Royal Australasian College of Surgeons
VISION AND STRATEGY 2010 – 2015

Message from the President
On behalf of the College Council I have pleasure in presenting the College’s vision for the next five years.

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

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

Ian Gough

College Purpose
To be the unifying force for surgery in Australia and New Zealand, with FRACS (Fellow of the Royal Australasian College of Surgeons) standing for excellence in surgical care.

College Values
- Service and Professionalism – performing to and upholding high standards
- Integrity – upholding professional values
- Respect and Compassion – being sympathetic and empathetic
- Commitment and Diligence – being dedicated, doing one’s best to deliver
- Collaboration and Teamwork – working together to achieve the best outcome
College Vision

The College will

Guarantee continuing provision of high quality training by

• Ensuring that high quality surgical education and training programs which lead to FRACS are delivered by the College and affiliated societies or College accredited education providers.
• Ensuring that FRACS continues to stand for competence and quality in surgical care and that the community recognises the ‘Brand’.

Serve the Fellowship by

• Protecting and strengthening the culture that enables surgeons to act in the best interests of their patients.
• Championing professionalism and standards.
• Providing excellent opportunities for continuing professional development.

Promote health & well-being for the community by

• Being the leading advocate for the surgical health and well-being of patients, including participation in global health advocacy.
• Being consulted by government and the media as the primary source of rapid and informed advice on all matters of surgical significance.
• Doing everything in its power to ensure that an adequate surgical workforce is provided for the communities we serve.
• Being actively involved in surgical services to communities in need in Australia, New Zealand and our region.

Drive surgical excellence by

• Promoting and supporting surgical leadership in clinical governance, surgical audit and peer review.
• Promoting and supporting surgical research.
• Leading the evaluation of new techniques and technology and their responsible uptake into practice.
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IMPLEMENTATION 2010 – 2012

The College will deliver this vision in four key areas of activity as detailed in the following business plan 2010 – 2012. All programs are delivered in accordance with the College’s quality management systems and ISO 9001.

EDUCATION

Education, Development & Assessment

Education Development & Research

Key Result Areas
- Build effective partnerships with other educational bodies to improve delivery of educational material and enhance the training program.
- Ensure ongoing evaluation, feedback and monitoring of educational processes.
- Maintain the pre-eminence of the College training program through educational research that validates it and supports continuous improvement.

Key Performance Indicators
1. Develop partnerships for the delivery of training with major universities.
2. Forty per cent increase in on-line educational materials available to potential and current Trainees and Fellows; continuous increase in website usage.
3. Develop enhanced communication strategies.
4. Develop feedback and evaluation methodologies on course delivery and content.
5. Meet the Australian Medical Council (AMC) requirements for reaccreditation in 2011.
6. Ensure all curricula are relevant to surgical practice and of a high standard.
7. Support the development of education programs for supervisors and instructors in delivery of training.
8. With other departments develop promotional material to make surgery a more attractive career.

Examinations & Assessment

Key Result Area
- Guarantee that the Fellowship of the College remains the qualification of surgical competence and performance by providing assessment processes that are valid, reliable and competence and performance-based.

Key Performance Indicators
1. Processes for examination and assessment evaluated against international examination standards and improved.
2. All examinations aligned to reflect the training program.
3. Implementation of database processes continued for all examination material with information technology used by all specialties.
4. Develop enhanced communication strategies.
5. Develop feedback and evaluation methodologies.

Skills Training & Simulation

Key Result Areas
- Maintain the high quality and accessibility of the skills courses through continuous improvement, partnership with external bodies and input to research and development.
- Support instructor involvement and educational professionalism of the instructor faculty.
- Position the College as a major stakeholder in the simulation environment by building external relationships that enhance training and provide viable opportunities outside the clinical environment.

Key Performance Indicators
1. The course programs are financially self-sustaining and viable as evidenced by increased attendance and capacity to reinvest in programs.
2. One and a half per cent of revenue supports research and development of new initiatives.
3. Course curriculum reflects the training program and is relevant to Australian and New Zealand practice.
4. Skills course faculty is increased by ten per cent and 90 per cent of instructors remain involved in skills courses for a minimum of five years.
5. Develop partnerships, particularly with academic departments of surgery for the development and delivery of skills training.
6. Thirty per cent increase in the number of simulation courses incorporated in the training program.
7. Develop enhanced communication strategies through College publications.

Trainees’ Representation

Key Result Areas
- Support the Royal Australasian College of Surgeons Trainees’ Association (RACSTA) to build internal and external mutually beneficial relationships which ensure that Trainees’ views and opinions are represented and effective in advocating for broader health solutions.

Key Performance Indicators
1. External organisations refer to RACSTA for advice and input
on relevant Trainee issues.
2. Ensure Trainees are directly involved in planning, development and evaluation of educational activities with Trainee representation on all boards and committees relevant to the training programs.
3. Each region has an active regional RACSTA committee.
4. Demonstrate RACSTA is relevant to all Trainees by 50 per cent increase in interactions between Trainees and the RACSTA Board.

Education & Training Administration

Surgical Training

Key Result Areas

- Build strong, mutually beneficial relationships between the College and the Surgical Specialty Training Boards.
- Maintain pre-eminence of the College training program by continuing its development and increasing the professionalism of its delivery.
- Contribute to efficient use of training funds by reducing duplication of services, improving cross-specialty cooperation and ensuring optimal information technology support.

Key Performance Indicators

1. Quarterly meetings of key College and Society administrative staff implemented; enhance communication.
2. Policies for Surgical Training that consolidate conventions and precedents developed, reviewed and communicated to all Trainees and supervisors.
3. Evaluation of the training environment implemented.
4. Trainee data coordinated and maintained in accordance with the Service Agreements.
5. Deficiencies in program evaluations and/or regulatory reports identified and addressed.
6. Databases and associated reports developed in cooperation with specialty societies and associations that ensure all Trainee data is updated within agreed timeframes.

International Medical Graduates

Key Result Areas

- Assist in addressing areas of workforce shortage by comprehensive assessment of International Medical Graduates (IMGs).
- Continue to build strong mutually beneficial relationships with College Fellows, hospitals, jurisdictions and other stakeholders.
- Ensure externally funded support programs are developed and available for the successful transition of IMGs into the surgical workforce.

Key Performance Indicators

1. Short term posts created for IMGs to facilitate timely assessment of comparability.
2. One hundred per cent of applications assessed within agreed AMC timeframes.
3. Improved assessment tools developed which are used by all Specialty Training Boards.
4. External funding obtained for IMGs up-skilling and support.
5. Enhance communication by creating a regular e-newsletter.
6. Develop feedback and evaluation methodologies on the support for IMGs during the assessment process.

Training Projects

Key Result Areas

- Increase the capacity of the College to train by expanding training opportunities in non-traditional settings, particularly the private sector.
- Identify funding and develop projects in cooperation with specialty societies to improve the delivery of training.
- In consultation with the specialty societies implement a post fellowship training accreditation program.

Key Performance Indicators

1. Minimum of ten posts per annum identified for accreditation.
2. Ten per cent per annum increase in funding contributions from non-surgical sources.
3. Two or more Post Fellowship Education and Training sub-specialty programs as submitted accredited per year.
FELLOWSHIP

Fellowship & Standards

Professional Standards

Key result areas
- Develop position papers and standards relating to health and surgical service.
- Achieve full Continuing Professional Development (CPD) compliance using streamlined data collection.
- Continue to promote peer reviewed audit and performance in non-technical competencies.

Key performance indicators
1. Three College position papers developed per year, with enhanced media launch, appropriate publicity and increased distribution.
2. Increased Fellows’ and Trainees’ awareness of ethical issues, the College Code of Conduct, sponsorship and relationships with the medical technology industry.
3. Policies developed, particularly regarding data collection, to support achievement of 100 per cent compliance with the CPD Program with a one per cent annual increase in compliance and re-certification.
4. Enhanced recognition of the College’s educational activities.
5. Increased recognition of peer reviewed audit as an essential surgical activity.
6. Promotion of the ongoing review and assessment of surgical competence and performance, particularly in the area of non-technical competencies.

Professional Development

Key result areas
- Develop the Academy of Surgical Educators with increasing range of recruitment, retention and educational opportunities.
- Promote professional development activities at the Annual Scientific Congress (ASC) and Annual Scientific Meetings (ASMs).
- Continue to co-badge a range of professional development activities with other providers.

Key performance indicators
1. Academy of Surgical Educators in place.
2. Selection skills workshops implemented in 2010.
3. New technology used to support the provision of professional development activities, including on-line options.
4. Ten per cent annual increase in the number of supervisors and trainers who receive training in medical education until 100 per cent of supervisors have received training.
5. Ten per cent annual increase in the number of Fellows who attend or teach College professional development workshops and courses.
6. Professional development courses developed which are co-badged with other medical colleges and tertiary institutions.

Fellowship Services

Key result areas
- Reach out and support communities in need in Australia and New Zealand by quantifying and prioritising needs, advocating solutions to government, facilitating Fellows’ involvement and publicising the good work.
- Effectively market the brand ‘FRACS’ as the surgical qualification and the benefits to the Fellowship.

Key performance indicators
1. Comprehensive guide to College services and programs published.
2. Ten per cent increase in 2010 in external project funds to support the delivery of surgical services in rural and indigenous communities.
3. Surgery as a career promoted to indigenous communities.
4. Effective involvement in workforce planning and addressing workforce shortages, particularly in rural and regional areas.
5. Over 75 per cent answer yes to the question “Is the College a real benefit to you as a Fellow?” by 2010.

Library & Website

Key result areas
- Build strong, mutually beneficial relationships with Fellows and Trainees by timely provision of relevant library resources and access to appropriate web-based material.
- Promote surgical research and innovation through provision of literature searches and facilitating access to the surgical literature.

Key performance indicators
1. Expanded online library with current resources in all specialties.
2. Thirty per cent increase in two years in the number of hits on the media and public areas of the website.
3. Five per cent annual increase in use of online resources and research requests, improved reliability and user friendly interfaces.
4. Forty per cent increase in participation of Fellows in Find-a-Surgeon and 25 per cent increased hits on Find-a-Surgeon in two years.
External Affairs

Conference & Events

**Key result areas**
- Build strong relationships with societies and external groups to promote continuing education and development.
- Promote Conference and Events Department’s organisational skills to external groups.
- Generate the financial capability to meet planned objectives and to fund innovative activities.
- Successfully market the ASC.

**Key performance indicators**
1. Conferences are of high educational value, with positive feedback, cover their costs and are perceived as value for money both financially and educationally.
2. Events organised in a professional, cost-effective way to the benefit of Fellows involved and the College.
3. Clients rate events as first class and re-engage.
4. Funding achieved to enable proper cost recovery and development of initiatives.
5. Five per cent increase in attendance of surgical Trainees and five per cent increase in international surgeons at ASC; current levels of Fellows’ attendance maintained.
6. One hundred per cent of the scientific presentations available as power-point and audio presentations in the Virtual Congress.
7. ASC is financially viable, covering its direct and indirect costs.

International Projects

**Key result areas**
- Reach out and support communities in need in our region by continuing to support educational and training opportunities to Asia-Pacific surgeons and other medical personnel; increasing engagement with surgeons in South East Asia and providing a mechanism for Fellows to share their experiences in international work.
- Maintain the College position with aid agencies and donors as the preferred Australian contractor and/or provider for the delivery of surgical and tertiary health care services in the Asia-Pacific region.
- Build strong external relationships with health departments and surgical teaching institutions in our region.

**Key performance indicators**
1. Increased local leadership of medical teams achieved in communities where the College has significant and long term input.
2. Scholarships and funding grants awarded to deserving Asia-Pacific surgeons and other medical personnel.
3. Fellows involved in international work regularly featured appropriately in College publications, with a minimum of ten articles a year.
4. Project activities are delivered effectively in partnership with relevant local stakeholders who set the agenda and are consulted on recommendations.
5. Evaluation and feedback methodologies reported.
6. Funding agreement contracts are secured and maintained for delivery of surgical and tertiary health care services in the Pacific, Papua New Guinea and East Timor.

Research, Audit & Academic Surgery

**Australian Safety & Efficacy Register for New Interventional Procedures – Surgical (ASERNIP-S)**

**Key result areas**
- Promote surgical innovation and research.
- Advocate vigorously on relevant health solutions such as the cost/benefit of safe efficacious surgical procedures.
- Enhance the profile of surgical technology assessment both nationally and internationally.

**Key performance indicators**
1. All ASERNIP-S reviews assessed for potential publication in the peer-reviewed literature and communicated through College publications.
2. All ASERNIP-S reviews assessed for development of evidence-based College position papers – with suitable media launch and publicity. Fellows from appropriate specialty who were not a part of the review Advisory Group engaged.
3. Briefings at least annually with government ministers, opposition health spokespersons and health officials – resulting in policy that reflects College input.
4. Communication through College publications.
5. Ongoing project-based funding and long-term government funding for ASERNIP-S achieved.
5. Increased speciality and sub-speciality involvement within the ASERNIP-S activities.
6. Feedback and evaluation sought from specialty societies.
7. Minimum of one new collaborative endeavour established each year within the international health technology assessment field.

Simulation
Key result areas
• Build strong external relationships to enable clearer direction and achievable implementation of simulation.
• Enhance simulation environment through controlled and evaluated application of simulation technology.
• Use simulation for increased assessment of clinical learning, testing and risk.

Key performance indicators
1. Biannual reports to Commonwealth representatives and other stakeholders.
2. Ongoing communication with State Departments of Health.
3. Ongoing positive media story on simulation, maximising College communication.
4. Ten per cent increase in medical students’ and recent graduates’ interest in simulation demonstrated in surveys.
5. Program of educational research conducted over four years.

Scholarships
• Promote surgical research and innovation to the whole surgical community.
• Increase the scholarships’ profile in the philanthropic arena by partnering with others, particularly the Foundation for Surgery.

Key performance indicators
1. Annual increase in funds received and allocated by the Foundation for Surgery for research.
2. Increased awareness by the surgical community of funding available for research.
3. Maximised communications through College publications and e-newsletters.

Audit & Logbooks
Key result areas
• Enhance standards through review of clinical care by providing logbook/all of practice audit and detailed mortality audit.

Key performance indicators
1. Increased profile and dissemination of the audits in all surgical groups.
2. Increased dissemination of reports to stakeholders and participants.
3. Ten per cent annual increase until 100 per cent practising Fellows are involved in mortality and morbidity audits and logbooks.
4. Ongoing funding obtained for all audit projects to ensure the long-term viability of these safety and quality initiatives.
5. Recognition of the audits maintained under the CPD programs.

RELATIONSHIPS & ADVOCACY
Advocacy, Public Relations, Media & ANZ Journal of Surgery
Key Result Areas
• Raise the College’s profile and improve opportunities to influence public opinion and policy by prioritising and preparing position papers and partnering with government on relevant health solutions.
• Reach out and support communities in need in Australia, New Zealand and our region by communicating problems and solutions to government.
• Publicise the College’s good work.
• Increase the profile of the Australian and New Zealand (ANZ) Journal of Surgery and scientific impact both locally and internationally.

Key performance indicators
1. Minimum of quarterly briefings with government ministers, opposition health spokespersons and health officials – resulting in policy that reflects College input.
2. Continual evaluation of communication strategy, Surgical News and e-newsletters.
3. Ten per cent annual increase in media mentions.
4. Ten per cent annual increase in suitable publicity as measured by press releases, media launches of College position papers; maximum profile in Surgical News, e-newsletters.
5. Increased interaction with the ANZ Journal measured by subscriptions, impact factor, on-line interaction and media releases accepted into the press.

Council & Governance
Key result areas
• Develop a governance structure to support a modern and progressive Fellowship organisation that is responsive, representative, accountable with appropriate reserve powers.
• Use the Surgical Leaders Forums to streamline the relationship between the College, Societies and Committees.
• Continue to ensure appropriate delegation that is effective with clear policies.
• Effectively communicate the College’s strategy and direction.

Key performance indicators
1. Revised constitution with new governance structure passed at 2010 Annual General Meeting.
2. Thirty per cent more candidates than vacancies in the annual elections to Council and five per cent annual increase in
returned ballot papers until 50 per cent of the Fellowship are voting.

3. The Surgical Leaders Forum meets effectively at least three times a year with evaluation of its effectiveness.


5. Ongoing evaluation of the effectiveness of communication through College publications and e-newsletters.

**Workforce Advocacy & Assessment**

*Key result areas*

- Quantify FRACS as a ‘Brand’.
- Ensure the College remains the authority on trends in workforce, Areas of Need and issues of recruitment, retention and efficiency.

*Key performance indicators*

1. Baseline established and follow up market research undertaken which demonstrates 50 per cent increase in public recognition of FRACS over two years.
2. Comprehensive census undertaken every second year of all Fellows to be used for College strategic and workforce planning.
3. Comprehensive assessment of the activity, numbers and location of the surgical workforce is completed three times a year.

**Regional Offices**

*Key result areas*

- Improve the integration among all regional areas of the College.
- Work with RACSTA to promote the College to medical students and recent graduates.
- Promote member benefits to Fellows and Trainees.
- Generate the financial capability to meet planned objectives and to fund innovative activities, by using property assets better.

*Key performance indicators*

1. All regional committees and the New Zealand Board developed a strategic plan for their region which builds on and localises the issues in this plan for their region and appropriately advocate this.
2. Ten per cent increase in medical student/recent graduates’ interest in surgical career demonstrated in surveys.
3. College presence at major medical student conventions with a substantial booth and relevant publicity material.
4. Promotion of benefits to Fellows and evaluation/feedback of members’ benefits included in survey of Fellows.
5. Additional revenue streams developed and activities undertaken.

**Human Resources & Payroll**

*Key result areas*

- Build strong, mutually beneficial relationship with staff.
- Ensure staff have educational, training and skills opportunities to work optimally for the College.

*Key performance indicators*

1. Maintain staff turnover at <15 per cent.
RESOURCES

Collections – including the College of Surgeons
Museum & College of Surgeons Art Gallery

*Key result areas*
- Promote the Collections as a significant benefit to the surgical and broader community.
- Generate the financial capability to meet planned objectives and to fund innovative activities.

*Key performance indicators*
1. Museum accreditation achieved.
2. Recognition as a specialist museum and art gallery achieved within the museum community and publicised in Surgical News and e-newsletters.
3. Additional revenue streams from government funding sources as well as philanthropy developed within five years.

Facilities Management

*Key result areas*
- Maintain property facilities to meet the needs of Fellows, staff and external customers.
- Comply with statutory requirements in the delivery of property services.
- Ensure all College space is used efficiently and effectively.

*Key performance indicators*
1. All capital works requirements identified and delivered on agreed timelines and budgets.
2. Queensland Regional Office rebuilt.
3. Preventative maintenance programs undertaken to ensure maximum durability of assets over their lifetime – all regional offices reviewed.
4. Melbourne and regional office service agreements reviewed every two years to ensure optimal service delivery and value for money.
5. Regional statutory obligations documented.
6. College accommodation and storage optimised with ongoing evaluation and feedback.

Finance

*Key result areas*
- Assist in developing a governance structure that is accountable, with appropriate reserve powers and delegation through clear policies.
- Generate the financial capability to meet planned College objectives and to fund innovative activities by reducing costs, increasing efficiency and avoiding duplication.
- Include appropriate margins on all College activities.

*Key performance indicators*
1. Delegations manual outlines all relevant powers and delegations and all finance and related policies are current and available.
2. Internal and external audit activities enhanced to ensure a high level of performance and risk minimisation.
3. All assets fully resourced to ensure maximum usage.
4. College continues to trade in surplus with two per cent annual surplus for future investment in new activities.
5. Relevant reporting developed to measure additional revenue streams within five years.
6. All financial processes streamlined, user-friendly and fully audit compliant.
7. Undertake regular surveys of users.
8. Appropriate margins incorporated on all College activities.

Information Technology

*Key result areas*
- Provide, administer and maintain College IT equipment, infrastructure and systems to achieve the College’s strategic plan.
- Facilitate College use of its data and information to maximise operational efficiencies.

*Key performance indicators*
1. One hundred per cent of IT assets replaced according to replacement schedule.
2. Ninty nine per cent availability of all IT systems.
3. IT assets used to maximum efficiency.
4. Duplication and outdated technologies avoided.
5. Greater than 90 per cent of help desk requests resolved within agreed priority timeframes.
6. Feedback and evaluation methodologies developed.

Records Management & Archives

*Key result areas*
- Provide a records and archives management system that supports a modern and progressive Fellowship organisation.

*Key performance indicators*
1. Integrated and ISO compliant electronic records and document management system developed and implemented to meet all stakeholders’ requirements.
Leadership
Ian Gough  President

Strategic Focus
• Strongly support the practice and demonstration of College values and promotion of excellence in surgical care
• Develop the role of the Surgical Leaders Forum in furthering the interests of patients and surgery
• Establish the Academy of Surgical Educators
• Successfully re-launch the ‘Foundation for Surgery’

FELLOWS

Fellowship
Guy Maddern  Chair, Professional Development & Standards Board

Strategic Focus
• Enhance Fellowship activities and support.
• Maintain high surgical standards.
• Advance surgical knowledge and care through research.
• Promote the competence and performance of the surgeon as a professional.

Ian Civil  Censor-in-Chief

Strategic Focus
• Define the characteristics and skills of a professional surgeon, which underpin our training and assessment.
• Instil the Fellowship and community with confidence in the excellence of our surgical education and training.

Education
Mark Edwards  Chair, Court of Examiners
Spencer Beasley  Chair, Board of Surgical Education & Training
Deputy Censor-in-Chief
Ivan Thompson  Deputy Chair, Surgical Education & Training
Philip Truskett  Chair, Skills Education Committee

Relationships
Ian Dickinson  Vice-President

Strategic Focus
• Communicate with Fellows and others to promote the activities of the College.
• Maximise cohesion among specialties, states and New Zealand.
• Ensure a position on all relevant public health issues is promulgated through these channels and that the reputation of surgery in Australia and New Zealand is enhanced in the community and valued by key stakeholders.

Resources
Keith Mutimer  Honorary Treasurer

Strategic Focus
• Ensure the resources of the College are effectively managed to fully support all its activities.

Keith Mutimer  Honorary Treasurer
Michael Hollands  Deputy Treasurer

Strategic Plan 09
Royal Australasian College of Surgeons
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Royal Australasian College of Surgeons Council

President Ian Gough
Vice President Ian Dickinson
Censor in Chief Ian Civil
Honorary Treasurer Keith Mutimer
Chair, Professional Development & Standards Board Guy Maddern
Chair, Board of Surgical Education & Training Spencer Beasley
Chair, Skills Education Committee Philip Truskett
Chair, Court of Examiners Mark Edwards
Chair, Professional Standards Michael Grigg
Chair, Professional Development Rob Atkinson
Chair, Fellowship Services Graeme Campbell
Chair, Research, Audit & Academic Surgery Julian Smith
Chair, External Affairs David Watters

General Elected Councillors
Rob Atkinson
Spencer Beasley
Graeme Campbell
Ian Civil
Vincent Cousins
Ian Dickinson
Michael Hollands
Ian Gough
Guy Maddern
Jennifer Martin
Julian Smith
Swee Tan
Ivan Thompson
Phil Truskett
Marianne Vonau
David Watters

Specialty Elected Councillors
Samuel Baker – General Surgery
Robert Black – Otolaryngology Head and Neck Surgery
Mark Edwards – Cardiothoracic Surgery
Michael Grigg – Vascular Surgery
Glenn McCulloch – Neurosurgery
Hugh Martin – Paediatric Surgery
Keith Mutimer – Plastic and Reconstructive Surgery
Helen O’Connell – Urology
Simon Williams – Orthopaedic Surgery

Co-opted Members
Geoffrey Davies – Expert Community Advisor
Peter Stanton – Tasmanian Fellow Representative

Co-opted Representative
Leona Wilson – President, Australian and New Zealand College of Anaesthetists

Invited Observers
Richard Page – Younger Fellows Representative
Greg O’Grady – Chair, RACS Trainees’ Association

Principal Advisors to Council
Bruce Barraclough – Dean of Education
John Quinn – Executive Director for Surgical Affairs, Australia
Allan Panting – Executive Director for Surgical Affairs, New Zealand

College Regional Committees

Australian Capital Territory
Chair
Carolyn Cho
Honorary Secretary/Treasurer
Hodo Haxhimolla

Peter Barry
James Lim
Chandra Patel
Peter Subramaniam
John Tharion

Co-opted Members
David Hardman
Damian McMahon
David Rangiah

New South Wales
Chair
Peter Holman
Honorary Secretary
Joseph Lizzio
Honorary Treasurer
Robert Costa

Neil Berry
Philip Crowe
Maurice Day Jr
Gary Fernanis
Bruce Hodge
Mary Langcake
Steven Leibman
Raffi Qasabian
Ralph Higgins

Co-opted Members
Michael Amos
Mohammed Baba
Daniel Cass
John Harris
Andrew Kam
Tom Kertesz
Paul Kovac
Tim Mougrove
Steven Merten

Principal Advisors to Council
Bruce Barraclough – Dean of Education
John Quinn – Executive Director for Surgical Affairs, Australia
Allan Panting – Executive Director for Surgical Affairs, New Zealand
Ex-officio Members
Michael Hollands
Hugh Martin
Philip Truskett

New Zealand
Chair
Jean-Claude Theis
Deputy Chair
John Kyngdon
Treasurer
Nigel Willis
Colin Calcini
Timothy Eglington
Randall Morton
Dilip Naik
Scott Stevenson
William Sugrue

Specialty Representatives
Peter Alison
Spencer Beasley
Peter Davidson
Bren Dorman
Nicholas Finnis
Andrew Hill
Helen Tobin
Stephen Vallance

Co-opted Members
Catherine Ferguson
(NZ Censor)
Rod Maxwell
Michael Rosenfeldt
David Tompkins

Ex-officio Members
Spencer Beasley
Ian Civil
Swee Tan

Northern Territory
Chair
Jonathan Wardill
Secretary
John Treacy
Treasurer
Ravi Mahajani

Queensland
Chair
Richard Lewandowski
Secretary
Maurice Stevens
Reza Addh
James Emmett
Andrew Lomas
Julie Mundy
Adrian Nowitzke
Kelcie Slater
Mark Smithers
Bernard Whitfield
Scott Ingram
Elamurugan Arumugam

Co-opted Members
Harry Stalewski
Darren Marchant
Grant Fraser Kirk

Ex-officio Members
Samuel Baker
Robert Black
Ian Dickinson
Ian Gough
Marianne Vonau

Victoria
Chair
Michael Dobson
Deputy Chair
Ian Faragher
Treasurer
Patrick Dewan
Secretary
Robert Stunden
Anthony Bonomo
Martin Chin
Zeev Duieb
Liang Low
Sean Mackay

Co-opted Members
Chris Chang
Jason Chuen
Wendy Marshman
Miklos Pohl
Rowan Thomas
Peter Thomson
Akhtar Sayed Hassen
Natalie Zantuck

Guy Maddern
Glenn McCulloch

Tasmania
Chair
Greg Harvey
Rob Bohmer
Frank Kimble
Fiona Lee
David Lloyd
Fadi Nuwayhid
Mary Self
Brian Kirkby

Co-opted members
Peter Stanton
David Stary
Nusa Naiman
James Roberts-Thomson
Stephen Wilkinson
Phillip Toonson
Hung Nguyen
Richard Turner

South Australia
Chair
James Edwards
Secretary
Greg Otto
Adrian Anthony
Bruce Davey
Peter Subramaniam

Co-opted Members
Hilary Boucaut
Michael Damp
Linda Ferris
Amy Jeeves
Simon Jenkins
Sonja Latzel
Christine Lai
Michelle Lodge
Tom Wilson

Ex-officio Members
Robert Atkinson

Western Australia
Chair
Jessica Yin
James Aitken
Jon Armstrong
Nigel Barwood
Robert Love
Jeff Thavaseelan
Thomas Bowles
Rupert Hodder
Corinne Jones
Richard Naunton Morgan

Co-opted Specialty Representatives
Robert Davies
Graham Cullingford
Ian Gollow
Jeff Handorf
Ruth Blackburn
Colin Whitewood
Richard Martin

Ex-officio Members
Mark Edwards
Ivan Thompson

Ex-officio Members
Graeme Campbell
Michael Grigg
Jenepher Martin
Keith Mutimer
Julian Smith
David Watters
Simon Williams
Vincent Cousins

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Speciality Societies & Associations

Australasian Society of Cardiac & Thoracic Surgeons
President David Marshman
Vice President Julian Smith
Treasurer Robert Costa
Honorary Secretary Trevor Fayers
Chief Executive Officer Michael Nugara

Australian & New Zealand Association of Paediatric Surgeons
President Tony Sparnon
Vice President Vacant – TBA January 2010
Treasurer Robert Stunden
Executive Officer Kristy Scalca

Australian & New Zealand Society for Vascular Surgery
President Michael Grigg
President–elect Robert Fitridge
Secretary/Treasurer Noel Atkinson
Executive Officer Abby Richardson

Australian Orthopaedic Association
President Ian Dickinson
Vice President Bill Cumberland
Second Vice President and Treasurer
Graham Mercer
Director of Training Peter Choong
Director of Orthopaedic Services
Greg Withrow
Scientific Secretary David Morgan
Chief Executive Officer Ian Burgess

Australian Society of Otolaryngology Head & Neck Surgery
President Stuart Miller
Vice President Michael Jay
Treasurer Niell Boustred
Secretary Michael Dobson
Chief Executive Officer Mark Camichael

Australian Society of Plastic Surgeons
President Peter Callan
Vice President Garry Buckland
Honorary Treasurer Geoff Lyons
Honorary Secretary Tony Kane
Deputy Chief Executive Officer
Greg Elioison

Colorectal Surgical Society of Australia & New Zealand
President K Chip Famer
Vice President Rodney Woods

Honorary Secretary Andrew Luck
Honorary Treasurer Matthew Rickard
Executive Administrator Liz Neilson

General Surgeons Australia
President Philip Truskett
Vice President Graeme Campbell
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