Royal Australasian College of Surgeons

STRATEGIC PLAN
2008-2015

Service and Professionalism / Integrity / Respect and Compassion / Commitment and Diligence / Collaboration and Teamwork

www.surgeons.org

RACS – The College of Surgeons of Australia and New Zealand
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 purpose

“To be the unifying force for surgery in Australia and New Zealand, with FRACS standing for excellence in surgical care.”

Message from the President

On behalf of the College Council I have pleasure in presenting the College’s vision for the next seven 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 Vision
In 2015 the College will

Guarantee Continuing Provision of High Quality Training by
• Ensuring that high quality surgical education and training programs which lead to becoming a Fellow of the Royal Australasian College of Surgeons (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 and Well-being for the Community by
• Being the leading advocate for the surgical health and wellbeing 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.
EDUCATION

Key Educational Activities

Key Result Areas

- Guarantee that Fellowship of the College remains the qualification of surgical competence and performance by:
  - developing the Faculty of Surgical Educators,
  - consolidating the training and skills programs,
  - increasing the professionalism in education delivery.
- Build strong, mutually beneficial relationships with medical students and recent graduates, Trainees, Fellows, Specialist Societies and Regional Committees.
- Build strong external relationships with other colleges, universities and overseas surgical organisations.

Key Performance Indicators

1. Ten per cent increase in medical students’ and recent graduates’ interest in surgical career demonstrated in surveys.
2. Ten per cent more applicants annually than vacancies in College accredited training programs.
3. Five per cent annual increase until 80 per cent of Fellows contribute to FRACS education and training.
4. Ten per cent increase each year until 100 per cent of supervisors are trained and accredited by the College.
5. One hundred per cent government/hospital funding for training post accreditation and supervisors’ time.
6. Increased awareness of the College’s Code of Conduct and ethical issues.

Examinations and Assessment

Key Result Areas

- 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 specialities.

Skills Training and 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 10 per cent and 90 per cent of instructors remain involved in skills courses for a minimum of five years.
5. College credentialing and accreditation process that supports development and standardisation of courses is implemented for internal and external courses.

6. Thirty per cent increase in the number of simulation courses incorporated into the training curriculum.

7. Partnerships, particularly with Academic Departments of Surgery, are developed to increase delivery of skills courses.

Trainees’ Representation

Key Result Areas

- Support the RACS 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. Demonstrate RACSTA is relevant to all Trainees by 50 per cent increase in interactions between Trainees and the RACSTA Board.

2. Ensure Trainees are directly involved in planning, development and evaluation of educational activities with 100 per cent Trainee representation on boards and committees relevant to the training programs.

3. Each region has an active regional RACSTA committee.

4. External organisations refer to RACSTA for advice and input on relevant Trainee issues.

Education and 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 co-operation and ensuring optimal information technology support.

Key Performance Indicators

1. Quarterly meetings of key College and society administrative staff implemented.

2. Trainee data co-ordinated and maintained in accordance with the service agreements.

3. Policies for surgical training that consolidate conventions and precedents developed and reviewed.

4. Deficiencies in program evaluations and/or regulatory reports identified and addressed.

5. Evaluation of the training environment implemented.

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.

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 10 posts per year identified for accreditation.

2. Ten per cent per year increase in funding contributions from non-surgical sources.

3. Policies implementing an agreed Post Fellowship Training and Education Program developed and approved.

4. Two Post Fellowship Education and Training sub-specialty programs accredited per year.
FELLOWSHIP
Key Fellowship and Standards Activities

Key Result Areas
• Guarantee that Fellowship of the College remains the qualification of surgical competence and performance through:
  • increasing the range, relevance and professionalism of Continuing Professional Development (CPD) delivery,
  • increasing recognition of peer reviewed audit as an essential surgical activity,
  • providing access to high quality professional development.
• Build strong, mutually beneficial relationships with Fellows, Specialist Societies and Regional Committees.

Professional Standards
Key Result Areas
• Develop position papers and standards relating to health and surgical service.
• Achieve full 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. 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.
3. Increased recognition of peer reviewed audit as an essential surgical activity.
4. Increased Fellows’ and Trainees’ awareness of ethical issues, the College Code of Conduct, sponsorship and relationships with the medical technology industry.
5. 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 Faculty of Surgical Educators with increasing range of recruitment, retention and educational opportunities.
• Profile professional development activities at the Annual Scientific Congress (ASC) and Annual Scientific Meetings (ASM).
• Continue to co-badge a range of professional development activities with other providers.

Key Performance Indicators
1. Faculty of Surgical Educators developed and launched at the 2009 ASC.
2. Selection skills workshop piloted in 2009 aimed at up-skilling Fellows in selection processes; a minimum of three workshops implemented in 2010.
3. 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.
4. Professional development courses developed which are co-badged with other medical colleges and tertiary institutions.
5. Ten per cent annual increase in the number of Fellows who attend or teach College professional development workshops and courses.
6. New technology used to support the provision of professional development activities, including online options.

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. Over 75 per cent answer yes to the question “Is the College a real benefit to you as a Fellow?” by 2010.
2. Comprehensive guide to College services and programs published.
3. Ten per cent increase in 2009 and 2010 in external project funds to support the delivery of surgical services in rural and indigenous communities.
4. Surgery as a career promoted to indigenous communities.
5. Effective involvement in workforce planning and addressing workforce shortages, particularly in rural and regional areas.
6. Establishment of external cross-specialty societies facilitated where appropriate.
Library and 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 surgical literature.

**Key Performance Indicators**
1. Expanded online library with current resources in all specialties.
2. Five per cent annual increase in use of online resources and research requests; improved reliability and user friendly interfaces.
3. Thirty per cent increase in two years in the number of hits on the media and public areas of the website.
4. Forty per cent increase in participation of Fellows in Find-a-Surgeon and 25 per cent more hits on Find-a-Surgeon in two years.
5. Capacity of the website to host streamed materials supported.

**Key External Affairs Activities**

**Conference and 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.

**Key Performance Indicators**
1. External events increased by two a year.
2. Events organised in a professional, cost-effective way to the benefit of Fellows involved and the College.
3. Funding achieved to enable proper cost recovery and development of initiatives.

**Annual Scientific Congress**

**Key Result Areas**
- Build strong and mutually beneficial relationship with Trainees, Fellows, Specialist Societies and other stakeholders to ensure successful continuing medical education.
- Successfully market ASC as a premier meeting relevant to all surgery-related groups.
- Continue to promote ASC plenary content and practical workshops as well as scientific advances.

**Key Performance Indicators**
1. Five per cent increase in attendance of Trainees and five per cent increase in international surgeons at ASC; the current levels of attendance of Fellows maintained.
2. Comprehensive assessment undertaken of each ASC
3. One hundred per cent of the scientific presentations available as power-point and audio presentations in the Virtual Congress.
4. ASC is financially viable, covering its direct and indirect costs.

International Projects

**Key Result Areas**
- Reach out and support communities in need in Australia, NZ and 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. 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.
2. Project activities are delivered effectively in partnership with relevant local stakeholders who set the agenda and are consulted on recommendations.
3. Increased local leadership of medical teams achieved in communities where the College has significant and long term input.
4. Scholarships and funding grants awarded to deserving Asia-Pacific surgeons and other medical personnel.
5. Fellows involved in international work regularly featured appropriately in College publications.

**Key Research, Audit and Academic Surgery Activities ASERNIP-S**

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

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**Go to next page**
IMPLEMENTATION 2008 – 2010

**Key Performance Indicators**
1. Briefings at least annually with government ministers, opposition health spokes persons and health officials – resulting in policy that reflects College input.
2. All Australian Safety and Efficacy Register for New International Procedures–Surgical (ASERNIP-S) reviews assessed for potential publication in the peer-reviewed literature.
3. 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.
4. Increased specialty and sub-speciality involvement within the ASERNIP-S activities.
5. Ongoing project-based funding and long-term government funding for ASERNIP-S achieved.
6. 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 positive media story on simulation.
3. Ten per cent increase in medical students’ and recent graduates’ interest in simulation demonstrated in surveys.
4. Program of educational research established within three years.
5. National curriculum for simulation developed for integration into surgical education.

**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.

**Audit and 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 aggregated audit reports to State Health Ministers and related stakeholder organisations, including participating Trainees and Fellows.
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. Increased use of appropriate data-sets by internal and external research groups resulting in development of standards in the whole surgical community and the wider health environment.
6. Recognition of the audits maintained under the CPD programs.

**RELATIONSHIPS AND ADVOCACY**

**Key Relationships and Advocacy Activities**

**Key Result Areas**
- Build strong, mutually beneficial external relationships and relationships with Fellows, Trainees, regional areas and their key stakeholders to ensure surgical issues are considered and supported.
- Advocate vigorously on relevant health solutions.

**Advocacy, Public Relations, Media and 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, NZ and our region by communicating problems and solutions to government.
• Publicly profile the College’s good work.
• Increase the *ANZ Journal of Surgery* profile and scientific impact both locally and internationally.
• Increase sophistication of *ANZ Journal* information technology while increasing its profile in the lay press.

**Key Performance Indicators**
1. Minimum of quarterly briefings with government ministers, opposition health spokespersons and health officials – resulting in policy that reflected College input.
2. Ten per cent annual increase in media mentions.
3. Ten per cent annual increase in suitable publicity as measured by media releases and media launches of College position papers.
4. Increased interaction with *ANZ Journal* measured by subscriptions, impact factor, online interaction and media releases accepted into the press.

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

**Key Performance Indicators**
1. 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.
2. The Surgical Leaders Forum meets effectively at least three times a year.
3. Revised constitution with new governance structure passed by 2010 Annual General Meeting.

**Human Resources and 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.
2. College’s performance management program and position benchmarking processes redeveloped.
3. Thorough orientation, induction and training program developed and maintained.

**Skill and Education Centre**
**Key Result Areas**
• Ensure College facilities are used for maximum benefit of Trainees and Fellows while attracting external users.
• Build strong relationships with Fellows and Trainees.
• Assist in the generation of financial capability through better use of the skills centre facility.
• Promote surgical research and innovation by providing opportunities for relevant surgical research.

**Key Performance Indicators**
1. Increased numbers of skills courses and College workshops offered.
2. Ten per cent annual increase in skills centre revenue.
3. Ten per cent annual increase in the numbers of Fellows and Trainees using the facility.
4. Increased numbers of published articles from skills centre research.

**National and 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 NZ 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. Additional revenue streams developed within five years.

**Workforce Advocacy and 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.
IMPLEMENTATION 2008 – 2010

Quality Systems

Key Result Areas
• Facilitate ongoing review of College systems, policies and their implementation to achieve external education accreditation requirements.
• Ensure the systems support the direction of College activities.

Key Performance Indicators
1. Systems are International Organisation for Standardisation (ISO) compliant and accreditation is achieved by 2010.

Foundation for Surgery

Key Result Areas
• The Foundation establishes its profile as a prestigious conduit for philanthropic support for surgical research, international development and surgical endeavour.

Key Performance Indicators
1. Increased marketing among all surgeons.
2. Increased marketing to the philanthropic and corporate sectors.

RESOURCES

Archives, Collections and Records Management – including the Museum and Art Gallery

Key Result Areas
• Profile the collections as a significant benefit to the surgical and broader community.
• Provide a records management system that supports a modern and progressive Fellowship organisation.
• Generate the financial capability to meet planned objectives and to fund innovative activities.

Key Performance Indicators
2. Recognition as a specialist museum and art gallery achieved within the museum community.
3. Integrated and ISO compliant electronic records and document management system developed and implemented to meet all stakeholders’ requirements.
4. 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. Preventative maintenance programs undertaken to ensure maximum durability of assets over their lifetime.
3. Regional statutory obligations documented.
4. Service agreements reviewed every two years to ensure optimal service delivery and value for money.
5. College accommodation and storage optimised.

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 clearly and concisely outlines all relevant powers and delegations and all finance and related policies are current and available.
2. Appropriate margins incorporated on all College activities.
3. All assets fully resourced to ensure maximum usage.
4. College continued 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. Internal and external audit activities enhanced to ensure a high level of performance and risk minimisation.

Information Technology

Key Result Areas
• Provide, administer and maintain College Information Technology (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. IT assets used to maximum efficiency.
2. Duplication and outdated technologies avoided.
3. One hundred per cent of IT assets replaced according to replacement schedule.
4. Ninety nine per cent availability of all IT systems.
5. More than 90 per cent of all IT projects delivered on time, on budget and to specification.
6. More than 90 per cent of all help desk requests resolved within agreed priority timeframes.
**FELLOWS**

**Leadership**

**Ian Gough** President

**Key Areas of Success (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.
- Manage and enhance the recognition of cross and sub-specialisation through formal Post Fellowship Education and Training.
- Successfully re-launch the ‘Foundation for Surgery’.

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**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.

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**Education**

**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.

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**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 and that the reputation of surgery in Australia and New Zealand is enhanced in the community and valued by key stakeholders.

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**Resources**

**Keith Mutimer**

*Honorary Treasurer*

**Strategic Focus**

- Ensure the resources of the College are effectively managed to fully support all its activities.

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**Guy Maddern**

*Chair, Professional Development & Standards Board*

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**Michael Grigg**

*Chair, Professional Standards*

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**Robert Atkinson**

*Chair, Professional Development*

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**Graeme Campbell**

*Chair, Fellowship Services*

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**Julian Smith**

*Chair, Research, Audit & Academic Surgery*

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**David Watters**

*Chair, External Affairs*

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**Ian Civil**

*Censor-in-Chief*

---

**Mark Edwards**

*Chair, Court of Examiners*

*Deputy Censor in Chief*

---

**Jenepher Martin**

*Chair, Board of Basic Surgical Training*

---

**Spencer Beasley**

*Chair, Board of Surgical Education & Training*

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**Ian Dickinson**

*Vice-President*

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**Marianne Vonau**

*Deputy Chair, Relationships Portfolio*

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**Keith Mutimer**

*Honorary Treasurer*

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**Michael Hollands**

*Deputy Treasurer*
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 Basic Surgical Training Jenepher Martin
Chair, Board of Surgical Education & Training Spencer Beasley
Chair, Court of Examiners Mark Edwards
Chair, Professional Standards Michael Grigg
Chair, Professional Development Rob Atkinson AM
Chair, Fellowship Services Graeme Campbell
Chair, Research, Audit & Academic Surgery Julian Smith
Chair, External Affairs David Watters

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

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

Co-opted Members
Geoffrey Davies AO – Expert Community Advisor
Peter Stanton – Tasmanian Fellows
Mike Sexton – Rural Surgeons

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

Invited Observers
Richard Page – Younger Fellows Representative
Matthew Peters – Chair, RACS Trainees’ Association

Principal Advisors to Council
John Collins – Dean of Education
John Quinn – Executive Director for Surgical Affairs, Australia
To be confirmed – Executive Director for Surgical Affairs, New Zealand

College Regional Committees and the New Zealand National Board 2008

Australian Capital Territory
Chair Chandra Patel
Honorary Secretary/Treasurer Ian Davis
Peter Barry
Carolyn Cho
Hodo Haxhimolla
James Lim
Timothy McKenzie

New South Wales
Chair Peter Holman
Honorary Secretary Joseph Lizzio
Honorary Treasurer Robert Costa
Neil Berry
Philip Crowe
Maurice Day Jnr
Gary Fermanis
Bruce Hodge
Mary Langcake
Steven Leibman
Raffi Qasabian
Owen Ung

New Zealand
Chair
Honorary Secretary
Honorary Treasurer
Co-opted Members
David Hardman
Damian McMahon
Charles Mosse
Peter Subramaniam

Co-opted Members
Michael Amos
Daniel Cass
John Harris
Andrew Kam
Tom Kertesz
Paul Kovac
Hugh Lukins
Graeme MacDougal
Leana Teston
Ex-officio Members
Michael Hollands
Hugh Martin
James Powell
Philip Truskett

New Zealand
Chair
Jean-Claude Theis
Deputy Chair
John Kyngdon
Treasurer
Rodney Maxwell

Catherine Ferguson (New Zealand Censor)
Anthony Hardy
Christopher Holdaway
Dilip Naik
Scott Stevenson
William Sugrue
Nigel Willis

Specialty Representatives
Peter Alison
William Baber
Colin Calcina
Peter Davidson
Nicholas Finnis
Andrew Hill
John Matheson
Stephen Vallance

Co-opted Members
Michael Rosenfeldt
David Tompkins

Ex-officio Members
Spencer Beasley
Ian Civil
Michael Sexton
Swee Tan

Northern Territory
Chair
Jonathan Wardill
Secretary
John Treacy
Treasurer
Ravi Mahajani

Queensland
Chair
Richard Lewandowski
Secretary
Maurice Stevens
Reza Adib
James Emmett
Andrew Lomas
Julie Mundy
Adrian Nowitzke
Murray Ogg
Kellee Slater
Mark Smithers
Bernard Whitfield
Glenn Wood

Co-opted Members
Julian Lane
Imogen Patterson
Chris Perry
Chris Que Hee
John Quinn
Harry Stalewski

Ex-officio Members
Sam Baker
Rob Black
Ian Dickinson
Ian Gough
Marianne Vonau

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

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

Ex-officio Members
Robert Atkinson
Guy Maddern
Glenn McCulloch

Tasmania
Chair
Hung Nguyen
Secretary/Treasurer
Greg Harvey
Rob Bohmer
Derek Brockwell
Frank Kimble
Fiona Lee
David Lloyd
Fadi Nuwayhid

Co-opted members
Peter Stanton
Pauline Waite
Tuck Young
David Stary
Nusa Naiman
James Roberts-Thomson
Anand Dixit

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

Co-opted Members
Chris Chang
Jason Chuen
Wendy Marshman
Miklos Pohl
Rowan Thomas
Peter Thomson
Melanie Walker
Natalie Zantuck

Ex-officio Members
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Andrew Cochrane
Michael Grigg
Jenepher Martin
Keith Mutimer
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Julian Smith
David Watters
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Jon Armstrong
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Co-opted Specialty Representatives
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Ivan Thompson
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Australasian Society of Cardiac and Thoracic Surgeons
President David Marshman
Vice-President Julian Smith
Treasurer Robert Costa
Honorary Secretary Trevor Fayers

Australian and New Zealand Association of Paediatric Surgeons
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Vice-President Tony Sparnon
Treasurer Robert Stunden
Senior Manager Rebecca Letson

Australian and New Zealand Society for Vascular Surgery
President Michael Grigg
Secretary/Treasurer Noel Atkinson
Assistant Secretary Glen Benveniste
Executive Officer Lorraine Byrne

Australian Orthopaedic Association
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Vice-President Ian Dickinson
2nd Vice-President Bill Cumberland
Treasurer Graham Mercer
Director of Training Peter Choong
Director of Orthopaedic Services David Stabler
Scientific Secretary David Morgan
Chief Executive Officer Ian Burgess

Australian Society of Otolaryngology Head & Neck Surgery
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Secretary Michael Dobson
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Australian Society of Plastic Surgeons
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Chief Executive Officer Gaye Phillips

Colorectal Surgical Society of Australia and New Zealand
President Philip Douglas
Vice-President K Chip Farmer
Honorary Secretary Andrew Luck
Honorary Treasurer John Lumley
Executive Administrator Liz Neilson

General Surgeons Australia
President Philip Truskett
Vice-President Graeme Campbell
Secretary/Treasurer Meron Pitcher
General Manager, Specialty Support & Relationships Sarah Benson

Neurosurgical Society of Australasia
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Vice-President Mark Davies
Treasurer Teresa Withers
Secretary Nicholas Little
Executive Director Stacie Gull

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Secretary/Treasurer Phillip Godfrey
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Secretary Swee Tan
Executive Officer Trish McLean

New Zealand Orthopaedic Association
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Chief Executive Officer Kim Miles

New Zealand Society of Otolaryngology Head and Neck Surgery
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Honorary Secretary Michel Neeff
Treasurer Wilfred Wong-Toi

Urological Society of Australia and New Zealand
President Patrick Bary
Vice-President David Malouf
Honorary Treasurer Anthony James
Chief Executive Alex Malley
# MANAGEMENT

## LEADERSHIP

**CHIEF EXECUTIVE OFFICER**

David Hillis

## RELATIONSHIPS

### RELATIONSHIPS & ADVOCACY

- James McAdam

**ACT** Eve Edwards
**NSW** Bev Lindley
**NZ** Justine Peterson
**QLD** David Watson
**SA** Daniela Giordano
**TAS** Dianne Cornish
**VIC** Denise Spence
**WA** Penny Anderson

## RESOURCES

### RESOURCES

- Ian Burke

**Finance**

- Adam Shepard

**Information Technology**

- David Spargo

**Facility Management**

- John Sember

**College Collections/Archives**

- Geoff Down

## FELLOWSHIP

### FELLOWSHIP & STANDARDS

- Pam Montgomery

**Professional Standards**

- Kylie Mahoney

**Professional Development**

- Merrilyn Smith

**Morrissy Library**

- Toula Panagopoulos

**Fellowship Services**

- Spencer Dimtschef

**Training Projects**

- Andrew Mc Lorinan

## EDUCATION

### EDUCATION DEVELOPMENT & ASSESSMENT

- Kathleen Hickey

**Skills Training**

- Ellen Webber

**Education Development & Research**

- Wendy Crebbin

**Fellowship Examination**

- Carmen Davis

### EDUCATION & TRAINING ADMINISTRATION

- Glenn Petrusch

**Surgical Training**

- Greg Pain

**IMG Assessments**

- Merrilyn Smith

**Library & Web**

- Toula Panagopoulos

**Fellowship Services**

- Andrew Mc Lorinan

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- Spencer Dimtschef

**Training Projects**

- Andrew Mc Lorinan

## EXECUTIVE DIRECTORS

- Executive Director for Surgical Affairs Australia: John Quinn
- Executive Director for Surgical Affairs New Zealand: TBA

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