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EDUCATION UPDATE
From ACCC Review Panels to the restructuring of the BSST, this has been a particularly demanding year.

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BUDGET 2005
With the 2005 College Budget recently approved by Council, the College will move into the new year with a healthy operating surplus.

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CELEBRATING GIVING.
A look at Fellows’ work and generosity which has assisted the training of local and international trainees.

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INTERNATIONAL PROJECTS
In the past five years, over 200 volunteers have improved hundreds of lives. We look at individual stories and the challenges ahead.
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Thank you

I WOULD first like to thank all Fellows who have supported me in my Presidency. The role is challenging and I have been strengthened by the warm reception I have received wherever I have been, as well as the ongoing willingness of so many to contribute extra when it is needed.

I thank Council which has supported me and has been broadly available at short notice for key issues. The Executive Committee, David Hillis and staff throughout Australasia all work very hard to ensure that the strategic direction of the organisation, as set by Council, is implemented, and that our key initiatives are identified and delivered. None of this happens without hard work. To my family, John, James and Emma – thank you. Without your caring and conviction for the work I have been undertaking none of it would have been possible or worthwhile.

Getting angry

Over the past 12 months the College has progressively implemented the ACCC's recommendations. We are progressively opening all of our processes and are increasingly reporting in ways to demonstrate not just the high caliber of training provided through the College, but the incredible lengths we go to provide equity and fair process.

Are we perfect? Of course not, but improvement is always our ambition. Much of our work is done by surgeons who (in a voluntary manner) provide selection, training, assessment and mentoring. They fit this around very busy practices. However they are always keen to implement activities which improve the opportunities for trainees.

From my visits recently to the United Kingdom, Canada and the United States it was clearly evident that we are consistent with the best practices of surgical training in the world. Do we want to be better? Always, but we do want to do it on an evidence-base which is valid - not just politically determined.

At the time of writing this piece the reports of the two ACCC Review Panels were still pending. It will be interesting to see how they appear and which voices are most strongly interposed in the documents.

It is no surprise that the jurisdictions find themselves acutely embarrassed by a decade of policy neglect in developing an Australasian workforce for surgeons. Their short-term solution is to try and bring in as many surgeons from overseas as possible.

It is interesting that the variable standards of Overseas-Trained Doctors made headlines during the recent Australian Federal election. The solution is not to put another bureaucratic process in place. The systems of the College now have jurisdictional representatives in all of these assessments. They work remarkably well. They are cost effective. They can always work better but they are robust and impartial.

The solution comes from analysing why so many Area of Need (AoN) positions have been created. Usually a result of isolation and a lack of professional support, AoN positions also arise due to a lack of infrastructure and an inability for a comprehensive practice to be developed. Unfortunately the response of local and jurisdictional management is to not improve the quality of the position, but rather to import surgeons who are then bonded to that role. Is that ethical? Is that in the best interest of our healthcare?
IT is now over 12 months since the Birrell Report was released. Professor Bob Birrell’s analysis showed that we need to be graduating 195 trainees to Fellowship per year; almost thirty percent more than we are currently graduating. The biggest barrier to this is a lack of suitable specialist surgical training positions. This will be even more apparent when the full impact of safe working hours decreases the experience offered to trainees.

What has been done in the last 12 months by the jurisdictions whose own work apparently confirms the Birrell Report findings? Not much. Although a small number of posts have been identified, many are poorly resourced and therefore are not at a level suitable for training positions. It is unfortunate that the jurisdictions which need to do the most are actually doing the least in this regard. It may be that surgical training will almost cease in some of the regions of Australasia.

Let us state the very obvious: the College wants to train more surgeons. We need a self-sustaining surgical population which will meet the demands of our community. “Stealing” surgeons from other countries, particularly developing nations, is not what Australia and New Zealand should be doing.

So why are we getting angry?

Obviously the political process is acutely embarrassed by key policy decisions of the late eighties and nineties which saw a reduction in the number of medical graduates and hospital posts.

We now have a surgical workforce shortage, partly because of the lack of training opportunities available ten years ago. Equally the jurisdictions continue to strip funding away from hospitals where surgical training is able to be rapidly increased.

The media appears to have just discovered our surgical shortage and lack of training opportunities. They seem to have just discovered the variable nature of surgical training across the world. We have been telling whoever will listen about these concerns for a long time. So who do the media blame? The College, which, through pro-bono contribution, keeps the training and standards of surgical practice at levels admired around the world.

I emphasise, again, that the College wants to train the surgeons needed for Australasia. We believe that surgical standards are important and must be preserved - how else can the Australian and New Zealand communities be assured of safe, prompt surgical care as needed - and this is what our patients demand. It is about time the media and political processes understood the issues.

I wish you all a safe and peaceful festive season and I look forward to working with you in 2005.

Anne Kolbe
President
Mortality Audit

CONTRARY to comments earlier this year from the Director General of Health, it now appears that the Ministry does not have a peri-operative mortality committee within its current plans. College representatives have met recently with representatives from ANZCA and RANZCOG to discuss their mutual interest in this issue.

As an initial step, each College will articulate its requirements from such a committee. If there is sufficient similarity of purpose, joint actions will be determined to promote such an audit with the Minister and the Ministry.

Surgical Needs Analysis Project

The Ministry of Health has decided that it will combine funding for the Surgical Needs Analysis Project (SNAP) with its funding of the variations study on prioritisation being carried out by the Health Services Research Centre. That Centre is also the identified researcher for the SNAP. The Centre is currently preparing a contract with the Ministry, covering both the variations and the surgical needs projects. It is also preparing a contract between itself and the College for the SNAP segment of the research.

As previously proposed, the contract will cover projection of surgical needs to 2011, 2021 and 2031 (based on current levels of surgery, both public and private, and an estimation of unmet need), a survey of surgeons (with the assistance of the College secretariat) and a report estimating the future need for surgeons in each sub-specialty. Some of the work is common to both the needs analysis and the variations study, and the price to the College reflects this.

We remain within the initial budget and the approval of the College’s Council last year to fund this Project to the extent of AUD20,000 will cover the College’s financial contribution to the Project. The Research Centre is currently developing a time line and will send this, with the contract, to the College. It is hoped that the project can begin in November.

Part 2, Christchurch

The Part 2 examination held in Christchurch at the start of October was the largest ever held in NZ, with 85 candidates presenting across eight specialties. In addition, four Paediatric Surgery candidates presented for pathology and anatomy orals, both of which are now sat at the time of the Part 2, but prior to the Paediatric Surgery final examination.

Christchurch Hospital is run by Canterbury District Health Board (DHB) which is responsible for a population of just over 400,000, and, while all involved in the organisation of this examination are to be congratulated, of particular note was the organisation of the clinical cases for the 49 general surgery candidates. This was a major undertaking for a hospital of this size and Court Registrar, Mr Malcolm Ward FRACS, and General Surgeon, Ms Birgit Dijkstra FRACS, are to be congratulated for their sterling efforts in this regard.

The overall pass rate for the 85 fellowship examination candidates was 60%, with the pass rates in different specialties ranging from 0-100%.

Elective Surgery Prioritisation

A meeting was held between representatives of the Ministry of Health and the College to discuss the prioritisation of elective surgery. The College was represented by Russell Stitz (Chairman, Board of CPD & Standards), Justin Roake (Vascular Surgeon from Christchurch and member of the consortium researching the existing prioritisation processes), John Simpson (EDSA-NZ) and Justine Peterson (NZ Manager). The meeting agreed on some general principles to be put forward for discussion by Council’s Prioritisation Working Party and by the NZNB. In summary, these were that prioritisation systems need to be relatively simple and not prescriptive; should be completed by surgeons who will do so in the best interests of patient care; are not to be undertaken by the surgeon to facilitate rationing, and; are an evolving process that needs to be subject to research, audit and feedback to enable improvements to be made to the systems.

Murray Pfeifer FRACS
Chairman
New Zealand National Board
FELLOWSHIP AND STANDARDS
CPD Programme Online

The Continuing Professional Development (CPD) Programme will be offered online, via the College’s website commencing January 2005.

The College’s CPD Programme continues to receive strong support from Fellows. The programme aims to advance the individual surgeon’s surgical knowledge and skills for the benefit of patients and to provide tangible evidence of participation, in compliance with the CPD programme by the award of a certificate of Continuing Professional Development.

All Fellows in active practice are required to participate in and comply with the CPD programme. Fellows are required to submit an annual return of their CPD activities from 1 January to 31 December of each year. Currently, Fellows are issued with a paper based recertification data form in January of the following year to collect information on their CPD activities for the year.

As of January 2005, Fellows will be able to record participation in CPD activities in a real time diary accessed through the College website using current College usernames and passwords. The CPD Online Diary will allow Fellows to record attendance at CPD activities including conferences and workshops, hospital meetings, teaching and involvement in research and publications within the category requirements of the programme regularly throughout the year.

Features of the CPD Online Diary will include:

- The ability to view annual and triennial CPD totals immediately, to assist with planning to achieve the minimum requirements.
- Flexibility to record and update CPD activities undertaken in any location with Internet access.
- Greater accuracy. Immediate and regular recording of CPD activities will assist with accuracy of the CPD Programme return. Retrospective collection through the hard copy system records information, in some cases, twelve months after the event.
- Assistance with verification of activities for those Fellows who are randomly selected to verify CPD totals for the year.

Regular diary entries of clinical governance activities (e.g. morbidity and mortality meetings and clinical audit meetings) will be logged in the CPD Online Diary and can be used as diary entries for the verification process.

Fellows will also be able to view approved activities for the CPD Programme, access the CPD Programme Information Manual, update their personal details and have current information about CPD activities undertaken to date.

Training is available through the College Library for Fellows who wish to update their Internet skills. Fellows are encouraged to use the online service, however Fellows experiencing difficulty can be issued with a hard copy data form to record their annual CPD activities.

Further information on how to access and use the CPD Programme Diary will be posted to Fellows in January 2005 with the 2004 recertification data form.

For further information on the CPD Programme, please contact Kyle Mahoney, Manager of Professional Standards on +61 3 9249 1274 or e-mail at kyle.mahoney@surgeons.org.

Russell Stitz
Chairman
Professional Development and Standards Board

A new year and a new online CPD Diary will be available in January 2005.

To achieve security and affordability in the long-term, we believe further reform is needed. For example, the abortion debate has been paralysed by a political impasse, with neither side gaining significant leverage. Similarly, the issue of medical indemnity has been largely anecdotal. Therefore, prior to the January review, the College is seeking to gauge the attitudes and views of Fellows and Trainees towards the Medical Indemnity Package and the medical indemnity situation in general. By collecting this information, the College will be able to lobby the Government to provide for a medical indemnity system which is equitable, affordable and secure for all Fellows.

I therefore encourage all trainees and Fellows to participate in this very important medical indemnity survey here enclosed.

It would be appreciated if responses are returned by 31 December 2004.

Russell Stitz
Chairman
Medical Indemnity Working Party

The Russian Gun

No, not an AK-47. This one is an original Russian colorectal anastomotic stapling gun. Its design was revolutionary, and so successful that it was patented by the Americans. Professor John Masterton writes: “In the 1970s a sensational design was revolutionary, and it all started in Russia.”

The gun is donated to the College by Professor Adrian Polglase FRACS, through the good offices of Donald Murphy FRACS. The College is very grateful to these two Fellows for enhancing the Collections with such an historic and groundbreaking piece of surgical technology.

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FELLOWSHIP AND STANDARDS
Medical Indemnity Follow-up Survey

FOR some time there has been mounting concern regarding some expert witnesses who, intentionally or unintentionally, provide biased testimonies which favour the party that retains them. The use of “hired guns,” as such witnesses are colloquially referred to, leads to misleading evidence, unfair decisions and aggrieved parties on both sides.

The College strongly believes that to ensure a more equitable system, experts should remain impartial and only provide evidence that is within their own field of expertise. Therefore, following the recommendations of the Ipp Report (Review of the Law of Negligence September 2002), in late 2005 the College established a representative working party to examine the feasibility of developing a College Expert Witness Register for medical negligence cases in Australia.

Development of the Register is still in its infancy; however a draft paper outlining the direction of the working party and details of the Register has been developed.

In brief, the draft paper proposes that, to be included on the Register, the incumbent must have been admitted to Fellowship for at least five years, have a current surgical practice (that is, be within three years post retirement from active surgical practice), be compliant with CPD and attend courses and programmes on court skills.

It is also anticipated that guidelines relating to areas in which an accredited expert witness should give advice will be determined by the relevant Specialty Society, which, with assistance from the College, will assess applications for inclusion in the Register.

The draft paper is currently being circulated widely to various interested organisations for comment and involvement. These organisations include Specialty Societies, the federal and state AMA, other medical colleges and the judiciary.

The development of the Register will be an ongoing process. However, I hope you will agree that the move to a College Expert Witness Register is a promising step towards resolving a longstanding problem in our community.

Russell Stitz
Chairman
Register of Expert Witnesses Working Party

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Russell Stitz
Chairman Professional Development and Standards Board

HERITAGE REPORT The Russian Gun

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“In the 1970s, a sensational instrument and the concept contained therein was brought to Melbourne and Australia by a group of Russian surgeons. Everyone who saw the demonstration of this new technology was fired with enthusiasm about its capabilities.

The Russian prototype was snatched by visionaries with entrepreneurial skills from the USA, and very soon the end-to-end anastomotic gun was being produced in America. A revolution in colorectal and other areas of surgery was begun. But it should never be forgotten that it all started in Russia.”

The gun and its accessories are housed in a beachwood carrying case. The interior is lined with foam rubber, which is now badly deteriorated and will have to be replaced. The gun bears no brand name, and is inscribed only with the serial number 78261, the words “Stainless steel” and “Made in USSR”, and the initials “CHIT” (SPbTU, the Saint Petersburg State Technical University).

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FELLOWSHIP AND STANDARDS CPD Programme Online

FOLLOWING the introduction of the Howard Government’s Medical Indemnity Package, the perceived importance and appeal of the medical indemnity issue has waned in both the political and media spotlights. However, from the view of the College, the Medical Indemnity Working Party, and most Fellows of the College, the issue of medical indemnity remains real and continues to affect our practices.

Although it is agreed that the draft of legislative amendments, known collectively as the “Medical Indemnity Package”, have provided surgeons with some relief, their benefits may only be sustained in the interim. To achieve security and affordability in the long-term, we believe further reform is needed.

The areas of particular concern that are the result of uniform tort law reform and the implementation of a system to manage long-term care costs for the catastrophically injured.

The 18-month review of the Medical Indemnity Package, as agreed to by the Federal Government, is due to take place in the middle of next year. You may remember that one of the issues though the Abbott Panel postponed for future consideration was the introduction of a no-fault scheme to manage the long-term care costs. Due to the impor- tance of the issue, the Medical Indemnity Working Party is strongly advocating for the College’s involvement with the AMA in the review process.

To date, feedback regarding the success of the Medical Indemnity Package has been largely anecdotal. Therefore, prior to the next month review, the College is seeking to gauge the attitudes and views of Fellows and Trainees towards the Medical Indemnity Package and the medical indemnity situation in general. By collecting this information, the College will be able to lobby the Government to provide for a medical indemnity system which is equitable, affordable and secure for all Fellows.

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It would be appreciated if responses are returned by 31 December 2004.

Russell Stitz
Chairman Medical Indemnity Working Party

REGISTER OF EXPERT WITNESSES FOR MEDICAL NEGLIGENCE CASE

FOR some time there has been mounting concern regarding some expert witnesses who, intentionally or unintentionally, provide biased testimonies which favour the party that retains them. The use of ‘hired guns’, as such witnesses are colloquially referred to, leads to misleading evidence, unfair decisions and aggrieved parties on both sides.

The College strongly believes that to ensure a more equitable system, experts should remain impartial and only provide evidence that is within their own field of expertise. Therefore, following the recommendations of the Ipp Report (Review of the Law of Negligence September 2002), in late 2005 the College established a representative working party to examine the feasibility of developing a College Expert Witness Register for medical negligence cases in Australia.

Development of the Register is still in its infancy, however a draft paper outlining the direction of the working party and details of the Register has been developed.

In brief, the draft paper proposes that, to be included on the Register, the incumbent must have been admitted to Fellowship for at least five years, have a current surgical practice (that is, be within three years post retirement from active surgical practice), be compliant with CPD and attend courses and programmes on court skills. It is also anticipated that guidelines relating to areas in which an accredited expert witness should give advice will be determined by the relevant Specialty Society, which, with assistance from the College, will assess applications for inclusion in the Register.

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The development of the Register will be an ongoing process. However, I hope you will agree that the move to a College Expert Witness Register is a promising step towards resolving a long-standing problem in our community.

Russell Stitz
Chair Register of Expert Witnesses Working Party

FELLOWSHIP AND STANDARDS Medical Indemnity Follow-up Survey
It has been a busy and demanding year in the Education portfolio. There have been a number of successes and a number of issues to continue to challenge us.

Assessment of OTDs

The Specialty Boards, the Board of Specialist Surgical Training and staff have put considerable effort into refining and updating the assessment of Overseas-Trained Doctors (OTDs). We have updated the information package that goes to those who apply for assessment and refined the structure of the interviews.

Jurisdictional representation

Jurisdictional representatives now participate on all hospital and post accreditation visits, and on review panels for the assessment of OTDs, selection boards and the Education Policy Board. Negotiations continue between the College and AHWOC around the terms of reference for the jurisdictional representatives, and an agreement is in sight. All feedback from surgeons regarding their interactions with jurisdictional representatives, who have provided much constructive criticism and advice at inspections, interview panels and Board meetings, has been positive.

Policy development

We are in the process of developing a number of policies around education and training. Policies are helping staff and the surgeons on Boards provide information and make decisions in a more accurate, consistent, transparent and prompt fashion. It must be said that the Executive General Manager, Dr David Hillis, has provided much needed impetus in this direction.

Defining surgical competence

We now have a definition of surgical competence which has been incorporated into many aspects of the College’s curriculum, including assessment activities. These competencies are now used consistently across the assessment of surgical practice, from selection into Basic Surgical Training to Continuing Professional Development.

In order to meet surgical standards, the College training programmes aim to provide specialist surgeons with the following attributes: Medical Expertise; Technical Expertise; Judgment - Clinical Decision-Maker; Communication; Collaboration; Management and Leadership; Health Advocacy; Scholar and Teacher; Professionalism.

We are developing proper weighting to these competencies. For example, in the absence of medico-legal expertise, clinical judgement and technical expertise, the other competencies, while essential, would not be sufficient to define a surgeon. We are also working towards incorporating cultural competence.

Curriculum development

The College has provided more resources for the Specialty Boards, especially for curriculums, particularly for the General Surgeon. Consequently, most specialties have made great strides towards fully developing their curricula, including placing training materials online.

In the most recent volume of Surgical News we provided a definition of the core Curriculum as “encompassing everything that impacts on a trainee’s experience during the training programme”.

The orientations and functions of the curriculum include cultural, technical, medico-legal and economic orientations that ensure that the needs of all stakeholders are met. Some work being undertaken includes development of a training philosophy, including the philosophy and scope, teaching approaches, facilities and infrastructure, and governance over decision-making.

Evaluation, needs assessment and review of programmes, procedures, governance and philosophies have been important, as have the development of policies and regulations. Other important areas include recruitment, retention, training, clinical and technical expertise, the other competencies, while essential, would not be sufficient to define a surgeon. We are also working towards incorporating cultural competence.

New Zealand visit

During my visit to the New Zealand National Board late last year, we made strides on a number of issues. The role of the New Zealand Censor was more clearly defined. The position, currently and very ably occupied by Professor Andre van Ruyven, now has a position description that includes roles, responsibilities and succession.

We discussed synergies and differences in the experience of our Colleges, of a “magnifying glass” that impacts on a trainee’s experience during the training programme”.

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It has been a busy and demanding year in the Education portfolio. There have been a number of successes and a number of issues to consider.

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Evaluation, needs assessment and review of programmes, procedures, governance and philosophies have been important, as have the development of policies and regulations. Other important areas include recruitment, retention, staff rights and responsibilities, provision of carefully designed courses, content and assessment, among others.

We are working towards incorporating cultural competence.

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We discussed synergies and differences between the NZ College and AMS as "ensuring everything that impacts on a trainee's experience during the training programme".

In this direction, particular emphasis has been placed on support for trainees, the balance between service and educational opportunities and the need to increase training capacity by training in the private sector.

The Speciality Boards, the Board of Specialist Surgical Training and staff have put considerable effort into refining and updating the assessment of Overseas-Trained Doctors (OTDs). We have updated the information package that goes to those who apply for assessment and refined the structure of the interviews.

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Of the interviews.

I'd like to thank all Fellows and staff in both countries who have contributed enthusiastically to making 2004 a successful year for me as Censor-in-Chief and for the Education Portfolio, and feel sure that the high standard of the work being done will continue. I wish everyone well for 2005.

Defining surgical competence

We now have a definition of surgical competence which has been incorporated into many aspects of the College's curricula, including assessment activities.

These competencies are now used consistently across the assessment of surgical practice, from selection into Basic Surgical Training to Continuing Professional Development.

In order to meet surgical standards, the College training programmes aim to provide specialist surgeons with the following attributes: Medical Expertise, Technical Expertise; Judgement - Clinical Decision-Maker, Communication, Collaboration, Management and Leadership, Health Advocacy, Scholar and Teacher, Professionalism.

We are developing proper weighting to these competencies. For example, in the absence of medical expertise, clinical judgment and technical expertise, the other competencies, while essential, would not be sufficient to define a surgeon. We are also working towards incorporating cultural competence.
COUNCIL approved the College Budget for 2005 at its October meeting. This Budget encapsulates the key directions and initiatives of the College for the coming year.

The College’s new organisational structure has been implemented and the financial reports will now be aligned with these arrangements. In addition, management has commenced the implementation of a new activity-based costing system (RACSFIN II) as outlined below. This will facilitate improved financial reporting to Council and Fellows. The College is in a strong financial position, with manageable debt and excellent returns from the investment portfolio. The 2005 Budget continues the theme of investment in the educational and research functions while ensuring an infrastructure appropriate for a professional body.

2004 Activity
There has been considerable activity in 2004 including:
• Implementation of the 2004-2006 Strategic Plan, supported by the new organisational structure.
• Opening of the new East Wing in Melbourne.
• Commencement of required reporting to the ACCC.
• Appointment of Jurisdictional Representatives to College selection boards as required by the ACCC act.
• The first year of operation of the Service Agreements with the Specialist Surgical Societies and Associations related to Specialist Surgical Training.
• Appointment of a number of key posts including the Dean of Education.
• Further growth in Basic Surgical Trainee and Continuing Professional Development courses.
• Commencement of new projects with the Commonwealth Government including the Oster Metropolitan Training Project.
• Receipt of $1 million from the Victorian Government for the East Wing Skills Centre.
• Additional funding of $1.75 million and $2 million from the NSW and Commonwealth Governments for the proposed ECHTEC skills facility in NSW.
• Implementation of the 2004-2006 Strategic Plan, in line with CPI.
• Increased funding for research and education scholarships (from $745k to $1,061).
• Introduction of an internal (financial) audit programme.
• Commencement of online payment of fees and subscriptions.
• Introduction of online Fellows / Trainees profile maintenance.
• Roll out of College database link to regional and New Zealand Colleges.
• Continuing Professional Development courses costing system (RACSFIN II).

2005 Budget
The Budget for 2005 was built around the following parameters:
• Operating Surplus to be close to 2% of revenue.
• The unallocated investment return continues to be retained for future College initiatives.
• Subscriptions will rise to $1.800 excl GST in line with CPI.
• Elimination of subscriptions for Fellows 70 years of age or more.
• No increase for BST and AST registration and annual training fees as previously agreed with the Specialist Societies.
• Course, Examination and Overseas-Trained Doctor Assessment charges to increase by CPI.

Given the effort to constrain subscription and fee increases in 2005 to CPI, any additional new unbudgeted initiatives must be funded through new revenue or cost savings.

The new or expanded initiatives for 2005 will include:
• Implementation of Australasian Surgical Mortality Audits.
• Implementation of online CPD reporting.
• Increased support to Rural Services.
• Increased funding for research and education scholarships (from $745k to $1,061).
• Introduction of an internal (financial) audit programme.
• Commencement of online payment of fees and subscriptions.
• Introduction of online Fellows / Trainees profile maintenance.
• Roll out of College database link to regional and New Zealand Colleges.
• Continuing Professional Development courses costing system (RACSFIN II).

The Budget for 2005 was built around the following parameters:

<table>
<thead>
<tr>
<th>$000’s</th>
<th>Forecast 2004</th>
<th>Budget 2005</th>
<th>Increase / (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>28,114</td>
<td>28,090</td>
<td>(24)</td>
</tr>
<tr>
<td>Expenditure</td>
<td>27,007</td>
<td>27,671</td>
<td>664</td>
</tr>
<tr>
<td>Operating Surplus</td>
<td>1,107</td>
<td>419</td>
<td>(688)</td>
</tr>
<tr>
<td>Transfer to Investment Reserve</td>
<td>1,090</td>
<td>1,100</td>
<td>10</td>
</tr>
<tr>
<td>Net Surplus</td>
<td>2,197</td>
<td>1,519</td>
<td>(678)</td>
</tr>
</tbody>
</table>

* Excluding Abnormal Items

As outlined above, Council has approved a new organisational structure for the College consisting of six Divisions:
• Basic Surgical Training and Skills
• Specialist Surgical Training and Assessment
• Fellowship and Standards
• Research and External Affairs
• Relationships
• Resources

The financial structure of the College has been aligned to mirror this organisational structure.

RACSFIN II
This programme has been developed in an effort to understand the true cost of undertaking particular activities. With the new organisational structure in place, the first phase of the development of an activity-based costing tool was largely complete. This phase was to ensure that all key areas of activity have no, or partial, allocation. Examples are philanthropy and scholarships. Allocations of Divisional Management costs to revenue activities within each Division also occur on the basis of revenue.

The RACSFIN II model will need further refining before it is implemented (late 2004 / early 2005). Initial results have shown, for instance, that the Education Divisions are cost neutral. This gives comfort to all concerned that there is no or little cross-subsidisation of Trainees by Fellows or vice versa.

In closing
Much has been achieved in 2004. The initiatives outlined above will enable the College to continue to move ahead in 2005 with a planned operating surplus of $542k. The continued reduction in debt from the East Wing by $1 million in 2005 to $4 million will further consolidate the College’s sound financial position.

I would like to extend my warm thanks to the Honorary Advisers of the College, Mr Dennis McCluskey, Mr Robert Milne, Mr Doug Oldfield AOM, Mr Brian Randall and Mr Anthony Lewis. On a sad note, I would like to make special mention of Mr Norm Bevan, Honorary Adviser, who passed away this year. Norm made a great contribution to the College and his passing is recorded with great sadness.

See over for a summary of subscriptions and examinations, training and other fees for 2005.
EXPLAINING THE FINANCES

Budget 2005

Honorary Treasurer, Mr Andrew Sutherland FRACS

COUNCIL approved the College Budget for 2005 at its October meeting. This Budget encapsulates the key directions and initiatives of the College for the coming year.

The College’s new organisational structure has been implemented and the financial reports will now be aligned with these arrangements. In addition, management has commenced the implementation of a new activity-based costing system (RACSFIN II) as outlined below. This will facilitate improved financial reporting to Council and Fellows. The College is in a strong financial position, with manageable debt and excellent returns from the investment portfolio. The 2005 Budget continues the theme of investment in the educational and research functions while ensuring an infrastructure appropriate for a professional body.

2004 Activity

There has been considerable activity in 2004 including:

- Implementation of the 2004-2006 Strategic Plan, supported by the new organisational structure.
- Opening of the new East Wing in Melbourne.
- Commencement of required reporting to the ACCC.
- Appointment of Jurisdictional Representatives to College selection boards as required by the ACCC authorisation.
- The first year of operation of the Service.
- Appointment of Fellowship Representatives.
- Commencement of required reporting to Council and Fellows. The College is in a strong financial position, with manageable debt and excellent returns from the investment portfolio.
- Implementation of the 2004-2006 Strategic Plan.

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- Operating Surplus to be close to 2% of revenue.
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Given the effort to constrain subscription and fee increases in 2005 to CPI, any additional new (unbudgeted) initiatives must be funded through new revenue or cost savings.

The new or expanded initiatives for 2005 will include:

- Further growth in Basic Surgical Trainee and Continuing Professional Development courses.
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RACSFIN II

This programme has been developed in an effort to understand the true cost of undertaking particular activities. With the new organisational structure in place, the first phase of the development of an activity-based costing tool was largely complete. This phase was to ensure that all key areas of activity have an identifiable cost centre and that the revenue and expenditure are captured to this area.

The second phase of RACSFIN II is to allocate costs to the area which benefits from that activity. An example is the cost of the ANZ Journal of Surgery and Surgical News. These costs centres are in the Research and External Affairs Division, however, these publications are delivered to Basic Surgical Trainees, Advanced Surgical Trainees and Fellows. The cost of these two publications is now allocated to these Divisions, therefore, based on the number of Trainees and Fellows.

The third phase of RACSFIN II is to allocate the cost of the Relationships and Resources Divisions to the other four Divisions. This is done on a proportional basis. There are, however, components within those Divisions which will receive either no, or partial, allocation. Examples are philanthropy and scholarships.

In closing

Much has been achieved in 2004. The initiatives outlined above will enable the College to continue to move ahead in 2005 with a planned operating surplus of $421k. The continued reduction in debt from the East Wing by $1million in 2005 to $4million will further consolidate the College’s sound financial position.

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See over for a summary of subscriptions and examinations, training and other fees for 2005.
**ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

**SUMMARY OF SUBSCRIPTIONS & EXAMINATION, TRAINING and OTHER FEES for 2005**

1. **SUBSCRIPTIONS & ENTRANCE FEES**
   - **2004 Annual Subscription**
     - payable on 1 January 2005
     - **1,300**
   - **Fellowship Entrance Fee**
     - payable in full (10% discount applies) or over 5 years
     - **5,550**

2. **EXAMINATIONS & TRAINING**
   - **Basic Surgical Training**
     - Annual Training Fee (Year 1, 2, 3 & 4)
     - **2,260**
     - CGISP Course (Y1)
     - **1,320**
     - Website Fee - Distance Learning Program (Y1)
     - **1,960**
   - **Basic Surgical Skills Course (Y1)**
     - **1,640**
   - **EMIST Course (Y2)**
     - **1,640**
   - **MCQ Examination (Y2)**
     - **1,750**
   - **Clinical Examination Fee (OSCE) (Y2)**
     - **1,405**
   - **Transitional Surgical Training**
     - Registration Fee
     - **515**
   - **Advanced Surgical Training**
     - Annual AST Fee
     - **3,200**
   - **Orthopaedic Examination Fee**
     - **255**
   - **Part 2 Examination Fee**
     - **4,975**

3. **OTHER FEES**
   - **CLEAR Course**
     - **810**
   - **Overseas Trained Doctor Fees**
     - Category 1 - Specialist Assessment
     - **4,410**
     - Category 2 - Specialist Assessment
     - **7,275**
     - Category 3 - Specialist Assessment
     - **14,350**
   - **Occupational Training Visas**
     - **390**
   - **EMIST Course Fees**
     - Australia - Provider
     - **1,640**
     - - Refresher
     - **1,025**
     - New Zealand - Provider
     - **SNZ 1,640**
     - - Refresher
     - **SNZ 1,025**
   - **MOPS - Maintenance of Professional Standards**
     - Australia
     - **1,200**
     - New Zealand
     - **SNZ 1,200**
   - **Appeals Lodgement Fee**
     - **3,100**
   - **Accommodation and Meals Allowance - plus GST**
     - **250**

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**EXTERNAL REVIEWS**

DRAFT reports from the two ACCC Review Committees were both released in the last week of October. The College now has until 26 November 2004 to respond to the reports and their recommendations.

Recommendations from the "review of the criteria for accrediting hospitals for Basic Surgical Training and hospital training posts for Advanced Surgical Training and associated matters" have to be guided by the following principles about how accreditation should be conducted:

- the criteria should be such as to ensure that, upon completing their training (including relevant examinations), surgeons are safe and competent;
- except where specifically Australian conditions need to be addressed, the criteria should be broadly consistent with those existing in comparable countries;
- subject to the principles above, the criteria should facilitate training in the widest range of hospitals possible, and particularly in hospitals in outer-metropolitan, rural and regional areas;
- the criteria should be as objective as practicable and appropriate to the above principles;
- the criteria should be expressed in a reader-friendly manner as possible;
- criteria should be publicly justified;
- if some criteria are inherently more important than others, this should be explicitly recognised.

The review also had to consider whether it was feasible to accredit hospitals, rather than hospital posts, for Advanced Surgical Training and recognise, retrospectively, work undertaken in non-accredited training positions for the purpose of completing an advanced surgical training.

From the earlier discussion paper provided to the College (and other involved parties) by the ACCC Accreditation Review Committee, it would appear unlikely that the review will be recommending the accreditation of hospitals (rather than posts) for specialist surgical training.

The Overseas-Trained Surgeons Review Committee is assessing whether the measure used by specialist medical colleges to assess Overseas-Trained Surgeons should be equivalence, substantial comparability, competence or some other measure. It should be noted that "the overall aim of the review is to identify the minimum requirements that Overseas-Trained Surgeons need to meet before they should be permitted to practice in Australia." (Emphasis added).

This committee also provided the College and the jurisdictional bodies with a discussion paper of their possible recommendations. Some areas will require careful consideration.

The project to collate and present the data required by the ACCC has been broadened and will progress the College-wide use of iMIS for all data sets. A report on the College’s educational activities for the period January to December 2003 and January to 30 June 2004 will be published on the College website in November.

This report will cover selection and training data for both basic and specialist surgical training and also data on assessment of trainers and Overseas-Trained Doctors.

Hyperlinks to College curriculum information, policies and papers as well as links to other relevant sites will be included. The first annual report of this type will provide a comprehensive and consistent reference point for Fellows and other interested parties.

**Governance and Articles**

Fellows are reminded of the forthcoming postal ballot relating to proposed changes to the composition of Council. Voting papers and supporting information were distributed in early November. Results will need to be collated by late November if reforms are to be in place for the next Council election.

**Name Change**

A recent survey of New Zealand Fellows and trainees has indicated support for a name change of the College to the "Royal Australian and New Zealand College of Surgeons". Arguments in support of such a change are that it would provide a clearer link between the College’s name and the Australasian and New Zealand Journals of Surgery and that the term ‘Australasian’ is no longer well understood nor widely used. For example ‘Australia’ is thought to mean ‘Australia and Asia’ or even Australia alone. The New Zealand National Board Chair, Mr Murray Pfeifer, will shortly provide further information to other Regional Chairs supporting the name change.

It is timely for Australian Fellows to consider this issue. A survey, probably web-based, is being proposed to gauge the support of the whole Fellowship.

**Policy Coordination**

Each Division within the College has made significant progress in reviewing and documenting their main policies and procedures.

**Policy Development**

Policies are developed to ensure that the College undertakes its activities in a consistent manner. Policies may be initiated by staff or Fellows. An initial draft is usually developed by a staff member and sent to Directors for discussion at Directors’ Meetings. Policies are then reviewed by the relevant Fellowship Board, with final approval by Council. If approved by Council, policies are posted on the College’s shared drive (it is envisaged that these will later be posted on the College’s intranet/website). If not approved, policies are re-worked and re-submitted for review and approval.
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   - Registration Fee: 515
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     - 1 January 2005: 1,800
     - Category 3 - Specialist Assessment: 14,350
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3. **OTHER FEES**

   **CLEAR Course**
   - 810

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   - 390

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   - Australia: 1,200
   - New Zealand: NZ$ 1,200

   **Appeals Lodgement Fee**
   - 3,100

   **Accommodation and Meals Allowance - plus GST**
   - 250

**Notes**
- 1 All New Zealand fees, including Examinations undertaken in New Zealand, are subject to the Goods & Services tax of 12.5%.
- 2 All Australian Fees will be subject to GST of 10% except approved Education courses.
- 3 RACS examination & training fees, invoiced by the College, have been approved by the Australian Taxation Office as GST free for all courses relating to the awarding of the RACS Fellowship.
- 4 Participants in RACS courses from other Colleges or Organisations will be liable for GST unless a private ruling has been obtained from the Australian Taxation Office.

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Success of College Foundation attests to Fellows’ generosity

CELEBRATING GIVING –

College benefactor says scholarships about “helping, not generosity”.

“...since then, while the Award was administered from outside the College because it was established before the College had the international programmes it has now...”

“...in its targeting of young surgeons from developing countries...”

“...established a final scholarship through the College and the University of Sydney to support the health and welfare of Aboriginal people, or, as I call them, Original Australians.”

“...I am a General Surgeon with a Neurosurgery interest...”

“...This Award has been funded by a number of people who, like me, felt we could make a contribution and I thank them for their enthusiasm and support...”

“The Foundation was by then an ongoing success and I felt we could harness that energy to assist people from underprivileged regions, not just surgeons, to have access to Australian education and training,” he said.

“But throughout all of this time, the backbone of the Foundation has been the contributions from individual Fellows and friends, either through specific donations or bequests.”

One such Fellow is Professor Richard Bennett, who not only assisted in establishing the Foundation as then treasurer of the College but who, since then, has helped establish and fund the Surgeons International Award.

Currently working in conjunction with the College’s Pacific Islands Project, the Surgeons International Award funds visits to Australia by health professionals from developing countries who are making vital contributions to the health services of their country.

“The visits are designed to allow recipients to establish important contacts and networks and to provide exposure to Australian medical practices.”

Professor Bennett said he came up with the proposal to establish the Surgeons International Award as a way to allow Fellows to contribute to the work of deserving medical professionals from outside the College.

26 recipients from 10 countries within the South-East Asian and Pacific regions and attracted support from both International and Australian Fellows.

“Even though this Award only funds people for one month to six weeks, we found that this is often as long as they can afford to spend away from their home country because they are vital to the health care provided there,” Professor Bennett said.

“One of the most recent recipients of the Surgeons International Award is Dr William Kaptigau, now the first neurosurgeon from Papua New Guinea. The scholarship allowed him to undertake a placement as a Visiting Fellow at the Alfred Hospital in Melbourne for six weeks earlier this year, as well as attend the ASC.”

Dr Kaptigau spent his time in Australia learning Base of Skull Surgery and attending Audit Meetings and Lectures, and is now back working at Port Moresby General Hospital.

He said he felt honoured to have been chosen for the Award.

“At first the programme was administered from outside the College because it was established before the College had the international programmes it has now...”

“...Then in 1995 the College developed its Pacific Islands Project and it seemed to me that the Surgeons International Award would work better alongside this and within the College Foundation...”

Professor Bennett said that since then, while the Award was not as broad and far-reaching as it had been originally conceived, it had now supported the continuing medical education of 26 recipients from 10 countries within the South-East Asian and Pacific regions and attracted support from both International and Australian Fellows.

“...Dr Kaptigau spent his time in Australia learning Base of Skull Surgery and attending Audit Meetings and Lectures, and is now back working at Port Moresby General Hospital. He said he felt honored to have been chosen for the Award...”

“...I am a General Surgeon with a Neurosurgery interest...”

“...This Award has been funded by a number of people who, like me, felt we could make a contribution and I thank them for their enthusiasm and support...”

“...the Scholarship was imperatively needed...”

“...I was grateful to the Fellows and Friends of the College who had helped make the Award useful and successful...”

“...The Scholarship was impertinently needed because it covered the travel expenses and a living allowance for someone like me, who could not otherwise afford this kind of trip...”

“...between all of this, the backbone of the Foundation has been the contributions from individual Fellows and friends, either through specific donations or bequests.”

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“...The trip to Melbourne has broadened my knowledge base in Neurosurgery...”

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“...This will benefit the people of Port Moresby and Papua New Guinea by giving them access to a person who has training in Neurosurgery...”

“...The tasks of which cases may need treatment overseas will be better screened and, given the contacts I was able to establish in Australia, their referral hastened...”

“...The Scholarship was impertinently needed because it covered the travel expenses and a living allowance for someone like me, who could not otherwise afford this kind of trip...”

“...I thought one of the better ways to overcome this would be to help them to come to Australia to learn in the best units under the best supervision via the College so that the surgeons could then go back home and train others...”

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26 recipients from 10 countries within the South-East Asian and Pacific regions and attracted support from both International and Australian Fellows.

“Even though this Award only funds people for one month to six weeks, we found that this is often as long as they can afford to spend away from their home country because they are vital to the health care provided there,” Professor Bennett said.

“One of the most recent recipients of the Surgeons International Award is Dr William Kaptigau, now the first neurosurgeon from Papua New Guinea. The scholarship allowed him to undertake a placement as a Visiting Fellow at the Alfred Hospital in Melbourne for six weeks earlier this year, as well as attend the ASC.

Dr Kaptigau spent his time in Australia learning Base of Skull Surgery and attending Audit Meetings and Lectures, and is now back working at Port Moresby General Hospital.

He said he felt honoured to have been chosen for the Award.

“I am a General Surgeon with a Neurosurgery interest,” he said.

“The trip to Melbourne has broadened my knowledge base in Neurosurgery, and improved my skills in the management of patients in the ICU. It has given me a new appreciation of the facilities at Port Moresby General Hospital.

“This will benefit the people of Port Moresby and Papua New Guinea by giving them access to a person who has training in Neurosurgery.

Both are designed to bring young surgeons from specific global regions to Australia who are, or will be, leaders in their field, to learn management skills, undertake research and develop professional contacts.

Mr Nicks said he decided to fund the scholarships after travelling as a Visiting Professor to such countries as Papua New Guinea, Uganda, India, Tanzania and Malaysia, developing a warm rapport with the local people and a determination to help.

“In those years I got to know the problems in various developing countries and felt a great respect for the local surgeons,” Mr Nicks said.

“I understood that while they wanted the best possible training, this aspiration was sometimes very difficult to achieve.

“I thought one of the better ways to overcome this would be to help them come to Australia to learn in the best units under the best supervision via the College so that the surgeons could then go back home and train others.

“The President of the College at the time agreed, and we decided to focus on younger surgeons who had the capacity to become leaders, able to manage departments, teach and undertake research, the kind of person who could help improve the health systems of their country forward.”

Mr Nicks said the original scholarship, which focused on Asia and Africa, was a success, but felt at the time that more could be done.

“I didn’t think I was contributing enough money, so I suggested another scholarship for the Pacific Islands,” he said.

A surgeon in the Neurosurgery Department of the Alfred Hospital, Vientiane, Dr Phoufay will take up the position of Director of the new Neuromedical Centre in Vientiane upon his return.

He said he believed the training and skills he is acquiring in Australia would make a significant difference to the health care provided in Laos.

“The level of neurological healthcare which I will be able to offer my people will increase enormously as a consequence of the training I have been receiving,” Dr Phoufay said.

“I will be practising and doing clinical research in neuromedical techniques in my hospital and also teaching and training medical students, residents and surgeons from different regions of Laos.

“In addition, I will be managing the new Neuromedical Centre in Vientiane.”

Dr Phoufay said he was deeply honoured to receive the Scholarship which he considered extremely valuable, particularly as it was targeting of young surgeons from developing countries.

“These surgeons consequently learn to become leaders in their own countries, to develop skills to manage a Department for the teaching of others, to gain experience in clinical research and to learn modern technology and gain the further exposure to general or specialist surgery,” he said.

“I cannot find the words to thank the Royal Australasian College of Surgeons enough for enabling me to have this experience and to know that I will be able to work to strengthen the future bond between our two peoples in the growing field of exposure to general or specialist surgery,” he said.

“The Award has been funded by a number of people, but I felt we could make a contribution and I thank them for their enthusiasm and support,” Professor Bennett said.

“The Foundation was by then an on-going success and I felt we could harness that energy to assist people from underprivileged regions, not just surgeons, to have access to Australian education and training,” he said.

“At first the programme was administered from outside the College because it was established before the College had the international programmes it has now.

“Then in 1995 the College developed its Pacific Islands Project and it seemed to me that the Surgeons International Award would work better alongside this and within the College Foundation.”

Professor Bennett said that since then, while the Award was not as broad and far-reaching as it had been originally conceived, it had now supported the continuing medical education of recipients to establish important contacts and networks and to provide exposure to Australian medical practices.

Professor Bennett said he came up with the proposal to establish the Surgeons International Award as a way to allow Fellows to contribute to the work of deserving medical professionals from outside the College.

“RETIRED Sydney surgeon Mr Rowan Nicks Fellow said the College’s most generous benefactors and highly favoured Fellows.

Having received his Fellowship while serving on board ship as a Naval doctor during World War II, Mr Nicks, now in his 90s, went on to become a leader in cardiac and thoracic surgery, teaching and establishing surgical units in New Zealand and Australia.

Then, while others might reasonably consider taking up golf, he spent more than 20 years of his retirement tirelessly assisting in the creation of similar units in developing countries around the world.

As part of his commitment to those with less funding and facilities, Mr Nicks also funds two prestigious annual scholarships, the Rowan Nicks Scholarship and the Rowan Nicks Pacific Island Scholarship.

Both are designed to bring young surgeons from specific global regions to Australia who are, or will be, leaders in their field, to learn management skills, undertake research and develop professional contacts.

Mr Nicks said he decided to fund the scholarships after travelling as a Visiting Professor to such countries as Papua New Guinea, Uganda, India, Tanzania and Malaysia, developing a warm rapport with the local people and a determination to help.

“In those years I got to know the problems in various developing countries and felt a great need,” he said.

“My strong belief in what the College is doing and thank those involved for their support and want nothing more than to help show the world what Australians are all about.”

College benefactor says scholarships about “helping, not generosity”.

I’m very interested in the recipients and like meeting them and seeing the best surgeons we have here giving their time to train these wonderful young surgeons to become the best leaders they can be.

“I strongly believe in what the College is doing and thank those involved for their support and want nothing more than to help show the world what Australians are all about.”

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“Even though this Award only funds people for one month to six weeks, we found that this is often as long as they can afford to spend away from their home country because they are vital to the health care provided there,” Professor Bennett said.

“It is a modest contribution but it is useful, viable and achieves what we hoped it would,” Professor Bennett, who spent much of his working life as Professor of Surgery at the University of Melbourne and St Vincent’s Hospital, said he enjoyed meeting the recipients of the Awards when they were in Australia and had often visited them upon his travels.

He said he was grateful to the Fellows and Friends of the College who had helped make the Award useful and successful.

“The cases of which may cause treatment overseas will be better screened and, given the contacts I was able to establish in Australia, their referral heightened.

“The Scholarship was impetus because it covered the travel expenses and a living allowance for someone like me, who could not otherwise afford this kind of trip.”

Success of College Foundation attests to Fellows’ generosity

SINCE its creation more than 20 years ago, the RACG Foundation has become one of the College’s great success stories.

So far more than $27 million has been spent funding, among many activities, scholarships, grants and research projects.

When established in 1981, much of that money came from within the College, via subscriptions, donations from Fellows and the earnings from investments.

Over the years, corporate and philanthropic trusts were encouraged to donate, finding the Foundation a worthwhile vehicle to help fund surgical education and research.

But throughout all of this, the backbone of the Foundation has been the contributions from individual Fellows and friends, either through specific donations or bequests.

One such Fellow is Professor Richard Bennett, who not only assisted in establishing the Foundation as their treasurer of the College but who, since then, has helped establish and fund the Surgeons International Award.

Currently working in conjunction with the College’s Pacific Islands Project, the Surgeons International Award funds visits to Australia by health professionals from developing countries who are making vital contributions to the health services of their country.

The visits are designed to allow recipients to establish important contacts and networks and to provide exposure to Australian medical practices.

Professor Bennett said he came up with the proposal to establish the Surgeons International Award as a way to allow Fellows to contribute to the work of deserving medical professionals from outside the College.
Specialist paediatric surgeon a first for PNG

Dr. Mike Mathew made the decision to study medicine after losing his eldest brother and both parents to medical conditions which may have been avoided with surgical intervention. While this was a challenging goal for a village boy he always remembered the encouraging advice his parents gave – “be humble, study hard, listen to advice, believe in yourself and trust God for guidance and you will achieve a lot of things in life.”

Since then, with assistance offered by the College’s Papua New Guinea Tertiary Health Services (PNG THS) Project, Dr. Mike has become PNG’s first specialist paediatric surgeon.

The goal of the PNG THS Project is to improve outcomes for local patients through increased tertiary health services in PNG. This is achieved through the deployment of Australian surgical teams which deliver clinical services that would not otherwise be available to the people of PNG.

The project is involved in the capacity building and training of local medical specialists. Nominated surgical trainees travel and work with the visiting specialist teams. The project also conducts annual workshops such as Early Management of Severe Trauma (EMST). The project works closely with the University of PNG (UPNG) Medical School and its Masters Programme in the preparation of local surgeons for exams and by supporting external examiners.

Dr. Mike Mathew is a local PNG surgeon who has relished the opportunity to undertake further surgical training as part of the Project.

After being awarded a high distinction in his High School Certificate, he commenced medical studies at UPNG. It is during his undergraduate year that Dr. Mathew chose to specialise in the area of paediatric surgery.

“I witnessed a lot of congenital abnormalities which were not treated well or not treated at all due to a lack of specialised surgical operative skills,” Dr. Mathew said.

After spending time in Melbourne at the Royal Children’s Hospital and the Monash Medical Centre to complete his Advanced Paediatric Surgical Training, Dr. Mathew returned to PNG to practice his craft.

“I decided to practice surgery in PNG because that was where I was raised and when the opportunity came during my training. Until recently, I have been providing the only specialised paediatric service for a population of five million people - a great responsibility,” Dr. Mathew will now be assisted in this important task by fellow PNG surgeon Dr. Oloki Pali, who successfully completed his Paediatric Surgical Diploma at UPNG in September 2004.

Dr. Mathew says, “I work to the best of my ability with whatever resources are available and are serviceable in my country. I have been fortunate to receive some overseas donations and local businesses have provided in-kind assistance for the children’s treatment.”

Dr. Mathew has fond memories of his training with chief mentors and RACS Fellows through the project, Professor David Watters and Professor Paddy Doherty, as well as his time at the College’s 2004 Annual Scientific Congress in Melbourne.

Dr. Mathew is the Project’s Paediatric Specialty Coordinator and assists in the organisation of sub-speciality visits to Lae including preparation, screening and chiva.

For more information, or to make a donation, contact Alice Bentley: alicebentley@racs.org

Dr. Mathew operates in PNG

Phase Three of the College’s PNG-THS Project began in 2002. Since then, the Project has facilitated:

- 1306 consultations
- 1381 operations
- 85 volunteers

PAPUA NEW GUINEA

Tertiary Health Services Projects

Dr. Mathew operates in PNG

AUSTRALIA – EAST TIMOR

Specialist Services Project

If your child is diagnosed with a heart problem in Australia, it is undoubtedly a traumatic discovery but, in most cases, a surmountable one. However, if your child had the same heart problem in East Timor, it would probably remain undetected or, even if revealed, would almost certainly prove beyond local treatment in the under-resourced nation.

East Timor is the world’s youngest nation. It has a population just under one million and is struggling to overcome the difficulties imposed by its struggle for independence in 1999. The resulting devastation inflicted upon East Timor’s people and infrastructure has left the national health services reeling. A severe shortage of health experts and limited access to the education needed to notify the situation means East Timor relies significantly on the generosity of the international community to provide both primary and tertiary health and surgical care.

RACS, with funding from the Australian government through AusAID, manages the East Timor Specialist Services Project, focusing on delivering general and specialist surgical and anaesthetic services throughout East Timor.

Among the many specialty groups practising in East Timor under the project, including Plastic and Reconstructive, Ear, Nose and Throat and Orthopaedics, is a dedicated team of Paediatric Cardiac specialists who travel to East Timor annually to treat those children with operable heart conditions who are most in need of surgical care.

Dr. Andrew Cochrane, a Paediatric Cardiovascular surgeon based at the Royal Children’s Hospital in Melbourne, has been a team surgeon on two East Timor Paediatric Cardiac surgery visits and has also been a member of cardiac teams to PNG, Fiji and Vanuatu.

Mr. Cochrane said the major reason he volunteers with RACS is seeing patients benefit from treatment they would not otherwise have access to.

“I also see the collegiality which the project encourages as a highlight of his involvement,” Mr. Cochrane said. “I enjoy seeing staff from different hospitals come together and work as a team without complaint or any disagreements. Everyone is motivated to contribute to make the trip successful.”

Despite the satisfaction that Mr. Cochrane gains through involvement with the East Timor Project, cardiac surgery in PNG is still not within its own specific challenges.

Appropriate patient selection is a major difficulty in East Timor as cardiac surgery which could safely be conducted in Australian hospitals often proves beyond local capacity.

“The selection of cases has to be matched to the ability to perform a successful operation. If the procedure appears beyond the capacity of the hospital in Dili we certainly wouldn’t attempt it,” Mr. Cochrane said.

According to Mr. Cochrane, cultural factors present another challenge in working in East Timor.

“People who travel to East Timor annually to carry out speciality visits to Lae including the East Timor Project Director, Professor David Scott, remain positive about the project and hopeful for the future of medicine in East Timor. “The Project has achieved an enor- mous amount in a relatively short time in terms of improving the quality of life and saving the lives of people who would otherwise not have access to essential surgical services.

We are now making progress with training which is the key to achieving long-term self-sufficiency in health in East Timor,” Professor Scott said.

Mr. Andrew Cochrane has established the East Timor Hospital Support Fund to assist in the rebuilding of health services in East Timor. If you would like to donate, payments should be forwarded to the College and addressed to East Timor Hospital Support Fund, Royal Adelaide College of Surgeons, 3 Spring Street, South Australia, 5000.

For more information, or to make a donation, contact Alice Bentley: alicebentley@racs.org
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Since its inception in July 2002, the East Timor - East Timor Specialist Services Project has facilitated:

- 461 Operations
- 30 Specialist Team Visits
- 65 Volunteers

**PAPUA NEW GUINEA - TERTIARY HEALTH SERVICES PROJECTS**

Specialist paediatric surgeon a first for PNG

SINCE then, with assistance offered by the College’s Papua New Guinea Tertiary Health Services (PNG THS) Project, Dr Miske has become PNG’s first specialist paediatric surgeon.

The goal of the PNG THS Project is to improve outcomes for local patients through increased tertiary health services in PNG.

This is achieved through the deployment of Australian surgical teams which deliver clinical services that would not otherwise be available to the people of PNG.

The project is involved in the capacity building and training of local medical specialists. Nominated surgical trainees travel and work with the visiting specialist teams. The project also conducts annual workshops such as Early Management of Severe Trauma (EMST).

The project works closely with the University of PNG (UPNG) Medical School and its Masters Programme in the preparation of local surgeons for exams by supplying external examiners.

Dr Miske Mathew is one local PNG surgeon who has realised the opportunity to undertake further surgical training as part of the Project.

After being awarded a high distinction in his High School Certificate, he commenced medical studies at UPNG. It was during his undergraduate year that Dr Miske chose to specialise in the area of paediatric surgery.

“I witnessed a lot of congenital abnormalities which were not treated well or not treated at all due to a lack of specialised surgical operative skills,” Dr Mathew said.

After spending time in Melbourne at the Royal Children’s Hospital and the Monash Medical Centre to complete his Advanced Paediatric Surgical training, Dr Mathew returned to PNG to practice his craft.

“I decided to practice surgery in PNG because that was where I was raised and I wanted to contribute to the overall health of my country,” Dr Mathew said.

Dr Mathew has fond memories of his training with chief mentors and RACS Fellows through the project, Professor David Watters and Professor Paddy Dewan, as well as his time at the College’s 2004 Annual Scientific Congress in Melbourne.

Dr Mathew is the Project’s Paediatric Specialty Coordinator and assists in the organisation of sub-speciality visits to Lae including preparation, screening and clinics.

For more information, or to make a donation, contact Alice Benton in PNG Dr Ochi Pali, who successfully completed his Paediatric Surgical Diploma at UPNG in September 2004. Dr Mathew says, “I work to the best of my ability with whatever resources are affordable and available in my country. I have been fortunate to receive some overseas donations and local businesses have provided in-kind assistance for the children I treat.”

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**AUSTRALIA – EAST TIMOR SPECIALIST SERVICES PROJECT**

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Since its inception in July 2002, the Australia - East Timor Specialist Services Project has facilitated:

- 2300 Consultations
- 1381 Operations
- 85 volunteers

Left: Patients at Dili Hospital play with RACS toys Bellow: Dr Cochrane with patients, Dili Hospital.
An Otolaryngologist visits Tuvalu

As sometimes happens with small aircraft, contrived to only a few passengers and a limited weight, my team had difficulty with flights between Fiji and Tuvalu. However, I made it to Tuvalu where I found many patients already waiting for treatment. Most patients had travelled with their families by boat for days and were staying with friends and relatives.

Funafuti, where the country’s government meets and most conferences are held, is the only island long enough for an airfield, and holds Tuvalu’s only hospital, the Princess Margaret Hospital. A gift from the people of Japan, the hospital is beautifully equipped, and when the power is on, the outpatient area is even air conditioned.

When I was in Funafuti, staff had run out of a lot of disposable equipment such as IV cannulae and gauze sets, so the RAC’s supplies were very gratefully received. As was special, I worked with Teafe, the operating theatre nurse who helped me in clinic and translated for me. Teafe was keen to learn and by the time I left, she was good at cleaning and examining eyes. During my visit I was fortuitous that a teaching programme for nurses from the outer islands was being held at the hospital as, although the nurses were learning about the management of diabetes, I was able to give lectures and demonstrations about ENT also. When they had time, the nurses came to the clinic with me, and they visited many of the patients from their own islands.

Each outer island has only two nurses who must perform a variety of procedures such as delivering babies, suturing, setting broken limbs and circumcisions. The doctors do not go to the outer islands, as there are not enough to spare, so patients have to be transported by boat. Each clinic was given a fax machine delivered, which will allow us to fax through instructions to local staff to help prepare patients for surgery. Ear infection was the main condition we saw in Tuvalu and a large number of young children had bilateral perforations and poor hearing. There were only a few patients with serious conditions which needed surgery, including young people with chronic otitis media and a man with a submandular gland tumour.

As was my experience in other Pacific nations, I have worked in Fiji, I was assisted by the excellent care the medical staff gave with few resources. Although the Princess Margaret Hospital is much better equipped than most in Micronesia, its health workforce is still plagued by an intermittent power supply and a lack of disposable equipment. Medical staff are very well trained in Fiji, but few have surgical skills or other specialty training and must do the best they can with what they have.

In Funafuti, although the sunrise and sunset are spectacular, there are no stunning beaches - on the ocean side the waves are high and rough, and it is too dangerous to swim in - and the lagoon serves as a bathroom for many of the locals. But the people – who are grateful to be seen, and listen attentively to advice - and the medical staff - who are wonderful, knowledgeable and hard working - made volunteering such a rewarding experience.

For more information, or to make a donation, contact Karen McKay at karen.mckay@surgeons.org

China

The concept of an exchange programme between Fellows of the College and the surgeons of China began in 1988. Although initial negotiations with Chinese hospitals were interrupted by political events in China, Gordon Low, Co-ordinator of the Project, was persuaded by the President of the College at that time, Professor Tom Reeve, to continue to explore avenues of contact.

In 1992, through the good offices of Dr. Wei Hsiang-Liu, a Hong Kong neurosurgeon who also practised in China, and Professor Lu Guang-ting, the President of the Sun Yat-Sen University of Medical Sciences in Guangzhou, the College was able to sign a Memorandum of Understanding with this University for the exchange of surgeons between the two institutions.

In 1993, the first team of surgeons under the auspices of the College visited China, and ‘Project Guangzhou’ was born. The following year saw the first Chinese surgeon to visit Australia under this Project, establishing Project Guangzhou as an exchange programme, which became ‘Project China’.

The years following saw the gradual increase of exchanges between China and Australia/New Zealand. To present, 65 surgeons and associated specialists in 26 teams have visited 11 Chinese hospitals. These surgeons usually stay for two weeks at a time, delivering lectures, operating and holding workshops.

Chinese surgeons usually stay in Australia for three months, but visits may vary from one week to one year. Forty surgeons and associated colleagues from 13 Chinese hospitals have been placed in 16 hospitals and institutions throughout Australia.

Project China. Chairman, Mr. Bob Limacre FRACS, said the flexibility of the Project is one of its key assets. “Project China is a College activity – it is really the work of a dedicated husband and wife team, Rose and Gordon Low - of which we can be very proud. Since its inception just over 15 years ago, the Project has been successful in adapting to needs as they arise. Initially focused on the transfer of skills, the rapid development of Chinese surgery has seen the Project extend to a broader range of activities, for example considerable value has been achieved by bringing theatre nurses to Australia. “Young surgeons from China are keen to gain skills in surgical research, whilst more senior surgeons are keen to see systems of delivery and the organisation of health care in Australia.

There may be opportunities in the near future to share our skills and experiences relating to skills laboratories and surgical training,” Mr Limacre said.

Since its inception, more than half a million dollars have been donated to the Project, which would not be possible but for the generosity of the many philanthropic supporters & including Rotary International.

For more information, or to make a donation, contact the Project China Secretariat at project.china@surgeons.org

Medical Equipment Maintenance Project

The aim of the Medical Equipment Maintenance Project (MEMP) is to provide better medical equipment for hospitals supporting local communities.

MEMP is supported by the College’s Foundation, and includes the following:

- Purchasing and Delivery
- Maintenance
- Training
- Spare Parts
- Equipment through the College

MEMP is working to provide sustainable maintenance and repair services for medical equipment in Pacific Islands countries.

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An Otalaryngologist visits Tuvalu

Libby Rose, an otalaryngologist at the Royal Children’s Hospital, Melbourne, has been undertaking working trips to the Federated States of Micronesia for ten years. This year, however, she visited Tuvalu, as the country had been without the services of an otalaryngologist for around seven years.

Tuvalu, where the country’s government meets and most conferences are held, is the only island long enough for an airfield, and holds Tuvalu’s only hospital, the Princess Margaret Hospital. A gift from the people of Japan, the hospital is beautifully equipped, and when the power is on in the outpatient area, it even enjoys air conditioning.

When I was in Funafuti, I had run out of a lot of disposible equipment such as IV cannulae and giving-sets, so the RACS supplies were very gratefully received. As well, I worked with Teafe, the operating theatre nurse who helped me in clinic and translated for me. Teafe was keen to learn and by the time I left she was good at cleaning and examining children.

As was my experience in other Pacific nations, I have worked in areas I was aided by the excellent care the medical staff gave with few resources. Although the Princess Margaret Hospital is much better equipped than most in Micronesia, its health workers are still plagued by an intermittent power supply and lack of disposibles. Medical staff are well trained in Fiji, but few have surgical or other specialty training and must do the best they can with what they have.

In Funafuti, although the sunrise and sunset are spectacular, there are no stunning beaches - on the ocean side the waves are high and rough and it is dangerous to swim in - and the town is essentially a bathroom for many of the locals. But the people – who are grateful to be seen, and listen attentively to advice - and the medical staff - who are wonderful, knowledgeable and hard working – made volunteering such a rewarding experience.

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For more information, or to make a donation, contact Karen McKay, karen.mckay@surgeons.org

The Project covers seven Pacific Island countries and seeks to improve:

- procurement and equipment management practices
- reliability and operational accuracy of equipment
- technical skills of local technicians in equipment maintenance and repair
- SPACE ITS inception in 2000, MPP has seen a total of 127 adviser visits made to the Pacific Islands. These visits were made by Project Advisers who perform a range of activities, including equipment servicing and assisting in auditing medical equipment, as well as the Project Director Bruce Morrison, who consults with relevant stakeholders and monitors the Project’s progress.

In addition to on-the-job mentoring and training of local technicians during adviser visits, the project has also conducted various training programmes, including courses in practical electronic servicing, and annual workshops (held in Vanuatu, Samoa, Tonga and Fiji) for more senior technicians, providing a forum for the discussion of biomedical engineering issues. From time to time during visits, the project advisers also conduct in-service/equipment care and training workshops; in general, being more than 20 items of kit, including Rotary International.

The aim of the Medical Equipment Maintenance Project in the Pacific Islands (MEMP) is to provide better medical equipment for hospitals supporting local communities.
Professor Chris Christophi – John Mitchell Crouch Fellowship: $55,000

The John Mitchell Crouch Fellowship is awarded to an individual who, in the opinion of the Council, is making a significant contribution to the advancement of surgery or to fundamental scientific research in the field. Professor Chris Christophi, a fellow of the college since 1986, is currently the Head and Professor of the Department of Surgery at the Austin Hospital and The University of Melbourne. The main focus of his basic science and clinical research is the biology and therapy of liver metastases. Other research interests include diseases of the pancreas. Professor Christophi will utilize this Fellowship to continue his research into liver cancer.

Dr Ramin Solyan – Raenee Boyle Scholarship – Proudly Sponsored by Sporting Chance Cancer Foundation: $25,000, plus $10,000 support from the RACS Foundation

Dr Solyan completed his MBBS at The University of Melbourne in 2001. He is currently a Basic Surgical Trainee and will use his Scholarship to research “the development, position and connections of sympathetic vesicles and their role in cancer metastasis” under the supervision of Professor G. Ian Taylor, AO.

Dr Patrick Weinrauch – CONROD-RACS Trauma Fellowship: $50,000

Dr Weinrauch completed his MBBS in 1997 at The University of Queensland. He is currently an Advanced Surgical Trainee in Orthopaedics. He will use his Fellowship to undertake research on “mechanical properties of PMMA cement on cement femoral interfaces: THR” under the supervision of Professor Ross Crawford.

Dr Jayme Bennett – Margorie Hooper Scholarship: $30,000

Dr Bennett completed his MBBS in 1993 at The Flinders University of South Australia. He was a fellow of the College in 2004. He will use the Scholarship to complete a Clinical Fellowship in the Department of Cardiovascular Surgery at the Toronto General Hospital and the Department of Cardiac Surgery at the Hospital for Sick Children, Division of Cardiac Surgery at The University of Toronto, under the supervision of Associate Professor J L Knight.

Mr Guy Dowling – Hugh Johnston Travel Grant: $3,500

Mr Dowling completed his MBBS at Flinders University in 1992, and was made a Fellow of the College in 2003. He will use his travel grant to train and research in the subspecialty of paediatric hand surgery under the supervision of Mr Paul Smith at Great Ormond Street, London.

Dr Eugene Ek – RACS Foundation Scholarship: $30,000 stipend plus $5,000 departmental maintenance

(25% of this scholarship will be funded by the scholar’s research department)

Dr Ek completed his MBBS (Hons) in 2001 at The University of Melbourne. He is currently a Basic Surgical Trainee, and will use his Scholarship to research his project titled “characterising the role of PDE5A, a potent anti-angiogenic factor, as a regulator of osteosarcoma growth inhibition”. This research will be supervised by Professor Peter F Choong.

Dr Ross Farhadieh – Surgeon Scientist Scholarship: $32,000 stipend plus $10,000 departmental maintenance

(25% of this scholarship will be funded by the scholar’s research department)

Dr Farhadieh completed his MBBS in 1999 at The University of New South Wales, and is currently an Advanced Surgical Trainee. He will use his Scholarship to conduct his research project entitled “to establish the role of KAI1/CD102 protein markers on oral, oropharyngeal and laryngeal cancers”. This research will be supervised by Dr Ian V Jacobson.

Dr Dayan de Fontgalland – RACS Foundation WGN Norman Research Fellowship: $30,000 stipend plus $5,000 departmental maintenance

(25% of this scholarship will be funded by the scholar’s research department)

Dr de Fontgalland completed his MBBS at Flinders University of South Australia in 1998, and is currently an Advanced Surgical Trainee in General Surgery. He will use the Fellowship to research “the human intestinal innervation”, under the supervision of Dr David Watcchow.

Professor Simon Francis – RACS Foundation Scholarship: $7,500

(associated with the National Breast Cancer Foundation Scholarship)

Dr Choy completed his MBBS in 1997 at The University of Sydney, and is currently a Provisional Fellow in Breast Surgery and Surgical Oncology. He will use his Scholarship to conduct “a randomised controlled trial to evaluate the impact of patient outcomes of involving breast cancer patients in multidisciplinary discussion of their disease and treatment plan” under the supervision of Dr Andrew Spillane.

Dr Andrew Davidson – RACS Foundation ANZ Journal of Surgery Fellowship: $30,000 stipend plus $5,000 departmental maintenance

(25% of this scholarship will be funded by the scholar’s research department)

Dr Davidson completed his MBBS at The University of Queensland in 1994. He is currently an Advanced Surgical Trainee in Neurosurgery. He will use his Fellowship to research “a study of the characteristics of dural AVMs with poor response to treatment” and this research will be supervised by Professor Michael Morgan.

Dr Sebastian King – RACS Foundation – Peter King Scholarship: $26,250

(associated by a Murdoch Children’s Research Institute Trainee Research Scholarship)

Dr King completed his BSc (Med.) and MBBS at The University of Western South Coast in 2000. He is currently a Basic Surgical Trainee, and will use his Scholarship to conduct research on “chronic constipation in children: determining organic causes”. This research will be supervised by Dr Bridget Southwell.

Dr Young-Min Kwon – RACS Travelling Fellowship: $5,000

Dr Kwon completed his MBBS (Hons) at The University of Sydney in 1997. He is currently an Advanced Surgical Trainee in Orthopaedic Surgery. Dr Kwon will use his travel grant to travel to the USA to undertake a Research and Clinical Fellowship in Arthroplasty at Massachusetts General Hospital, Harvard Medical School, Boston.

Dr Richard Laherty – Surgeon Scientist Scholarship: $5,000

(associated by a Queensland Cancer Fund Clinical Research Fellowship and School of Medicine Maintenance)

Dr Laherty completed his MBBS at The University of Queensland in 1996. He is currently an Advanced Surgical Trainee in Neurosurgery and will use his Scholarship to conduct research on “cloning anti-glioblastoma T-cells” under the supervision of Dr Chris Schmidt.

Dr Francis Lam – Surgeon Scientist Scholarship: $17,000

(associated by the Rotary Health Research Fund)

Dr Francis Lam completed his MBBS in 1996 at The University of Sydney. He is an Advanced Trainee in General Surgery. Dr Lam will use his Scholarship to research “the application of proteomics in colorectal cancer diagnosis, staging and treatment” under the supervision of Professor Pierre Chaoupi.

Dr Vincent Lam – Francis & Phyliss Thornell Shore Scholarship: $30,000 stipend plus $10,000 departmental maintenance

Dr Vincent Lam completed his MBBS at The University of Sydney in 2002. He is currently an Advanced Surgical Trainee in General Surgery and will use his Fellowship to research “translational molecular oncology of the breast” under the supervision of Associate Professor Damien Bolton.

Dr Sengupta completed his Master of Surgery in 2001 at The University of Melbourne. He was made a Fellow of the College in 2004. He will use his Fellowship to conduct a clinical fellowship in adult and paediatric congenital heart surgery at The Royal Brompton Hospital, London.

Dr Shomik Sengupta – RACS Travelling Fellowship: $5,000

Dr Sengupta completed his Master of Surgery in 2001 at The University of Melbourne, and was made a Fellow of the College in 2004. She will use her travel grant to travel to visit Brigham and Women’s Hospital, Boston, to study adult cardiothoracic surgery under Professor Lawrence Cohen.

Dr Jonathan Ryan – RACS Travelling Fellowship: $5,000

Dr Ryan completed his PhD at The University of New South Wales in 2003 and was made a Fellow of the College in 2003. He will use his travel grant to conduct a clinical fellowship in adult and paediatric congenital heart surgery at The Royal Brompton Hospital, London.

Dr Nicholas Lotz – Hugh Johnston Travel Grant: $3,500

Dr Lotz completed his MBBS and BSc(Med) (Hons) in 1995 at The University of New South Wales. He is currently a Provisional Fellow in Plastic and Maxillofacial Surgery, and will use his travel grant to visit a Panamanian institution to work with Dr Françoise Famin to study autologous ear reconstructions.

Dr Melinda Morris – Surgeon Scientist Scholarship: $32,000 stipend plus $10,000 departmental maintenance

(25% of this scholarship will be funded by the scholar’s research department)

Dr Morris completed her MBBS at The University of Western Australia in 1999. She has been accepted on to the Advanced Paediatric Surgical Training Program commencing in 2005 and will use her scholarship to research “translational molecular oncology of the bowel” under the supervision of Associate Professor Cameron Platt.

Dr Andrew Spillane.

Dr Victoria Orford – Hugh Johnston Travel Grant: $3,500

Dr Orford completed her MBBS (Hons) in 1993 at Monash University, and was made a Fellow of the College in 2004. She will use her travel grant to travel to visit Brigham and Women’s Hospital, Boston, to study adult cardiothoracic surgery under Professor Lawrence Cohen.

Dr Shayan completed his MBBS in 1999 at The University of New South Wales, and is currently an Advanced Surgical Trainee in Neurosurgery. He will use his Fellowship to research “a study of the characteristics of dural AVMs with poor response to treatment” and this research will be supervised by Professor Michael Morgan.

Dr David Wattchow.

Dr Jonathon Ryan – RACS Travelling Fellowship: $5,000

Dr Ryan completed his PhD at The University of New South Wales in 2003 and was made a Fellow of the College in 2003. He will use his travel grant to conduct a clinical fellowship in adult and paediatric congenital heart surgery at The Royal Brompton Hospital, London.

Dr Shomik Sengupta – RACS Travelling Fellowship: $5,000

Dr Sengupta completed his Master of Surgery in 2001 at The University of Melbourne. He was made a Fellow of the College in 2004. She will use her travel grant to travel to visit Brigham and Women’s Hospital, Boston, to study adult cardiothoracic surgery under Professor Lawrence Cohen.

Dr Jonathon Ryan – RACS Travelling Fellowship: $5,000

Dr Ryan completed his PhD at The University of New South Wales in 2003 and was made a Fellow of the College in 2003. He will use his travel grant to conduct a clinical fellowship in adult and paediatric congenital heart surgery at The Royal Brompton Hospital, London.

Dr Shomik Sengupta – RACS Travelling Fellowship: $5,000

Dr Sengupta completed his Master of Surgery in 2001 at The University of Melbourne. He was made a Fellow of the College in 2004. She will use her travel grant to travel to visit Brigham and Women’s Hospital, Boston, to study adult cardiothoracic surgery under Professor Lawrence Cohen.

Dr Shomik Sengupta – RACS Travelling Fellowship: $5,000

Dr Sengupta completed his Master of Surgery in 2001 at The University of Melbourne. He was made a Fellow of the College in 2004. She will use her travel grant to travel to visit Brigham and Women’s Hospital, Boston, to study adult cardiothoracic surgery under Professor Lawrence Cohen.
2005 SCHOLARSHIP AND FELLOWSHIP RECIPIENTS

Professor Chris Christophi – John Mitchell Crouch Foundation: $55,000

The John Mitchell Crouch Foundation is awarded to an individual who, in the opinion of the Council, is making a significant contribution to the advancement of surgery or to fundamental scientific research in the field. Professor Chris Christophi, a Fellow of the College since 1990, is currently the Head and Professor of the Department of Surgery at the Austin Hospital and The University of Melbourne. The main focus of his basic science and clinical research is the biology and therapy of liver metastases. Other research interests include diseases of the pancreas. Professor Christophi will utilise this Fellowship to continue his research into liver cancer.

Dr Ramin Shayan – Raelene Boyle Scholarship – Proudly Sponsored by Sporting Chance Cancer Foundation: $25,000 plus $10,000 support from the RACS Foundation

Dr Shayan completed his MBBS at The University of Melbourne in 2001. He is currently a Basic Surgical Trainee and will use his Scholarship to research “the development, position and connections of lymphatic vessels and their role in cancer metastasis” under the supervision of Professor G. Ian Taylor, AO.

Dr Patrick Weinrauch – CONROD-RACS Trauma Fellowship: $50,000

Dr Weinrauch completed his MBBS in 1997 at The University of Queensland. He is currently an Advanced Surgical Trainee in Orthopaedics. He will use his Fellowship to undertake research on “mechanical properties of PMMA cement on cement femoral interfaces in revision THR” under the supervision of Professor Ross Cranford.

Dr Jayme Bennetts – Margorie Hooper Scholarship: $30,000

Dr Bennetts completed his MBBS in 1993 at The Flinders University of South Australia. He was a Fellow of the College in 2004. He will use the Scholarship to complete a Clinical Fellowship in the Department of Cardiovascular Surgery at the Toronto General Hospital and the Department of Cardiac Surgery at the Hospital for Sick Children, Division of Cardiac Surgery at The University of Toronto, under the supervision of Associate Professor J. Knight.

Dr Vishal Bhaisin – Sir Roy McCaughey Fellowship: $32,000 stipend and $5,000 departmental maintenance

(25% of scholarship will be funded by the scholar’s research department)

Dr Bhaisin completed his MRCS(B) in 1997 at The University of Auckland and his M(BiomedSc) at The University of New South Wales in 2002. He has successfully completed Basic Surgical Training and he will use his Fellowship to continue his research on “nasal tissue engineering: regeneration of bioartificial tissues for tissue regeneration”. This research will be supervised by Associate Professor Clive McFarland.

Dr Ellis Choy – RACS Foundation Scholarship $7,500

(also supported by National Breast Cancer Foundation Scholarship)

Dr Choy completed his MBBS in 1997 at The University of Sydney, and is currently a Provisional Fellow in Breast Surgery and Surgical Oncology. He will use his Scholarship to conduct “a randomised controlled trial to evaluate the impact of patient outcomes of involving breast cancer patients in multidisciplinary discussion of their disease and treatment plan” under the supervision of Dr Andrew Spillane.

Dr Andrew Davidson – RACS Foundation ANZ Journal of Surgery Fellowship: $30,000 stipend plus $5,000 departmental maintenance

(25% of this scholarship will be funded by the scholar’s research department)

Dr Davidson completed his MBBS at the University of Queensland in 1994. He is currently an Advanced Surgical Trainee in Neurosurgery. He will use his Fellowship to research “a study of the characteristics of dural AVMs with poor response to treatment” and this research will be supervised by Professor Michael Morgan.

Mr Guy Dowling – Hugh Johnston Travel Grant: $3,500

Mr Dowling completed his MBBS at Flinders University in 1992, and was made a Fellow of the College in 2008. He will use his travel grant to train and research in the subspecialty of paediatric hand surgery under the supervision of Mr Paul Smith at Great Ormond Street, London.

Dr Eugene Ek – RACS Foundation Scholarship: $30,000 stipend plus $5,000 departmental maintenance

(25% of this scholarship will be funded by the scholar’s research department)

Dr Ek completed his MBBS (Hons) in 2001 at The University of Melbourne. He is currently a Basic Surgical Trainee, and will use his Scholarship to research his project titled “characterising the role of PEDF, a potent anti-angiogenic factor, as a regulator of osteosarcoma growth inhibition”. This research will be supervised by Professor Peter F Choong.

Dr Ross Farhadi-Rad – Surgeon Scientist Scholarship: $32,000 stipend plus $10,000 departmental maintenance

(25% of this scholarship will be funded by the scholar’s research department)

Dr Farhadi-Rad completed his MBBS in 1999 at The University of New South Wales, and is currently an Advanced Surgical Trainee. He will use his Scholarship to conduct his research project entitled “to establish the role of KAI1/CD32 protein markers in oral, oropharyngeal and laryngeal cancers”. This research will be supervised by Dr Ian V Jacobson.

Dr Dayan de Fontgalland – RACS Foundation W G Norman Research Fellowship: $30,000 stipend plus $5,000 departmental maintenance

(25% of this scholarship will be funded by the scholar’s research department)

Dr de Fontgalland completed his MBBS at Flinders University of South Australia in 1998, and is currently an Advanced Surgical Trainee in General Surgery. He will use the Fellowship to research “the human intestinal innervation”, under the supervision of Dr David Watthong.

Dr Cynthia Hassen – RACS Foundation ANZ Journal of Surgery Fellowship: $30,000 stipend plus $5,000 departmental maintenance

(also supported by a University of Adelaide, Faculty of Health Sciences Divisional Scholarship)

Dr Hassen completed her MBBS at The University of Adelaide in 1998 and is currently a Basic Surgical Trainee. She will use the Scholarship to research the “identification of preoperative markers of adverse events following major vascular surgery”. Her research will be supervised by Dr Prue Cowled.

Dr Sebastian King – RACS Foundation Peter King Scholarship: $26,250

(also supported by a Murdoch Children’s Research Institute Trainee Research Scholarship)

Dr King completed his BSc (Med) and MBBS at The University of New South Wales in 2000. He is currently a Basic Surgical Trainee, and will use his Scholarship to conduct research on “chronic constipation in children: determining organic causes”. This research will be supervised by Dr Bridget Southwell.

Dr Young-Min Kwon – RACS Travelling Fellowship: $5,000

Dr Kwon completed his MBBS (Hons) at The University of Sydney in 1997. He is currently an Advanced Surgical Trainee in Orthopaedic Surgery. Dr Kwon will use his travel grant to travel to the USA to undertake a Research and Clinical Fellowship in Arthropathy at Massachusetts General Hospital, Harvard Medical School, in Boston.

Dr Richard Laherty – Surgeon Scientist Scholarship: $5,000

(also supported by a Queensland Cancer Fund Clinical Research Fellowship and School of Medicine Maintenance)

Dr Laherty completed his MBBS at The University of Queensland in 1996. He is currently an Advanced Surgical Trainee in Neurosurgery and will use his Scholarship to conduct research on “cloning anti-glioblastoma T cells” under the supervision of Dr Chris Schudt.

Dr Francis Lam – Surgeon Scientist Scholarship: $17,000

(also supported by the Rotary Health Research Fund)

Dr Francis Lam completed his MBBS in 1996 at The University of Sydney. He is an Advanced Trainee in General Surgery. Dr Lam will use his Scholarship to research “the application of proteomics in colorectal cancer diagnosis, staging and treatment” under the supervision of Professor Pierre Chappuis.

Dr Vincent Lam – Francis & Phyllis Thornell Shore Fellowship: $30,000 stipend plus $5,000 departmental maintenance

(25% of this scholarship will be funded by the scholar’s research department)

Dr Vincent Lam completed his MBBS at The University of Sydney in 1999 and is currently an Advanced Trainee in General Surgery and will use his Fellowship to research the “induction of heart transplant tolerance by withdrawal of immunosuppression in rat model”. This research will be supervised by Professor Richard D M Allen.

Dr Nathan Lawrentschuck – Surgeon Scientist Scholarship: $32,000 plus $10,000 departmental maintenance

(25% of this scholarship will be funded by the scholar’s research department)

Dr Lawrentschuck completed his MBBS in 1996 at The University of Melbourne. He is currently an Advanced Surgical Trainee in Urology and he will use his Scholarship to undertake research “evaluating hypeoxia in renal cell carcinoma” under the supervision of Associate Professor Damien Bilton.

Dr Nicholas Lotz – Hugh Johnston Travel Grant: $3,500

Dr Lotz completed his MBBS and BSc(Med) (Hons) in 1995 at The University of New South Wales. He is currently a Provisional Fellow in Plastic and Maxillofacial Surgery, and will use his travel grant to visit a Parisian institution to work with Dr Françoise Farris to study autologous ear reconstructions.

Dr Melinda Morris – Surgeon Scientist Scholarship: $32,000 stipend plus $10,000 departmental maintenance

(25% of this scholarship will be funded by the scholar’s research department)

Dr Morris completed her MBBS at The University of Western Australia in 1999. She has been accepted on to the Advanced Paediatric Surgical Training Program commencing in 2005 and will use her scholarship to research “translational molecular oncology of the bowel” under the supervision of Associate Professor Cameron Platell.

Dr Victoria Orford – Hugh Johnston Travel Grant: $3,500

Dr Orford completed her MBBS (Hons) in 1993 at Monash University, and was made a Fellow of the College in 2004. She will use her travel grant to travel to visit Brigham and Women’s Hospital, Boston, to study adult cardiothoracic surgery under Professor Lawrence Cohen.

Dr Jonathan Ryan – RACS Travelling Fellowship: $5,000

Dr Ryan completed his PhD at The University of New South Wales in 2003 and was a Fellow of the College in 2003. He will use his travel grant to conduct a clinical fellowship in adult and paediatric congenital heart surgery at The Royal Brompton Hospital, London.

Dr Shomik Sengupta – RACS Travelling Fellowship: $5,000

Dr Sengupta completed his Master of Surgery in 2001 at The University of Melbourne. He was made a Fellow of the College in 2004 and will use his Fellowship to undertake a Uro-oncology Fellowship at the Mayo Clinic, Rochester.

Dr Anita Skandarajah – RACS Foundation Scholarship: $30,000 stipend plus $5,000 departmental maintenance

Dr Skandarajah completed her MBBS at The University of Melbourne in 1999, and completed an Advanced Surgical Training. She will use the Scholarship to research “colorectal cancer: development of new biomarkers”. This research will be supervised by Associate Professor J T Judda.
INTERNATIONAL TRAVEL GRANT FOR ASIAN PACIFIC SURGEONS

Fellows are invited to nominate overseas surgeons who are not Fellows of the Royal Australasian College of Surgeons for the above named Travel Grants. The Travel Grant is provided to enable outstanding surgeons from the Asia/Pacific region to attend the Annual Scientific Congress of the RACS to be held in Perth on 9-13 May, 2006, and for hospital visits in the host city.

Eligibility for the Grant:
- The Grant is available to overseas practising surgeons between the ages of 30 – 45 who are not Fellows of the Royal Australasian College of Surgeons.
- Surgeons practising in all fields of surgery are eligible however favourable consideration will be given to surgeons whose specialty is represented in the ASC surgical program.
- Preference will be given to Surgeons from the Asia/Pacific region that have been formally invited to participate in the RACS International Forum.
- Preference will be given to surgeons who are not likely to be able to fund their own attendance.
- The successful surgeons will be required to supply a report at the conclusion of the Congress on their experiences.
- The Travel Grant will consist of registration to the Annual Scientific Congress and up to $2,000 towards travel expenses and accommodation.

Nominations must reach the following address no later than Friday 1 January 2005.
Research and External Affairs
Royal Australasian College of Surgeons
Spring Street
Melbourne Victoria 3000 Australia

For further information please contact:
Daliah Moss
Tel: + 61 3 9249 1276
Email: daliah.moss@surgeons.org
Web site: www.surgeons.org

SPECIALTY UPDATE - COLORECTAL
Laparoscopic surgery successful in bowel cancer treatment
case study

Dr Craig Timms – RACS John Loewenthal Research Fellowship: $30,000 stipend plus $5,000 departmental maintenance

(25% of this scholarship will be funded by the scholar’s research department)

Dr Timms completed his MBBS at The University of Tasmania in 1996. He is currently an Advanced Surgical Trainee in Neurosurgery, and will use his Fellowship to research "the reliability and cost effectiveness of 16-disc CAT in aneurysm investigation". This research will be supervised by Associate Professor Michael Murphy.

Mr Jeremy Wilson – Surgeon Scientist Scholarship: $32,000 stipend plus $10,000 departmental maintenance

(25% of this scholarship will be funded by the scholar’s research department)

Mr Wilson completed his MBBS at The University of Melbourne in 1994, and was a Fellow of the College in 2003. He will use his Scholarship to conduct research on “optimising in vitro transplantation with vascularised tissue engineering chambers” under the supervision of Mr Ken Knight.

Dr Michael Wong – Surgeon Scientist Scholarship: $32,000 stipend plus $10,000 departmental maintenance

(25% of this scholarship will be funded by the scholar’s research department)

Dr Wong completed his MBBS at The University of Adelaide in 1997. He is currently an Advanced Surgical Trainee in Neurosurgery, and will use His Scholarship to research "suspension of growth factor receptor mediated signalling pathways". This research will be supervised by Dr Chris Hovens.

Dr Sarin Wongprasartsuk – RACS Foundation Scholarship: $30,000 stipend plus $5,000 departmental maintenance

(25% of this scholarship will be funded by the scholar’s research department)

Dr Wongprasartsuk completed his MBBS (Hons) in 1994 at Monash University. He was made a Fellow of the College in 2004, and will use his Scholarship to research "hereditary haemorrhagic telangiectasia – Osler-Weber-Rendu Syndrome in Victoria". This research will be supervised by Dr Timmins.

Dr James Wood – RACS Foundation Scholarship: $30,000 stipend plus $5,000 departmental maintenance

(25% of this scholarship will be funded by the scholar’s research department)

Dr Wood completed his MBChB at The University of Edinburgh Medical School in 1994, and was a Fellow of the Royal College of Surgeons (Edinburgh) in 1999. He is currently an Advanced Surgical Trainee in Paediatric Surgery, and will use his Scholarship to research "virtual reality training in Paediatric Surgery, its validity and reliability as a test of competence" under the supervision of Dr Ralph Cohen.

The success of Laparoscopic surgery in the treatment of colon and rectal cancer now matched that of open surgery, according to new reports from the United States.

Internationally-renowned surgeon Professor Jeff Milhollon of the New York Presbyterian (NYP) Hospital told the recent CME conference that held by the College’s Section of Colon and Rectal Surgery and the Colorectal Surgical Society of Australia that there was a place for laparoscopic surgery in the treatment of bowel cancers if surgeons were thoroughly trained in the procedure.

Professor Milhollon’s key-note address to the conference presented data from clinical trials indicating that surgeons needed to have undertaken at least 20 laparoscopic resections for benign disease before undertaking such procedures to treat malignancies.

The President of the Colorectal Surgical Society of Australasia, Mr Ian Jones, said the findings would assist the Society in developing guidelines for surgeons undertaking such procedures throughout Australia.

“We as a specialty have been cautious in our approach to laparoscopic surgery in the treatment of colon and rectal cancer. We wanted strong evidence to show that complication rates and survival rates were at least equivalent to open surgery,” he said.

“It has been used in other abdominal surgery for more than 10 years, but there is a quantum leap when you are dealing with colorectal cancer.

“This research from the US indicates that outcomes are as good for open surgery when performed by experienced surgeons, which then raises the question of experience.”

Mr Jones said the Society would now be emphasising in its training and CME programmes that surgeons wishing to undertake laparoscopic procedures attended specific courses, participate in animal laboratories, assist in the surgery and then undertake it possibly under the supervision of a mentor.

He also said modifications of the procedure, also discussed by Professor Milhollon at the conference, could be introduced.

“One of the techniques now being used abroad but not widely adopted here is a modification of the laparoscopic technique in which a hand port is used to allow the surgeon greater access to the pathology,” Mr Jones said.

“This has not been widely adopted here because of a feeling that it is neither laparoscopic nor open surgery, but there is evidence coming through now that use of a hand port would make various aspects of the operation easier for the surgeon.

“Professor Milhollon has probably undertaken more such laparoscopic procedures for colon and rectal surgery than anyone in the world, so his research carries considerable weight and we think it may be time to more widely use laparoscopic assisted surgery.”

Mr Jones said another major component of the conference held in September was a presentation on the proper construction of colostomies.

He said although it was often the most mundane aspect of surgery, the proper construction and therefore functions of colostomies had significant impact on the future quality of life of the patient.

WITH RESPECT to training, Mr Jones said the Society was pleased that the College had reverted to its four-year programme of Advanced Training for General Surgery and that the Society was now in the process of enhancing its own two-year post-Fellowship training.

He said as part of this, the Society was considering both the introduction of an examination process for post-Fellowship trainees and possibly introducing five-year examinations for colorectal surgeons as part of their continuing professional development.

“We believe that if you enter a training programme you want your efforts to be fully recognised and this can best be achieved through an examination process,” he said.

In addition, Mr Jones said that for existing colorectal surgeons, a new Fellowship category of the Colorectal Surgical Society of Australasia would be introduced to recognise those who had successfully undertaken such assessments as well as participating in Continuing Professional Development specific to colon and rectal surgery.

“Of course we don’t underestimate the amount of work this will entail, but we believe it is important for the future of the specialty and we will put in place all mechanisms to help both trainees and experienced colorectal surgeons succeed,” he said.

Mr Jones said the introduction of an exam for members of the Society was surgery away and dependent on the successful introduction of such a process for trainees.

He said the Society had also recently established a Foundation to allow for the funding of research into colon and rectal surgery.

“We have some patients who are very grateful for the work we’ve done and would like to help us extend our knowledge and the Foundation will allow them to do that.”

College Media Office
INTERNATIONAL TRAVEL GRANT FOR ASIAN PACIFIC SURGEONS

Fellows are invited to nominate overseas surgeons who are not Fellows of the Royal Australasian College of Surgeons for the above named Travel Grants. The Travel Grant is provided to enable outstanding surgeons from the Asia-Pacific region to attend the Annual Scientific Congress of the RACS to be held in Perth on 9-13 May 2005, and for hospital visits in the host city.

Eligibility for the Grant:
- The Travel Grant is available to overseas surgeons from countries in the Asia-Pacific region
- The successful applicants must be surgeons of the highest calibre, having made major contributions to the field of surgery
- Preference will be given to surgeons who are not Fellows of the Royal Australasian College of Surgeons
- The Travel Grant is available to surgeons aged between 30 – 45 who are not Fellows of the Royal Australasian College of Surgeons
- Preference may be given to surgeons who have made significant contributions to the field of surgery

Nominations must reach the following address no later than Friday 14 January 2005.
Research and External Affairs
Royal Australasian College of Surgeons
Spring Street
Melbourne Victoria 3000 Australia

For further information please contact:
Daliah Moss
Tel: + 61 3 9249 1276
Email: daliah.moss@surgeons.org
Web site: www.surgeons.org

RESEARCH SCHOLARSHIP IN MILITARY SURGERY

INTERNATIONAL TRAVEL GRANT FOR ASIAN PACIFIC SURGEONS

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- The Travel Grant is available to overseas surgeons from countries in the Asia-Pacific region
- The successful applicants must be surgeons of the highest calibre, having made major contributions to the field of surgery
- Preference will be given to surgeons who are not Fellows of the Royal Australasian College of Surgeons
- The Travel Grant is available to surgeons aged between 30 – 45 who are not Fellows of the Royal Australasian College of Surgeons
- Preference may be given to surgeons who have made significant contributions to the field of surgery

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Research and External Affairs
Royal Australasian College of Surgeons
Spring Street
Melbourne Victoria 3000 Australia

For further information please contact:
Daliah Moss
Tel: + 61 3 9249 1276
Email: daliah.moss@surgeons.org
Web site: www.surgeons.org

2005 SCHOLARSHIP AND FELLOWSHIP RECIPIENTS

Dr Craig Timms – RACS John Loewenthal Research Fellowship: $30,000 stipend plus $5,000 departmental maintenance

(25% of this scholarship will be funded by the scholar’s research department) Dr Timms completed his MBBS at The University of Tasmania in 1996. He is currently an Advanced Surgical Trainee in Neurosurgery, and will use his Scholarship to conduct research on “suspension of growth factor receptor mediated signalling pathways”. This research will be supervised by Dr Chris Hovens.

Dr Michael Wong – Surgeon Scientist Scholarship: $32,000 stipend plus $10,000 departmental maintenance

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Dr Sarin Wongprasartsuk – RACS Foundation Scholarship: $30,000 stipend plus $5,000 departmental maintenance

(25% of this scholarship will be funded by the scholar’s research department) Dr Wongprasartsuk completed his MBBS (Hons) in 1994 at Monash University. He was a Fellow of the College in 2004, and will use his Scholarship to research “hereditary haemorrhagic telangiectasia – Osler-Weber-Rendu Syndrome in Victoria”. This research will be supervised by Professor Julian Smith.

Dr Jones Wood – RACS Foundation Scholarship: $30,000 stipend plus $5,000 departmental maintenance

(25% of this scholarship will be funded by the scholar’s research department) Dr Wood completed his MBChB at The University of Edinburgh Medical School in 1994, and was a Fellow of the Royal College of Surgeons (Edinburgh) in 1999. He is currently an Advanced Surgical Trainee in Pediatric Surgery, and will use his Scholarship to research “virtual reality training in Pediatric Surgery, its validity and reliability as a test of competence” under the supervision of Dr Ralph Cohen.

SPECIALTY UPDATE - COLORECTAL

Laparoscopic surgery successful in bowel cancer treatment: conference told

Mr Jones said the Society was considering both the introduction of an examination process for post-Fellowship trainees and possibly introducing five-yearly examinations for colorectal surgeons as part of their continuing professional development.

He said as part of this, the Society was being considered both the introduction of an examination process for post-Fellowship trainees and possibly introducing five-yearly examinations for colorectal surgeons as part of their continuing professional development.

Mr Jones said the introduction of an exam for members of the Society was being examined and depended on the successful introduction of such a process for trainees.

He said the Society had also recently established a Foundation to allow for the funding of research into colorectal surgery.

“We have some patients who are very grateful for the work we’ve done and would like to help us extend our knowledge and the Foundation will allow them to do that,”

College Media Office
Qantas Club Corporate Rates

You and your partner are eligible for discounted Qantas Club Airline Lounge membership through RACS Member Advantage.

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For more information contact RACS Member Advantage on 1300 853 324 or visit www.member-advantage.com/racs

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In order to ensure that fellows continue to receive the best value, American Express® and RACS Member Advantage offer the RACS Gold Credit Card.

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- 1.5 Membership Rewards™ points for each dollar spent on purchases.
- 1.5 Membership Rewards™ points for each dollar spent for the first 6 months.
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- An interest-free period of up to 55 days on purchases.
- Free Supplementary Cards.

The application form is available on the College website at members,racs.org.

More great benefits for RACS Members

The Military Section aims to promote the study of military surgery to foster interest in the field of military surgery.

Membership Review

The Military Section is currently undertaking a review of current members of the Section. To reaffirm your membership with the Section, please contact the Military Section Secretary, Ann Bailey, at ann.bailey@surgeons.org on +61 3 9276 7474.

New Members

Membership to the Military Section is available to all Fellows of the College with an interest in military surgery.

New members are welcome and are not required to be serving members. If you are interested in becoming a Section member, please complete the Military Section application form available on the College website at www.surgeons.org/academy/asc/military.

Nominations for membership require the support of two existing members. The application form should be submitted with a current CV and letter outlining interest in the field of military surgery.

If you are interested in becoming a member of the Military Section, please contact the Section Secretary if you would like to make contact with current members.

ASC Military Programme – Perth 2005

Planning is underway for the 2005 ASC programme to be held in Perth on 11 – 15 May 2005. Robert Pearce is the convenor of the Military Programme, which will focus on the theme of ‘military surgery’. We look forward to a successful programme in 2005.

Obituary

William Wilkin Davey was born in Downpatrick in Northern Ireland in 1912. He was contemporary of Denis Burkitt (the ‘Filari Man’). Both these men played a significant role as surgeons in the African continent. Burkitt left his imprint with the descriptions of Burkitt’s Lymphoma and Davey’s legacy was an exemplary text book on tropical surgery, “Companion to Surgery in Africa”, the third edition of which is currently under consideration.

Will graduated in medicine in 1935 from Queens University, Belfast. He became a Fellow of the Royal College of Surgeons in Ireland, and during World War II, was a member of the surgical unit which landed on the beaches in Normandy on D-Day in 1944.

After the war he became a consultant at the Whittington Hospital and ran a gynaecological unit for the whole northern area of London. His work in this area led to him being recognised as Hunterian Professor in the Royal College of Surgeons in England in 1959. Soon after, he was appointed the first clinical Professor of Surgery at the University College, Ibadan (University of London) in Nigeria.

After retirement he took an interest in the teaching and training of surgeons in Papua New Guinea. He also took active interest in rural health services in India and spent sometime in visiting parts of Western India to gain first hand knowledge in this regard. He was deeply concerned about the role of multinational pharmaceutical companies in the developing countries and joined with eminent Indian doctors to express his views publicly.

Will was also a Fellow of the Royal College of Surgeons in England, Australia and a Fellow of the American College of Surgeons.

He was a sports enthusiast, played tennis into his 80s, and was an advisor to one of the local VFL teams in the Victorian Western District. His skills as a photographer are reflected in the excellent clinical photographs that are featured in the “Companion to Surgery in Africa”. Always an eager learner, he took up calligraphy as a hobby in his 80s and at the age of 90 learned computer skills and was able to keep connected with his worldwide network of friends through regular email. Tributes that flowed from around the globe from past colleagues and students evaluated his concern for ethical and moral standards in the medical professions. He was always a mentor to the younger generation.

Will died on 30 May 2004 after a brief illness in Altona. He is survived by his wife Gill, whom he married in 1938, their five children, ten grandchildren and a great-grandson.

Siskor Sinha

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Preliminary Notice
The Royal College of Surgeons of Thailand and the Asian Surgical Association will hold a Combined Meeting of the 30th Annual Meeting of RCST and the 15th Asian Congress of Surgery 20 – 23 July 2005 at Ambassador City Hotel in Pattaya.

The care of neuropathic limbs: a practical manual.


How to make a submission
You may make a submission in writing or on audio tape. (2 copies of written submissions or 1 copy on audio tape). Please send your submission to ANZCA and a copy of the draft revision to the Australian Association of Anaesthetists.

How to access the draft revision
The draft revision can be accessed through the ANZCA website.

The Australian Day Surgery Council (ADSC) has now released a revised handbook titled: ‘Report and Recommendations of the Australian Day Surgery Council.’

The ADSC handbook provides information on standards and guidelines relating to day surgery and includes a section on the development of Day Surgery in Australia.

The handbook can be viewed on the Royal Australasian College of Surgeons website, www.surgeons.org/wedo/adsc/adsc_dsia, and hard copies are available for sale at $5.00, plus GST, from the College.

For more information visit: http://www.med.monash.edu.au/anatomy/clinicalanatomy/

The Care of Neuropathic Limbs – A Practical Manual
By Grace Warren, MD with Sydney Nade, MD

This book is a distillation of the author’s knowledge from 40 years experience of treating patients with neuropathic limbs. It is a concise and clearly written book which brings together many aspects of care of the neuropathic limb and provides a practical guide to optimal treatment.

The book is widely read and recommended and is available through Parthenon Publishing.

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The Australian Safety and Efficacy Register of New Interventional Procedures – Surgical (ASERNIP-S) has produced new patient information leaflets on some of our systematic reviews:
- Radiofrequency ablation for the treatment of liver tumours
- Laparoscopic live-donor nephrectomy (Second update and re-appraisal).

For your FREE COPIES, please contact the ASERNIP-S office at PO Box 553, Stepney SA 5069 Australia, telephone 61 8 8364 7513, fax 61 8 8362 2077, email consumer@asernenp-s.org or download copies from the Consumer Information page of our website at http://www.surgeons.org/asernip-s/consumerinfo.htm

How to access the draft revision
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20 – 23 July 2005 at Ambassador City Hotel in Pattaya.
The main theme for the Congress will be ‘Surgical Excellence’

How to make a submission
You may make a submission in writing or on audio tape. Receipt of written submissions by email is preferred if possible. Please send your submission to ANZCA draft revision of “Acute Pain Management, the Scientific Evidence”

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Applications are invited from suitably qualified and experienced general surgeons who possess Fellowship of the Royal Australasian College of Surgeons or equivalent and who are registrable in South Australia to work as a General Surgeon at Mount Gambier Hospital in South Australia commencing in early 2005.

The Mount Gambier and Districts Health Service (MGDHS), with a capacity of 120 public and private beds, is the regional referral hospital for the South East of South Australia and is situated in Mount Gambier, halfway between Melbourne and Adelaide.

The city of Mount Gambier offers well-serviced, modern city living in a setting that provides rural and coastal access with excellent sporting, educational and recreational facilities. It is a major tourist centre and is adjacent to the Coonawarra wine growing district to the north and Limestone Coast and ocean to the south.

MGDHS possesses high standard modern health facilities including (4) operating theatres, day surgery and a dedicated 26 bed surgical unit as well as highly trained nursing staff. It provides resident specialist services as well as a range of visiting surgical and medical specialties.

A surgical registrar will support the unit from January 2005.

Applications, further inquiries and requests for an information package may be directed to:

Prof. Guy J. Maddern, PhD MS MD FRACS
Director of Surgery South East Region
RP Jepson Professor of Surgery
University of Adelaide Department of Surgery
The Queen Elizabeth Hospital
Woodville, South Australia 5011 AUSTRALIA
Tel: +61 8 8222 6756; Fax: +61 8 8222 6563
Email: guy.maddern@adelaide.edu.au

Applications close 3rd December, 2004

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Operative techniques to be discussed and demonstrated on video include ultrasound in place of cholangiography in laparoscopic cholecystectomy, dealing with the common duct stone found at laparoscopic cholecystectomy, meso-rectal excision in rectal cancer, dealing with parastomal hernias, botox, nitroglycerin or sphincterotomy for anal fissures, Hartman’s operation or primary colonic anastomosis, modern treatment for varicose veins, axillary node sampling in breast cancer, endoscopic surgery for Zenker’s diverticulum, techniques for achalasia, mesh for para-oesophageal hiatus hernias, and other topics.
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Email: guy.maddern@adelaide.edu.au

Applications close 3rd December, 2004
The Royal Australasian College of Surgeons is seeking expressions of interest for the position ‘Education Fellow in Residence’ for 12 months to assist in the on-going development of case-study content for BST On-line.

The College has been developing a range of web based educational resources for basic surgical training since 1999.

In 2001 work commenced on the development of 35-40 on-line case studies integrating clinical scenarios and the basic sciences. Approximately half of these cases have now been completed.

The aim of the case studies is to provide trainees with clinical contexts to help them develop their knowledge of the basic sciences relevant to basic surgical training and to apply that knowledge to clinical decision making, thus preparing them for entry to advanced surgical training in any sub-specialty.

The successful applicant will have a good understanding of the RACS basic surgical training programme. Familiarity with the elements of the new programme and its assessments is essential.

A demonstrated interest and relevant experience in surgical education and participation in either Surgical Teachers or Surgeons as Educators Courses would be an advantage.

The position requires a commitment of up to 20 hours per week for twelve months and will involve liaising with the Board of Basic Surgical Training and Sub-committees involved in basic surgical training.

The Fellow will work closely with the Manager, Education Development and Research Department, the Curriculum Developer, and the Content Coordinator, BST/AST online. Office space and administrative support will be provided by RACS.

Expressions of interest are sought from interested and suitably qualified Fellows and/or Board or Sub Committee members to participate in this exciting initiative.

For further information and a position description contact:

Dr Wendy Crebbin on (03) 9276 7415 or wendy.crebbin@surgeons.org

The winners for the laptop for the RACS Virtual Congress competition are:

1. Dr. Azlina Aziz, Woodville South (SA)
2. Dr. Harsha Chandraratna, Perth (WA)
3. Dr. Peter Tung, Hamilton (VIC)
4. Dr. David Ku, Glen Waverley (VIC)
5. Dr Ian Burton, Gisborne (New Zealand)

Ansell would like to congratulate the winners and thank everyone who participated.
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