Strategic Plan 2014-2018
Business Plan 2016-2017

The College of Surgeons of Australia and New Zealand
President’s Message
On behalf of the College Council I have pleasure in presenting the business plan for 2016 - 2017. This plan is founded on the RACS vision and is aligned to the strategic plan for the College. We aim to be the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. Our business plan remains true to that ambition.

The challenges confronting the profession are substantial and RACS continues to be at the forefront of building on the strengths of the past to positively address the many issues that affect our future as a College, and our service to our patients and their communities. I recommend this strategic plan and business plan to you.

David Watters OBE
President

The Royal Australasian College of Surgeons (RACS)
RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand.
RACS is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical Trainees and International Medical Graduates.
RACS also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research.
There are nine surgical specialties in Australasia being: Cardiothoracic surgery, General surgery, Neurosurgery, Orthopaedic surgery, Otolaryngology Head-and-Neck surgery, Paediatric surgery, Plastic and Reconstructive surgery, Urology and Vascular surgery.

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

RACS Values
• Service
• Integrity
• Respect
• Compassion
• Collaboration
Vision and Strategic Objectives 2014-2018

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

- RACS is the trusted authority on surgical standards in Australia and New Zealand.
- Support ongoing development and the maintenance of expertise during the lifelong learning that accompanies surgical practice.
- Ensure that high quality surgical education programs, which lead to FRACS are delivered by RACS, affiliated Societies or RACS accredited providers.
- Promote, teach and assess standards across all nine recognised competencies.
- Effectively promote the RACS image to enhance the public recognition of the FRACS brand.
- Ensure RACS is seen as a leader in relation to eliminating and changing the workplace culture around discrimination, bullying and sexual harassment.

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

- Champion healthcare development in Indigenous communities across Australia and New Zealand. Support Indigenous doctors at selection and within SET.
- Lead the evaluation of new techniques and technology and their responsible uptake into practice.

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

- Ensure RACS systems are quality based, add value and are ‘customer service’ focused.
- Develop and retain the best people to enhance the delivery of services to Fellows and Trainees.
- Recognise the contribution of Trainees, Fellows, IMGs and staff.
- Use our current facilities and newer technologies effectively.
- Review our current business models to ensure they are sustainable and identify new business models to facilitate the ongoing development and provision of RACS resources.

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

- Support and assist Fellows through all stages of their professional careers.
- Promote and support surgical leadership in education, clinical governance, surgical audit, research and academic surgery.
- Be actively involved in surgical service development to communities in need in Australia, New Zealand and the Asia-Pacific Region particularly through supporting Fellows’ pro-bono activities.

- Collaborate with other ‘proceduralist’ groups to strengthen the culture that enables surgeons to act in the best interest of their patients and the community.
- Involve all procedural specialties, and the Specialty Societies, in the processes that provide direction and identify advocacy issues for RACS.
- Be recognised as the leading advocate for the surgical health and well-being of patients, including participation in global health advocacy.
- Work proactively with government to plan an adequate accessible surgical workforce for the communities we serve.
Education, Development and Assessment

Education Development and Research

Key Result Area
- Maintain the pre-eminence of the RACS training program through partnering particularly with the Specialty Societies.
- Foster evaluation and research around all surgical education programs.
- Educational and accreditation standards required by Australian Medical Council and Medical Council of New Zealand are maintained by RACS in partnership with the Specialty Societies and Associations and other educational bodies.

Key Performance Indicators
- Support the development of educational resources, including e-learning and educational programs that support training and assessment of the non-technical RACS competencies. There is emphasis about preventing and responding to discrimination, bullying and sexual harassment (DBSH).
- Establish ongoing evaluation of the educational programs and assessment tools of RACS, with particular emphasis on professionalism. Develop research associated with surgical education.
- Maintain AMC and MCNZ accreditation.

Skills and Education Centre

Key Result Area
- Ensure RACS facilities are used to the maximum benefit of Trainees, IMGs and Fellows while also attracting external users.
- Promote the use of simulation and support innovative training.

Key Performance Indicators
- Increased profile of centre for internal and external clients.
- Build partnerships and relationships with surgeons to increase the frequency of simulation courses.

Examinations

Key Result Area
- RACS examinations are representative of educational best practice at an international level.
- Education for examiners and assessors is provided in conjunction with the Academy of Surgical Educators.
- Examinations are supported and conducted through an integrated, cohesive and IT based platform.

Key Performance Indicators
- High standard and transparent summative assessments, blueprinted against the specialty curricula are maintained and systematically improved through ongoing review.
- All examiners undertake examiner training and are regularly updated.
- Continue to move the delivery and support of examinations to online systems and marking systems to an electronic system.

Pre-vocational and Online Education

Key Result Area
- Expand the presence of RACS into Post Graduate Year PGY1, PGY2, PGY3 and PGY3+ through provision of courses, examinations, simulated learning environments and opportunities for mentoring.

Key Performance Indicators
- Provide strategic support for eLearning delivery.
- Implementation of the JDOC framework with accreditation of resources, development of assessment tools and portfolio structure. Aim for common use in the clinical environment.
- Build relationships/partnerships with stakeholders that support the dissemination and implementation of the JDOC framework.
- Development and accreditation of professionalism courses.
- High standard web delivery of educational resources.

Skills Training

Key Result Area
- Courses addressing the non-technical competencies are developed, widely offered and incorporated into a lifelong learning model.
- Ensure the high quality and accessibility of the skills courses through continuous evaluation, improvement and review of delivery methodology.
- Professionalising the instructor and educator role.

Key Performance Indicators
- Development of a comprehensive course approach to DBSH and other technical and non-technical skills.
- Development of eLearning modules that are applicable for JDocs, which complement the ASSET, EMST, CCrISP, TIPS and CLEAR courses.
- Develop and implement marketing strategy to ensure fully subscribed courses.
- Providing faculty with opportunities to up-skill.
Education and Training Administration

**International Medical Graduates**

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

**Key Performance Indicators**
- Assessment posts are developed in major and regional/rural hospitals that can provide assessment and ongoing linkages to regional and rural areas.
- Assessment process that is free of discrimination, bullying and sexual harassment.
- Provide useful online and mobile MSF and other tools.
- Structured programs of support for learning and are available through Regional Offices.
- In collaboration with the jurisdictions, develop models that promote training, which is more flexible for the Trainee while meeting hospitals’ service obligations.

**Surgical Training**

**Key Result Area**
- Achieve more effective supervision and assessment of Trainees, with the assessment of supervisors in conjunction with the Academy of Surgical Educators.
- Identify opportunities for working more collaboratively with the Specialty Societies across Australia and New Zealand, particularly in the area of supporting less than full time training and identifying opportunities for Indigenous Trainees.
- To progress gender equity concerns, encouraging women to pursue a surgical career, particularly through Trainees accessing less than full time training positions.

**Key Performance Indicators**
- Explicit curriculum that encompasses all aspects of selection requirements, education, training, assessment, supervision and hospital accreditation. In turn this collaborates with specialty training board activities.
- Develop initiatives around gender equity, less than full-time training and understanding issues around female attrition rates.
- Address the issues that emerge from the attrition project when reported in 2016.

**RACSTA**

**Key Result Area**
- Monitor the quality of the training posts of the nine training programs from the Trainees’ perspective.
- Ensure a complaints process is developed that is transparent and effective as well as protects the victims of DBSH.
- Ensure that the Trainees’ voice is heard at all levels of RACS.
- Explicit curriculum that encompasses all aspects of selection requirements, education, training, assessment, supervision and hospital accreditation. In turn this collaborates with specialty training board activities.

**Training Projects**

**Key Result Area**
- Through the Post Fellowship Education and Training Committees, and in consultation with the Specialty Societies, continue to accredit post fellowship training accreditation programs when requested.
- Continue to expand training possibilities in non-traditional settings, particularly emphasising generalist training roles.

**Key Performance Indicators**
- Implementation of a fast-tracked assessment process free of delays caused by contract negotiations.
- Advocacy with the Department of Health resulting in a replacement Specialist Training Program for 2017.
Fellowship and Standards

Professional Standards

Key Result Area

- Develop position papers and standards relating to health and surgical services.
- RACS will actively promote CPD participation to Fellows, providing clear information on compliance and a streamlined program that enables Fellows to complete their regulatory, professional and educational requirements.
- Provide clear objective measures of fitness to practice supported by tools of self-assessment.
- The CPD verification rate will be at a level to satisfy the community’s expectation that the surgical profession in Australia and New Zealand is willing and able to self-regulate.
- Development of sustainability committee, Choosing Wisely initiative, working collaboratively with insurers and government.

Key Performance Indicators

- Develop position papers and standards that focus on ethical standards.
- Policies and procedures highlight 100 per cent CPD compliance, noting that failure to comply will be dealt with as a breach of the Code of Conduct. Committee structure and processes established to deal with CPD compliance.
- 360 degree assessment tool and work based/on-site evaluation tools developed. RACS provides advice and review of surgeons’ performance as required, including complaints and issues about DBSH.
- Verification rate is maintained at 7 per cent annually, with the verification process as automated as possible.
- Achieve recognition of the program by regulators.
- Committee structure and processes established to deal with inappropriate fee issues and sustainable use of health resources.

- RACS establishes collaboration with holders of ‘big-data’ to enable preparation of performance indicator reports.

Professional Development

Key Result Area

- Professional development programs are provided to support Fellows through the key transitions and stages of a surgical career. The stages include establishing a surgical practice, surgical leadership and steps towards retirement.
- The Academy of Surgical Educators will deliver support, skills and recognition for RACS educators (including supervisors, instructors, trainers and assessors).
- RACS will continue to promote, review and improve professional development activities and resources that are needs-based and aligned to the RACS competencies.
Key Performance Indicators

- Professional development resources are available in multiple learning modalities and are particularly focused on stages of a career.
- The Foundation Skills Course for Surgical Educators is made available for all RACS Educators.
- Clinical leadership programs provided particularly looking at the role of surgical leaders. Surgical leaders will assist with abolishing workplace discrimination, bullying and sexual harassment.

Fellowship Services

Key Result Area

- Key initiatives of RACS Indigenous Health Strategy are funded and implemented. Maintain strong advocacy for significant improvements in Indigenous health and health care.
- RACS will enhance engagement with, and provide support for, special interest groups amongst the Fellowship.

• Increase the advocacy of trauma prevention around roads and farms.

Key Performance Indicators

- Advocacy plan developed with all key sections.
- Involvement in submissions on key public health and community issues.
- Active media presence leads to increased safety measures.

Library

Key Result Area

- Enhance the quality and usability of the library services, particularly through provision of multimedia, e-books and access to specialty links and resources.

Key Performance Indicators

- Ongoing provision and evaluation of library resources and services, including alerting services, which align with the training, educational and information requirements of the surgical specialties and other users.

Website

Key Result Area

- Development of web-based and ‘practice-ready’ resources that profile FRACS, and are usable optimally over multiple devices.

Key Performance Indicators

- A responsive web design made available.
- Integration with RACS Portfolio for an enhanced user experience.
ASERNIP-S

Key Result Area
- Health technology assessment is recognised as a core RACS research strength with fuller funding obtained from external bodies and philanthropy.
- Broadening of interactions between ASERNIP-S and national/international bodies and funders.
- Expanded research in surgical simulation as facilitated by available funding.
- Expanded revenue base in novel areas of health technology assessment and other evidence-based work areas.

Key Performance Indicators
- Outcomes of Health Technology Assessments broadly promoted and published to the surgical community.
- Successful project applications both nationally and internationally, with continued publications in the peer reviewed and ‘lay’ literature.
- Expanded surgical simulation research to examine the needs and requirements of Trainees and junior doctors, and to address the barriers precluding their uptake of surgical simulation for training.
- Successful development of products, tools and services that can be offered in a commercial manner.

Mortality Audits

Key Result Area
- Mortality audits based in all hospitals across Australia with outputs to progressively enhance standards of clinical care.
- Greater regional ownership of and involvement in audit activity, with appropriate hospital-network deliverables where possible.

Key Performance Indicators
- Increased dissemination of high quality reports to hospitals, with progressive alignment to key quality, accreditation and credentialing requirements.
- Strong cross-membership and cross-activity between regional and mortality audit committees.

Academic Surgery

Key Result Area
- Academic Surgery including the competencies of leader, scholar and teacher will continue to be nurtured within the Fellowship.
- Continued implementation of the strategies identified to support academic research and the breadth of careers in academic surgery.

Key Performance Indicators
- Increased profile of academically aligned surgeons.
- Closer collaborations with university and government departments/ agencies.

Morbidity Audits

Key Result Area
- Audit tools able to support surgical practice. Encourage proper and contextual morbidity and mortality meetings in hospitals.
- RACS is recognised as a leader in managing surgical audits.

Key Performance Indicators
- Morbidity audits (MALT) capacity progressively available to all Trainees, International Medical Graduates and Fellows. This includes SNOMED as a universal coding approach and a peer review capacity.
- RACS successfully manages audit tools for procedural societies.

Research Scholarships

Key Result Area
- Promote surgical research and innovation to the whole surgical community, including SET Trainees.
- Work with the Scholarship Evaluation and Monitoring Committee to ensure the breadth, type and funding allocations of scholarships meets the audience needs.

Key Performance Indicators
- Scholarships profiled more effectively in surgical and research literature, as well as internal publications to increase funding opportunities.
- Innovating new or modify existing scholarships to meet identified needs.

Project Office

Key Result Area
- Ensure all systems, policies and procedures are consistent with RACS and ISO approach.
- Through business development activities identify additional funding streams, which may include partnerships and collaborations, across audit and research activities, particularly ASERNIP-S.

Key Performance Indicators
- All systems reviewed with key HR, Finance, IT departments.
- Additional funding streams identified and progressed.
External Affairs

RACS Global Health

Key Result Area
- Support health systems in the Asia-Pacific region to provide improved health services to their communities through training and mentoring national health professionals.
- Deliver essential secondary and tertiary medical and surgical services that are unavailable locally, to reduce the burden of surgically treatable conditions in the Asia-Pacific.
- Advocate for access to safe surgery and surgical standards within the global health agenda.

Key Performance Indicators
- Maintain meaningful engagement with ministries of health in the Pacific and South East Asia regions, other medical and procedural colleges and in-country partners.
- Strengthened national health care capacity.
- Visiting teams will work closely with their national counterparts, sharing their skills and expertise, to support the development of local health care systems to better provide medical services into the future.
- Promote international surgical interchange and increase the interaction between the surgical communities of ANZ and countries in Southeast Asia and the Pacific.
- Advocacy and collaboration with the global surgical community to advance the global surgery agenda.

Conference and Events

Key Result Area
- RACS continues to profile innovative delivery of conference material via conventional and social media outlets.
- Annual Scientific Congress (ASC) to attract the breadth of RACS Fellowship by progressively including more sub-specialties in programs that are educationally innovative and of high quality.
- Profile effective conferences and events for Specialty Societies and other medical groups as both a supportive and financially rewarding endeavour.

Key Performance Indicators
- Ensure the delivery of innovative ASC educational material, including via social media.
- RACS progressively partners with other organisations to bring conferences to Australia and New Zealand.
- Events are organised and completed with positive outcomes evidenced by strong attendance and positive financial result.
Relationships and Advocacy

Communications and Advocacy

Key Result Area
- Improve and maintain proactive RACS internal and external communication through traditional and social media channels and increase brand awareness of RACS and FRACS.
- Through analysis, evaluation and consultation identify, prioritise and progress key advocacy issues with specific outcomes.
- Enhance surgeons’ skills in responding to the media and engaging in social media.
- Increase the profile of key publications including Surgical News and ANZ Journal of Surgery.

Key Performance Indicators
- Increase awareness and understanding of the RACS communication and advocacy strategies, building positive capacity around the Social Media framework.
- Ensure all relevant stakeholders are actively consulted in order to identify, prioritise, progress and respond to key proactive and reactive issues.
- Provide proactive communication and advocacy support to RACS Councillors.
- Positive feedback from political and other stakeholders.

Council and Governance

Key Result Area
- Governance is strategically focused, and fully supported by an effective committee and administrative structure.
- Council demonstrates a dynamic, responsive, representative and accountable governance model with appropriate reserve powers.
- Develop and implement strategies for cultural change around zero tolerance of discrimination, bullying and sexual harassment within the workplace.

Key Performance Indicators
- Direction setting and monitoring, compliance and risk management are fulfilled and based on quality improvement strategies.
- Continue to improve and monitor roles and expectations for the Council/Executive, Boards/Committees and both Specialty and Fellowship Elected Councillors.

Workforce Assessments

Key Result Area
- Ensure RACS remains an authority on trends in surgical workforce numbers, workforce issues and Areas of Need.
- Ensure that the various Health Departments in Australia and New Zealand communicate with RACS to meet national surgical workforce planning needs.

Key Performance Indicators
- Undertake bi-annual large scale surveys of the surgical workforce with subsequent data analysis and work with other stakeholders undertaking workforce assessments to coordinate information.
- Ongoing dialogue with departments of health to provide recommendations for an adequate and self-sufficient surgical workforce in Australia and New Zealand.

National Board/Regional Committees and Offices

Key Result Area
- Build / maintain relationships with key stakeholders including the specialty societies, medical colleges, researchers, government and statutory agencies and elected members of Parliament to progress advocacy priorities.
- Regional committee and office activities to involve medical students, surgical interest groups, junior doctors, Trainees, International Medical Graduates (IMG), Younger Fellows and Māori, Aboriginal and Torres Strait Islanders in order to develop the surgeons of the future.
- Regional activities align with the RACS vision of supporting and enhancing the contribution of surgeons to the broader community, surgical education, research and practice.

Key Performance Indicators
- Contribute to a cohesive RACS advocacy approach by meeting with key stakeholders, developing collaborative advocacy projects, and providing submissions to reviews / consultation documents.
- Provide briefings to Health Ministers, other elected members of Parliament, and government agencies and engage regularly with hospitals within jurisdiction.
- Regional committee and staff to participate in medical student events, promote JDocs framework and foster support for Younger Fellows, Trainees and IMGs through provision of educational and other activities.
- Profile and recognise Fellows who have contributed over the decades of their professional career.
Foundation for Surgery
Key Result Area
• Increase donor base through enhanced profile and breadth of fundraising activities.

Key Performance Indicators
• Modify existing and/or create new approaches to fundraising, maximising engagement of Fellows, Councillors and Foundation Board.

Human Resources
Key Result Area
• Provide innovative and strategic services to recruit and retain staff who are committed to an ethos of high performance and excellence in customer service provision to all internal and external stakeholders.

• Workplace Health and Safety is supported through an appropriate structure and system including regular communication and reporting.

• Ongoing emphasis on staff culture aligned to RACS values and defined appropriate behaviours that support best practice internal and external customer service.

Key Performance Indicators
• HR services focus on RACS attracting suitably skilled and qualified talent, maintaining staff tenure, and increasing engagement and leadership development of identified talent.

• Ensure staff and managers are knowledgeable about their responsibilities in maintaining a safe and healthy workplace. Maintain compliance with OHS and WHS regulators and workplace incidents are below agreed targets.

• RACS values are regularly highlighted along with acceptable and non-acceptable behaviours, incorporated into ongoing activities, and appraised against performance and competencies.
Resources

Finance and Audit

Key Result Area
• Ongoing review of business models to ensure they are sustainable. Emphasis will be applied to achieving increased efficiencies, through digital transformation that streamlines processes, removes duplication and inefficient or obsolete systems.
• Continue through careful investment stewardship to develop the RACS Corpora.
• Empower the RACS Council and committee structure through clear delegation, while continuing to simplify the process of transparently reporting on resource utilisation.
• Incorporation of risk management processes across RACS activities.

Key Performance Indicators
• E-commerce incorporated optimally to support Trainees’ and Fellows’ online services with RACS.
• RACS Corpora continues to be maintained for current activities as well as being developed for additional activities as determined by Council.
• Delegation manual outlines all relevant powers.
• Finances / reports transparent and easy to understand.
• Ensure risk management and appropriate audit reviews are routinely incorporated into the RACS operational activities.

Information Technology

Key Result Area
• Develop the Digital College ensuring all interactions with RACS are streamlined for Trainees and Fellows and add value across all activities.
• Extract efficiencies for Fellows and Trainees at all opportunities with e-commerce, e-events and tele-videoconferencing.
• All business and transactional models support privacy and information security requirements.

Key Performance Indicators
• The Digital College systems particularly for educational and professional development activities are progressively implemented.
• Time required to interact with RACS is minimised.
• Ongoing review of systems to ensure IT security, correct handling of all private information and handling of audit data to ensure appropriate alignment with QP requirements, global standards and applicable legislation.

Archives and Records management

Key Result Area
• Full utilisation of the Electronic Document and Record Management System (eDRMS) by all staff.
• Promote the Archive as a significant historical resource and facilitate improved access through effective collection management, in particular highlighting surgical commitment to World War One and Gallipoli.

Key Performance Indicators
• eDRMS is fully incorporated into operations.
• Further development of website based archive / museum resources for Collections, Archives and Museum.

Facilities

Key Result Area
• Maintain property facilities appropriately to ensure they meet the current and future needs of Fellows, staff and external customers.
• Ensure proper balance of facilities utilisation achieved.

Key Performance Indicators
• RACS space is used efficiently and effectively in order to meet increasing demand from key stakeholders.

Collections

Key Result Area
• Promote the Collections as a significant benefit to the surgical and broader community.
• Identify innovative funding opportunities to enable the objectives of the museum and art gallery to be progressed.

Key Performance Indicators
• Enhance profile of Collections, Museum and Art Gallery through the web and social media.
• External funding bodies engaged in the ongoing upgrading of the Museum.
Council 2015-2016

Senior Office Holders

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

President
David Watters OBE

Fellowship

Chair, Professional Development and Standards Board
Julian Smith

Chair, Professional Standards
Catherine Ferguson

Chair, Professional Development
Spencer Beasley

Chair, Fellowship Services
Richard Perry

Chair, Research, Audit and Academic Surgery
Ian Bennett

Chair, External Affairs
Phillip Carson

Education

Chair, Court of Examiners
John Batten

Chair, Board of Surgical Education and Training
Julie Mundy

Deputy Chair, Board of Surgical Education and Training
Barry O’Loughlin

Chair, Skills Education Committee
David Thiele

Chair, Post Fellowship Education and Training Committee
Catherine Ferguson

Relationships & Advocacy

Vice President
Graeme Campbell

Chair, Board of Regional Chairs
Lawrie Malisano

Chair, Workforce
Barry O’Loughlin

Resources

Treasurer
Marianne Vonau OAM

Deputy Treasurer
Andrew Brooks
## Fellowship Elected Councillors

John Batten  
Spencer Beasley  
Ian Bennett  
Graeme Campbell  
Phillip Carson  
Catherine Ferguson  
Andrew Hill  
Sally Langley  
Lawrie Malisano  
Barry O’Loughlin  
Richard Perry  
Jonathan Serpell  
Julian Smith  
Phil Truskett AM  
Marianne Vonau OAM  
David Watters OBE

## Specialty Elected Councillors

**Julie Mundy**  
Cardiothoracic Surgery  

**David Fletcher**  
General Surgery  

**Bruce Hall**  
Neurosurgery  

**Roger Paterson**  
Orthopaedic Surgery  

**Neil Vallance**  
Otolaryngology Head and Neck Surgery  

**Anthony Sparnon**  
Paediatric Surgery  

**David Theile**  
Plastic and Reconstructive Surgery  

**Andrew Brooks**  
Urology  

**John Crozier**  
Vascular Surgery

## Co-opted Members

**The Hon Rob Knowles AO**  
Expert Community Advisor  

**Garry Wilson KStJ**  
Expert Community Advisor  

**Ruth Mitchell**  
RACS Trainees’ Association Representative

### Co-opted Representative

**Genevieve Goulding**  
President, Australian and New Zealand College of Anaesthetists

### Invited Observers

**Christine Lai**  
Younger Fellows Representative

## Principal Advisors to Council

**Stephen Tobin**  
Dean of Education  

**John Quinn**  
Executive Director for Surgical Affairs, Australia  

**Richard Lander**  
Executive Director for Surgical Affairs, New Zealand
RACS Regional Committees

**Australian Capital Territory**

Chair
Sivakumar Ganandanha

Committee Members
Aliene Fitzgerald
Wendell Neilson
John Tharion

Co-opted Members
Hin Fan Chan
Yi He
Glenn McKay
Frank Piscioneri
Calista Spiro

**New South Wales**

Chair
Mary Langcake

Deputy Chair
Raffi Qasabian

Committee Members
Steven Leibman
Tim Musgrove
Sally Butchers
Andrew Bean
Philip J Crowe
Michael Edye
Douglas Fenton-Lee
Richard Harvey
Ken Loi
Payal Mukherjee

Co-opted Members
Andrew Armstrong
Ricardo Hamilton
Philip Chang
Emily Granger
Ravi Huigol
Upeksha De Silva
Tasha Micheli
Paul Curtin
Nirmal Patel
Shehnaz Salindera
David Storey
Soundappan Venkatraman

**New Zealand**

Ex-officio Members
Andrew Brooks
John Crozier
Phillip Truskett

Chair
Randall Morton

Deputy Chair
David Adams

Honorary Treasurer
Nicola Hill

Committee Members
Robert Coup
Elizabeth Dennett
Gary Duncan
Philippa Mercer
Jesse Kenton-Smith
Jonathan Koea
Richard Reid

Specialty Representatives
Peter Alison
Philippa Mercer
Suzanne Jackson
Jean-Claude Theis
Robert Allison
Stephen Mark
Justin Roake
Sally Langley
Spencer Beasley

Co-opted Members
Ramez Ailabouni
Andrew MacCormick
Judith Potter

Ex-officio Members
Catherine Ferguson
Andrew Hill
Richard Perry
Garry Wilson
Sally Langley
Spencer Beasley
Northern Territory
Chair
John Treacy
Committee Members
Patrick Bade
Mahiban Thomas
Sanjay Kalgutkar
Co-opted Members
Vignesh Narasimhan
Abdallah Elsabagh
Ex-officio Members
Phillip Carson

South Australia
Chair
Sonja Latzel
Vice Chair
David Walters
Committee Members
Peter Subramaniam
Jayme Bennetts
Day Way Goh
Phil Worley
Daniel Spernat
Matthias Wichmann
Harshita Pant
George Balalis
Co-opted Members
Roger Woods
David Walsh
Christine Lai
Robert Whitfield
Amal Abou-Hamden
Trevor Collinson
Angelo Ricciardelli
Ex-officio Members
Anthony Sparnon
Roger Paterson

Victoria
Chair
Jason Chuen
Deputy Chair
Wanda Stelmach
Secretary
Nicole Yap
Treasurer
David Love
Committee Members
Sean Mackay
Franklin Pond
Robert Stunden
Salena Ward
Ramin Shayan
Susan Shedda
Adrian Fox
Co-opted Members
Liang Low
Niall Corcoran
Francis Miller
Luke Bradshaw
Debra Devonshire
Michael Wilson
Rachael Knight
Heather Mack
Su-Wen Loh
James Chiu
Bruce Waxman
Wai-Ting Choi
Ex-officio Members
Julian Smith
Graeme Campbell
David Watters
Jonathon Serpell
Neil Vallance

Western Australia
Chair
Stephen Honeybul
Deputy Chair
Stephen Rodrigues
Committee Members
Tom Bowles
Rupert Hodder
Peter Bray
Ming Yew
Paul Bumbak
Mary Theophilus
Richard Martin
Co-opted Members
Dermot Collopy
James Aitken
Elizabeth Whan
Jeff Hamdorf
Chris Merry
Jessica Yin
Ian Timms
Dieter Weber
Robert Pearce
Genevieve Gibbons
Ex-officio Members
David Fletcher

Queensland
Chair
Owen Ung
Deputy Chair
Brian McGowan
Honorary Treasurer
Deborah Bailey
Committee Members
Reza Adib
Praga Pillay
Christina Steffen
Jefferson Webster
Emma Secomb
Ray Lancashire
Robert Tam
Ken Cutbush
Anthony Kiosoglous
Co-opted Members
John Quinn
Richard Lewandowski
Sarah Byrne
Joanne Dale
Sandy Grieve
Brett Hallday
Bernard Whitfield
Ex-officio Members
Marianne Vonau
Julie Mundy
Lawrence Malisano

Tasmania
Chair
Brian Kirkby
Committee Members
Nishanti Gurusinghe
Mary Self
James Roberts-Thomson
Girish Pande
David Penn
Raj Gogia
Nusa Naiman
Co-opted Members
Hung Nguyen
David Stary
Stephen Wilkinson
Richard Turner
Robert Bohmer
Andrew Castley
Greg Harvey
Jack Pang
Ex-officio Members
Marianne Vonau
Julie Mundy
Lawrence Malisano

Ex-officio Members
Bruce Hall
Barry O’Loughlin
Ian Bennett
David R Theile

Ex-officio Members
Philip Carson

Bruce Hall
Barry O’Loughlin
Ian Bennett
David R Theile
Specialty Societies & Associations

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