MISSION
We aim to provide the highest standard of safe and comprehensive surgical care to our communities.

VISION
Through leadership we will:
- Promote excellence in surgical education and training.
- Set and maintain the highest standards of surgical care.
- Advance surgical knowledge and care through research and development.
- Provide support for our Fellows throughout our professional lives.
- Be involved in all relevant public health issues.
- Promote the reputation of Australasian surgery.

VALUES
We value surgical care based on:
- Integrity
- Skill
- Compassion
- Diligence
- Scholarship

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COLLEGE EXECUTIVE (Left to right) Acting Chief Executive Officer: David Scott, Censor in Chief: Trish Davidson, Chair, Board of Continuing Professional Standards: Russell Stitz, Co-opted Executive Member: Ian Gough (from June 2003), Acting Director of Surgical Affairs: Gordon Clunie, President: Peter Woodruff, Vice President: Peter Woodruff, Chair, Board of Basic Surgical Training: Stephen Deane, Honorary Treasurer: Andrew Sutherland.
Absent: Chair, Court of Examiners: Ross Blair.

COLLEGE COUNCILLORS Front row (left to right) Ian Gough, Russell Stitz, Stephen Deane, Anne Kolbe, Peter Woodruff, Andrew Sutherland, Ross Blair, Patricia Davidson, Gordon Clunie.
Second row (left to right) Adrian Anthony, Paddy Dewan, Bob Linacre, Rob Black, Ian Dickinson, Stephen Stening, Keith Mutimer, David Scott.
Third row (left to right) Anthony Hardy, Ian Civil, Guy Maddern, Mark Edwards, Bruce Waxman, Robert Atkinson, John Quinn, John Graham.
Back row (left to right) John Simpson, Ivan Thompson, Peter Malycha, Hugh Martin.
The work of the College received reassuring endorsement when the Australian Competition and Consumer Commission concluded its Determination on 30 June 2003, exempting the College from certain provisions of the Trade Practices Act. For the next six years the College is authorised to select, train and examine trainees and to accredit hospitals and individual hospital posts. For the next four years it is authorised to assess the qualifications, training and experience of overseas-trained doctors.

A number of conditions are attached to the authorisation, including the requirement that the College participate with the federal and state governments in reviewing the processes for assessing overseas-trained surgeons and for accrediting hospitals and training posts. We are meeting these conditions willingly. They fit very well with our own plans for improving our partnership with hospitals and government as we work together to meet the surgical needs of the communities we serve.

Winning this decision was a great achievement for the College and I thank my predecessor, Professor Kingsley Faulkner, who as a member of the ACCC's Reference Panel (Chairman Executive) and Mrs Lorraine Perry (then Director of the Division of Academic Services) and a very competent legal team. An enormous amount of time and effort was associated with complying with the conditions continues.

A major task that faced me as President was the appointment of a replacement for Dr Vin Massaro, who resigned in March 2003. The whole of Council contributed to the process of agreeing on what skills we were looking for in our new appointment. The Executive Committee, along with Honorary Financial Adviser Mr Norm Bevan, undertook the final selection. Dr David Hills commenced as RACS Executive General Manager on 1 May 2004 and will demonstrate his ability and suitability. I thank him warmly on behalf of Council and the Fellowship.

I thankfully acknowledge Professor David Scott and Professor Gordon Claridge, who admirably filled the positions of Acting Chief Executive Officer and Acting Executive Director for Surgical Affairs in the interim.

Over the course of the coming year, Dr Hills will work closely with Council and me in reviewing the College’s strategic plan, the governance management relationship, and the College’s strategic plan.

Another pleasing achievement for the College during the year has been the strengthening of its relationship with the Specialist Societies and Associations. When the Australian Medical Foundation (AMF) initiated an investigation in 2001, in part from concerns about workforce numbers, recognition of overseas qualifications and the College’s role in surgical education. The ACCC determination, announced on 30 June 2003, recognised the high quality of the College’s education programme and accepted that there were greater public benefits than detriments for the College to be authorised to continue its training programme. To provide the community with reassurance of the benefits of the College’s processes, the ACCC has determined that there should be two public inquiries into Assessment of Overseas Trained Surgeons and Accreditation of Hospitals and Hospital Posts for Training Positions.

In increasing its accountability, the College will now publish annually the number of successful applicants for College training positions and the numbers passing examinations. The College will also invite community representatives on to a number of committees and work with representatives of state and federal Health Departments on selection committees and key training committees. As a College we recognise that training the required number of surgeons is a partnership between ourselves, with our educational programmes; and hospitals providing the salaries and clinical opportunities for satisfactory training.

The College continues its involvement with the Australian Medical Workforce Advisory Committee (AMWAC) and has accepted the advice on training numbers advocated by the Committee on the surgical specialties they have reviewed. In spite of following that advice, we see as a community in 2003-04 continue to recognise the difficulties in recruiting surgeons, particularly in rural areas. In order to obtain independent advice, the College commissioned Professor Bob Burrell to report on the surgical workforce at a major workshop conducted in June 2003. His predictions for both Australia and New Zealand were a 50 per cent increase in surgical workload in the next four years, due to population increases and the requirements of an ageing population, where there is a much greater demand for surgical procedures. As the current workforce is seen to be already stretched or deficient, a 50 per cent increase in surgical numbers is required to meet the demand for services.

In this setting, the College has to move forward with time- efficient and effective training, and one element of this will be skills training centres. We already have had involvement with the major TEC Centre in Western Australia. In New South Wales, the College has committed to developing a major skills centre in a joint venture with Sydney University. This is planned in detail, and hopefully capital funding will be available from the NSW and federal governments to start building in 2004.

In Victoria, as part of the East Wing development, a smaller skills centre will also be available. The new building is on the site of the Great Hall, which had to be replaced due to asbestos contamination.

In Queensland a facility with a much broader focus for general skills is being funded by the Queensland government. At this stage advanced surgical skills training will not be available. The number of staff at the College in Sydney, Melbourne and New Zealand offices has increased over recent years, reflecting in part both the increasing complexity and thoroughness of training and also the challenges of increasing regulations and finding solutions for workforce shortages.

Basic and advanced surgical training programmes are provided to trainees selected on a national or bilateral basis and in approved training positions following detailed College inspections. During 2003-04 208 trainees completed the basic training programme.

In 2002 the Australian Medical Council (AMC), at the start of a new programme for postgraduate medical colleges, inspected and accredited the RACS training programme for six years. This accreditation process is similar to that of university medical school accreditation undertaken by the AMC and provides the College and the community with reassurance of the high-quality training provided.

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During 2003, a number of RACS international and national aid activities ($1,250,000K in equipment for the Victorian Skills Centre, $230,000 for the Basic Skills Courses throughout Australia and New Zealand and $215,000 of in-kind sponsorship for the ASC). Service agreements with the Specialist Societies have made the cost of AST transparent and acceptable to our Specialist Societies. They have enabled the introduction of the user pays principle that can now be clearly justified. They will also provide a basis for the development and quality assurance activities under the auspices of the ER. These arrangements also allow us to comply with the determinations of the ACCC. They will provide a template for other College services provided to Fellows through their specialist societies such as Continuing Professional Development (CPD).

The College has achieved a net operating surplus of $2,023,043, compared to an overall operating surplus in 2002 of $3,225,329. The return to the Investment Reserve of uncommitted investment returns was $624,135, compared to a forecast of $534,196, resulting in an overall surplus of $2,647,177.

It is pleasing to see that the 2003 result was in line with the annual forecast before the inclusion of these improved returns. Service agreements with the Specialist Societies have made the cost of AST transparent and acceptable to our Specialist Societies. They have enabled the introduction of the user pays principle that can now be clearly justified. They will also provide a basis for the development and quality assurance activities under the auspices of the ER. These arrangements also allow us to comply with the determinations of the ACCC. They will provide a template for other College services provided to Fellows through their specialist societies such as Continuing Professional Development (CPD).
Expenditure in 2003 totalled $5,650,447, compared to $4,745,075 in 2002, with the provision of resources to support education and training remaining relatively consistent with 2002’s.

At the close of 2003, the fund has a balance of $1,937,408.

Property Fund (Note 8) During 2003, revenue received from tenants and other sources totalled $1,201,377, compared to $2,136,164 received in 2002. Included in the 2002 revenue was the $2,000,000 million funding grant from the Commonwealth Government for the East Wing development in Melbourne.

Expenditure on Property in 2003 was $769,820 for the year, compared to $515,568 in 2002.

Interest costs have commenced on the funding of the new building and this added $119,932 to the expenditure for the year. The redevelopment of the Melbourne office is progressing according to the project timetable and budget. The College took possession of the building in February 2004.

The RACS continues to provide administrative support to the CTEC Skills Laboratories facility located at the University of WA.

The development of the NSW facility (ECHTEC) is on hold awaiting additional capital funding commitment from external sources.

The fund has a balance of $593,742 in 2003, compared to a balance of $1,043,185 in 2002.

Early Management of Severe Trauma Fund (Note 9) The College education and training activities include the activities of Early Management of Severe Trauma (EMST).

The EMST courses are an integral part of the Basic Surgical Training program and were very successful during 2003, with activities in Australia and New Zealand returning a surplus of $191,977 compared to $161,877 in 2002.

The fund retains a balance of $658,994, compared to $467,017 in 2002.

Sundry Funds (Note 10) The Sundry Funds summarise the transactions and funds of the various Divisions and Sections held on their behalf.

At the close of 2003, a net surplus of $134,688 was realised, compared to a surplus of $134,885 in 2002.

The fund retains a balance in 2003 of $910,655, compared to $815,967 in 2002.

Summary Overall, 2003 has been a successful year from the point of view of College Resources. We have coped with significant administrative stresses and have recorded an excellent result for the year.

Considerable achievements have been made that will continue to provide benefits to both the Fellows and the Trainees of the College.

- The previously condemned East Wing and Great Hall has been replaced by up-to-date office accommodation and modern educational facilities. A modest cost overrun has been dealt with within the Colleges financial capacity. A plan for repayment of the ANZ loan has been developed and will be implemented during 2004.

- The initiatives undertaken in Education and Research during the year continue to provide for more effective and efficient educational programmes in the areas of BST, AST and CPD.

- Service agreements with the Specialist Societies have made the costing of AST transparent and acceptable to our Specialist Societies. They have enabled the introduction of the user pays principle that can be clearly justified. They will also provide a basis for the development of agreed protocols and quality assurance activities under the auspices of the EBP. These arrangements also allow us to comply with the determinations of the ACCC.

- The Subscription in Advance rollback was completed in 2003 and all subscriptions are now paid in the year in which they are due.

- The Credit Management programme has turned around an unacceptable level of overdue debt and is now a routine College procedure.

- The financial challenges for the future include:
  - The need to tailor the College programmes to its financial capability.
  - The ongoing need to keep the Fellows’ subscriptions stable and acceptable.
  - The ongoing requirement to explain to Fellows where their subscriptions go and the benefits they receive.
  - The resumption of the RACSPhF project during 2004 to continue the effort to make the College finances more understandable and transparent.
  - The continuing dialogue with the Specialist groups, particularly in the areas of funding models for CPD and assessment of Overseas trained doctors.
  - The management of Skills Centres, the training programmes and their costs.
  - The resolution of the issues surrounding capital costs associated with ECHTEC.
  - Better understanding of the ECHTEC business plan and its expected financial implications.

In closing I would like to acknowledge the role of Professor David Scott in stepping into the breach as Acting CEO. His management of some difficult financial and administrative issues, including those surrounding ECHTEC, contributed to a large part to our satisfactory outcome. The year has also been an extremely busy period for the Resources Division led by Mr Ian Burke and I would like to thank him and all his staff for their efforts during the year, particularly in relation to the East Wing redevelopment.

I also note that the College has been very well supported in this challenging year by its Honorary Advisers, Mr Norm Bevan, Mr Robert Milne, Mr Doug Oldfield, AO and Mr Brian Randall. In particular, I would like to thank my Solicitor, Mr Michael Gorton, who provided enormous support for the College in attending to a wide variety of legal issues.

Andrew Sutherland
Treasurer

AUSTRALIAN COMPETITION AND CONSUMER COMMISSION

In July 2003 the Australian Competition and Consumer Commission (ACCC) determination came into effect, following the College’s request for authorisation under the Trade Practices Act. The ACCC was extremely thorough in its review of the College and this is borne out by the substantial range of reporting that the College is now required to undertake on an annual basis. Following is a brief summary of the areas where the College is required to publish a comprehensive account of its activities in order to meet the conditions of the ACCC.

The conditions of the ACCC determination have significant implications for College resources and primarily, although not exclusively, relate to four areas of College activity:

- Assessment of overseas-trained doctors
- Accreditation of hospitals and hospital posts
- Selection of trainees
- Training and examinations.

Implementation of the ACCC conditions has commenced within the Division of Academic Services. Detailed reporting is required on College activities, including assessment of overseas-trained doctors. The College is progressively working towards developing protocols to capture the extensive detail required; these include: the number of overseas-trained doctors who are applying for an area-of-need position, the duration of the assessment process; the number who are required to complete specific components of surgical training, and the number who are required to complete a period of supervised work. These are just a few of the areas about which the College is required to supply information on an annual basis.

The ACCC has stipulated that an Independent Review Committee be established to examine whether equivalence, substantial comparability, competence or another test is appropriate for assessing overseas-trained doctors. The committee comprises representatives from the College, the Australian Medical Council and the Australian Health Ministers Conference. It is anticipated that the Review Committee will report in late 2004.

The ACCC also has a strong focus on the accreditation of hospitals and hospital posts. The College is required to provide detailed information about the number of requests for accreditation of hospital/hospital posts; the number of assessments, and information as to why a hospital/hospital post was unsuccessful, the duration of the assessment process and description of the assessment process. Again these are a few examples of the reporting conditions.

The ACCC requires that a second Independent Review Committee be established to investigate the College criteria for accrediting hospital posts for Advanced Surgical Training and for accrediting hospitals for Basic Surgical Training. This Review will examine whether it is feasible to consider hospital posts other than hospital posts for Advanced Surgical Training and recognise retrospectively work undertaken in non-accredited training positions for the purpose of completing Advanced Surgical Training.

Membership of the Committee is similar to that above, and will also report in late 2004.

Selection of trainees was another subject of interest for the ACCC. The College will be required to include nominees of health ministers on selection panels for both Basic and Advanced Surgical Training, provide all applicants for Basic Surgical Training with their decline ranking for their total selection score and for each individual component of their assessment, advise all unsuccessful applicants for Advanced Surgical Training as to whether they were suitable for admission to the Advanced Surgical Training programme but due to the limited number of training positions were unable to gain a position.

In addition to the procedural changes in the selection process, the College is required to annually publish data as to the number of applicants for Advanced and Basic Surgical Training, the decline rank of applicants, the number of trainees appointed by individual hospitals, the number of applicants both successful and unsuccessful, as well as a range of other statistical information. These are just some of the points requiring a College response.

The College will annually provide information to the Commonwealth, state and territory Health Ministers regarding the number and distribution of Basic Surgical Training positions and the rationale employed in reaching these decisions.

Training and examinations also came under scrutiny.

Following is a selection of some of the information that the College is required to report: the number of Advanced and Basic Surgical trainees, the number of Advanced and Basic Surgical trainees successfully completing each year, the number of new fellows by specialty, the pass rate for the MFC and Clinical Examination (formerly known as the OSCE), and the pass rate for the Part 2 Examination by specialty. This information will be published as both a national aggregate and by state or territory.

Finally, the College will need to make publicly available information concerning: the subject matter covered in both Basic and Advanced Surgical Training; how trainees are assessed, descriptions of the Part 1 and 2 examinations, including the various elements and the marking system and the criteria determining eligibility for a trainee to undertake the Part 2 Examination.
The Board of Basic Surgical Training (BST) continued to be chaired by Professor Stephen Deane, with Mr Robert Atkinson as the Deputy Chair.

The Board considered the closure of the ‘old’ training programme at the end of 2003, after implementing a variety of strategies to ensure that trainees in the old programme were not unduly disadvantaged by its closure. There were 364 applications received for 205 basic surgical training positions.

The Board is developing a new electronic database for their Clinical Committee (previously known as the Objective Structured Clinical Examination). The Board also successfully introduced a new multiple choice question (MCQ) database covering the disciplines of anatomy, pathology and physiology. This will enable the committees associated with those disciplines to set examination papers electronically.

The Part 1 examinations were conducted in 2003 with three MCQ examinations at which a total of 278 candidates presented, of which 185 were successful, providing a pass rate of 67 per cent. There were two Objective Structured Clinical Examinations, at which 242 presented and 224 were successful, providing a pass rate of 92 per cent. The Orthopaedic Principles and Basic Science Examination was also conducted, with 44 candidates presenting and 42 successful, providing a pass rate of 95 per cent.

The Facilitated Personal Mentoring Scheme for basic surgical trainees attracted a high level of interest from first-year trainees, with approximately 50 trainees matched to volunteer fellow mentors.

The key areas for curriculum development during 2003 have included document the curriculum for Advanced Surgical Training (AST), continuing development of online educational resources for Basic and Advanced Surgical Training, and developing a strategy for evaluation of the surgical training programmes.

Web learning tools have been extended to include an image bank database, major case studies integrating the basic sciences with clinical content, an assessable online case . . . and an education homepage for each advanced surgical training specialty, containing details of the surgical curriculum.

In 2003 the College appointed a Curriculum Developer, Dr Andrewしての委員会を設置しました。これにより、基幹外科の訓練プログラムの閉鎖により、旧プログラムの生徒が不利益に影響を受けることが防げました。教員には364件の応募が寄せられました。205件の基本外科訓練プログラムの席は確保されました。

教員は、新たな電子データベースを構築し、各学問領域の委員会が検討することができるようになりました。Part 1の試験は2003年に3種類のMCQ試験で実施され、278人の参加者が実施され、185人が合格し、通過率は67％でした。Objective Structured Clinical Examinationでは、242人が参加し、224人が合格し、通過率は92％でした。Orthopaedic Principles and Basic Science Examinationでは、44人が参加し、42人が合格し、通過率は95％でした。

プロジェクトは、基本外科の新規マッチングシステムを採用し、第一年次生徒に50名のメンターを指名しました。

プロジェクトの重要な領域は、2003年における教育プログラムの開発です。特に、先進的な外科訓練プログラムのカリキュラムの設計と、発展のための戦略を策定する国際的な連携を進めました。

ウェブベースの学習ツールは、単なる画像ベースのデータベースから、主要な事例研究を組み合わせ、基本科学に関する内容を含むウェブベースのデータベースを拡張しました。さらに、各先進的な外科訓練専門に教育ホームページを設けることで、各専門のカリキュラムの詳細を提供することができます。

2003年には、カリキュラム開発の重要な領域として、先進的外科訓練プログラム（AST）のカタログを作成し、オンラインの教育リソースを作成し、基本外科と先進外科訓練のためのフルサイクルの評価を策定しました。
During 2003 the board also developed Correct Site and Correct Side Guidelines in collaboration with the Victorian Consultative Council and the Australian Orthopaedic Association. The guidelines will be reviewed in 2005 and have been disseminated widely.

Surgical audit continues to remain a focus of the board, with the development of a Guide to Surgical Audit and Peer Review. Surgical audit workshops were successfully conducted at the 2003 ASC in Brisbane and, due to interest in the topic, further workshops will be offered within the 2004 ASC general surgery programme.

Planning for the electronic capture of CPD data online has commenced and will be a priority of the board during 2004. This will be an important service to Fellows and will allow for CPD activities to be recorded in real time.

The Department of CPD continues to offer a range of professional development workshops for Fellows. These workshops included Surgeons as Managers (2), Risk Management (1), Report Writing for Court (1), Expert Witness (1) and Practice Management for Practice Managers (1). Three risk management masterclasses were also conducted for the first time during 2003: in general surgery, reanimation surgery and orthopaedic surgery.

Professor Richard Milward ably continued as chairman of the Surgeons as Educators Committee. Thirteen Fellows ran four Surgical Teachers Courses in 2003: in Christchurch, Melbourne, Brisbane and rural New South Wales, with a total of 46 Fellows and Advanced Surgical Trainees in attendance.

Professor Patricia Davidson resigned from the Surgeons as Educators Committee to assume the role of Censor-in-Chief. Professor Davidson made a significant contribution to the success of the courses and will continue to be involved.

In November the Division of Academic Services saw the departure of its Director, Mrs Susan Penny. Mrs Penny was a valued and dedicated member of staff who made a significant contribution to the development of the educational programmes and played a pivotal role in the negotiations with the ACCC.

In November the Division of Academic Services saw the inauguration of the ATLS/EMST programme. This initiative not only strengthened the ties between RACS and RCST, but enhanced the international reputation of EMST, being the first time a country other than the USA has provided the initial instructor training and contributed significantly to the inaugural courses.

Twenty-eight new instructors joined the existing team of multidisciplinary instructors, which now numbers 368, half of whom are surgeons and the remainder representative of anaesthesia, intensive care and emergency physicians and a small number of general practitioners. Seventy nurses support the programme through course co-ordination activities.

Featuring the enthusiasm and commitment of the faculty continues to be a high priority of the programme, the EMST Scholarship being one incentive. Dr David Scott (anaesthetist, Lismore) is the recipient of the EMST Scholarship for this year.

In recognition of outstanding contribution to teaching through the EMST programme, the inaugural Gordon Trina Medal was presented by the President, Mrs Anne Kolbe, to Mr Brian Miller (surgeon, Brisbane) during the Annual Scientific Congress in May.

This year, with the volunteer contribution of our instructors and support staff, a total of 7,684 doctors have received training through the EMST, CCISP, BSIC and CLEAR programmes.

Active curriculum review and evaluation combined with responsiveness to market needs have been the hallmarks of the courses. The activities of the programme have also provided a basis for greater international collaboration and outreach to our Asia Pacific neighbours.

The Continuing Professional Development (CPD) Programme continues to be an increasingly important component of College activities by ensuring that high surgical standards are maintained throughout the profession.

During 2003, the Board of Continuing Professional Development and Standards (CPDS) developed the 2004–2006 CPD Programme, following wide consultation with specialty societies and the Fellowship. The programme incorporates a number of changes to reflect the needs of Fellows and current educational principles. Notable changes to the programme include the introduction of a points system (rather than hours) to enable weighting for educational value and an emphasis on active learning. Additional practice topics have been included in the 2004–2006 Programme: other non-procedural and non-clinical work, e.g. research, academic, administration and surgical assisting.

Participation in the CPD programme during 2003 remained high, with 88 per cent of Fellows with a requirement to participate receiving recertification data forms. Of those who returned forms, over 96 per cent complied with the programme requirements. Annual verification of CPD information from 2.5 per cent of Fellows continues. The verification process enhances the accountability and transparency of the programme, however it continues to remain a challenge for Fellows who have been selected to substantiate information contained in their CPD returns.

A major initiative of the board during 2003 was development of a position paper on Competence and Surgeons. The Board of CPDS will progress with the issue of competence by inviting specialty societies and boards to develop specialty-specific proposals for assessment of competence. In addition the pathways for dealing with return to surgical practice following a period of absence will also be articulated in greater detail by the Competence Task Force.

Donations to Project China

Australian Doctors Association of Queensland $3000
Dr & Mrs P Cheung $200
Mrs M Dewar (dec.) $100
Mr & Mrs B Ho $500
Dr C Lee Wong $200
Mrs J Sin $500
Total $4500

Visitors from Australia to China during 2003

Dr Luke Moloney, endodontist and Dr Catherine Yuen, dental practitioner. 11–25 January 2003, Guangzhou College of Stomatology, Guangzhou.

Mr Vincent Cousins, Head and Neck/ENT surgeon. 22–29 March 2003, Memorial Hospital, Guangzhou.

Mr Neil Bergman and Mr Martin Richardson, orthopaedic surgeons, Dr James Love, anaesthetist and Ms Marilyn Dey, OR Nurse. 30 March–12 April 2003, Tongji Hospital, Wuhan.

Visits of Chinese Surgeons to Australia in 2003

Dr Chen Gong, colo-rectal surgeon, returned to China on 15 March 2003 after 18 months in Department of Surgery, Royal Adelaide and Queen Elizabeth hospitals, Adelaide.

Dr Tom Chen, hepatobiliary surgeon. 15 February–15 May 2003, Queensland Liver Transplantation Unit, Brisbane.

Dr Chen Jie, head and neck surgeon. 29 March–26 June 2003, Head and Neck/ENT Unit, Alfred Hospital, Melbourne.

Dr Li Lin, colo-rectal surgeon. 22 April 2003 for one year, Department of Surgery, Royal Adelaide and Queen Elizabeth hospitals, Adelaide.

Associate Professor Zhou Zhiwei, colo-rectal surgeon. 22 April–October 2003, Department of Surgery, Royal Adelaide and Queen Elizabeth hospitals, Adelaide.

Associate Professor Chen Minshan, hepatobiliary surgeon. 21 June–8 September 2003, Department of Surgery, Austin Hospital, Melbourne.

As a consequence of a visit arranged by Project China in 2002 for Mr Alex Auditi, paediatric surgeon, and Dr C W Chow, pathologist, both of the Royal Children’s Hospital, Melbourne, to the Guangzhou Children’s Hospital, a paediatric surgeon and a pathologist from Guangzhou are now gaining experience at the Royal Children’s Hospital, Melbourne.

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Mr & Mrs B Ho $500
Dr C Lee Wong $200
Mrs J Sin $500
Total $4500

Gordon and Rosie Low
Co-ordinators
Project China

Dr Peter Doolan, Head of the Department of Surgery, St Vincent’s Hospital, Sydney.
INTERNATIONAL PROJECTS
Over the last 12 months the College has continued to foster the exchange of knowledge, skills and friendship between Australia and its neighbours through our International Aid Projects. Fellows of the College have a proud history of volunteering their surgical and teaching skills to assist disadvantaged communities. This altruistic spirit continued to be a cornerstone of the projects in 2003 with, 318 Fellows stepping outside their comfort zone to make a positive impact in less-developed communities, conducting over 16,000 consultations and 5,000 operations. The College provided surgical support and training to Papua New Guinea (PNC) during the year through short-term specialist visits to major and regional centres. The local PNC surgeons also began organizing their own visits in addition to those managed by the Project. This has occurred when they find the time and skill to provide treatment themselves rather than relying on Australian surgical intervention. This is a satisfying outcome when these recipient countries develop a level of self-sufficiency in specialist services. Despite some turbulence in the region, the Pacific Islands Project (PIP) continued its support to 11 Pacific countries, including the recently contracted Nauru. Visits to the Solomon Islands occurred despite civil unrest, with specialist teams visiting the country both before and during the intervention of Australian troops. As part of the Project, College representatives also attended the successful Pacific Islands Surgeons Meeting in the Cook Islands in 2003, when the Pacific Island Surgeons Association was established, complete with an Executive Committee and a Constitution. In East Timor the programme has continued with the placement of a long-term surgeon and anaesthetist and each month a specialist team visits for one week. One of the confounding issues is the need to provide specialist services. Chinese specialist teams and Cuban GPs have been prominent in aid programmes in the region.

RURAL SURGERY
The Divisional Group of Rural Surgery (DGRS) represents the interests of those surgeons practising outside the metropolitan areas of Australia and New Zealand. It also provides the focus for the educational and professional concerns of regional, rural and remote surgeons. Its aim is to provide safe, accessible surgical care of the highest standard to the people of regional, rural and remote Australia and New Zealand. A strategic plan has been developed to this end and is intended to reduce professional isolation, encourage standards of excellence in practice and monitor conditions of practice.

With the support of the Commonwealth Department of Health and Ageing, the Rural Surgical Training Programme is now about to enter its seventh year of operation within the advanced training programme for general surgery, with some 70 trainees enrolled. Rural streams now also exist within orthopaedic surgery (60 trainees) and in otolaryngology, head and neck surgery (17 trainees). Access has also been given to advanced trainees in plastic and reconstructive surgery and in urology to gauge their interest in regional practice. Twelve Fellows have completed their training and are now either in regional consultant practice across national and remote locations, or undertaking post-Fellowship training prior to such practice. A number of regional consultants have been recruited from new Fellows who have not previously committed themselves to regional practice.

The Rural Locum and Vacancies Service continues to meet a vital need, filling 75 per cent of requests received and has been of assistance to a number of regional centres wishing to appoint consultant surgeons.

Regional and rural communities continue to struggle to find doctors and specialists in particular, due not only to the worldwide and worsening workforce shortages for all healthcare professionals, but also due to the unresolved medical indemnity crisis in Australia, budget capping and arbitrary theatre closures. The College is forming a rural taskforce to assist in resolving these issues in particular centres that impact negatively on the recruiting and retention of regional consultant surgeons.

The Rural Services Office also has the responsibility for administering the Paediatric Surgical Outreach Programme (PSOP) grants, received under the Support Scheme for Rural Specialists (SSRS), and now provides executive support for the Surgical Workforce Working Party.

The Specialist Outreach Service based at Royal Darwin Hospital is an integral part of the services that are provided by Royal Darwin Hospital and forms the basis for a better service delivered within the community that it serves. I trust that funding will continue so the service can maintain the highest standards of care.
Research

BOARD OF SURGICAL RESEARCH

The Board of Surgical Research has undertaken a period of reflection on the future implementation of various new initiatives and policies in the administration of the College’s scholarship programme.

Each year, the College receives a considerable number of applications for each type of funding, many of which are of an excellent standard and reflect the diverse interests and capabilities of the applicants. It is the Board’s intention to fund as many of these research projects as possible. In order to carry this through in an increasingly difficult financial climate, we have actively encouraged scholarship applicants to seek additional research funding. We have also stipulated that successful applicants procure support to the value of 25% of their RACS scholarship from their research department. This new initiative has resulted in the College being able to fund more research than ever before.

This year has also seen the implementation of a new award – the Fellowship in Surgical Education. We hope that this Fellowship, which will be jointly funded by the College and the Department of Surgery at the University of Toronto, will actively encourage researchers who are interested in surgical education to pursue postgraduate study in this area. The development of the Fellowship is a recognition of the importance and value that research and education have to have.

Another challenge for the board has been that of increasing the profile of research among the Fellowship. We have tackled this by encouraging recipients to include information about their research funding with their application. This has resulted in the implementation of various new initiatives and policies in the administration of the College’s scholarship programme.

In 2003, two scholarships and four fellowships totalling $114,500 were funded through funds bequeathed to the College. The College would like to acknowledge its gratitude to those individuals who have supported surgical research through bequests.

Margorie Hooper Scholarship

This Scholarship arose from the bequest by the late Margorie Hooper of South Australia and was first awarded in 1992. The Scholarship is awarded specifically to South Australian trainees and Fellows to enable them to undertake post-graduate studies, either in Australia or overseas.

Mr Andrew Comley – $30,000 stipend

Dr Comley utilised this Scholarship to conduct research in arthroplasty at The University of Western Ontario, Canada, under the supervision of Dr Robert Bourne.

Sir Roy McCaughrey Research Fellowships

These Fellowships arose following the bequest by the late Sir Roy McCaughrey, a grazier in the Riverina district of southern New South Wales. The husband of Sir Roy’s niece, Murray Phoel, persuaded him to donate funds to a number of charitable bodies, including RACS. Research under these Fellowships must be conducted in New South Wales.

Dr Sandrine Roman – $32,000 stipend plus $5,000 departmental maintenance

This Fellowship was established following a generous donation by Professor Murray Phoeil to The Sporting Chance Cancer Foundation, which was established in 1997 to provide scholarships to encourage doctors to develop ideas to better fight cancer. During 2003, the Sporting Chance Cancer Foundation received funds from Kennard’s Hire and Runners’ World.

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Dr Richard Flint – $30,000 stipend plus $5,000 departmental maintenance. Dr Flint utilised this Scholarship to conduct research on ‘the effect of intraoperative hypothermia and amyl nitrate on acute pancreatitis’ under the supervision of Associate Professor John Windsor.

Dr Harshita Pant – $30,000 stipend plus $5,000 departmental maintenance. Dr Pant utilised her Scholarship to conduct research on ‘the role of fungi in the development of Eosinophilic Macul Chronic Rhinosinusitis (EMCRS)’ under the supervision of Dr Peter Macare.

RACS Foundation New Zealand Research Fellowship

Dr Graham McCrystal – NZ$30,000 stipend plus NZ$5,000 departmental maintenance. Dr McCrystal utilised this Fellowship to conduct research on ‘optimal strategies for donor heart preservation’ under the supervision of Associate Professor Franklin Rosenfeldt.

RACS Foundation Peter King Scholarship

Dr Shyshal Orr – $30,000 stipend plus $5,000 departmental maintenance. Dr Orr utilised this Scholarship to conduct research in ‘neurophil and the post-operative inflammatory response to coronary artery bypass surgery’ under the supervision of Professor Robert Sutherland.

RACS Louis Waller Medico-Legal Scholarship

Dr Vinay Rane – $15,000 stipend plus $2,500 departmental maintenance. Dr Rane utilised this Scholarship to conduct research on ‘the medical and legal aspects of adverse events in surgery’ under the supervision of Professor David Watters.

RACS Foundation ANZ Journal of Surgery Scholarship

Dr Paul Smith – $10,000 stipend plus $5,000 departmental maintenance. Dr Smith utilised this Scholarship to conduct research on ‘the role of dentate cell proliferation in repair following hippocampal damage’ under the supervision of Professor Michael Murphy.

RACS Foundation Research Scholarship

Dr Vishal Bhaisin – $30,000 stipend plus $5,000 departmental maintenance. Dr Bhaisin utilised this Scholarship to conduct research on ‘tissue engineering of tissue regeneration: effect of microenvironment and stem cells on the regeneration of complex structures’ under the supervision of Professor Bruce Milhosome.

Dr Michael Findlay – $12,054 stipend plus $5,000 departmental maintenance (also supported by a Melbourne Research Scholarship). Dr Findlay utilised this Scholarship to conduct research on ‘the development of pancreatic cancer as a Postdoctoral Research Scholar.

Dr Andrew Binkin – $7,500. Dr Binkin utilised this Fellowship to travel to Johns Hopkins Hospital in Baltimore, USA, where he will be investigating the early molecular events in the development of pancreatic cancer as a Postdoctoral Research Scholar.

Dr Denice Roach – $7,500. Dr Roach utilised her Travelling Fellowship to attend Harvard Medical School and Brigham and Women’s Hospital in Boston, USA, to consolidate her vascular training under the guidance of Professor Anthony Whittemore.
TRAMA COMMITTEE

National Trauma Registry

Clip Pollard, Chairman of the RACS Trauma Systems Performance Improvement and Registrities Sub-Committee, has made great progress with the establishment of the National (Australia and New Zealand) Trauma Registry Consortium. This is a co-operative project with CONROD (Centre of National Research on Disability and Rehabilitation Medicine) to link together all relevant stakeholders in Australasia in order to facilitate the analysis of trauma systems data.

Verification

Progress with the implementation of the verification programme into Australasian hospitals is being made and we look forward to fulfilling the requirements of verification in both SA and NSW next year. Damian McKahan, Chairman of the College Trauma Verification Sub-Committee, continues to liaise with federal and state governments to promote the benefits of verification and its potential to improve trauma patient outcomes.

DSTC Course

Three Definitive Surgical Trauma Care (DSTC) courses were held in 2003 in Liverpool, Auckland and Melbourne. The DSTC is a two-day, hands-on course for the surgery of major trauma. The Trauma Committee considers that this course should be mandatory for surgeons working in trauma, trauma fellows and rural surgeons and is highly recommended to all advanced general surgical trainees.

Disaster Planning

Registers are established of surgeons prepared to respond in the event of a disaster. The Trauma Committee strongly recommends that surgeons who consider they could be part of a disaster response should undertake the Early Management of Severe Trauma (EMST) course, the DSTC course and a MAMMS (disaster response) course.

Education

As well as the promotion and development of >2 trainees, the issue of furthering educational initiatives in postgraduate and undergraduate trauma training is being reviewed. Consideration is being given to the establishment of a trauma section in the RACS.

Trauma Directors’ Workshop

The November workshop provided an excellent opportunity for Trauma Directors working in Australasian trauma services to meet up and discuss similar challenges facing those involved in trauma in Australia, with a US colleague giving valuable insight into how similar issues were dealt with internationally.

The Future

The Committee is aware that the issue of identifying trauma to trainees, together with the spectre of ongoing terrorism, has further focused the community on the need for developing robust trauma systems. There is a strong need for young surgeons to take a career path that includes trauma. The Trauma Committee regards the fostering of such surgeons to be one of its principal roles and has identified 28 hospitals in Australasia as major trauma services where surgeons, with highly developed trauma skills, will be needed in the future. The committee is also convening a working group of senior clinicians to discuss the role of women in trauma care.

I would like to take this opportunity to thank all members of the Trauma Committee and its sub-committees, as well as the Executive Officer, Lyn Jouveaux, for their work during the year. I am encouraged by the progress of our important projects.

Peter Danne
Chair

YOUNGER FELLOWS

During 2003 the Younger Fellows Committee was involved in a number of initiatives to support and provide a voice for Younger Fellows. Major activities of the committee included the Younger Fellows Forum, establishment of the Younger Fellows 3+2 working party and the Younger Fellows Medical Indemnity survey.

The Younger Fellows Committee represents over 1,500 Fellows of the College, from all regions of Australia. Younger Fellows are defined as those in their first 10 years of Fellowship.

The 2003 Younger Fellows Forum took place at Coeur Cove Resort, North Stradbroke Island, Queensland, 2–5 May. Sixteen Younger Fellows from a variety of specialties and locations throughout Australia came together for discussion and debate on a wide range of ideas and issues that concern and interest Younger Fellows. Presenters included the then-President Kingsley Faulkner, Anne Kolbe and Bill Glasson (currently APM President). College Council attendance were Ross Blair and Jennifer Chambers.

The forum included topics such as the medical indemnity crisis, future directions for the College and issues relating to training. Invited speaker Dr John Taske gave a presentation on his Mr Everest experiences, in the 50th anniversary year of the first conquest of Everest. Many thanks to forum convenor Michael Fan and co-convenors Craig Layt, Leigh Rutherford and Adrian Nowitzke.

The committee established a Younger Fellows 3+2 working party in May 2003 to contribute to the review of the 3+2 Advanced Surgical Training Programme in General Surgery. With the support of the Censor in Chief, Board in General Surgery, General Surgeons of Australia and New Zealand Association of General Surgeons, the working party aims to define the philosophy behind the original concept of the scheme and formulate suggestions for improvements to the current training programme. The working party has membership from most regions of Australia and is chaired by Richard Hanney. During 2003 it canvassed the fellowship for feedback and suggestions regarding the 3+2 programme. The emphasis of the working party is to review possible strategies for improving the programme and make recommendations to the Board in General Surgery.

In late 2003 a Younger Fellows survey was undertaken to gauge the impact of the medical indemnity crisis on Younger Fellows. Interim results were presented by College representatives to the Medical Indemnity Policy Review Panel, chaired by the Minister for Health and Ageing, Tony Abbott. The results of the survey will be published in ‘Surgical News’ and on the Younger Fellows website.

Three Preparation for Practice workshops were conducted successfully in 2003 in Western Australia, New South Wales and Queensland. The committee also continues to distribute a Younger Fellows Welcome Pack to newly admitted Fellows to encourage active involvement in College activities and support establishment of private practice.

Adrian Anthony
Chair
Younger Fellows Committee

WOMEN IN SURGERY

2003 has been an interesting year for the new Chair, Dr Jenny Chambers, and the Women in Surgery (WIS) Committee, with a range of major issues given consideration.

During the Annual Scientific Congress, WIS held a popular breakfast and business meeting in which Professor Averil Mansfield, from St Mary’s in London, participated. On behalf of all the WIS Committee members, I would like to extend a special thanks to Dr Mansfield for achieving election to two of the highest office-bearer positions at the College in 2003. The WIS Committee congratulated Anne Kolbe and Trish Davidson for achieving election to two of the highest office-bearer positions at the College in 2003.

In November the National Medical Educators Gender Skills Workshop was attended by surgical trainees and surgical educators – Jane Fox and Deb Colville. The workshop covered PBLs, case-based learning and assessment tasks including MCQs and OSCEs, the gender audit of Australian medical schools and Rural Undergraduate Steering Committee gender audit criteria highlights.

In December, the Sex and Medicine Symposium was attended by all the College’s Female Fellows and General Practitioners. Students from Monash Medical Facility also attended the event. The forum included topics such as the medical indemnity crisis, future directions for the College and issues relating to training. Invited speaker Dr John Taske gave a presentation on his Mt Everest experiences, in the 50th anniversary year of the first conquest of Everest. Many thanks to forum convenors Craig Layt, Leigh Rutherford and Adrian Nowitzke.

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NEW FELLOWS

Dr A Aitken  Dr A Alkadhi  Dr R U Almehdi  Dr V Anpalahan  Dr L A Ashton  Dr I P Astori  Dr E A Barui  Dr S A Barwood  Dr A J Bauze  Dr G Bayley  Dr I S Berceli  Dr J J Bennetts  Dr J Boorer  Dr D Brockwell  Dr J L Burow  Dr M Budd  Dr C C Chan  Dr G W Clark  Dr A B Clarke  Dr M L Collins  Mr T Daly  Dr M Damp  Dr D Darkenhoff  Dr I M Day Jr  Dr M Desai  Dr P Diaz  Dr R Dignan  Dr W Duncan  Dr P Dunne  Mr M K Edwards  Dr A H Ferrera  Dr M Flaxe  Dr G Golnik  Dr G Good  Dr R J Durgi  Dr F Hammersmith  Dr T A Hammond  Dr M Hankins  Dr K Hartbury  Dr H Haithamolla  Dr J J Haillman  Dr S A Henry  Dr A Houston  Dr J K X Huang  Dr S R Hutshing  Dr A Jaworski  Dr J B Kippen  Dr S Y Kwok  Dr J Lawton  Dr C Y Leung  Dr H M Lennox  Dr F Leslie  Dr J J Lumbers  Dr E Macminton  Dr K A Mahajani  Dr P Malan  Dr C J McCormick  Dr S Meade  Dr P N Mednis  Dr I M Mui

DEATHS OF FELLOWS

The College Council notes with regret the deaths of the following Fellows during the year 2003.

Mr B M Andrea  Mr J A Baird  Mr R M Berkel  Mr J W Best  Mr J M Bremer  Mr H Byrne  Mr J G Buls  Mr J M Calder  Mr Y Cohen  Mr F W Connaughton  Mr M Connaughton  Mr C B Connin  Mr R J Coax  Mr C N De Ganis  Prof R G Emslie  Prof Sir D Harrison  Dr H P Haake  Mr P K Kalibowsky  Mr H Kani  Mr J W Kent  Mr J T Kau  Mr W Law  Mr A M MacLeod  Mr D Meursje  Mr R P Melville  Mr M N Merras  Mr C H More  Mr D Morath  Mr W R Parker  Mr D C Perry  Mr H M Shaw  Mr C B S Stephenson  Dr W D Sturrock  Dr H T Thompson  Mr G R Thoms  Mr J C Thoms  Mr D W Warren  Mr D W White

CITATIONS

RACS MEDAL

The RACS Medal is awarded for distinguished service to the College.

Ms Jill McCartney

Jill McCartney was awarded the RACS Medal for a lasting and exceptional contribution to the Queensland State Committee of the College.

Jill was educated at Somerville House in Brisbane and at the University of Queensland. Her early work history includes six years at the Queensland Radium Institute and 16 years at the Queensland Branch of the Australian Medical Association.

Jill began her longstanding association with the Colleges in 1985. She initially worked concurrently for the College of Surgeons, the Faculty of Anaesthetists (later the College of Anaesthetists), the College of Physicians and the College of Obstetrics and Gynaecology. Since 1990, Jill has worked full time in a solo capacity as the College of Surgeons and is currently classified as Regional Manager, Queensland. In addition to the Queensland State Committee, this role also encompasses management of the College headquarters and facility in Queensland and the administrative functions of Training Boards and the Committee of Queensland Medical Colleges.

Her knowledge of College affairs is considerable. Her tireless work ethic, her devotion and loyalty to the College and its Fellows are most exemplary. Jill is variously described by surgeons she has worked with as direct, personable, endearing, respectful and possessing somewhat of an old world charm.

Jill is a fanatical historian. In collaboration with George Fielding Senior, she has established an extensive and often-used broad reference source of Queensland Surgical History.

She was awarded a Certificate of Appreciation for ‘exceptional service to the Queensland State Committee’ in 1994.

I now commend her for the award of the RACS Medal.

P Woodruff

Mr and Mrs Coralyn Wickham and Mr Kevin Wickham

Fellows who attended an Annual Scientific Congress (ASC) or a General Surgeons Meeting (GSM) between 1977 and 2001 have benefited immensely from the Wickhams' stewardship as conference organisers. For those of us who have been involved in the administration of the ASC, the Wickhams' expertise, knowledge and organisational skills have made our task much more straightforward.

On leaving Qantas in 1977, Kevin was invited by Sir Edward Hughes, then President of the College, to be involved in the co-ordination of the 51st GSM in Kuala Lumpur in May 1978. He has since administered the College meetings in 1981, 1984, 1986–89 and 1991–2001. Kevin and Coralyn's success, together with the increase in registration at successive ASCs, contributed to greatly by their efficiency and calm resolution of problems. In practice, they absorbed the College ethos and developed an intrinsic understanding of the Fellowship and the ASC's part in College life. As a result, there was a significant void to fill when their commercial association came to an end and after the ASC in 2001.

Kevin is dynamic and successful and it is not surprising to read in his CV that he was a champion rower, despite his short physical stature. He represented Australia at the World Rowing Championships in 1962 and the Olympic Games in Tokyo in 1964, and in 1981 coached the Champion Eight at the Masters Games in Copenhagen. In 1987, at the Masters Games at Lake Barrington in Tassie, he received three gold medals, one silver medal and one bronze medal. In 2000, he was privileged to carry the Olympic Torch and lit the Olympic Community Cauldron at Coac.

His love affair with the water has continued with his involvement in yachting and he is currently Rear Commodore of the Blairgowrie Yacht Squadron. He is an accomplished yachtsman and has many certificates, including Navigation and Sailsmanship, to attest to his skills.

While Kevin has been achieving all his milestones, Wickhams’ Co-Director, Coralyn, has steadfastly provided support and strength over many years. She has balanced business and motherhood with much skill and at the ASC has used her calming influence with great effect. She was educated at Methodist Ladies College, Kew, and has been heavily involved in Old Collegian activities and as a member of the MLC Board. She is a mother of two and in later years has substituted yachting for competitive tennis.

Kevin and Coralyn have contributed significantly to the College through the ASC process. They is not just a commercial arrangement. They both expended considerable extra energy and commitment, as they became part of College life. They are worthy recipients of the RACS Medal.

R Stitt
Professor David Watson

David Watson was born in Adelaide and educated at Henley Beach High School. His medical education was undertaken at the University of Adelaide before he commenced his clinical training at the Royal Adelaide Hospital in South Australia, gaining his FRACS in 1992. In 1993, he trained at the Royal Hallamshire Hospital and was as a lecturer in the University of Sheffield, England, before returning to Australia to become the Director of the Royal Adelaide Centre for Endoscopic Surgery in 1994. He is currently Professor of Surgery and Head of the Department of Surgery at Flinders University, South Australia.

His professional interests are laparoscopic surgery, oesophageal reflux, oesophageal cancer and Barrett’s oesophagus. His MD thesis, awarded in 1996, was entitled ‘Improving Outcome Following Surgery for Gastrooesophageal Reflux Disease: Laparoscopic Anti-Reflux Surgery’. Apart from the brief time spent in the United Kingdom, he has been personally and professionally committed to South Australia, achieving a prestigious record of research. He has supervised eight postgraduate students to completion of their theses and has published over 126 original articles, 16 book chapters and 82 abstracts. He had significant and significant grant support totalling $44.5 million between 1992 and 2002, including three grants from the NHMRC. His many research contributions have been internationally recognised with the award of six prizes.

I am told by colleagues that an initial impression that David might be in any way reticent is offset by his strong sense of justice and ability to act on conviction. He is regarded as scrupulously fair, with his appointment as Professor of Surgery at Flinders Medical Centre seen as well-deserved recognition of an outstanding surgical researcher. He is respected as an exceptionally gifted and innovative endoscopic surgeon, enabling an enviable international reputation as an ambassador for Australian surgery. David has continued his commitment to surgical education, with his appointment as Chair of the South Australian Training Committee and serving on the Editorial Board of the ‘ANZ Journal of Surgery’. He is regarded as a true representative of the new generation of surgeons, who appropriately balance their family life as a priority among their many professional commitments.

As a young surgeon with astute clinical, organisational and research abilities, making an outstanding contribution to the advancement of surgery, David Watson is a worthy recipient of the John Mitchell Crouch Fellowship for 2003.

Professor Bryant Stokes

Bryant Stokes is a medical graduate of the University of Western Australia. He became a Fellow of the Royal Australasian College of Surgeons in 1965, and a Fellow of the Royal College of Surgeons of England in 1968. He is a distinguished neurosurgeon and a leader in Australian healthcare.

Bryant Stokes’s neurosurgical career began when he was a trainee in the University Department of Surgery and the Department of Neurosurgery at the Royal Perth Hospital and at Princess Margaret Hospital, Western Australia. He then undertook a Chief Residency in Neurosurgery at the University of Toronto, Canada, and a Fellowship-neurosurgery at Mt Sinai School of Medicine, New York, USA. He subsequently returned to Perth, where he is now Clinical Professor of Neurosurgery, University of Western Australia. Consultant Neurosurgeon at St Charles Gardner, Royal Perth and St John of God hospitals, Professor of Clinical Anatomy and Human Biology, University of Western Australia, and Professor of Anatomy, Notre Dame University.

During his clinical career, Professor Stokes has made many significant contributions to the clinical care of neurological patients, especially in the areas of cerebrovascular disease, neuro- oncology and neurotrauma. As a member of the Royal Flying Doctor Service, he has worked to improve the safety and standard of, and equity of access to, healthcare for rural and remote Australians. He is a Patron of the Head Injury Society of Western Australia.

Professor Stokes has enriched the specialty of neurosurgery in Australia. He is a member of the Neurosurgical Society of Australia and has served on the Society’s Executive Committee. He has been very actively involved in the training and assessment of several generations of neurosurgeons. He has been a member of the RACS Board of the College’s Examiners, the Chief Examiner in Neurosurgery. Professor Stokes has been active in fostering research. He is a member of the Board of Directors of the Western Australian Medical Research Institute and a previous Director of the Medical Research Foundation of Western Australia.

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Perhaps Professor Stokes’s greatest contributions to Australian surgery and healthcare are in the areas of safety and quality, and leadership in healthcare management. He is Chairman of the WA Safety and Quality in Healthcare Council, a member of the Australian Council for Safety and Quality in Healthcare and a member of the Expert Advisory Group in the Quality and Safety of Healthcare for the Australian Federal Minister of Health. He is a surgeon for the Australian Council on Healthcare Standards.

Professor Stokes began his career as a healthcare manager some 20 years ago. Initially he was Chairman of the Division of Surgery, Royal Perth Hospital, and subsequently a member of the Board of Management of the Royal Perth and St Charles Gardner hospitals. Many important healthcare management roles followed. He is a member of the Royal College of Medical Administrators and an Associate Fellow of the Australian College of Healthcare Executives. In 1995 he was appointed Chief Medical Officer, Health Department of Western Australia, and Clinical Consultant to the Commissioner of Health. In 2001 he was Acting Commissioner of Health in Western Australia.

In recognition of his service to Australian medicine and to surgery, Professor Stokes was made a Member in the General Division, Order of Australia (AM) in 2001. Professor Stokes has made very significant contributions to Australasian neurosurgery and to the safety and quality of Australian healthcare. He is a leader and a strong and visible role model in Australian healthcare management. Our College honours Bryant Stokes for his leadership and his distinguished contributions to the surgical profession through the award of the ESR Hughes Medal.

A Kolbe

Professor John Hunn

The College has a significant number of awards – given for outstanding achievement in a variety of fields. These almost always go to appropriately outstanding achievers, but there has been a concern that there are undoubtedly less-Visible, lower-profiled achievers who are equally meritorious and whose often unseen accomplishments warrant recognition. This, I believe, was the motivation behind the establishment of the ESR Hughes Medal in 1998, and it is my pleasure to present John McLeod Hunn as the third recipient of that award.

Professor John Hunn was born in Melbourne and educated at Geelong Grammar School, He completed his medical education at the University of Melbourne before he commenced his surgical training at the Royal Melbourne Hospital. He became a Fellow of the Royal Australasian College of Surgeons in 1974, and a Fellow of the Royal College of Surgeons of England in 1975. He was elected an Honorary Associate of the Royal Australasian College of Surgeons in 1987, and was made a Member of the Order of Australia (M OA) in 1991.

Professor Hunn has been a significant contributor to surgery through his clinical, research and educational activities, and through his leadership roles. As a young surgeon with astute clinical, organisational and research abilities, making an outstanding contribution to the advancement of surgery, Professor John Hunn is a worthy recipient of the John Mitchell Crouch Fellowship for 2003.
MCRAE MEDAL

Approved by Council in 2001, the McRae Medal commemorates the life and work of the late Colin Ulric McRae. It recognizes and promotes the art and science of surgery and surgical leadership in New Zealand and honours those who have made outstanding contributions in this way. The McRae Medal is awarded on the recommendation of the New Zealand Committee.

Mr Alan Kerr

Alan Kerr is the first recipient of the McRae Medal. This award commemorates the life and work of the late Colin McRae, leading New Zealand urologist and major contributor to this College over 20 years. Colin was one of five Presidents to have come from New Zealand. This medal and its inaugural recipient remind us of the enormous contributions made by the New Zealand Fellows of this College, not only to the art and science of surgery but also to surgical leadership in New Zealand and beyond.

Alan Kerr graduated from the University of Otago and served as House Officer and Surgical Registrar at the Wellington Hospital. He achieved Fellowship of this College in 1965 after working at Green Lane, Auckland and Middlemore Hospitals. He then committed to the emerging specialty of cardiothoracic surgery, working in the world-renowned unit at Green Lane with Sir Brian Barrett-Boyes. Further experience was obtained in the United States with John Kirklin at the University of Alabama.

On returning from the United States he was appointed to the full-time consultant staff at Green Lane, retiring in 2002. He was Clinical Director of the cardiothoracic unit from 1989 to 1996. During his early career he was involved in coronary artery and aortic surgery. Over the last 20 years his major interest has been in paediatric cardiac surgery and more recently he has had a major role in heart and lung transplantation. He is known for his selfless commitment to his patients, regardless of any inconvenience or the hour of the day. He has a strong scientific background and an encyclopaedic knowledge of cardiac, vascular and thoracic surgery. Alan Kerr’s contributions to his specialty and to surgery in New Zealand have been immense.

He has served this College on the board of Thoracic Surgery and as an examiner. He has also held a major role on the New Zealand National Heart Foundation, the Executive Committee of the New Zealand Cardiac Surgical Register and the New Zealand Cardiac Review Committee. He has been a visiting surgeon to cardiothoracic units in India, Singapore and Australia.

In 1997 he was made a Companion of the New Zealand Order of Merit and Honorary Clinical Professor of Auckland University.

Alan continues to contribute to the care of children with cardiac problems. Since 2001 he has made three voluntary trips to Gaza, performing cardiac surgery on Palestinian children under very difficult conditions.

The McRae Medal celebrates not only the achievements of New Zealand surgeons, but also the trans-Tasman nature of our College. Alan Kerr’s career exemplifies all that is excellent in New Zealand surgery and makes him a fitting recipient of the inaugural McRae Medal.

A Sutherland

HONOURS & AWARDS

COLLEGE AWARDS

Honorary Fellowship
Prof Joseph Lau

Sir Hugh Devine Medal
Prof Bruce Barrackough

Award of Excellence in Surgery
Prof Brian Buxton

RACS Court of Honour
Prof Kingsley Faulkner

RACS Medal
Mrs Bev Lindley, Mr Glen Benveniste

ESR Hughes Medal
A/Prof Ian O’Rourke

Colin McRae Medal
Prof Randall Morton

International Medal
Prof Don Marshall

Inaugural Gordon Trinca Medal
Mr Brian Miller

Inaugural Provincial Surgeons Award
Mr John Nettlefold

ESR Hughes Award
Prof Tim Cartmill

Companion of the College
Mr Norm Bevan

Centenary Medal
Dr Rowan Nicks

NEW ZEALAND NEW YEAR HONOURS

OMNZ
Prof Alexander Jeffrey

AUSTRALIA DAY HONOURS

AM
Dr Trevor Apsimon
Prof John Hutt
Mr Stephen Wilkinson

OAM
Mr Andrew Ellis
Mr Robert Farnsworth
Mr William Gilles
Mr Justin Kelly
Mr John Upjohn

QUEEN’S BIRTHDAY HONOURS

New Zealand

CNZM
Prof Harley D Gray

ONZM
Mr Geoffrey Lamb

Australia

AO
Prof Bruce Barrackough
Prof Robert Baxt
Prof Bruce Benjamin

AM
Prof Noel Dan
Dr Alexander Conski
Mr Gordon Low
Mr Graham Nunn

OAM
Mr Miklos Pohl

HONOURS FOR BALI HEROES

The following Fellows and Trainees were recognised by Governor-General Michael Jeffery on 17 October 2003 for their efforts following the bombing in Bali.

AM
Mr John Greenwood
Dr Vijith Vijayasekaran
Ms Fiona Wood

OAM
Dr Bernard Carney
Mr Peter Haertsch
Mr John Hogg
Ms Carole Mansfield

CSC
Mr David Read
In addition to $642,631 in donations received from Fellows, private benefactors and corporate supporters, in-kind corporate sponsorship totalled $1,695,000. Sponsorship of the Basic Surgical Skills course was estimated at $230,000 while the Annual Scientific Congress received in-kind support from industry associates to the value of $215,000. The new College Educational Facility also received $1,250,000 worth of donated equipment.

The College gratefully acknowledges these generous corporate sponsors and benefactors.

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