Our Vision

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

> RACS is the trusted and acknowledged authority on surgical standards in Australia and New Zealand
> Support ongoing development and the maintenance of expertise during the lifelong learning that accompanies surgical practice
> Ensure that high quality surgical education programs, which lead to FRACS are delivered by RACS, affiliated Societies or RACS accredited providers
> Promote, teach and assess standards across all nine recognised competencies
> Ensure that FRACS continues to stand for competence and quality in surgical care, with public recognition of the 'Brand'
> Re-energise the RACS image through communication and marketing activities which reflect and promote an effective and valuable service
> Progressively build relationships with others to ensure this commitment is achieved, recognised and effectively communicated

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

> Ensure RACS is seen as the first port of call by its membership for assistance, help and support
> Support Fellows through all stages of their professional careers
> Promote and support surgical leadership in clinical governance, surgical audit and peer review
> Support, train and recognise Fellows involved in educational activities
> Be actively involved in surgical service development to communities in need in Australia, New Zealand and the Asia-Pacific Region and support, where possible, Fellows’ pro-bono activities
> Champion healthcare development in Indigenous communities across Australia and New Zealand
> Promote and support surgical research and academic surgery
> Lead the evaluation of new techniques and technology and their responsible uptake into practice

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

> Work with other ‘proceduralist’ groups to protect and strengthen the culture that enables surgeons to act in the best interest of their patients and the community
> Involve all specialties, and the Specialty Societies, in the processes that provide direction and identify advocacy issues for RACS
> Be recognised as the leading advocate for the surgical health and well-being of patients, including participation in global health advocacy
> Be the primary source of prompt and informed advice on all matters of surgical significance for government and the media
> Work proactively with government to ensure an adequate and accessible surgical workforce for the communities we serve
> Ensure that collegiality remains at the core of our relationships, particularly with support for Trainees and International Medical Graduates as they establish their careers.

To ensure the most effective use of resources through astute and dynamic governance and decision making

> Ensure RACS systems are quality based, add value and are ‘customer service’ focused
> Develop and retain the best people to enhance the delivery of services to Fellows and Trainees
> Recognise the contribution of Trainees, Fellows and staff
> Use new technologies effectively
> Review our current business models to ensure they are sustainable and identify new business models to underpin the ongoing development and provision of RACS resources
**EDUCATION & TRAINING ADMINISTRATION**

**International Medical Graduates**

**Key Result Areas**
> Develop mutually beneficial relationships between RACS, fellowships, hospitals and jurisdictions that support International Medical Graduates (IMGs) in their assessment and progression to achievement of the Fellowship
> Assist in addressing areas of workforce shortage by more active involvement of RACS in the declaration of Area of Need / Workforce Shortage Districts
> Active support for IMGs provided through Regional Offices assisted by IMG department

**Key Performance Indicators**
1. Assessment posts are developed in major hospitals that can provide assessment and ongoing linkages to regional and rural areas
2. Structured programs of support that are e-learning facilitated are available through Regional Offices
3. Active support program developed for IMGs sitting the Fellowship Examinations

**Trainees’ Representation**

**Key Result Areas**
> Monitor the quality of the training posts of the nine training programs from the Trainees’ perspective
> Ensure that the Trainees’ voice is heard at all levels of RACS
> In collaboration with the jurisdictions, develop models that promote training which is more flexible for the Trainees while 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 curriculum and program activities
2. Supervisors in conjunction with the Academy of Surgical Educators and Court of Examiners
3. Quality improvement principles are applied to the education and training program, providing the basis of ongoing pre-eminence in surgical education

**Surgical Training**

**Key Result Areas**
> Educational and accreditation standards required by Australian Medical Council and Medical Council of New Zealand are maintained by RACS in partnership with the Specialty Societies and Associations and other educational bodies
> Achieve more effective supervision and assessment of Trainees, with the distribution of induction material, involvement in courses and the ongoing assessment of supervisors in conjunction with the Academy of Surgical Educators
> Quality improvement principles are applied to the education and training program, providing the basis of ongoing pre-eminence in surgical education
> Identify opportunities for working more collaboratively with the Specialty Societies across Australia and New Zealand, particularly in the area of supporting flexible training and identifying opportunities for Indigenous Trainees

**Key Performance Indicators**
1. Explicit curriculum that encompasses all aspects of selection requirements, education, training, assessment, supervision and hospital accreditation and that underpin the specialty training board activities
2. Education and training programs address all nine competencies with an emphasis on competency over time-based training
3. Scalable tools such as the online 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
5. Increased numbers of Trainees accessing flexible training posts

**Training Projects and Post Fellowship Education and Training**

**Key Result Areas**
> Continue to expand training opportunities by extending training possibilities and developing novel training programs which are flexible and part-time
> In collaboration with the jurisdictions, develop models that promote training which is more flexible for the Trainees while meeting hospitals’ service obligations
> 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

FELLOWSHIP AND STANDARDS

Professional Standards

Key Result Areas
> 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.
> 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.
> With the various Specialty Societies, develop clear, objective measures of fitness to practise and performance assessment that enables surgeons to self-assess and their peers to similarly assess and to judge their responsibilities and capabilities.
> Develop position papers and standards relating to health and surgical services, particularly promoting ethical standards on issues like fees as well as standards of access for emergency and elective surgery.

Key Performance Indicators
1. 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.
2. Verification rate is maintained at 7 per cent annually, with the verification process as automated as possible.
3. 360 degree assessment tool and work-based-evalutation 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. Committee structures and processes established to deal with CPD compliance, ethical and inappropriate fee issues.

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.
> 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 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’ and ‘Navigating the Stages of a Surgical Career’.
2. Following the piloting of the comprehensive generic curriculum for educating surgical educators, it is rolled out establishing a faculty of sufficient size to achieve critical mass.
3. Continued review, recognition and profiling of surgeons’ contribution to educational activities.

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.
> Promote the use of the RACS Practice Card and ‘Find a Surgeon’ to enable Fellows to profile their practices.
> Enhance the usability of the RACS web and library services, particularly through provision of online videos, e-books and access to specialty links and resources.

Key Performance Indicators
1. Key initiatives of RACS Indigenous Health Strategy are funded and implemented. Maintain strong advocacy for significant improvements in Indigenous health and health care.
2. Development of web-based, ‘practice-ready’ resources that profile FRACS and are communicated particularly via Regional Offices to practice managers supporting the Fellows.
3. Website content is reviewed and updated to conform with style guide and requirements for improved usability.
4. Ongoing provision of library resources and services, including the alerting service, that align with the training and increased funding profiled in surgical and research literature, as well as internal publications.
5. Thorough evaluation of scholarship programs to ensure their relevance and ways to increase their impact on surgical practice.
VISION & STRATEGY
2013 – 2018

RELATIONSHIPS AND ADVOCACY

Communications and Advocacy

Key Result Areas
1. Ensure that the various Health Departments in Australia and New Zealand work effectively.
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. Build and maintain a strong and proactive position around the RACS’ primary advocacy issues such as alcohol-related harm.
4. Provide proactive communication and advocacy support to College Councillors.
5. Increase awareness and understanding of the RACS’ communication and advocacy strategies, building positive capacity around the Social Media framework.

Key Performance Indicators
1. Ensure all relevant stakeholders are actively consulted in order to identify, prioritise, establish and respond to RACS key issues for advocacy.
2. Continue to improve and monitor roles and expectations for the Council and governance model with appropriate reserve powers.
3. The relationships between RACS and stakeholders are strengthened through effective use of President’s forums, the Surgical Leaders’ Forum and Specialty meetings.

Council and Governance

Key Result Areas
1. Governance is strategically focused, and fully supported by an effective committee and administrative structure.
2. Council demonstrates a dynamic, responsive, representative and accountable governance model with appropriate reserve powers.
3. The relationships between RACS and stakeholders are strengthened through effective use of President’s forums, the Surgical Leaders’ Forum and Specialty meetings.

Key Performance Indicators
1. Continue to improve and monitor roles and expectations for the Council / Executive, Boards/Committees and both Specialty and Fellowship Elected Councillors.
2. ISO 9001 accreditation maintained.
3. Key responsibilities of governance, such as direction setting and monitoring, compliance and risk management, are fulfilled.

Workforce Assessment

Key Result Areas
1. Ensure RACS remains an authority on trends in surgical workforce numbers, workforce issues and Areas of Need.
2. Ensure that the various Health Departments in Australia and New Zealand communicate with RACS in respect to Area of Need positions.

Key Performance Indicators
1. Undertake bi-annual large scale surveys of the surgical workforce with subsequent data analysis. Provide recommendations to assure an adequate and self-sufficient surgical workforce in Australia and New Zealand.

National and Regional Offices

Key Result Areas
1. Increase the profile of the Foundation and RACS in regional offices.
2. Enhance the reach and standing of the Foundation.
3. Regional activities align with the RACS vision of supporting and enhancing the contribution of surgeons to the broader community, surgical education, research and practice.
4. Increased regional advocacy enhances the ongoing collaborative relationship with stakeholders, including governments and their departments of health, and particularly profiles surgical services to the community.
5. The regions through stronger profiling and more regular communication.

Key Performance Indicators
1. Contribute to a cohesive and coordinated RACS advocacy approach including submissions to reviews and briefings of Minister of Health and Departments.
2. Profile and recognise Fellows who have contributed over the decades of their professional career, including through Certificates of Service and Foundation Dinners.
3. Active engagement with practice managers of surgeons, promote JDocs framework and support Trainees and IMGs.
4. Active engagement with practice managers of surgeons to improve the profile of the Practice Card and RACS branding.

Foundation for Surgery

Key Result Areas
1. Increase Foundation funds for scholarships, international capacity development, Indigenous health, and educational activities.
2. Enhance the profile of the activities undertaken by the Foundation in multiple forums and emphasise the benevolence and philanthropic support of RACS.

Key Performance Indicators
1. Enhanced profile of the Foundation for Surgery dinners.
2. Increased profile and donor base for Foundation activities.

Human Resources

Key Result Areas
1. Ensure RACS recruits 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. Provide innovative human resources services to support the achievement of the RACS strategic goals and objectives.
2. Ensure RACS recruits 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.
3. Outstanding customer service and the RACS values are regularly highlighted, incorporated into ongoing activities, and appraised.

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2014 – 2018

VISION & STRATEGY

2.1. Key Performance Indicators

> Extract efficiencies for Fellows and
> Develop the Digital College ensuring all
> Information Technology

4. Financial reports reviewed to ensure
> Ongoing review of business models to
> Finance and Audit

2. Facility Management

Key Result Areas

> Maintain property facilities appropriately to ensure they meet the current and
> Future needs of Fellows, staff and external
> Facility Management

Archives and Records Management

Key Result Areas

> Progressively introduce a comprehensive
> Electronic Document and Record
> Management System (EDRMS) which is
> Archives and Records

1. Key Performance Indicators

1. EDRMS is successfully implemented
> 2. Further development of website
> based archive / museum resources for
> 3. Deliver Gallipoli presentation/displays for
centenary celebrations

Collections including the

Museum and Art Gallery

Key Result Areas

> Promote the Collections as a significant
> benefit to the surgical and broader
> community
> 1. Key Performance Indicators
> 2. Security and privacy of information are maintained at acceptable industry
> standard while making web-based resources available

RESOURCES

Finance and Audit

Key Result Areas

> Empower the RACS Council and
> committee structure through clear
delegation, while continuing to simplify
> the process of transparently reporting on
> resource utilisation
> 4. Strategic review of property requirements
> across RACS with view to developing
differing models of owning or renting
> properties
> 2.2. Key Performance Indicators

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RESOURCES

Finance and Audit
Royal Australasian College of Surgeons Council

As at 1 January 2015

President – Michael Grigg
Vice President – David Watters OBE
Censor in Chief – Simon Williams
Treasurer – Marianne Vonau OAM
Chair Professional Development & Standards Board – Graeme Campbell
Chair Board of Surgical Education and Training – Phil Truskett AM
Chair Skills Education Committee – Richard Perry
Chair Court of Examiners – John Barton
Chair Professional Standards – Julie Mundy
Chair Professional Development – Julian Smith
Chair Fellowship Services – Catherine Ferguson
Chair Research, Audit, Academic Surgery – Ian Bennett
Chair External Affairs – Philip Carson
Chair Post Fellowship Education and Training Board – Catherine Ferguson
Chair Board of Regional Chairs – Lawrence Malsano
Chair Workforce – David Theile

Fellowship Elected Councillors
Simon Williams
David Watters
Phil Truskett
John Barton
Richard Perry
Marianne Vonau
Spencer Beasley
Phil Carson

Graeme Campbell
Julian Smith
Lawrence Malsano
Catherine Ferguson
Sally Langley
Ian Bennett
Larry O’Loughlin

Specialty Elected Councillors
Julie Mundy – Cardiothoracic Surgery
Alan Saunders – General Surgery
Neil Vallance – Otolaryngology Head and Neck Surgery
Bruce Hall – Neurosurgery
Tony Sparnon – Paediatric Surgery
David Theile – Plastic and Reconstructive Surgery
Andrew Brooks – Urology
Michael Grigg – Vascular Surgery
Roger Paterson – Orthopaedic Surgery

Co-opted Members
Rub Knewos AO – Expert Community Advisor
Garry Wilson KCU – Expert Community Advisor
Grant Fraser-Kirk – Chair, RACS Trainees’ Association
Ian Gollow – Councillor representing Western Australian Surgeons

Co-Opted Representative
Genevieve Odding – President, Australian and New Zealand College of Anaesthetists

Invited Observers
Richard Martin – Younger Fellows Representative

Principal Advisors to Council
Stephen Tobin – Dean of Education
John Quinn – Executive Director for Surgical Affairs, Australia
Richard Lander – Executive Director for Surgical Affairs, New Zealand

AUSTRALIAN CAPITAL

Chair
Wendell Neilson

Committee Members
Carolyn Cho
Sivakumar Gananadha
Frank Piccioner
John Thorton
Ailene Fitzgerald
Gert Frahm-Jensen

Co-opted Members
Yi He

NORTHERN TERRITORY

Chair
Patrick Bade

Committee Members
Frances Booth
Sanjiah Kaligutkar
Mahiban Thomas

Co-opted Members
Stephanie Weidlich
Vignesh Narasimhan
Abdallah Elbashb

EX-OFFICIO MEMBER

Philip Carson

QUEENSLAND

Chair
Bernard Whitfield

Deputy Chair
Owen Ung

Secretary
Mark Smithers

Committee Members
Emma Seccom
Deborah Bailey
Brian McGowan
Praga Pillay
Ray Lancashire
Christina Steffens
Maurice Stevens
Jeff Webster
Richard Khalee

Co-opted
Greg Malone
Joanne Dale
Sarah Byrne
Richard Lewandowski
Sandy Grieve
Robert Tan

EX-OFFICIO MEMBERS

Marianne Vonau
Ian Bennett

SOUTH AUSTRALIA

Chair
Sonja Latzel

Vice Chair
David Watters

Committee Members
Jayme Bennett
David Patt
Daniel Speman
Peter Subramaniam
Matthew Wishman
Philip Worley

Co-opted Members
Amar Abou-Hamden
George Balas
Trevor Collinson
Michael Damp
Christine Lai
Michelle Lodge
Angelo Ricciardelli
David Walsh

EX-OFFICIO MEMBERS

Roger Paterson
Anthony Spann

TASMANIA

Chair
Brian Kirkby

Committee Members
Fiona Lee
Raj Goga
Fiona Lee
Girish Pande
David Penn
James Roberts-Thomson
Mary Seff

Co-opted Members
Andrew Castley
Greg Harvey
Hung Nguyen
David Stary
Stephen Wilkinson
Nusa Naiman
Rob Bohm
Richard Tumer
Richard Jameson

EX-OFFICIO MEMBER

John Barton

VICTORIA

Chair
Jason Chua

Deputy Chair
Wanda Stelmach

Secretary
Nicole Yap

CO-OPTEC MEMBERS

Barry O’Loughlin
Bruce Hall
David R Theile
Lawrence Malsano
Julie Mundy

EX-OFFICIO MEMBERS

Richard Martin

Committee Members
Paul Cashin
Zee Sude"k
Adrian Fox
Sean Mackay
Helen Manolis
Franklin Pond
Susan Shedda
Robert Stobbe

EX-OFFICIO MEMBERS

Luke Bradshaw
James Chui
Yvonne Chow
Niall Corcoran
Deborah Devonshire
Rachel Knight
Liang Low
Heather Mack
Frances Miller
Bruce Wacket
Michael Wilson

EX-OFFICIO MEMBERS

Graeme Campbell
Michael Grigg
Julian Smith
Simon Williams
David Watters
Al son Saunders
Neil Vance

WESTERN AUSTRALIA

Chair
Tom Bowles
Deputy Chair
Stephen Honeybul

Committee Members
Peter Bray
Pual Bumbak
David Fletcher
Rupert Colman
Corinne Jones
Richard Naunton Morgan
Stephen Rodrigues
Mary Theophilus
Ming Yew
Genevieve Gibbons – trainee representative

Co-opted Members
James Atkin
Elizabeth Whan
Charles Merry
Jeff Lamond
Dieter Weber
Aron Tav
Elizabeth Whan
Dermot Collipy

EX-OFFICIO MEMBERS

Ian Gollow
Richard Martin
### SPECIALTY SOCIETIES & ASSOCIATIONS

**Australian and New Zealand Society of Cardiac and Thoracic Surgeons**
- President: Robert Costa
- Vice President: Paul Barlow
- Honorary Secretary/Treasurer: Homayoun Jalali
- Chief Executive Officer: Michael Nuga
- Chief Operating Officer: Nick Daines

**Australian and New Zealand Association of Plastic Surgeons**
- President: Deborah Bailey
- President-Elect: Phil Moreau
- Treasurer: Russell Taylor
- Executive Officer: Terkiesha Kruger

**Australian Orthopaedic Association**
- President: John Tuffley
- Vice President: Andras Loefler
- Scientific Secretary: Alan Wang
- Chief Executive Officer: Adrian Cosenza

**Australian Society of Otolaryngology Head & Neck Surgery**
- President: Neil Valkance
- Vice President: Chris Penny
- Treasurer: David Velver
- Secretary: Chris Que Hee
- Executive and Finance Officer: Lorna Watson

**Australian Society of Plastic Surgeons**
- President: Anthony Kane
- Vice President: Hugh Bartholomeusz
- Treasurer: Heather Cleland
- Honorary Secretary: James Savundra
- Chief Executive: Gaye Phillips

**General Surgeons Australia**
- President: Michael Donovan
- Vice President: Trevor Collinson
- Secretary/Treasurer: Sayed Hassen
- Executive General Manager: Sarah Benson
- Director Education & Training: Monica Carrall

### Neurosurgical

- Neurosurgical Society of Australasia
  - President: Mark Dexter
  - Vice President: Andrew Ram
  - Treasurer: Matthew McDonald
  - Secretary: Michael Biggs
  - Executive Director: Stacie Gull

- New Zealand Association of General Surgeons
  - President: Philippa Mercon
  - Vice President: Andrew Moot
  - Treasurer: Hugh Cooke
  - Chairman Training & Education: Rowan French
  - Executive Director: Brinnon Evans

- New Zealand Association of Plastic Surgeons
  - President: Sally Langley
  - Treasurer: Marcus Bisson
  - Executive Officer: Jane Doherty

- New Zealand Orthopaedic Association
  - President: Brett Krouse
  - Treasurer: Stewart Walsh
  - Honorary Secretary: Andrew Oakley
  - Chief Executive Officer: Flora Gikison

### New Zealand

- New Zealand Society of Otolaryngology Head and Neck Surgery
  - President: Theo Gregor
  - Honorary Secretary: Julian White
  - Treasurer: Jamie Ryan
  - Executive Officer: Celia Stanyon

- Urological Society of Australia and New Zealand
  - President: David Winkle
  - Vice President: Mark Frydenberg
  - Honorary Treasurer & Secretary: Stephen Rutherford
  - Chief Executive: Michael Nuga

### General Surgeons Australia and New Zealand
- President: David Whelan

**SPECIAlTY SOCIETIES & ASSOCIATIONS**

**as at 1 January 2015**

### MANAGEMENT

#### LEADERSHIP
- **CHIEF EXECUTIVE OFFICER**
  - David Hills

#### RELATIONSHIPS & ADVOCACY
- **RELATIONSHIPS & ADVOCACY**
  - Deborah Jenkins

#### EDUCATION
- **EDUCATION & TRAINING ADMINISTRATION**
  - Glenn Petrusch
  - Surgical Training
  - Fiona Bufton
  - IMC Assessments
  - Toulani Panagopoulou
  - Training Projects
  - Fiona Mowbray
- **Skills Centre**
  - Jacky Heath
  - Skills Centre
  - David Lawrence
  - Examinations
  - Laura Cotrone
- **Online Education**
  - Mr. Vita
  - Fellowship Services
  - Philita Vita
  - Library
  - Graham Spooner
  - Examinations
  - Laura Cotrone

#### FELLOWSHIP
- **FELLOWSHIP**
  - John Biviano
- **RESEARCH & AUDIT**
  - Wendy Babidge
  - Project Office & Scholarships
  - Polly Coleman
  - AERINS
  - Alun Cameron
  - Morbidity Audits
  - Nicholit Glogbook
  - Katherine Economides
  - Mortality Audit
  - Gordon Guy
- **FELLOWSHIP & STANDARDS**
  - John Biviano
- **RESOURCES**
  - Resources
  - Ian Burke
  - Finance
  - Adam Shepard
  - Information Technology
  - Ian Simpson
  - Facility Management
  - John Simbers
  - College Collections
  - Museum & Art Gallery
  - Geoff Down
  - Archives & Records
  - Management
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  - Elizabeth Millard

#### EXTERNAL AFFAIRS
- **EXTERNAL AFFAIRS**
  - Daliah Moss
  - Events
  - Management
  - Lindy Mifflat
  - Global Health & International Scholarships
  - Lito De Silva

- **EXECUTIVE DIRECTOR FOR SURGICAL AFFAIRS AUSTRALIA**
  - John Quinn
- **EXECUTIVE DIRECTOR FOR SURGICAL AFFAIRS NEW ZEALAND**
  - Richard Lander
WESTERN AUSTRALIA
Royal Australasian College of Surgeons
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T: +61 8 6389 8600
F: +61 8 6389 8686
E: college.wa@surgeons.org

AUSTRALIA AND NEW ZEALAND ASSOCIATION OF CARDIAC AND THORACIC SURGEONS
Suite 512, Eastpoint
180 Ocean Street
Edgecliff NSW 2027
T: +61 2 8328 0605
F: +61 2 8328 0633
E: nickdanes@usanz.org.au
Web: www.aacths.org

AUSTRALIAN AND NEW ZEALAND SOCIETY FOR VASCULAR SURGERY
College of Surgeons’ Gardens
250–290 Spring Street
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T: +61 3 9276 7414
F: +61 3 9249 1240
E: college.anzaps@surgeons.org
Web: www.paediatricsurgeons.org

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
Web: www.aoa.org.au

AUSTRALIAN SOCIETY OF OTOLARYNGOLOGY HEAD AND NECK SURGERY
Suite 403, Level 4
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SPECIALTY SOCIETIES & ASSOCIATIONS