As College President, it is my pleasure to present to you the Annual Report for 2010. As this report is being prepared, Australia and New Zealand are recovering from a series of natural disasters, and perhaps the lesson of 2010 is that as we plan and strategise, we still need the capacity to respond promptly and effectively to both disasters and opportunities.

As surgeons, that is something we do on a personal, professional and College level. The number of surgeons who are “trauma ready” and able to assist in disasters is substantial. As we reflect on our personal and professional goals in 2011, this is a capability the community expects us to maintain.

Our support and sympathy goes out to those affected by flooding and cyclonic activity in Australia’s eastern states, by the earthquake that devastated Christchurch, and by drought and bushfires. From the scenes of complete devastation seen on our television to the smaller, but still substantial events that disrupt international travel and test our health facilities, nature can suddenly throw lives and routines into disarray.

The year has been one of many successes and the reinforcement of a number of key strategies. The College has emerged from the global financial crisis in a sound financial position. Thanks to careful planning we are now able to commit to a number of projects, which will substantially improve our information technology profile and e-learning capability.

Foundation for Surgery
The Foundation for Surgery implemented a number of new fundraising initiatives, which generated enhanced support from Fellows and philanthropic entities and resulted in an increase in donations, raising more than $1,000,000 for scholarships, research, international programs and indigenous health initiatives.

With substantial support from the Foundation for Surgery a corpus has been established to fund the College’s research scholarships with much less reliance on yearly budget allocations. The College is committed to ensuring sustainability of its programs and to have models of service delivery that create value, while at the same time, limiting financial exposure into the future.

Academy of Surgical Educators
With the Foundation now re-established and with significant funding programs in place, it is also pleasing to note that the Academy of Surgical Educators has taken substantial form. The Academy has been developed as a key resource for all Fellows and Trainees involved in the educational activities of the College. With its membership requirements defined, it is now actively recruiting.

The initial focus has been to review the types of support and training that our educators require. A number of initiatives are underway, either internally or in association with partners such as universities, to provide educational courses at a number of levels – from weekend courses to formal diplomas.
to masters programs. Equally, the Academy is initiating a number of strategies that should enable the College to play a strong role of educational leadership.

The College has been committed to a competency based educational program aligned to the CanMEDS approach for some years. We need to understand more fully how all the competencies are being addressed in terms of formal curricula and assessment. A detailed review of all the competencies is highlighting the importance not only of more traditional medical and technical expertise and clinical decision making, but of the critical nature of the other competencies. These include management and leadership, collaboration, communication, scholarship and teaching, health advocacy and professionalism.

The challenge of professionalism
It is on the more professionally aligned competencies that the Academy believes this College must place major emphasis. Internationally this is being reinforced on an almost daily basis and it will be important that the College works with other organisations to ensure a comprehensive range of educational and assessment tools are available.

Indeed the Hon. Geoffrey Davies, the inaugural Expert Community Advisor on Council, has highlighted to the College and to our specialty societies how our professional responsibilities to the communities we serve are not always apparent and how they may be confused by the pressure of market forces.

Surgical Knowledge Hub, e-learning and mobility
The educational and knowledge based requirements for surgery are significantly changing. The College has recognised this and is now substantially upgrading its information technology infrastructure, its web profile and its capacity to communicate through mobile telecommunication devices. Although achieving this will take a number of months the College will position itself to be a source of surgical knowledge as well as e-learning based material.

The training curricula and requirements for Trainees, as well as the ongoing professional development requirements of Fellows, need to be available in an e-learning environment. The College is making a substantial investment of resources and capacity to see this successfully achieved.

Unifying – the College purpose
The College remains firmly committed to its purpose of being the unifying force for surgery. With ever narrower specialisation within surgery it is important that the College continues to focus on the issues that bind all of surgery together. This continues to be achieved through the regular Surgical Leaders’ Forums where leaders in health reform, workforce strategy and hospital service delivery can address and be questioned by the presidents of all the specialty societies and College councillors.

College Council also agreed to prioritise funding to ensure that office bearers can attend and address specialty societies’ annual scientific meetings, and have College staff provide information on College programs through booth space at industry exhibitions. The Council is committed to ongoing bi-directional dialogue with all the surgical specialties to ensure issues of concern can be addressed and resolved.

Reform or rhetoric – where are the politicians?
Surgeons remain concerned about the ongoing political rhetoric surrounding Australian health sector reform. There appears to be widespread agreement that the health sector must be reformed if there is to be ongoing sustainability of the system and any substantial improvement in health outcomes. We have grown weary of ad-hoc announcements and arrangements, fragmented programs and political spin.

Not only does this apply to the public sector, but increasingly to the private sector as well. In both sectors there appears to be decreasing willingness to involve clinicians in key decisions or in ongoing issues of management.

In numerous submissions that the College has made during the reform process, the College has consistently highlighted the requirements for clarity of funding, the need for more hospital beds, the need to recognise
and reward quality and effectiveness as well as efficiency, and the necessity to involve clinicians on an ongoing basis.

At this point in time the Australian health reform process has entered a new phase, with many supposedly finalised reforms being unpicked after recent federal and state elections. In New Zealand the National Health Board was established to provide a regional or national perspective on health service delivery and to improve coordination and planning across the separate district health boards. Identified national programs include paediatric cardiac surgery, neurosurgery and major trauma. All of these initiatives will be clinician led.

**Changing regulators**

The Australian Health Practitioners Regulation Agency is now established and overseeing the work of one of its component parts, the Medical Board of Australia. Registration is now a national process in Australia, although there is still considerable controversy surrounding such issues as mandatory reporting, use of surgeon as a title, registration for Area of Need type positions and interaction with the other health professions' registration boards. Equally, the interaction between the Australian Medical Council, the Medical Board of Australia and other agencies remains uncertain, with the responsibilities of each too vaguely defined.

Health Workforce New Zealand was established by the Minister of Health as the single unit to lead and coordinate all national health workforce planning and development, taking over the work of the previous Clinical Training Agency. It is exploring a number of models to improve workforce planning, including Advanced Training Scheme Scholarships to enable training overseas.

Health Workforce Australia has also been established with a brief to ensure the sustainability of all the health professions in Australia. Given the very high dependence that Australia and New Zealand have on overseas trained health professionals of all types, this is a most significant endeavour.

As most Fellows are aware, there has been a substantial increase in the number of medical schools over the past five years and a doubling of medical school graduates between 2006 and 2012. What has not substantially increased, however, is the number of vocational, post graduate training places across the medical specialties.

It is the College’s view that most training posts in the public sector have already been identified, and that the private sector – providing more than 50 per cent of elective service delivery in New Zealand and more than 60 per cent in Australia – needs to be more adequately resourced so as to include surgical training among its activities.

The College hosted workshops in both Australia and New Zealand, attended by stakeholders including hospitals, insurers, governments and other medical colleges, to try and progress this initiative. What is needed is bravery and commitment on the part of government, and agencies like Health Workforce Australia and Health Workforce New Zealand. They should undertake to explore models in the private sector that can be fully developed over time.

In 2010, the Skills Training Department delivered 134 courses across four programs, including four instructor courses and three outreach courses (two in Fiji and one in PNG).
The time of IT in health?
The need to improve the information technology underpinning the health sector is becoming increasingly apparent. Unfortunately the implementation of IT related reform remains a challenge of the highest order. Most hospitals and health departments have a growing list of IT projects that can at best be characterised as wasted opportunities.

The College is now more involved in the consultative process around the National E-Health Transition Authority (NEHTA). We remain seriously concerned that the systems proposed will not handle the complexity of the health system and the requirements of its multiple stakeholders. The College is committed to ensuring the highest standards of IT based services are achieved and to this end its Digital Diagnostic Imaging Guidelines have been very well received. Obviously affecting a number of disciplines, but particularly Orthopaedic Surgery, these guidelines are now being incorporated into standards documents in a number of countries.

Constitutional change
The College through a vote of all the Fellowship formally accepted a new constitution in 2010. It is a modern constitution, ensuring the College can move forward while respecting its finest traditions. One of the key changes is the formal incorporation of the Trainee’s position as a co-opted member of Council with voting rights. This is a very important step forward, ensuring the Trainee voice is heard and respected on all College issues.

Advocacy for better surgical services
The College continues to advocate in all regions for greater funding and better surgical service models in hospitals. There is no doubt that a commitment to better structured, consultant led delivery of acute or emergency surgical care leads to improved patient outcomes. This has now been implemented in a number of hospitals around Australia and has been reviewed formally in publications such as the ANZ Journal of Surgery. The College continues to encourage its Fellows to be closely involved with reviewing and improving models of acute surgery delivery.

The four hour rule relates to the number of hours a patient can be under assessment in emergency departments before being admitted or discharged. Initially introduced in the UK it has now apparently fallen into disrepute and has been substantially modified if not withdrawn.

A number of Australian states introduced the rule, with a negative impact on the provision of surgical consultative services and the standard of patient care. In New Zealand, the six hour rule has been introduced, giving rise to many of the same problems. Again, the College’s various regional committees continue to provide feedback to their respective departments of health on this and other issues of service delivery, making a positive contribution to the vital matter of service quality and improvement.

In 2010, there were more than 1,500 room bookings at the College’s Melbourne building for events attended by a cumulative total of 31,000 people. More than 1,300 people participated in 64 events in the Skills Laboratory.

In 2010 the New Zealand National Board secured sponsorship from NZAID for the Pacific Islands Surgeons Association meeting in Vanuatu in August, and provided the administration for this meeting. New Zealand delivered the Surgery 2010: Challenges in Acute Care conference with registrants from all nine surgical specialties.
In 2010, there were 16 surgeons participating for the first time in the National Breast Cancer Audit, bringing the total number to 262. There were 6,128 cases uploaded from other hospitals and registries, which amounts to 38 per cent of the cases entered into the audit in 2010. There are now more than 100,000 cases recorded in the audit, providing a substantial resource for future research.

Mortality Audits
It is almost 10 years since surgical mortality audits were introduced into Australia through the Western Australia Audit of Surgical Mortality. This has now been expanded to all regions of Australia and includes most public and many private hospitals. Maintaining the consistency of the data collection has been a constant requirement through the regional audit processes and this has now enabled the first National Report on Surgical Mortality to be published.

New Zealand has also established a surgical mortality audit process under the Perioperative Mortality Review Committee. It is hoped that the data-sets will enable a binational approach.

International based standards
Reflecting the importance of an international approach to surgical standards, the College continues to interact on educational issues with other colleges of surgery, particularly in Canada and the UK.

The College has been thoroughly investigating the NOTSS (Non Technical Skills for Surgeons) course in Edinburgh and, after some initial trialling, will be progressively making that available in Australia and New Zealand.

The College in Edinburgh has also developed a comprehensive program of training and support for its examiners. A small number of our senior examiners attended this in Scotland and after some adaptation to reflect our examination structures this course will be introduced in 2011.

SATSET Course
Our modular approach to the training of surgical supervisors continues through the Supervisors and Trainers in Surgical Education and Training (SATSET) program. With well over 1,000 surgeons having completed the initial SATSET module on the use of appraisal tools such as MiniCEX and DOPS, the next module focused more on interview techniques required as part of the selection process for the Surgical Education Training program.

Fellows involved in the interviewing process have now availed themselves of the opportunity to update their interviewing skills. Substantial progress has been made in the development of the third module, Keeping Trainees on Track (KToT). It is intended that these modules be recognised as prior learning for any formal university qualification, be it at a post graduate diploma or more advanced level.

Applications for surgical training and completion of training
A surgical career continues to be very popular. The College received 1,132 applications from potential trainees with 235 offers eventually being made across Australia and New Zealand in the nine specialties. At the same time, 232 new Fellows were formally admitted to the College.

Code of Conduct
A Code of Conduct, carefully developed and rigorously observed, is deemed highly important by external regulatory bodies, professional groups, educational bodies and, of course, the public we serve. The College continues to update its own Code, which has been utilised more broadly including by a number of specialty societies. Importantly, the College spent much time in 2010 ensuring that the more stringent requirements around interaction with the medical technology industry were understood. The sanctions policy is also operational, with a number of Fellows now having been required to sign statutory declarations in which they commit to ongoing compliance with the Code.

In 2010, there was a 24 per cent increase in non-RACS attendance at the Annual Scientific Congress. There was a 17 per cent increase in academic papers submitted to the ASC and accepted, bringing the total to 401.
Annual Scientific Congress – Perth
The Annual Scientific Congress, held in Perth, was again an outstanding success. Regarded as the premier surgical scientific meeting in the southern hemisphere, the ASC’s format of a slightly shorter meeting with high quality plenaries and multiple sections in the scientific program, ensures that attendees are almost spoilt for choice. The ASC convening committee and the Conference and Events staff are to be congratulated on the high standards achieved.

ANZ Journal of Surgery
At the ASC the ANZ Journal of Surgery launched its own web-page through the publisher Wiley Blackwell. A comprehensive site, it includes every article published in the journal’s 80 year history. The journal aims to be increasingly relevant to all the disciplines of the College, to be more selective in the type of articles it publishes and to progressively embrace a world in which electronic distribution is as important as the traditional paper based copy.

The journal’s impact factor has steadily risen and there has been a substantial increase in the number of original articles being submitted for publication. Professor John Hall, who has been the Editor in Chief for five years, is now working with incoming Editor in Chief Professor John Harris to ensure a smooth transition. We are indebted to Professor Hall for his great commitment to this important publication.

In 2010 the College Library saw a 10 per cent increase in online resources/research requests. The College website’s Find a Surgeon facility saw a 25 per cent increase in access. The media and public relations web pages had a higher profile, with a 30 per cent increase in hits.

Simulation in educational activities
The College has been funded by the Australian government to undertake a formal assessment of the simulation environment, and the results of this multi-year program will be published in 2011.

To facilitate the delivery of simulation training and the research underpinning the assessment, the College commissioned a Surgical Simulation Van which has been used extensively in New South Wales to allow Trainees from multiple hospitals to be involved.

This mode of delivery has been very effective and will be expanded into other states with support from their individual health departments. The van has also been useful in providing a focal point to generate interest in surgical training among medical students, including indigenous medical student groups. The van’s attendance at the most recent forum was made possible by funding from the Foundation for Surgery.

Health Technology Assessment and Surgical Research
ASERNIP-S has now moved successfully from dedicated block grant funding to a model of tendering for reviews and technology assessments. Reports are regularly produced for broad circulation or as expert advice to a number of bodies. Two reports of particular note over the past 12 months addressed Fast Track Surgery and Robotic Assisted Surgery.

The College has strongly supported research into surgery over many years. Funded through gifts from benefactors as well as from fees and subscriptions, more than $1.4 million is awarded annually to Fellows and Trainees to enable them to either establish or progress a career in academic surgery.

The premier research prize is the John Mitchell Crouch Scholarship, which is now valued at $150,000 per year. Established by Mrs Elizabeth Unsworth in memory of her son, who died tragically young and at
the beginning of his surgical career, the scholarship is now established as an ongoing prize made possible by her substantial bequest.

The College has deliberately moved to provide for all research scholarships by developing a corpus within the Foundation that can fund the scholarships through investment and interest returns rather than yearly budgetary allocations. Thanks to the generosity of donors to the Foundation, this multi-year endeavour has been largely achieved in its first year.

**International Development**

The College continues to maintain links with its sister Colleges overseas. Importantly, ties with Colleges in the immediate region continue to be nurtured. It is important, however, to understand the change in these relationships.

Gordon Low has fostered links with China for more than 20 years through a number of initiatives, and representatives from Sir Run Run Shaw Hospital presented the College with a calligraphy scroll in recognition of our contribution. However, with China now a major economic power, it is understandable that our attention is now moving more towards neighbours such as Thailand and Myanmar, where surgical standards through education and training can be significantly enhanced. Our international development and surgical outreach programs continue apace, particularly to countries such as Timor Leste and Papua New Guinea. The College remains highly regarded within these countries, and is recognised by AusAID and NZAid as a high quality provider of surgically related programs.

**Commitment**

We remain deeply indebted to the Fellows who contribute so substantially to the College. Whether it be through representation, educational and training courses or formal involvement in the College governance groups, this commitment is critical to the ongoing work of the College. I do thank you all. In particular I would like to thank the Councillors retiring from Council this year, Professor Rob Atkinson, Professor Swee Tan and Professor Ian Gough.

Professor Gough as the immediate Past President was crucial to the development of many of the initiatives now coming to fruition at the College. He was one of the initial drivers behind the introduction of the new Surgical Education and Training (SET) program, the development of the Academy of Surgical Educators and he was a key contributor to the revamped ANZ Journal of Surgery. His foresight and drive are reflected in these lasting contributions to the College.

Dr Leona Wilson as the President of the Australian and New Zealand College of Anaesthetics was also on Council and contributed regularly. I regard the connection between our two Colleges as very important and thank her for the wisdom and enthusiasm that she brought to Council’s deliberations.

The Hon Geoffrey Davies AO was the Inaugural Expert Community Advisor on Council. Well known in the health sector through the Bundaberg Inquiry that he conducted, his wise counsel was enormously appreciated and his contribution profound. He challenged us to view issues from the perspective of the community and to honour the ideals of a pinnacle professional group.

Mr Gary Wilson from New Zealand who will formally commence in Council in 2011 is now taking over this role.

Professor Bettina Cass contributes enormously as our other Expert Community Advisor and her understanding of social policy and political systems is a resource highly valued by Councillors.

New Councillors welcomed after the Annual General Meeting were Dr John Batten, Professor Ian Bennett, Dr Catherine Ferguson and Dr Barry O’Loughlin.

I would like to thank all the staff of the College who daily carry out the activities of the College at the direction of Council. I have always been impressed by the willingness of the staff to provide an enthusiastic service and to go the extra mile to make sure things happen properly.
In 2010, the College staff are to be particularly acknowledged. After many months of carefully planned and executed effort they helped the College attain ISO accreditation.

Accreditation by ISO, the world’s largest developer and publisher of international standards, is highly sought after by professional bodies, and particularly by educational institutions. It is not earned easily and I thank every member of the College staff for achieving this honour. The College Chief Executive Officer, Dr David Hillis, who co-authored this report, continues to provide management support to myself as President and to Council in all its activities. I thank him for his great work.

The College employs a number of Fellows on staff who undertake distinct roles where surgical input is critical. These include Professor Bruce Barracough AO, Dean of Education, Dr John Quinn, Executive Director of Surgical Affairs Australia, Mr Allan Panting, Executive Director of Surgical Affairs New Zealand, Mr Campbell Miles, ASC, Coordinator, Mr Don Murphy, Clinical Director Victoria Skills Centre, Mr Andrew Roberts, Clinical Director IMG Assessment Unit.

Also the Clinical Directors of Mortality Audits; they are: Dr James Atkin (Western Australia), Dr Paul Dolan (South Australia), Professor Colin Russell (Victoria), Dr Bob Böhmer (Tasmania), Dr John North (Queensland), Dr John Tharion (ACT) and Mr Michael Fernside who is involved with the Mortality Audits in New South Wales.

I would also like to acknowledge the work of Associate Professor Peter Woodruff as Clinical Director of the Overseas Trained Specialist Upskilling and Mentoring Project, and of Mr Frank Miller as the Specialist Training Program Rural Coach.

Serving the Fellowship as President is an enormous honour and privilege. I do extend my thanks to you all. However, I particularly thank my partner, Denice who provides incalculable support to me in this role and in all my other activities. Without her ongoing understanding and sacrifice my involvement would be very different.

### Active SET Trainees

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<th>TAS</th>
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<th>WA</th>
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<td>15</td>
<td>4</td>
<td>76</td>
<td>18</td>
<td>262</td>
<td>13</td>
<td>12</td>
<td>287</td>
<td>295</td>
<td>-2.7%</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>1483</td>
<td>19</td>
<td>800</td>
<td>363</td>
<td>87</td>
<td>1159</td>
<td>370</td>
<td>4356</td>
<td>711</td>
<td>354</td>
<td>5421</td>
<td>5237</td>
<td>3.5%</td>
</tr>
</tbody>
</table>
Treasurer’s Report


It is my pleasure to present this report and highlight the financial position of the College. The year under review has seen continued sound operational performance achieved from the College’s core activities. The capital markets have been subdued compared to 2009 with only a modest result achieved in terms of the performance of the College’s investment portfolio. The corpus of funds remains well-financed and will continue to ensure ongoing funding for the College’s commitment to scholarship and research grant related activities. The year has further consolidated the College’s financial position to fund its operations and support significant investment for new key education initiatives in line with the 2010-2015 strategic plan.

Income Statement

Total operating revenue (excluding investment activities) in 2010 was $41,898k compared to $41,065k in 2009 while expenditure was $39,810k compared to $39,299k in 2009. Due to the modest investment returns of $1,221k compared to $6,406k in 2009, the overall surplus was $3,452k compared to $8,175k in 2009.

The most meaningful way to review this overall result is to analyse the separate activities of the College being College Operations, College Projects, Scholarships and Research Grants and the Foundation and Investment Reserve.

College Operations are the core operational activities including Fellowship Services, Education and Training, the Annual Scientific Conference, Conferences and Workshops, College funded scholarships, College Resources, Corporate Governance, Leadership and Administration.

In 2010, this revenue amounted to $32,116k compared to $30,162k in 2009 while expenditure was $31,702k compared to $28,855k in the previous year. The surplus in 2010 was $414k compared to a surplus of $1,307k in 2009.

In accordance with contractual obligations and College policies, all revenue and expenditure relating to College projects is recognised progressively throughout the life of the projects. The majority of projects are fully covering their overhead costs, which has resulted in a steady decrease in the need for cross subsidisation by the College. In 2010 this subsidy cost was $55k compared to $145k in 2009 and $409k in 2008. The need for the College to subsidise the shortfall in project funding to cover overhead costs has been reduced by 86 per cent since 2008.

Scholarships, Fellowships and Research Grants of $658k (2009: $820k) are funded from College investments committed to this purpose together with RACS scholarships of $539k (2009: $630k) that are funded from College operations thereby giving a total commitment for scholarships of $1,197k compared to $1,450k in 2009.

The investment positive return of 3.22 per cent on the committed bequest funds of $13.68 million resulted in a gain of $460k in 2010 compared to $3,261k in 2009. These returns
will ensure the continuation of scholarships in accordance with the conditions of the bequests. Expenditure was $786k compared to $870k in 2009. Overall, the surplus for 2010 was $335k compared to $2,391k in 2009.

The College sold the bequeathed property in Paddington for a sale price of $1,996k with the net sale proceeds transferred to the John Mitchell Crouch Fellowship fund. This has enabled the fellowship to be increased for 2011 to the value of $150k ($75k - 2010).

Foundation and Investment Reserve includes donations and philanthropic activities and returns on uncommitted funds from the investment portfolio. Revenue for 2010 was $916k compared to $4,910k in 2009 while expenditure of $397k in 2010 compared to $241k in 2009. Overall, the surplus for 2010 was $519k compared to $4,669k in 2009.

Key Revenue and Expenditure Items – 2010

• Revenue from Subscriptions, Fees & Levies of $10,184k compared to $9,441k received in 2009.
• Training, examination and assessment fees generated $16,430k compared to $15,408k in 2009.
• Personnel costs remain the dominant expense relating to the College activities and was $14,713k compared with $14,164k in 2009. This increase relates predominately to the 2 per cent annual increase of $283k and staff salary reviews of $266k.

Balance Sheet

In 2010, College Funds and Reserves have increased by 7.4 per cent to $50,117k. Key movements in assets included an increase in cash and cash equivalents of $3,375k primarily due to early billing of the 2011 annual subscription fees in 2010 and decrease in current receivables of $2,597k. Investments held for trading increased by $2,735k mainly due to the capital contribution of $1,918k from the net sale proceeds of the Paddington property and positive investment return of 3.22 per cent. Current liabilities increased by $593k which was mainly due to an increase in subscription, training and examination billed in 2010 for income related to 2011 and increase in the provision for staff long service leave entitlements.

The Investment Reserve has increased from $6,218k to $6,412k due to the positive investment returns. These returns are set aside for future developments and initiatives as approved by Council and in 2011 will provide source funding of $2,000k in 2011 for the RACS Scholarship Corpus.

Statement of Cash Flows

The Statement of Cash Flows indicates a net cash inflow for 2010 provided from operating activities of $9,220k and a net increase in cash held of $3,375k from 2009 mainly due to the early billing of the 2011 annual subscription, increased training, course registration and examination receipts and sale proceeds from the Paddington property.

In summary, some of the key 2010 achievements of the College were:

• Revenue from the SET program provided for an increased distribution to Specialty Societies in accordance with the SET funding agreement.
• Administered 13/15 examination candidates, delivered 134 courses across four skills training programs and secured Commonwealth funding to initiate projects to support trainees and international medical graduates.
• Continuing to work in partnership with AusAID to deliver training and strengthen surgical skills in a range of international aid programs for the Pacific Islands, Papua New Guinea, East Timor and Myanmar including delivery of 75 clinical, training and professional support visits throughout the region.
• Commenced significant investment in Information Technology to support educational, professional development and other initiatives to support Fellows and Trainees.
• Continued commitment to surgical research through ongoing funding for scholarships with 96 applications received and the establishment of the Ian and Ruth Gough Surgical Education Scholarship.
• Gained ISO accreditation, which recognises that the College has adopted a quality standard approach in the development, implementation and continued improvement monitoring of its management systems.

In closing I would like to acknowledge the services of our Honorary Advisers for which the College remains indebted. I note my thanks to Mr Anthony Lewis (Audit & Finance), Mr Stuart Gooley (Audit & Finance), Mr Reg Hobbs (Property), Mr Michael Randall (Investment), Mr Brian Randall (Investment) and Mr John Craven.
(Information Technology) for their generous and valued support during the year. The College is extremely grateful to all our Honorary Advisors for their wise counsel and support in relation to finance, investment, property, IT and audit matters. I would also like to thank the management and staff of the Division, led by the Director of Resources, Mr Ian T Burke, for their ongoing hard work and commitment in support of my role.

The College continues to maintain a strong balance sheet and is financially well positioned to meet its ongoing commitments and I recommend these accounts to the Fellows.

Michael Hollands, Treasurer

Councillors’ Declaration

The Councillors of the Royal Australasian College of Surgeons declare that the summarised financial report have been derived from and are consistent with the full financial report of the Royal Australasian College of Surgeons for the year ended 31 December 2010.

On behalf of the Councillors

I D S CIVIL, President
M J HOLLANDS, Treasurer
D J HILLIS, Chief Executive Officer,
Melbourne 25 February 2011

Independent Audit report to members of the RACS

We have audited the summarised financial report of the Royal Australasian College of Surgeons as at 31 December 2010, comprising the Statement of Comprehensive Income, Statement of Financial Position and Statement of Cash Flows, in accordance with Australian Auditing Standards. The summarised financial report has been derived from the Royal Australasian College of Surgeons annual statutory financial report for the year ended 31 December 2010.

Audit opinion

In our opinion, the information reported in the summarised financial report is consistent with the annual statutory report from which it is derived and upon which we expressed an unqualified audit opinion. For a better understanding of the scope of our audit, this report should be read in conjunction with our audit report on the annual statutory financial report.

Ernst & Young
Stuart Painter
Partner /
Melbourne 25 February 2011

Statement of Comprehensive Income

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2010

<table>
<thead>
<tr>
<th></th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue from operating activities</td>
<td>41,897,931</td>
<td>41,064,781</td>
</tr>
<tr>
<td>Other income / (loss) – from investments</td>
<td>1,220,799</td>
<td>6,406,082</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>43,118,730</td>
<td>47,470,863</td>
</tr>
<tr>
<td>Expenditure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel costs</td>
<td>14,712,671</td>
<td>14,163,501</td>
</tr>
<tr>
<td>Consultants fees - clinical</td>
<td>1,195,824</td>
<td>1,448,716</td>
</tr>
<tr>
<td>Consultants fees - management</td>
<td>973,994</td>
<td>840,203</td>
</tr>
<tr>
<td>Telephone, teleconference and audio visual costs</td>
<td>764,499</td>
<td>640,845</td>
</tr>
<tr>
<td>Printing, stationery and photocopying</td>
<td>1,468,294</td>
<td>1,485,750</td>
</tr>
<tr>
<td>Postage and courier costs</td>
<td>680,520</td>
<td>601,892</td>
</tr>
<tr>
<td>Information system costs</td>
<td>1,011,636</td>
<td>4,506,906</td>
</tr>
<tr>
<td>Associations and publications</td>
<td>281,894</td>
<td>267,094</td>
</tr>
<tr>
<td>Audit, legal and professional fees</td>
<td>554,713</td>
<td>371,800</td>
</tr>
<tr>
<td>Bank fees and merchant charges</td>
<td>496,809</td>
<td>397,313</td>
</tr>
<tr>
<td>Borrowing costs</td>
<td>4,719,679</td>
<td>4,506,906</td>
</tr>
<tr>
<td>Rent, rates, power, repairs and other property costs</td>
<td>2,447,162</td>
<td>2,446,386</td>
</tr>
<tr>
<td>Insurance</td>
<td>336,683</td>
<td>312,057</td>
</tr>
<tr>
<td>Project equipment purchases, hire and repairs</td>
<td>433,269</td>
<td>445,711</td>
</tr>
<tr>
<td>Training manuals and consumables used in education &amp; field projects</td>
<td>1,195,824</td>
<td>1,448,716</td>
</tr>
<tr>
<td>Scholarships, fellowships and research grants</td>
<td>1,195,824</td>
<td>1,448,716</td>
</tr>
<tr>
<td>Awards, grants, gifts and prizes</td>
<td>427,772</td>
<td>640,900</td>
</tr>
<tr>
<td>Facilities hire and catering costs</td>
<td>2,447,162</td>
<td>2,446,386</td>
</tr>
<tr>
<td>Foreign exchange loss</td>
<td>13,950</td>
<td>2,917</td>
</tr>
<tr>
<td>Depreciation and amortisation expense</td>
<td>1,468,294</td>
<td>1,485,750</td>
</tr>
<tr>
<td>Specialist societies funding costs</td>
<td>3,345,699</td>
<td>3,039,604</td>
</tr>
<tr>
<td>Committee and office bearers costs</td>
<td>103,966</td>
<td>138,387</td>
</tr>
<tr>
<td>Doubtful debts expense / (reversal)</td>
<td>3,345,699</td>
<td>3,039,604</td>
</tr>
<tr>
<td>Other expenses from operating activities</td>
<td>377,878</td>
<td>377,878</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>39,809,701</td>
<td>39,299,412</td>
</tr>
</tbody>
</table>

Surplus / (Deficit) for the period

|                      | 3,309,029   | 8,171,451   |
| Other Comprehensive Income                               | 143,009     | 3,916       |
| TOTAL SURPLUS / (DEFICIT)                                | 3,452,038   | 8,175,367   |
### Statement of financial position

**AS AT 31 DECEMBER 2010**

<table>
<thead>
<tr>
<th>Assets</th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>10,704,801</td>
<td>7,329,557</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>12,924,506</td>
<td>15,520,96</td>
</tr>
<tr>
<td>Inventories</td>
<td>159,066</td>
<td>141,848</td>
</tr>
<tr>
<td>Prepayments</td>
<td>1,002,599</td>
<td>725,993</td>
</tr>
<tr>
<td>Held for trading financial assets</td>
<td>29,727,073</td>
<td>26,992,457</td>
</tr>
<tr>
<td>Property Held for Sale</td>
<td>-</td>
<td>1,500,000</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>54,518,045</td>
<td>52,210,815</td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>792,954</td>
<td>755,456</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>26,155,733</td>
<td>24,610,164</td>
</tr>
<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td>26,948,687</td>
<td>25,365,620</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>81,466,732</td>
<td>77,576,435</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>3,260,704</td>
<td>3,378,945</td>
</tr>
<tr>
<td>Provisions</td>
<td>2,269,013</td>
<td>1,855,220</td>
</tr>
<tr>
<td>Income in advance</td>
<td>17,038,960</td>
<td>16,222,187</td>
</tr>
<tr>
<td>Government grants received in advance</td>
<td>4,118,852</td>
<td>4,768,294</td>
</tr>
<tr>
<td>Funds held on behalf of others</td>
<td>4,619,372</td>
<td>4,488,899</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>31,306,901</td>
<td>30,713,545</td>
</tr>
<tr>
<td><strong>Non-Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>42,633</td>
<td>197,731</td>
</tr>
<tr>
<td><strong>Total Non-Current Liabilities</strong></td>
<td>42,633</td>
<td>197,731</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>31,349,534</td>
<td>30,911,276</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td>50,117,198</td>
<td>46,665,159</td>
</tr>
<tr>
<td><strong>College funds and reserves</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained surplus</td>
<td>43,705,337</td>
<td>40,446,714</td>
</tr>
<tr>
<td>Investment earnings reserve</td>
<td>6,411,861</td>
<td>6,218,445</td>
</tr>
<tr>
<td><strong>TOTAL COLLEGE FUNDS AND RESERVES</strong></td>
<td>50,117,198</td>
<td>46,665,159</td>
</tr>
</tbody>
</table>

### Statement of cash flows

**FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2010**

<table>
<thead>
<tr>
<th>Cash flows from operating activities</th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriptions and entrance fees</td>
<td>12,607,998</td>
<td>7,633,947</td>
</tr>
<tr>
<td>Training, examination and assessment fees</td>
<td>17,902,183</td>
<td>15,076,872</td>
</tr>
<tr>
<td>Sponsorship and donations</td>
<td>4,275,099</td>
<td>1,625,272</td>
</tr>
<tr>
<td>Conference registrations</td>
<td>1,762,618</td>
<td>1,813,623</td>
</tr>
<tr>
<td>Property rental and recoveries</td>
<td>898,003</td>
<td>1,068,100</td>
</tr>
<tr>
<td>Project income and associated fees</td>
<td>7,762,668</td>
<td>8,705,947</td>
</tr>
<tr>
<td>Interest income</td>
<td>31,670</td>
<td>51,493</td>
</tr>
<tr>
<td>Other income</td>
<td>269,247</td>
<td>1,064,556</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(36,287,748)</td>
<td>(34,287,447)</td>
</tr>
<tr>
<td>Borrowing costs</td>
<td>-</td>
<td>(17,202)</td>
</tr>
<tr>
<td><strong>Net cash flows from/(used in) operating activities</strong></td>
<td>9,219,738</td>
<td>2,723,163</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash flows from investing activities</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Net movement from investment securities</td>
<td>(3,140,344)</td>
<td>(1,766,586)</td>
</tr>
<tr>
<td>Payments for property plant and equipment</td>
<td>(2,704,150)</td>
<td>(1,902,770)</td>
</tr>
<tr>
<td><strong>Net cash flows used in investing activities</strong></td>
<td>(5,844,494)</td>
<td>(3,669,356)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash flows from financing activities</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial bill facility used (repaid)</td>
<td>-</td>
<td>(1,000,000)</td>
</tr>
<tr>
<td><strong>Net cash flows used in financing activities</strong></td>
<td>-</td>
<td>(1,000,000)</td>
</tr>
<tr>
<td><strong>Net increase/(decrease) in cash held</strong></td>
<td>3,375,244</td>
<td>(1,948,193)</td>
</tr>
<tr>
<td>Cash at beginning of financial year</td>
<td>7,329,557</td>
<td>9,275,750</td>
</tr>
<tr>
<td>Cash at the end of the financial year</td>
<td>10,704,801</td>
<td>7,329,557</td>
</tr>
</tbody>
</table>
New Fellows 2010

Abdul Lahif
Abdul Latif Kadhim
Adeeb Jerar Majid
Adrian S. Fernandez
Ahmad Saadi Ahmad Al-Samerasai
Aiden Duong Lien Tieu
Aslene Joy Fitzgerald
Akebay Kothari
Albert Sukhson Yoon
Alexandra Popadinic
Alehre Grobler
Ali Ghahreman
Alpesh Utram Chhikara Patel
Amul Kumar Sibal
Andrew Cymnul
Andrew Chiew Meng Chia
Angus Ronald Edward Keogh
Angus Munro Wickham
Anh Tu Vu Nguyen
Anna Elizabeth Wilkes
Anthony Bruce Keeley
Anthony John McGuinness
Antonio Gregory Folaki
Ardalan Ebrahimi
Arshad Mohammed Ishaque Barmare
Arvind Dhas Lee
Arvind Puri
Ashish Uday Lal
Ashish Visenji Jiwane
Ashleigh Aathoul Haidilak
Atul Igle
Bandulasena Palapiti
Benjamin Roy Hope
Benjamin John Dixon
Benjamin Woolen
Borslav Brankov
Brett Collins
Brian J C Freeman
Brian Martin
Bruno Steven Gomes
Bulang He
Carmen Cristina Munteanu
Catherine Fiona Sinclair
Cem Gulden
Chandrdsapiri Premaratne
Chantel Mary Thornton
Cherry Ee Peck Koh
Chi Can Huynh
Christos Drangas Mishaya
Christian Peter Fougere
Christian Peter Fougue
Christopher Michael Roberts
Christopher Thomas Jones
Cino Lamberto Bendinelli
Clara Macht
Corinne Wei Leng Ooi
Damin Joseph Phillips
Daniel Adam Robin
Daniel Tuck-Keong Wong
David Strayer
David Andrew Yeo
David Melsom
De Juan Ng
Deborah Helen Amott
Dennis Vilmos Gyomyer
Devinder Philip Raju
Dickon Hayne
Dinesh Kumar Trehan
Dominic Verdi Simring
Dominic Fook Ann Lee
Drago Popovic
Eldon Mah
Emma Toni Igaras
Eric Kang Yuen Chung
Enrique Toew Him Ek
Eva Fong
Ewan Edwin Jones
Farah W. Abdul Aziz
Fardin Eghtedari
Francesco Pisciniere
Francis Yuk Pang Ma
Fraser Taylor
Fred Noun
Friedrich Ludwig Plaumann
Gough P. Chen
Graham Joseph Jeffs
Grant Booth
Guo Hwee Tay
Hamish Huntley Deerveral
Hamish Steven Gray
Hans D. Dahl
Hayder Radha
Heinrich Koehler
Heinz Matthias Rau
Hsin Fan Chan
Hou Kiast Lim
Ian Gerard Rebbello
Inan Samarasam
Irene Patience Kalbion
Jamil Merni
James Tow-Hing Lim
James Johnathon Douglas Bowman
James Peter Southwell Keely
James Herbert Earnshaw
James Cheng-yen Lee
Janet I-Cheng Huang
Japinder Kaur Khosa
 Jens Peters-Wilke
Jeremy Ming Hsu
Jiexiu Diovank Choudhary
Joanna Walton
John Tawil
JoseZon Joseph Morrow
Jonathan Alexander Burge
Jonathan Charles Porter
Jonathan Cabot
Jonathan Fergus Parkinson
Jose Antonio Cid Fernandez
Kamal Praveena Gallenya
Kenny Su-Stong Lim
Kevin Chi-King Ooi
Kristian Garde Boyce Dalzell
Kwan Yeoh
Lachlan Martin
Lachlan Alexander Dandie
Laura Nyet Lin Chin-Lenn
Laurence A G Marshman
Lawrence Pik Kwan Yuen
Leo Fang
Lisa Ogando
Majid Jabur
Manish Gupta
Manuel Yuhico
Marcus Ong
Maree Kathryn Weston
Mark T. Forbes
Mark Christopher Smith
Mary Theophilus
Matthew Charles Scaddan
Matthew Hon Yew Leong
Matthew Christopher Lyons
Matthew Wilkinson
Matthew Keith Hartley
Michael Patrick James Rosenfeld
Michael John Woodfield
Michael Kalamaras
Michael Wei Jeg Hii
Michael King Lok Suen
Michael George Worthington
Michael Bernard Donnellan
Michael Lik Hang Wong
Michael Philip Chong
Michael Kern
Michelle Barbara Locke
Mikhail Y. Mastalov
Mohan Ariyanagam
Monique Lisette Parkin
Murtaza Jamjangerwalla
Nadeem Low
Nalaka Mahendra De Silva
Natalie Cherie Ngan
Neil Price
Neilson Wright
Nicholas Bishan
Nicholas Edmund Williams
Nigel Gary McCoubrey
Nigel James Henderson
Nigel Ian Hartnett
Noorjan Kazemi
Parik Tosenovsky
Paul Pei Chuan Khoo
Payal Mukherjee
Peter Leon Friedland
Peter Ho Keun Shin
Philip John Davis
Raj Chandra
Rabi Faizul Salimain
Rafar Hussain
Rajesh Reddy
Rataphol Dhepnorrarat
Raymond Kong Keong Chin
Rebecca Selina Ayers
Renata Jelena Bazina
Richard Benny
Richard John Barton
Rishendran Naidoo
Robert Harris Schreiber
Robert Thomas Syphal
Rohan Arthur Branello
Rowan Schouten
Roy Andrew Craig
Said Mohammed Salem Jaboutb
Sameer Memon
Samuel Martin
Sanjay Kalugurkar
Sanjay Kariappa
Sanjay Kumar Warriner
Sanjeeva Karyawasam
Sarah Jane Kruger
Sarah E. Watts
Santis Warrier
Saud Alize Hantra
Seow Foong Leong
Shannon Dr Lernia
Shahshinder Singh Mahinder Singh
Shiby Ninan
Shun Jen Linus Wu
Simon David Bann
Siraj Gunasekera Rajaratnam
Sunny King-Shun Lee
Susan O'Mahony
Sven Goebel
Sze Hong Law
Tanya Michelle Burgess
Thomas Darby Earle Tresseder
Thomas Rhys Edwards
Tim Dwyer
Timothy Furlong
Toby Harding Corlette
Tony Shih-Wei Kuo
Trevor Lease
Uvarasen Kumarswami Naaidu
Vanessa Rachel Blair
Vysrauras Kuznikovas
Warren Leigh
Warren Wilson Boling
Wendela Schimmer
William V. Braun
Wisam Yousaf Alkaldy
Yasser Salama
Yi Xuen Wang
Yun-Hom Yau
Yvonne Chow
Zet Sheng Ee
Zohlan Harbovsky

Death of Fellows
Mr James Warwick Fraser Macky, OBE
Mr Douglas Trevor Beetham
Mr Brian Gilbert Storey
Mr James Sturrock Peters
Mr Graeme Trieg
Mr Alastair Geoffrey Grindrod Robson
Dr Vilen Kertsman
Mr Peter Graeme Petry
Mr Jeffrey George Watson
Mr Samuel Hugh W Robinson
Mr Andrew Brian Fagan
Mr William Gerald Lucas
Mr Gaston Napoleon Arthurs
Mr Rowland Norman Gale
Mr John Joseph Tooley
Dr John Kevin Clareborough, AM, OBE
Mr Frederick Allan George
Mr Francis John Antill Pockey
Mr Norman Garrick Graham
Mr Cyril Ignatius Wilkinson
Mr George Conord Hinchcock
Mr George Halyer Rayner
Mr Semesa Mataraincak
Mr Alan Geoffrey Watt
Mr James Crowe Davidson Mill
Mr Frank Burdon Webb, AM
Mr Pearl Anna Logan Macleod
Mr William James Cook
Mr Donald Wallace Fleming
Prol John Cuthbert Parr
Mr Randal Forbes Elliott, KBE
Mr Graham Roland Anderson
Mr Oswald Joseph Davies
Mr Guy Justin Dowling

ANNUAL REPORT 2010
Front row left to right: Bettina Cass, Michael Hollands, Keith Mutimer, Ian Civil, Mark Edwards and Guy Maddern

Second row left to right: Vincent Cousins, Helen O’Connell, Catherine Ferguson, Spencer Beasley, Marianne Vonau, Steve Leibman, Michael Grigg and John Batten

Third row left to right: Hugh Martin, Richard Martin, Julian Smith, John Quinn, Greg O’Grady, Ian Dickinson, Graeme Campbell and Bruce Barraclough

Back row left to right: Allan Panting, David Watters, Phil Carson, Ian Bennett, Barry O’Loughlin, Sam Baker, Simon Williams, Ivan Thompson and Philip Truskett

Absent: Glenn McCulloch and Robert Black

Attendees at October 2010 Council

College Supporters

BENEFACITOR LIST

Richard Bennett
The late Eric Bishop
The Paul Mackay Bolton Foundation
The late Mrs Marjory Edwards
Ian and Ruth Gough
The late Margaret Hooper
The late Mrs Eugenie Johnston
The late T.D. Kelly
Mr Henry Lumley Esq – the Henry Lumley Charitable Trust and the Edward Lumley Fellowship Fund
The late Sir Roy McCaughhey
Gordon Moffatt
Brian Morgan
Elisabeth Morson
Rowan Nicks
The late William G Norman
The late Emeritus Professor Murray Pheils and Mrs Unity Pheils
Mrs Diana Ramsay
Francis and Phyllis Thornell-Shore Memorial Trust for Medical Research
The late Elisabeth Unsworth
The late Peter F Williams
The late Charles Wilson
The late Alan Worcester

SOURCES

Allergan
Ansell
AstraZeneca
Auraum Australia Pacific
Austofix
Avant
Avant Insurance
BARF Australia
Baxter Healthcare
BG Insurance Services
Boston Scientific
British Journal of Surgery Society
Climpath Laboratories
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CSL Limited
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Health Communication Network
Healthcare Communication Network
Hospital Private Hospital
Hospira Australia
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Investec Experien
Invivo
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NuVasive
Odyssey Financial Management
Olympus Australia Pty Ltd
Orphan Australia
Pfizer
Rooms With Style
SA Heart Centres
Sanofi-Aventis
Sanofi-Aventis Group
Smith and Nephew
Sporting Chance Cancer Foundation
Springfield Land Corporation
Stillwell Motor Group, BMW
Divisional
St John of God Healthcare
St Jude Medical
Tasigna Novartis Pharmaceuticals
Australia
Tissupath
Tyco HealthCare
WA Journal of Medicine
William Buck

Honours and Awards

NEW ZEALAND NEW YEAR

HONOURS 2010

Officer of the New Zealand Order of Merit (ONZM)
> Prof James Geoffrey Horne ONZM FRACS
Member of the New Zealand Order of Merit (MNZM)
> Dr David William Sabiston MNZM FRACS
> Dr Daniel Charles Sundersingh Devadhar MNZM FRACS

AUSTRALIA DAY HONOURS 2010

Member in the General Division (AM)
> Prof Robert Alexander Gardiner AM FRACS
> Prof Robert McLaren Jones AM FRACS
> Prof David Ferguson Scott AM FRACS
> Dr Andrew Darcy Sutherland AM FRACS

Medal in the General Division (OAM)
> Dr Geoffrey Stephen Cohn OAM FRACS
> Assoc Prof Denis Warwick King OAM FRACS
> Dr John Douglas McKee OAM FRACS

QUEEN’S BIRTHDAY

HONOURS 2010

AUSTRALIA

Member (AM) in the General Division
> Dr Herbert Edward Clifford AM FRACS
> Associate Professor Robert Anthony MacMahon AM FRACS

FRACS

Medal (OAM) in the General Division
> Dr Frederick Hugh Bartholomewes OAM FRACS
> Dr John Royston Crenbil OAM FRACS
> Dr John Dixon Hughes OAM FRACS

NEW ZEALAND

Officer of the New Zealand Order of Merit (ONZM)
> Dr Leona Fay Wilson ONZM (former ANZCA Council representative)
Member of the New Zealand Order of Merit (MNZM)
> Dr John Cameron Cullen MNZM FRACS