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Council met with both a very full and restructured agenda on Thursday 28 and Friday 29 June in Melbourne.

It was my pleasure to welcome new Councillors to their first meeting; A/Prof Phill Carson, Dr Lawrence Malisano, A/Prof Julie Mundy, Mr Alan Saunder, Mr Tony Sparnon, Dr David Theile, Mr Neil Vallance and Mr Sean Hamilton. I also was delighted to welcome Dr Lindy Roberts as President of ANZCA to the meeting.

Congratulations to Professor Julian Smith who was elected to the position of Chair of Professional Development and A/Prof Ian Bennett as Chair of Research, Audit and Academic Surgery.

Strategic, empowered and outstanding

A number of initiatives and activities were discussed, not only at the specific Council meeting but also in the preceding days at Education Board, Professional Development and Standards Board, Governance and Advocacy Committee, the Resources Committee and Audit Committee. Through all of these meetings the following themes were clearly developed and I believe will now be taken forward through my tenure as President. They are:

1. Council and the College to become more strategic in identifying the key concerns for the Fellowship as they deliver surgical services and advocate for them more effectively.
2. Act in the best interests of the whole of the Fellowship and have a highly positive relationship with all the specialty societies and special interest groups as key stakeholders in surgery.
3. Deliver outstanding programs that support lifelong education for Trainees and Fellows.

To this extent Council endorsed four directional papers focusing on governance, categories of partnering arrangements to deliver our educational programs, compliance to ensure accreditation and ongoing efficiency measures to remove unnecessary costs.

If of necessity the directional papers will require further detail to be clarified. However key areas addressed include:

1. Council to focus on key strategies and advocacy items of concern to the Fellows and trainees of the College. Time is created for this by delegating all routine matters to the senior committees/boards. Council also needs to focus on the key risks not only for the College but also for surgery. The revamped Risk Management and Audit Committee will assist with this.
2. Councillors will increase their engagement in both Specialty Society and Regional Committee activities.
3. Although Council will retain the key fiduciary responsibilities for the College, the Executive which meets monthly will be charged with oversight of the business plan and delivery on our strategic goals.
4. Council will continue to consist of 16 Fellowship Elected Councillors and 9 Specialty Elected Councillors.

5. The older Memoranda of Understanding and Service Agreements will be re-structured reflecting partnering arrangements with the various specialty societies. There will be three categories of partnering arrangements which will vary from being closely aligned with the College to being a largely autonomous Faculty of Training underpinned by an educational compliance program comparable with programs in the Tertiary Educational Sector. Transparent compliance will be expected of societies in return for greater educational autonomy.

6. If a Training Board is supported by two societies in Australia and New Zealand then they can choose to separate the functions of the training boards. However this will be underpinned by a common curricula and common summative examination processes.

7. The fees charged by the College and the Specialty Societies will be to cover costs as our educational programs are structured as cost-recovery and not profit making. The College will raise fees to cover its costs and also the cost of cross subsidisation between the nine specialties designed so the training fees among the nine specialties are approximately the same. The College costs will be verified externally. The Specialty Societies will determine their own costs and either have the College handle this process or raise invoices on their own behalf.

8. The Board of Surgical Education and Training is a key forum for Training Board chairs to be able to discuss key issues of concern for the standards of surgical training. This will be maintained with improved reporting through to the Education Board. By re-structuring College governance, Education Board will become the decision making educational body thereby minimising lines of reporting.

9. The College remains committed to the delivery of the FRACS training program in the nine specialties in both countries. It looks to the thirteen Specialty Societies to engage with these partnering arrangements. If that is not possible then a divisional structure will be implemented that includes senior educational resources.

10. The Academy of Surgical Educators has been ‘rescoped’ to focus on the core function of providing recognition and support of our educators. Ensuring our educators, no matter what particular activity they undertake, have access to their own professional development is vitally important. The College has instigated a number of activities over the past years including courses for examiners, supervisors, instructors as well as teachers and educators. These will now have further support through the simplified academy structure that will report through the Professional Development Committee. Membership will be open to all those who are committed to the role of Surgical Educator.

Differential Pass Rates between Australia and New Zealand

One of the major issues discussed at Education Board was the ongoing variation in the pass rate for the Fellowship Examination between Australia and New Zealand. This is now substantial and with the ease/difficulty of the Fellowship examination comparable between the two countries the ongoing higher pass rate in New Zealand needs further analysis. Lots of reasons from calibre of University Medical Schools, to cohesion of teaching hospital surgical services, to demands of service against training can be conjectured. The Education Board will create a working party to progress this analysis.

e-Learning Strategy

The College has substantially progressed its information technology platform and e-
Learning developments are now possible. Modules developed to date include SAT-SET, SET selection interview training, Goal setting, Self-assessment and an IMG learning forum. RACSTA and the Younger Fellows will be particularly involved in ensuring this important resource is developed.

### Ongoing Success of the Foundation for Surgery

Professor Kingsley Faulkner addressed Council as the Chair of the Foundation. The Foundation is growing and establishing a greater profile with ongoing and substantial support from Fellows, and an increasing number of bequests and corporate benevolent opportunities. Activities within Indigenous Health, International Development and Surgical Research are being identified for support either directly through the Foundation or by providing links to key external agencies.

### Ongoing Success of the ANZ Journal of Surgery

Professor John Harris, Editor in Chief reported to Council that the Journal’s recently launched wiki at [http://www.surgwiki.com/wiki/Main_Page](http://www.surgwiki.com/wiki/Main_Page) is developing substantial interest. At the same time the Journal itself is going from strength to strength having just increased its Impact Factors.

### New Continuing Professional Development program

Council approved the revised approach to CPD that will be effective from 2013. Based on an annual approach, the categories and the classifications have been simplified. Detail will be distributed in the near future so all Fellows are fully informed of the changes.

Also the streamlined ability to incorporate all the information required for verification will be a priority as we continue to upgrade the CPD on line functionality over the coming months.

### Detailed consultation with the Commonwealth Department of Health and Ageing / Australian Institute of Health and Welfare - we need your involvement

Part of the Professional Development and Standards Board meeting was allocated to a two hour consultative session with the Commonwealth Department of Health and Ageing and the Australian Institute of Health and Welfare (AIHW). The issues of categorising and prioritising elective and emergency surgery were discussed at length. This builds on the work that the College is undertaking with AIHW about elective surgery categorisation. An Australian set of categories for elective surgery will be developed by November 2012. There already has been substantial consultation with the surgical specialty societies as the major stakeholders. Further regional workshops will occur over July and August 2012. Surgical involvement is critical to the success of this endeavour.

Two workshops (3 hours duration) will be held at each venue on the following dates:

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Venue</th>
<th>Time</th>
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<tbody>
<tr>
<td>Melbourne</td>
<td>12 July</td>
<td>Stamford Plaza, 111 Little Collins St</td>
<td>2:00pm &amp; 6.00pm</td>
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<tr>
<td>Perth</td>
<td>17 July</td>
<td>Rydges Perth, Cnr King &amp; Hay St</td>
<td>2:00pm &amp; 6.00pm</td>
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<tr>
<td>Sydney</td>
<td>2 August</td>
<td>Wesley Conf Centre, 220 Pitt St</td>
<td>2:00pm &amp; 6.00pm</td>
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<tr>
<td>Brisbane</td>
<td>3 August</td>
<td>Mercure, 85-87 North Quay</td>
<td>2:00pm &amp; 6.00pm</td>
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<tr>
<td>Adelaide</td>
<td>7 August</td>
<td>Hilton, 233 Victoria Square</td>
<td>2:00pm &amp; 6.00pm</td>
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You are encouraged to attend one of these workshops. To receive pre-workshop material, please register your interest, including your name, contact email and preferred workshop location and session time to esucdefinitions@aihw.gov.au

Condolences

Council extends our sympathy to the family and friends of the following Fellows and close friends of the College:

Raymond Victor James Windsor, NZ Cardiothoracic surgeon
Peter Packer, WA Otolaryngologist Head and Neck surgeon
Helen Charmaine Beh, Former CEO of the AOA
Francis John Gillingham Hon FRACS, UK Neurosurgeon
Emil Andrew Popovic, VIC Neurosurgeon
Robert John Utley, NZ General surgeon
Bryan Wheaton Yeo, NSW General surgeon
Ian Ewart Blackwell, VIC Otolaryngologist Head and Neck surgeon
Robert Fyfe Zacharin, VIC Obstetrician and Gynaecologist
William Leslie Francis Utley, NZ Urologist
Samuel Philip Wrightson, NZ Neurosurgeon
Duncan Jules Simon, NZ Plastic & Reconstructive surgeon
Alan Grenfell Morgan, NZ General surgeon
James Lawrence Wright, NZ Obstetrician and Gynaecologist
John Ernest Dunlop Goldie AM, NSW General surgeon

Congratulations

Congratulations are extended to the following Fellows who received the following honours

Officer (AO) in the General Division
The Hon Dr John Joseph Herron AO FRACS

Member (AM) in the General Division
Dr Stephen Baddeley AM FRACS
Professor Christopher Christophi AM FRACS
A/Professor Jonathan Raymond Stretch AM FRACS
Mr Bernard Wheelahan AM FRACS
Professor Geoffrey Hamilton White AM FRACS

Medal (OAM) in the General Division
Dr Joseph Latimer Davis OAM FRACS
Dr Anthony Graham Fisher OAM FRACS
Dr Moheb Ghaly OAM FRACS
Dr James Herbert Martin OAM FRACS
Dr William David Miller OAM FRACS

I look forward to discussing these initiatives and changes with you.

A/Prof Michael Hollands
President

RACS – The College of Surgeons of Australia and New Zealand