET (Supervisors and Trainers for SET), KTC (Keeping Trainers on Track), NGTS5 (Non-Technical Skills for Surgeons), Clinical Decision Making, Instructors courses and courses for our Examiners.

Online Professional Development resources that have been successfully completed include Acute Neurotrauma, Intercultural Competency and Indigenous Health. Additional Professional Development courses have been run in conjunction with other providers looking particularly at Presentation Skills, Communication, as well as governance skills in Risk and Finance. There is an enormous educational educational environment continually taking place in face-to-face courses and work-shops throughout each year.

In modernising its approach to courses, the College is progressively involving e-learning modules and simulation environments that can be accessed without having to formally present to a course. This distributed approach, that is more accessible into the workplace and immediate training environment will be increasingly emphasised into the future.

The College-Society Agreements

The College and the Specialty Societies continue to deal with a high level of applications for the nine training programs. In 2013 there were 946 individuals wishing to commence training with the College. Only 250 achieved a position. The College continues to deliver our Early Management of Severe Trauma (EMST) course with 1164 participants and an active faculty of 505 instructors actively involved. The ASSET had 341 participants and an active faculty of 468 instructors. The CLEAR course is no longer compulsory for all surgical specialties and saw 334 participants and 44 instructors. The CCETSP® had 466 participants and an active faculty of 253.

Of particular interest to the College is the ongoing development of professional skills. Under the ongoing guidance of Councilor, Mr Phil Truskeett AM, the ‘Training in Professional Skills (TIPS)’ course was delivered to 89 participants with an active faculty of 32 instructors.

Obviously the breadth of our courses includes those more focused on professional development of our Fellows, particularly those involved in educational activities. I am very pleased to say that the Academy of Surgical Educators continues to gather momentum both in membership and activities. There are now in excess of 500 members involved.

The Academy provides educational forums, both face-to-face and online with webinars proving increasingly popular. The Foundation course will assist to provide our surgical educators with a solid platform of educational knowledge and skills and also provide the educational common-ground for Fellows of the College who quite literally own the intellectual property and educational endeavours, with the desires of the Societies who want to focus their endeavours specifically on their individual requirements has not been easy. However, the blend of agreements should see our trainees able to study for and achieve the standard for surgery in Australia and New Zealand – a Fellowship of the College of Surgeons. This has been my key guiding principle as we have worked through this difficult process.

**Workforce and International Medical Graduates**

The assessment and support of International Medical Graduates continues to be a major area of College activity. In 2013, 79 applications were assessed through a complex process of CV assessment, references and interviews. Separately there are 89 International Medical Graduates who have successfully been assessed who are under oversight/supervision. The College remains concerned about the support that is available for International Medical Graduates, either in their immediate community or hospital. Initially it is a difficult time; understanding a new culture, the Australian or New Zealand health system and establishing a practice. However, the College has ongoing initiatives through Regional Committees that particularly involve International Medical Graduates and address some of these issues.

There is no discussion around training or International Medical Graduates that does not include our understanding of workforce requirements. After many months of discussion in 2012, Health Workforce Australia released its report that indicated in 2025, surgery was not going to be in critical undersupply. Indeed, in their calculation some of the smaller specialties may be in oversupply. The biggest concern will be the distribution of the available specialties and an increasing requirement for generalists rather than sub-specialists across the world.
the nine specialties. There is significant concern about all nine specialties of the College breaking into smaller areas of expertise and the negative impact this would have on workforce availability. However, concerns about shortages in any surgical or medical group pale into insignificance next to the nursing workforce which has enormous shortages. The College had been in active discussion with HWA regarding this issue and many others. Throughout 2013, we continued to have significant doubts about the HWA’s modelling assumptions that might not appropriately factor in the demands arising from an increasingly ageing population. Also, despite government initiatives to improve access to training positions away from major public hospitals, the identification of posts or training positions in all the specialty medical colleges falls far behind the increases we believe are required.

Annual program for CPD

The College continues to adjust its Continuing Professional Development (CPD) program to be more appropriate to clinical practice in the 21st Century. The College endorsed an annual approach to the CPD program and continues to upgrade its online presence to enable us to have 100 per cent online submission of material from 2015. Verification of CPD has been increased to 7 per cent of the Fellowship in any one year and across all categories of the program. Participation in the Audits for Surgical Mortality is a compulsory component of the College’s CPD program.

Research and Audit Activities

The College continues to be a committed supporter of surgical research. More than $1.25 million dollars is awarded annually for a number of scholarships with the intention of increasing surgical research skills and endeavours. Our premier scholarship is the John Mitchell Crouch Scholarship which was awarded in 2013 to Professor Andrew Hill from the University of Auckland for his ongoing research interests in improving post-operative care of the abdominal surgical patient. Andrew and his father, Graham Lanceotl Hill, are the first ‘father and son’ to have received this award.

Our research endeavours continue and are reflected in an increased number of publications: ten papers were accepted or published relating to our work in simulation and a further eight relating to health technology assessment. These publications join the five journal articles and two book chapters that focus on the College’s work on clinical decision-making, correlation of selection scores and assessment approaches. In all it has been an outstanding year in profiling the work of the College across a broad range of endeavours.

The College audits continue to grow in strength. The Mortality Audit and Logbook Tool (MALIT) is now successfully being rolled out for the use by all Trainees and Fellows. Initially configured as a log book, the incorporation of the RACS Audit ‘minimum data set’ means that Fellows now can undertake a comprehensive audit of a section of their practice or, if they wish, record the details for all procedures. The Mortality Audit program continues with the production of highly useful reports from the Annual Australian report to providing detailed feedback to an individual surgeon. A seminal paper was prepared by the Clinical Director of the Western Australian Mortality Audit, Mr James Arkin and published in the Medical Journal of Australia, demonstrating the benefit of the audit in reducing deaths in Western Australia amongst surgical patients over a ten year period.

The Annual Scientific Congress remains the biggest educational activity of the College with a highly successful program in Auckland. My thanks are extended to all who were involved to make this an outstanding success. The leadership demonstrated by Professor John Windsor and Professor Andrew Hill was exceptional. Also my thanks to the Conference and Events team who continue to provide an outstanding congress which is admired internationally as an outstanding surgical education event. Obviously we now turn our eyes to Singapore in 2014, where we are joining with the College of Anaesthetists to run a parallel program.

Strength in our Global Surgery initiatives

I continue to find both personal and professional motivation in the work that we undertake across Timor-Leste, Papua New Guinea, Indonesia, Myanmar and the Pacific. In addition, the collaborations we are able to achieve with other Medical Colleges are outstanding. The emphasis of our programs continues to be the development of surgical capacity and surgical leadership. I do strongly believe we achieve this, as well as undertaking many thousands of consultations and operations. Hundreds of medical specialists volunteer through our programs including a substantial number of surgeons. Of great importance is our capacity to provide grants to deserving Asia Pacific surgeons to attend educational and training opportunities in Australia and New Zealand. The sustainability and worthiness of these programs were formally reviewed and the long-term outcome of the Rowan Nicks Scholarship program was published in the ANZ Journal of Surgery.

Supported by the allocation of our resources

I have already highlighted the importance of upgrading our Information Technology infrastructure to ensure it supports our best endeavours with e-learning and online support for educational resources and assessments. The complexity of this task is substantial, involves the entire College and will be ongoing. There is close scrutiny of our IT-related strategy, its implementation and its costs. The College Council continues to highlight those issues that must be addressed for the benefit of Fellows, Trainees and International Medical Graduates. It is these issues that are driving the program.

The College Museum was formally accredited which is the outcome of many years of hard work, to ensure all the displays, exhibitions and associated programs are at a recognised standard. Congratulations to all involved. The College remains a popular site for tours and is also involved in the Open Day program that profiles buildings across Melbourne. The Museum and Archives area will be intimately involved in a number of displays relating to the World War One and then the Gallipoli landing centenary. The Treasurer will make a separate report as to the Finances of the College. However, let me highlight the successful development of the Foundation of the College over the recent years. Fashioned from the model initially implemented by Professor Dick Bennett when he was Treasurer, it is now fitting that the Foundation oversees corporuses that are designated to Research Scholarships, International Development, Annual Scientific Congress visitors, Indigenous Health and Educational Innovations. The journey of a Foundation is always over many years and it is with much pleasure that it is now focussed and progressively well endowed. This will enable the College to maintain these really important activities into the future.

Commitment

The College remains deeply indebted to the Fellows who contribute so substantially to its endeavours. Whether it is through representation, educational and training courses or formal involvement in the College’s governance and committee groups, this commitment is critical to the ongoing work of the College. I do thank you all.

In particular, I would like to thank the Councillors retiring from Council over the past year, Spencer Beasley and Bruce Twaddle both contributed substantially in various roles on Council and gave strength of their New Zealand perspective. Carolyn Vesey continued the tradition of the incredible value from the Chair of the Trainees.
Association. Thank you all for your hard work, for without that, many of our good ideas would have been only that. The College and the Fellowship is in your debt.

I would particularly like to acknowledge the contribution of the Expert Community Advisor on Council, Gary Wilson’s experience and advice on governance, the management of complex organisations and the interface with government has been highly valuable. I am delighted to announce that the Hon Robert Knowles AO will join Council as the second Expert Community Advisor in 2014. The College is indeed lucky to attract a group of Honorary Advisors to whom we are greatly indebted. Mr Anthony Lewis, Mr Brian Randall OAM, Mr Stuart Gooley, Mr Reg Hobbs, Mr Michael Randall OAM, Mr John Craven, Mr Chesley Taylor and Mr Peter Wetherall provide generous and valued support to many of our activities throughout the year.

Following the annual elections and the Annual General Meeting in May, the Council welcomed Roger Paterson who is already contributing at a high level.

I would like to thank all the staff of the College who, on a daily basis, support the activities of the College at the discretion of Council. I have always been impressed by the willingness of the staff to provide an enthusiastic and customer-focused service to ensure the success of our endeavours. The emphasis of the College is to continue to recruit and retain highly capable staff, and we deliberately have in place policies that ensure developmental opportunities, flexibility, and the provision of the highest level of support. This is done within the framework of a quality-based, ISO accredited organisation. The College Chief Executive Officer, David Hillis, who co-authored this report, continues to provide management support to myself as President and to Council in all its activities. I do thank him for his great work.

The College employs a number of Fellows on staff who undertake distinct roles where surgical input is critical. Don Murphy retired from his position as Clinical Director of the Victorian Skills and Education Centre and Bruce Waizman OAM has been appointed to this key role. My thanks go to Stephen Tabin, Dean of Education; John Quinn, Executive Director of Surgical Affairs Australia; Alan Panting NZNM, Executive Director of Surgical Affairs New Zealand; Roger Wade, ASC Coordinator; Peter Dohrmann, Clinical Director IMG Assessment; Guy Maddern, Clinical Director ASRINPs as well as John Watts AM, Editor of the ANZ Journal of Surgery.

The College has had the benefit of the leadership of a number of Honorary Advisors. Their contribution has been invaluable, and the College is in their debt. The College is indebted to the Honorary Advisors for their support and for their commitment to the College and the Fellowship.

Serving the Fellowship as President for the past two years has been an enormous privilege and honour. I do extend my thanks to you all. I am particularly in debt to my partner, Jane, who provides amazing support to me in this role and in all my activities. Without the support of our partners, our roles would be very different.

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I t is my pleasure to present the report and highlight the financial position of the College. The year under review has seen solid financial performance achieved from the combined business activities of the College. The investment portfolio has performed well and achieved a positive return of 22.2% (2012 - 17%) as capital markets experienced renewed confidence and consistent growth throughout the year.

The investment strategy applied by the Investment Committee continues to underpin the strong performance of the investment portfolio which provides long term funding for the College’s ongoing commitment to scholarship and research related activities. The year has also seen continued increase in funding to the specialty societies to deliver surgical training programs in partnership with the College as well as investment in the College IT systems including development of online library information services of our Honorary Advisors for which I extend my thanks to Mr Anthony Lewis (Audit, Finance & IT), Mr Michael Randall (Investment), Mr Stuart Gooley (Audit, Finance & IT), Mr Greg Hobbs (Property), Mr Michael Randall (Investment), Mr John Crowen (Information Technology), Mr Cheshire Taylor (Investment) and Mr Peter Wetherall (Investment) for their generous and valued support during the year. The College is extremely grateful to all our Honorary Advisors for their wise counsel and support in relation to finance, investment, property, IT and audit matters. I would also like to thank the management and staff of the Division, led by the Director of Resources, Mr Ian McEwen, for the division of the Australian government, independent education and training in surgery and the ASC Visitors and Named Lecturers program.

Treasurer’s Report

Marianne Vencu, TREASURER

Statement of Comprehensive Income

Key revenue streams were subscriptions and entrance fees of $12,102k, training examination and assessment fees of $20,537k and project income and associated fees of $16,405k. Domestic expenditures were on personnel of $19,109k, travel and accommodation of $4,999k, external grants of $6,311k mainly related to hospital training post payments funded under the Specialist Training Program and specialist society funding costs of $4,387k. It is worthwhile highlighting that $3,406k of expenditure related to travel and accommodation is directly associated with revenue generating activities from skills training courses, examinations and co-ordination of domestic and international health service project programmes.

The most meaningful way in which to review this overall result is to analyse the separate activities of the College being College Operations, College Projects funded by external agencies, and Scholarships, Fellowships and Research Grants funded through the Foundation and Investment Reserve.

College Operations are the core operational activities including Fellowship Services, Education and Training, the Annual Scientific Conference and conferences and workshops with the required supporting leadership, governance and administrative structures. In 2013, this revenue amounted to $38,742k compared to $35,568k in 2012 while expenditure was $38,436k compared to $37,167k in the previous year. The surplus in 2013 was $306k compared to a deficit of $1,609k in 2012.

The following significant items were of considerable impact on the reported operational result.

The Queensland building was sold with settlement on the 29th April 2013 resulting in a gain on sale of $1,082k. Revenue from the gain on sale contributed materially to a strong operational surplus result which enabled a contribution of $2,200k in source funding to establish the ASC Visitors and Named Lecturers corpus.

Payment to the specialty societies for delivering their component of the training program increased from $4,036k in 2012 to $4,387k or approximately 9% in 2013. As a direct result of increased usage of the online library services, additional funding of $98k was provided to invest in further expansion of online library information resources.

Revenue from annual subscriptions and entrance fees was modestly favourable to budget by $200k or 1.7% and continues to provide significant core funding for College operations. Similarly revenue from examination fees of $4,886k was $205k or 4.4% favourable to budget with increased number of candidates sitting the Surgical Science Examination.

The College is continually challenged to maintain a balanced operational budget, but due to the College’s diverse business activities its funding reserves continue to grow and underpin the College’s long term financial stability and ability to invest in its core operations into the future.

College Projects relate to activities funded by external agencies and funding providers.

The College is responsible for managing international and local aid projects as well as research and audit projects with a total value over the project life in excess of $93.9 million (2012 - $86.8 million). Projects undertaken in 2013 include the Timor Leste Program, Pacific Islands Program, Tertiary Health Services, Vision 2020 East Timor Program, Rural Health Continuing Education Program, Specialist Training Program, MECAC, Horizon Scanning, Mortality Audits, Mortality Audits and Surgical Simulation.

In 2013, total project revenue amounted to $16,504k compared to $15,472k in 2012 and expenditure was $16,934k compared to $16,506k compared to $15,472k in 2012 resulting in a deficit of $428k in 2013 compared to a deficit of $876k in 2012. It is worth noting in real terms the 2013 overall deficit is reduced to $344k after removing the impact of the internal surplus transfer of $464k from the closed Pacific Island Project IV to the Foundation for International projects.

The net overhead charge levied on projects, which reflects the overall costs of the College’s infrastructure and governance was $98k compared to $92k in 2012.

Foundation and Investment Reserve - Scholarships, Fellowships and Research Grants

The Foundation activities encompass the areas of scholarships, fellowships and research grants as well as direct oversight of its philanthropic endeavours.

The Investment Committee provides the direct oversight of the investment activities, the Board of Surgical Research the oversight of the research scholarships and grants and the International Committee the oversight of the investment portfolio and other philanthropic activities.

Revenue included the positive investment return of 22.5% on bequest funds, donations from various sources including $480k of generous project benefit transfer of the Pacific Islands Program IV surplus and establishment of a number of new corpora for ongoing support of education and other philanthropic activities. The overall increase in the Foundation related funds was from $28,150k (2012) to $40,258k (2013). Scholarships of $466k (2012 - $637k) were funded from bequest funds with $452k (2012 - $547k) funded from the RACS Scholarship corpus. The total contribution was $1,267k (2012 - $1,164k). In accordance with the strategic direction from Council to ensure long term funding for key educational and philanthropic activities, a number of corpora were established in 2013. Initial establishment funding of $579k was sourced from the Investment Reserve $3.697k, Foundation for Surgery of $90k and surplus funds from core operations of $2,200k. These newly created corpora will provide dedicated funding for educator scholarships, educational innovation initiatives, international development and aid programs not routinely funded by the Australian government, indigenous education and training in surgery and the ASC Visitors and Named Lecturers program.

Statement of Financial Position

In 2013, College Funds and Reserves have increased by 19% to $63,262k.

Key movements in assets included an increase in cash and cash equivalents of $4,163k primarily due to positive cash flows from operations and increase in current trade receivables of $1,529k. Investments held for trading increased by $10,149k mainly due to the strong investment return of 22.5%. Current liabilities increased by $4,484k due mainly to the increase in subscriptions, training and examinations billed in 2013 for income related to 2014.

Statement of Cash Flows

The Statement of Cash Flows indicates a net cash inflow for 2013 provided from operating activities of $6,778k and a net increase in cash held of $4,163k from 2012 mainly due to the combined effects of timely receipting of annual training fees, Queensland specialty body proceeds and progress funding under the Specialist Training Program contract.

In summary, some of the key 2013 achievements of the College included:

• Delivered 138 skills training courses to 2,428 participants.
• Increased resources and services via the online library with approximately 70% of visits to the College website to source online library information.
• Development of new eLearning modules and refreshments to the CPD program.
• Continued work in partnership with Australian Department of Foreign Affairs and Trade (Formally AusAID) to deliver training and strengthen surgical skills in a range of international aid programs for the Pacific Islands, Papua New Guinea, Timor Leste and Myanmar with a combined contract value of $15.3 million.
• Rollout of the Morality Audit and Logbook Tool (MAU) to all Fellows and Trainees.

In closing I would like to acknowledge the services of our Honorary Advisors for which the College remains indebted. I note my thanks to Mr Lewis (Investment, Finance & IT), Mr Bill Randall (Investment), Mr Stuart Gooley (Audit, Finance & IT), Mr Greg Hobbs (Property), Mr Michael Randall (Investment), Mr John Crowen (Information Technology), Mr Cheshire Taylor (Investment) and Mr Peter Wetherall (Investment) for their generous and valued support during the year. The College is extremely grateful to all our Honorary Advisors for their wise counsel and support in relation to finance, investment, property, IT and audit matters. I would also like to thank the management and staff of the Division, led by the Director of Resources, Mr Ian Tullo, for their ongoing hard work and commitment in support of my role. The College continues to maintain a strong Balance Sheet and is financially well positioned to meet its upcoming commitments and I recommend these accounts to the Fellows.
Councillors’ declaration

The Councillors of the Royal Australasian College of Surgeons declare that the summarised financial report set out below have been derived from and are consistent with the full financial report of the Royal Australasian College of Surgeons for the year ended 31 December 2013.

On behalf of the Councillors

M J HOLLANDS, President
M VONAU, Treasurer
D J HILLS, Chief Executive Officer
Melbourne, 28 February 2014

Independent Audit Report to Members of Royal Australasian College of Surgeons

We have audited the summarised financial report of the Royal Australasian College of Surgeons as at 31 December 2013, complying the Statement of Comprehensive Income, Statement of Financial Position and Statement of Cash Flows, in accordance with Australian Auditing Standards. The summarised financial report has been derived from the Royal Australasian College of Surgeons annual statutory financial report for the year ended 31 December 2013.

Audit Opinion

In our opinion, the information reported in the summarised financial report is consistent with the annual statutory report from which it is derived and upon which we expressed an unqualified audit opinion. For a better understanding of the scope of our audit, this report should be read in conjunction with our audit report on the annual statutory financial report.

ERNST & YOUNG,
Paul DOWER
Partner
28 February 2014

STATEMENT OF COMPREHENSIVE INCOME
For the financial year ended 31 December 2013

<table>
<thead>
<tr>
<th></th>
<th>2013 $</th>
<th>2012 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing Operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue from operating activities</td>
<td>55,337,919</td>
<td>53,629,356</td>
</tr>
<tr>
<td>Gain / (loss) on sale of property</td>
<td>1,081,605</td>
<td>(5,833)</td>
</tr>
<tr>
<td>Other income – from investments</td>
<td>8,606,362</td>
<td>5,805,262</td>
</tr>
<tr>
<td>Revenue</td>
<td>65,025,886</td>
<td>59,428,785</td>
</tr>
<tr>
<td>Expenditure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel costs</td>
<td>19,108,694</td>
<td>17,373,023</td>
</tr>
<tr>
<td>Consultants fees - clinical</td>
<td>765,866</td>
<td>850,745</td>
</tr>
<tr>
<td>Consultants fees - management</td>
<td>1,317,342</td>
<td>1,732,543</td>
</tr>
<tr>
<td>Telephone, teleconference and audio visual costs</td>
<td>930,701</td>
<td>726,148</td>
</tr>
<tr>
<td>Printing, stationery and photocopying</td>
<td>1,548,960</td>
<td>1,650,171</td>
</tr>
<tr>
<td>Postage and courier costs</td>
<td>703,837</td>
<td>701,380</td>
</tr>
<tr>
<td>Information system costs</td>
<td>1,266,163</td>
<td>1,111,898</td>
</tr>
<tr>
<td>Travel and accommodation</td>
<td>4,962,152</td>
<td>5,349,380</td>
</tr>
<tr>
<td>Associations and publications</td>
<td>549,193</td>
<td>449,548</td>
</tr>
<tr>
<td>Audit, legal and professional fees</td>
<td>360,535</td>
<td>770,818</td>
</tr>
<tr>
<td>Bank fees and merchant charges</td>
<td>563,839</td>
<td>534,419</td>
</tr>
<tr>
<td>Rent, rates, power, repairs and other property costs</td>
<td>2,196,683</td>
<td>2,168,537</td>
</tr>
<tr>
<td>Insurance</td>
<td>351,303</td>
<td>330,360</td>
</tr>
<tr>
<td>Training manuals and consumables used in education and field projects</td>
<td>720,356</td>
<td>994,015</td>
</tr>
<tr>
<td>Project equipment purchases, hire and repairs</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Non-Current Liabilities</td>
<td>63,262,493</td>
<td>53,088,420</td>
</tr>
<tr>
<td>Retained earnings</td>
<td>53,088,420</td>
<td>48,505,384</td>
</tr>
<tr>
<td>COLLEGE FUNDS AND RESERVES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>107,847,547</td>
<td>101,805,804</td>
</tr>
<tr>
<td>LIABILITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>3,398,329</td>
<td>4,025,826</td>
</tr>
<tr>
<td>Provisions</td>
<td>2,811,462</td>
<td>2,485,147</td>
</tr>
<tr>
<td>Income in advance</td>
<td>23,727,799</td>
<td>20,203,353</td>
</tr>
<tr>
<td>Government grants received in advance</td>
<td>6,677,630</td>
<td>7,414,923</td>
</tr>
<tr>
<td>Funds held on behalf of others</td>
<td>6,404,166</td>
<td>4,405,549</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td>43,019,386</td>
<td>36,534,998</td>
</tr>
<tr>
<td>Non-Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>1,565,668</td>
<td>1,565,668</td>
</tr>
<tr>
<td>Total Non-Current Liabilities</td>
<td>1,565,668</td>
<td>1,565,668</td>
</tr>
<tr>
<td>TOTAL LIABILITIES</td>
<td>44,585,054</td>
<td>40,091,764</td>
</tr>
<tr>
<td>NET ASSETS</td>
<td>63,262,493</td>
<td>63,086,420</td>
</tr>
<tr>
<td>COLLEGE FUNDS AND RESERVES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained earnings</td>
<td>53,088,420</td>
<td>48,505,384</td>
</tr>
<tr>
<td>Current year surplus - operations</td>
<td>8,182,930</td>
<td>2,749,764</td>
</tr>
<tr>
<td>Current year surplus - investment reserve</td>
<td>1,991,143</td>
<td>1,833,272</td>
</tr>
<tr>
<td>TOTAL COLLEGE FUNDS AND RESERVES</td>
<td>63,262,493</td>
<td>63,086,420</td>
</tr>
</tbody>
</table>

STATEMENT OF FINANCIAL POSITION
For the financial year ended 31 December 2013

<table>
<thead>
<tr>
<th></th>
<th>2013 $</th>
<th>2012 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and short term deposits</td>
<td>15,542,281</td>
<td>11,379,273</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>17,566,146</td>
<td>16,046,462</td>
</tr>
<tr>
<td>Inventories</td>
<td>227,888</td>
<td>220,094</td>
</tr>
<tr>
<td>Prepayments</td>
<td>3,109,637</td>
<td>1,927,022</td>
</tr>
<tr>
<td>Held for trading financial assets</td>
<td>47,539,712</td>
<td>37,435,219</td>
</tr>
<tr>
<td>Property held for sale</td>
<td>-</td>
<td>872,150</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>83,085,667</td>
<td>77,880,270</td>
</tr>
<tr>
<td>Non-Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>847,159</td>
<td>832,451</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>22,475,148</td>
<td>23,863,091</td>
</tr>
<tr>
<td>Lease Incentive</td>
<td>539,576</td>
<td>604,422</td>
</tr>
<tr>
<td>Total Non-Current Assets</td>
<td>23,861,883</td>
<td>25,399,964</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>107,847,547</td>
<td>101,805,804</td>
</tr>
</tbody>
</table>

Certain lines of items required in the ACIFD Code of Conduct reporting including but not limited to investment property, intangibles, borrowings and current tax liabilities have nil balances for both the reporting periods covered.
For the financial year ended 31 December 2013

STATEMENT OF CASH FLOWS

<table>
<thead>
<tr>
<th>Activity</th>
<th>2013 $</th>
<th>2012 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriptions and entrance fees</td>
<td>10,474,318</td>
<td>11,510,863</td>
</tr>
<tr>
<td>Training, examination and assessment fees</td>
<td>20,941,063</td>
<td>19,061,703</td>
</tr>
<tr>
<td>Sponsorship and donations</td>
<td>2,463,272</td>
<td>1,796,896</td>
</tr>
<tr>
<td>Other donations – Rowan Nicks estate</td>
<td>65,796</td>
<td>2,078,647</td>
</tr>
<tr>
<td>Conference registrations</td>
<td>2,077,466</td>
<td>1,991,674</td>
</tr>
<tr>
<td>Property rental and recoveries</td>
<td>783,782</td>
<td>792,575</td>
</tr>
<tr>
<td>Project income and associated fees</td>
<td>16,252,001</td>
<td>14,862,465</td>
</tr>
<tr>
<td>Interest income</td>
<td>43,453</td>
<td>37,701</td>
</tr>
<tr>
<td>Other income</td>
<td>620,779</td>
<td>641,270</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(46,944,296)</td>
<td>(47,590,368)</td>
</tr>
<tr>
<td><strong>Net cash flows from operating activities</strong></td>
<td><strong>6,777,634</strong></td>
<td><strong>5,183,426</strong></td>
</tr>
<tr>
<td><strong>Investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net movement from investment securities</td>
<td>(3,081,431)</td>
<td>(4,484,227)</td>
</tr>
<tr>
<td>Payments for property plant and equipment</td>
<td>(1,486,950)</td>
<td>(2,702,084)</td>
</tr>
<tr>
<td>Net proceeds from sale – property</td>
<td>1,953,755</td>
<td>2,810,553</td>
</tr>
<tr>
<td>Net cash flows used in investing activities</td>
<td>(2,614,026)</td>
<td>(4,385,760)</td>
</tr>
<tr>
<td><strong>Financing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net cash flows used in financing activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net increase in cash and short term deposits</strong></td>
<td><strong>4,163,006</strong></td>
<td><strong>797,668</strong></td>
</tr>
<tr>
<td><strong>Cash and short term deposits at 1 January 2013</strong></td>
<td><strong>11,379,273</strong></td>
<td><strong>10,581,605</strong></td>
</tr>
<tr>
<td><strong>Cash and short term deposits at 31 December 2013</strong></td>
<td><strong>15,542,281</strong></td>
<td><strong>11,379,273</strong></td>
</tr>
</tbody>
</table>
### International Aid and Development

#### REVENUE

<table>
<thead>
<tr>
<th>Description</th>
<th>2013 $</th>
<th>2012 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations and gifts – monetary</td>
<td>212,970</td>
<td>238,432</td>
</tr>
<tr>
<td>Donations and gifts – non-monetary</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Bequests and legacies</td>
<td>65,796</td>
<td>2,078,647</td>
</tr>
<tr>
<td>Grants – Australian - Department of Foreign Affairs and Trade – formally AusAID</td>
<td>4,232,992</td>
<td>3,759,893</td>
</tr>
<tr>
<td>Grants – Other Australian</td>
<td>219,548</td>
<td>278,465</td>
</tr>
<tr>
<td>Grants – Other Overseas</td>
<td>53,864</td>
<td>218,525</td>
</tr>
<tr>
<td>Investment income</td>
<td>1,600,509</td>
<td>890,839</td>
</tr>
<tr>
<td>Other income – International programs</td>
<td>33,165</td>
<td>25,083</td>
</tr>
<tr>
<td>Revenue for international political or religious proselytisation program</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other income – all other College activities</td>
<td>58,607,042</td>
<td>51,935,901</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>65,025,886</td>
<td>59,428,785</td>
</tr>
</tbody>
</table>

#### EXPENDITURE

<table>
<thead>
<tr>
<th>Description</th>
<th>2013 $</th>
<th>2012 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds to international programs</td>
<td>1,462,731</td>
<td>1,463,463</td>
</tr>
<tr>
<td>Other international program costs</td>
<td>2,380,474</td>
<td>2,058,167</td>
</tr>
<tr>
<td>Program support costs</td>
<td>847,651</td>
<td>757,288</td>
</tr>
<tr>
<td>Community education</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Fundraising costs</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Public</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Government, multilateral and private</td>
<td>122,634</td>
<td>139,751</td>
</tr>
<tr>
<td>Accountability and administration</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Non-monetary expenditure</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Expenses for international political or religious proselytisation program</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other expenditure – all other College activities</td>
<td>50,038,323</td>
<td>50,427,080</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td>54,851,813</td>
<td>54,845,749</td>
</tr>
</tbody>
</table>

#### TOTAL ENTITY POSITION

<table>
<thead>
<tr>
<th>Description</th>
<th>2013 $</th>
<th>2012 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Revenue</strong></td>
<td>65,025,886</td>
<td>59,428,785</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td>54,851,813</td>
<td>54,845,749</td>
</tr>
<tr>
<td><strong>Surplus / (Deficit) for reserve</strong></td>
<td>-1,833,272</td>
<td>1,833,272</td>
</tr>
<tr>
<td><strong>Transfer to / (from) reserve</strong></td>
<td>-3,696,522</td>
<td>3,696,522</td>
</tr>
<tr>
<td><strong>Total Entity Position</strong></td>
<td>10,174,079</td>
<td>4,583,038</td>
</tr>
</tbody>
</table>

### Statement of Cash Movements

#### For the year ended 31st December 2013

<table>
<thead>
<tr>
<th>Description</th>
<th>Cash available at beginning of financial year</th>
<th>Cash raised during financial year</th>
<th>Cash disbursed during financial year</th>
<th>Cash available at end of financial year</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Projects</td>
<td>3,458,575</td>
<td>4,366,125</td>
<td>5,510,669</td>
<td>2,314,031</td>
</tr>
<tr>
<td>International Scholarships provided by the College from bequest funds</td>
<td>5,599,102</td>
<td>1,267,798</td>
<td>177,264</td>
<td>6,689,636</td>
</tr>
<tr>
<td>Foundation – International Projects</td>
<td>1,349,326</td>
<td>1,394,169</td>
<td>235,406</td>
<td>2,508,088</td>
</tr>
<tr>
<td>Other – Domestic Operations</td>
<td>972,270</td>
<td>48,647,594</td>
<td>45,589,358</td>
<td>4,030,526</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>11,379,273</td>
<td>55,675,685</td>
<td>51,512,677</td>
<td>15,542,281</td>
</tr>
</tbody>
</table>
NEW Fellows
Dr Adam Fowler
Dr Ada ng
Mr Ashish taneja
Dr Anthony o'neill
Dr Anthony leslie
Dr Anita Yuen
Dr Angela Robson
Mr Andrew Herd
Dr Andrew ling
Mr Amarjeet (Aman) Singh
Mr Alfredo noches-Garcia
Dr Alfred Hing
Mr Dihan Aponso
Dr Diana tam
Mr David Goh
Dr David Dewar
Dr Darren lituri
Mr Daniel Steiner
Dr Danella Favot
Dr Cornelius Burger
Mr Christopher Gray
Dr Christopher phoon
Dr Christian Connors
Mr Chien-Wen liew
Dr Carolyn Russell
Dr Carl lisec
Dr Bradley Morris
Dr Braad Sowman
Mr Benjamin Keong
Dr Benjamin Paterson
Mr Brad Sovman
Dr Broughton Snell
Dr Carl Lucic
Dr Carolyn Russell
Dr Charlie Han
Dr Chatar Goyal
Mr Chin-Wan Liew
Dr Chithramani Kapadala
Dr Christian Connors
Dr Christopher Phoon
Dr Christopher Cole
Mr Christopher Gray
Claire Taylor
Dr Cornelia Burger
Mr Craig Harris
Dr Danielle Favot
Mr Daniel Sydherham
Mr Daniel Steiner
Mr Daniel Lanaghan
Dr Daren Lithur
Dr David Agolley
Dr David Lieu
Mr David Dewar
Mr David Waterhouse
Mr David Goh
Dr Diana Sam
Mr Dhim Anpurna
Mr Dinesh Rathnapala
Dr Dinesh sharma
Dr Dylan James
Mr Elango Selvacezhar
Dr El Olchewski
Ms Emily Kong
Mr Fabio Forte Viana
Dr Farid Aghaee Meybodi
Dr Garrett Evans
Dr Geonna Olson
Mr Glenn Gronz
Mr Gowdon Choy
Alastair Prof Gregory Jack
Mr Hoji Nabi
Dr Homam Rae
Dr Harold Puhalla
Mr Hamanathu Patal
Dr Homayoun Zargar Shahrshali
Mr Iain Freidman
Dr Imogen Patterson
Dr Inkei Meredith
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Associate Professor Ian David Campbell
Australia Day Honours
Member of the Order of Australia (AM)
Associate Professor Andrew Donald Cochran
Dr Brian Leslie Cornish
Dr Mark Francis Ellis
Medal of the Order of Australia (OAM)
Dr Malcolm Baxter
Dr Geoffrey Vernon Munton
Dr John Cracraft Rice
Associate Professor Michael John Weidmann
Queen's Birthday Honours
Member (AM) in the General Division
Mr Paul Beaumont
Mr John Harrison
Mr Edgeworth Mcintyre
Assoc Prof Peter Woodard
Medal (OAM) in the General Division
Mr Eric Suzzara
Dr Ian McTimmie
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Third row left to right: Patrick Bade, Neil Vallance, Graeme Campbell, Phillip Trusett, Robert Costa, Julian Smith, Tony Sparron, Barry O’Loughlin, Sean Hamilton, Stephen Tobin

Second row left to right: Julie Mundy, Catherine Ferguson, Richard Perry, Tom Bowles, Carolyn Vasey, Ian Bennett, John Quinn, Phillip Carson

Front row left to right: Simon Williams, Michael Grigg, Michael Hollands, Marianne Vonau, David Watters