

# Annual Report

## 2020

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## About RACS

RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand.

The College is a not-for-profit organisation that represents more than 6800 surgeons and 1300 surgical Trainees and Specialist International Medical Graduates.

RACS is a substantial funder of surgical research and also supports healthcare and surgical education in the Asia-Pacific region.

RACS trains nine surgical specialties across Australia and New Zealand: in Cardiothoracic Surgery, General Surgery, Neurosurgery, Orthopaedic Surgery, Otolaryngology Head-and-Neck Surgery, Paediatric Surgery, Plastic and Reconstructive Surgery, Urology and Vascular Surgery.

### **Vision**

Leading surgical performance, professionalism and improving patient care.

### **Mission**

The leading advocate for surgical standards, education and professionalism in Australia and New Zealand.

### **Values**

Service, Integrity, Respect, Compassion, Collaboration.

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## 2020 highlights

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### Education and standards



Two Fellowship examinations administered for 288 candidates by 255 examiners, 36 local coordinators and 50 staff across 59 venues in Australia and New Zealand.

Largest ever Generic Surgical Science Examination and Specialty Specific Examination administered to 709 candidates.

Approximately 409 hours donated by RACS Fellows delivered over 44 professional development activities.

The Speak Up app, which assists surgeons to speak up when unacceptable behaviour occurs, downloaded 488 times since its launch in 2019.

Twenty per cent increase in specialist assessment applications.

Surgery remained a popular career option for junior doctors with 892 applications received.

Seventy-seven staff, volunteers and governance members completed RACS Global Health online training courses

for Child Safeguarding and Prevention of Sexual Exploitation Abuse and Harassment.

Forty face-to-face skills courses delivered to more than 615 course participants.

Approximately 13,000 hours donated pro bono to teaching RACS skills courses.

Online and face-to-face (where possible) training delivered to 2727 Fellows, Trainees and SIMGs.

### Diversity and inclusion



Female Surgical Education and Training (SET) applicants offered a Trainee position accounted for 31.5 per cent of successful applicants, up from 29.6 per cent in 2019.

Formal adoption of Cultural Competence and Cultural Safety as the tenth core surgical competency, reflecting its significance to surgical excellence.

Scholarships and grants awarded to seven Māori and 12 Aboriginal and Torres Strait Islander students and junior doctors to support their surgical careers.

Launched the Indigenous Surgical Pathway Program to facilitate an increase in Aboriginal and Torres Strait Islander doctors in surgery.

Two General Surgery rural health positions funded by the Australian Government Department of Health's Specialist Training Program (STP), with four positions to be funded in 2021.





## 2020 highlights CONTINUED

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### Advocacy and awareness



Advocated for the lowering of the age for Māori to access the New Zealand National Bowel Cancer Screening program.

Worked with the University of Otago's Māori Health Department to develop a cultural safety and cultural competency education package.

Advocated to safeguard public safety by restricting the use of the title 'surgeon' to medical practitioners with accredited training in surgical practice.

Established two working groups dedicated to health policy and environmental sustainability.

Conducted surveys that found 93 per cent of patients were satisfied with the quality of their telehealth consultation and 88 per cent of surgeons would consider using telehealth beyond the pandemic.

Increased engagement with junior doctors saw subscription renewals rise from 46 per cent in 2019 to nearly 60 per cent in 2020.

### Services



STP funded 61.8 hospital posts for accredited registrars, across mainland Australia.

STP funded 8.4 hospital posts for accredited and unaccredited registrars, Fellows, supervisors, and administrative support in Tasmania.

Almost 90,000 RACS library searches made by Fellows, Trainees and SIMGs and over 11,000 ebooks, and 7000 ejournals accessed directly.

RACS museum and archives published a book, *Unveiling the Collections*, on the many significant and unusual objects in the College collections.

College website enhanced, moving to a more stable, flexible, scalable and secure platform.

New intranet for staff launched and is now an essential platform to share important information.

RACS Post-Op podcast downloaded 22,311 times, a 65 per cent increase from 2019.

Eight hundred podcast subscribers, indicating one in 10 RACS members listen regularly.

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## Global Health




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Five online Papua New Guinea CO-HELP online training modules completed by 97 health care workers.

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Under the Pacific Island Program (PIP) 431 health workers trained and 278 surgical procedures carried out.

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Treated 866 patients in Timor-Leste under the Australia Timor Leste Program for Assistance in Secondary Services (ATLAS) (Phase II) and East Timor Eye Program (ETEP).

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Provided 149 patients with access to cataract surgery and 14 patients accessed pterygium surgery under ETEP.

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Over 1000 life-changing procedures delivered in developing Asia-Pacific countries.

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More than 2300 local health workers attended RACS workshops in the Asia-Pacific region.

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## Scholarships and grants




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Established a transparent and consistent governance structure to align all RACS scholarships and grants.

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Developed Research and Learning and Development scholarship/grant policies, procedure, structure and processes to increase impact, equity, and organisational efficiency.

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Completed an external unconscious bias review assessing all aspects of RACS scholarships/grants to increase applicant accessibility.

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It has been a year of grief and many hard decisions have been made, but it has also been a year that has made us reflect on what we can do better as surgeons and as a society.

## President's report

It has been an eventful year, but it is pleasing to see that we ended on a positive note with Australia and New Zealand emerging relatively well from the ravages caused by COVID-19. As both our countries open their borders, buoyed by the news of potential vaccines, it is important to take stock of the year that has been.

The pandemic showed that we can respond swiftly and purposefully on behalf of our members and wider community to influence and advise government. The work performed and the support given by the specialty societies, the New Zealand National Board, and the Australian state and territory committees made our views appreciated and actively sought by national and state governments. It was pleasing to see the Royal Australasian College of Surgeons (RACS) leadership being noticed and valued.

From the outset of the pandemic, our priority was the health and safety of our Fellows, Trainees, Specialist International Medical Graduates (SIMGs) and staff. We followed a set of overarching principles to guide our decision making. We agreed that we would act in the best interests of patient care and the community, and in consultation with our stakeholders and the healthcare systems in which we work. We wanted to make sure that we acted consistently, transparently and fairly across all our training and educational programs.

While these actions were necessary, I know that they were also disruptive for many. I empathise with those who were impacted, particularly our Trainees and those whose livelihoods were affected. I would like to extend my gratitude to everyone for their understanding and support.

Despite the challenges, I was delighted that we were able to deliver the Fellowship Examination. Holding an exam in over 50 venues in five different time zones for 290 candidates involving 250 examiners is an extraordinary achievement that most colleges would not contemplate attempting. Thank you to everyone who made this possible: our examiners,

specialty societies, staff throughout Australia and New Zealand and, most importantly, I thank our candidates for their patience and understanding.

Another highlight of the year was the close collaboration in which we worked with specialty societies, members, staff and our Australian states' and territories' committee chairs and the New Zealand Board chair. Much of the COVID-19 policy response was led at a local level, and we did our best to ensure that our state and territory committees and the New Zealand Board were well placed to influence health policies and decision making as well as support Fellows internally within their jurisdiction.

During the year we accelerated our advocacy efforts with much of the work done focusing on navigating our way through COVID-19, but we didn't lose sight of our other priorities. We continued to advocate strongly in areas such as road trauma and rural health, among others. Another issue that emerged with greater prominence due to COVID-19 was telehealth. In Australia, the College was a strong supporter of the temporary telehealth Medicare Benefits Schedule item numbers and has been writing to, and speaking with, the office of the Australian Minister for Health and Aged Care and the Commonwealth Department of Health to advocate for their extension until March 2021.

In June two new working groups met for the first time. These groups aim to support the College's engagement on Environmental Sustainability in Surgical Practice and Sustainability in Healthcare. A comprehensive submission was made to the Royal Commission into the National Natural Disaster Arrangements (commonly known as the Bushfire Royal Commission), which was an excellent example of collaboration and coordination between Fellows and the College's research and advocacy areas.

In the latter part of the year, we successfully held our 2020 RACS Council elections, the results of which will be tabled at our 2021 Annual General Meeting and the newly elected Councillors will take office.



There are three new incoming Councillors: Fellowship Elected (Otolaryngology, Head and Neck Surgery) Nicola Hill from New Zealand and Andrew Cochrane (Cardiothoracic Specialty Elected) from Victoria and Philip Morreau, a Paediatric Specialty Elected Councillor from New Zealand.

Five incoming Councillors were also re-elected. The three Fellowship re-elected incoming Councillors are from General Surgery: Andrew Hill from New Zealand, Christine Lai from South Australia and Maxine Ronald from New Zealand. The two specialty re-elected incoming Councillors are David Fletcher (General Specialty Elected Councillor) from Western Australia and John Crozier (Vascular Surgery Specialty Elected Councillor) from New South Wales.

On other Council matters, we continued to streamline our governance model, ensuring committees and approval pathways are fit for purpose. This will reduce our administrative overhead, enabling a stronger focus on outcomes, give members more value and better support our strategic priorities. The global health governance structure was also revised. The new structure comprises the International Engagement Committee, Global Health Section and Global Health Programs Steering Group. Corporate committees were also rationalised, with the Resources Committee and Risk Management and Audit Committee merged into the Finance, Audit and Risk Management Committee. The Professional Development Committee now reports to the Education Board, rather than the Professional Development and Standards Board.

It has been a year of grief and many hard decisions have been made, but it has also been a year that has made us reflect on what we can do better as surgeons and as a society.

While none of us can predict what 2021 will bring, we hope that we will continue to foster the spirit of resilience and camaraderie that has seen us through 2020.

**Tony Sparnon**  
President



I was, and continue to be, impressed with the resilience and open-mindedness of our staff.

## CEO's report

I am certain that 2020 is a year that many of us will remember for the rest of our lives. Never have we seen such unprecedented upheaval as that resulting from the unexpected onset of COVID-19. Almost everything we did during the year focused on how we could best manage the impact of the pandemic on our personal and professional lives.

The decision to stop our education and training activities not only impacted on the education journey of our Trainees and Specialist International Medical Graduates (SIMGs), but it also meant our staff had to work from home. From an operational perspective, working remotely was essential to reduce the chance of infection spreading within our workforce and to comply with government directives.

Cancelling our events meant there was a large volume of refunds to process. We did not carry over to our members any of the additional fees and charges applied to us. However, the refund process took much longer than usual. While the situation was new to us and despite not being set up from a banking or staff resource perspective, we managed to successfully respond to all those impacted. I thank our Fellows, Trainees and SIMGs for their patience and support.

By late March, our entire workforce was working remotely across New Zealand and Australia. The reality of working from home presented the College with the challenge of ensuring staff supported our members as productively as they did when they worked in the office. It was certainly a challenge to transition an entire workforce over two countries to remote working, but we achieved this successfully within a short timeframe. Fortunately, our One College Transformation Program had already begun paving the way for digital collaboration through the Microsoft suite of products. The IT teams responded swiftly through innovation and implementation in a short space of time.

Microsoft Teams has been a huge success in providing the College with the best communication and collaboration tools in the market.

Another lesson we learned during the year was the need for responsive, empathetic and frequent communication. This was paramount for both staff and the broader membership. In a rapidly changing situation like COVID-19, communication was key as both our members and staff looked to the College for leadership, information and reassurance. We provided daily communication, sending updates on the situation as soon as we received them. We wanted to make sure we were transparent and so shared all the information we had and communicated decisions as soon as we made them.

As we responded to the direction provided by governments in both New Zealand and Australia, our main priority was to quickly provide our staff with the tools and resources they needed to stay connected and productive in their roles during what, for many, was an overwhelming period.

I was, and continue to be, impressed with the resilience and open-mindedness of our staff. We are fortunate to have a passionate group of employees who take their responsibility to support our members incredibly seriously. This dedication became even more apparent during the pandemic.

The pandemic brought a period of sustained economic crisis that will have a lasting effect on the economy, our communities and the way we work. The College was not immune to these changes and we worked hard to avoid negative outcomes. Both Australian and New Zealand governments enabled workplaces to take decisive steps to protect jobs and organisational viability.

We explored the options provided by government and managed our expenditure and cash flow diligently with initiatives such as rental relief. Our




team of honorary advisers with specialist financial investment expertise met during the year to assist us weather the COVID-19 storm.

Fortunately, the end of the year has seen much optimism as the pandemic comes under control in Australia and New Zealand. Going forward, it is important for the College to integrate the lessons learned during this period. Not only have we gained insight into new ways of working in a very short period of time, but we have also had an opportunity to focus on what's important and to prioritise our work more effectively.

It was pleasing to see how everyone – our members, specialty societies, Council, management and staff – worked so collaboratively together to keep things functioning as smoothly as possible in unusual and challenging circumstances. I thank you all for your commitment and great effort. Together we have made the College a more dynamic organisation for today, and for the future.

**John Biviano**  
Chief Executive Officer





COVID-19 impacted our education, training, and research activities with the cancellation of all face-to-face events, examinations and meetings. Despite the challenges we remained committed to providing high-quality surgical education for our Fellows, Trainees and SIMGs.

### The College response to COVID-19

When the pandemic hit, our initial priority was the health and safety of our Fellows, Trainees, Specialist International Medical Graduates (SIMGs) and staff. We worked quickly to adapt to the rapidly changing situation and implemented daily communication updates and safety measures.

We cancelled all College events and activities. This was to reduce the risk of unnecessary infection to our members, something that would place pressure on our health system.

We worked under several guiding principles. These included keeping everyone as safe as possible; running as many activities as possible; reviewing all aspects of business; using the opportunity to achieve change, and being ready to rebound, refocus and operate as normal (or as the new normal) as soon as possible when safe to do so.

The Royal Australasian College of Surgeons (RACS) communicated clearly and promptly with staff and members, letting everyone know the actions to be taken before we carried them out.

We conducted daily meetings of the executive leadership team and relevant senior managers to monitor COVID -19 prevalence and government advice, and to adjust the College's response accordingly. This was supported by regular meetings with specialty society CEOs, RACS Council and RACS Board of Council as well as the Council of Presidents of Medical Colleges.

In March, we announced an organisation-wide travel ban and

cancelled all education courses, events and face-to-face committee and related meetings, including the Annual Scientific Congress (ASC). Additionally, we mobilised our staff to work from home in accordance with government-enforced restrictions.

Key events we held included a webinar in April with Dr Nick Coatsworth, Deputy Chief Medical Officer, Australian Government on personal protective equipment (PPE). Other events in our 2020 calendar such as the annual general meeting were conducted virtually with voting via postal ballot.

During the year, we also conducted extensive advocacy in conjunction with other colleges and specialty societies on cancellation of elective surgery to ensure safety of surgeons, all healthcare professionals and patients, and to ensure sufficient hospital system capacity and personal protective equipment. This included, following a request from the Australian Minister for Health, collaboration with the Australian and New Zealand College of Anaesthetists on recommendations for the introduction of an expanded scope of non-urgent surgery.

Our research department carried out rapid reviews focusing on best practice surgical information which were widely shared with our members and other stakeholders. Other advocacy activities included providing input into New Zealand's Ministry of Health's Planned Care Sector Advisory Group's advisory document Increasing and improving planned care in accordance with the National Hospital Response Framework in April 2020.



# Organisational performance

## Education

### Examinations

We administered five exams: two General Surgical Science Examination (GSSE)/Surgical Science Examination (SSE), one clinical exam, one Fellowship written exam (Part 1), and one Fellowship Clinical (Part 2) across New Zealand and Australia. The GSSE/SSE was delivered electronically.

The Fellowship exam was adjusted to be administered at multiple sites for all nine specialties to ensure successful delivery of the exam during the COVID-19 pandemic.

The clinical exam was administered in February 2020. However, it has not been administered since the COVID-19 pandemic began. We anticipate this will be held in February 2021.

The GSSE/SSE was administered in February and November in 2020. The exam was prepared and administered during pandemic restrictions with minimal adjustment.

### Professional development and skills training

During 2020, we continued to provide professional development activities to facilitate the maintenance of skills and knowledge of our Fellows. These activities, which were tailored to the specific needs of Fellows, also addressed the skills and knowledge required in each of the Royal Australasian College of Surgeons (RACS) surgical competencies.

We delivered activities face-to-face (where possible), webinars and online learning to a total of 2727 participants (1540 Fellows, 430 Trainees, 164 Specialist International Medical Graduates (SIMGs) and 593 non-members). COVID-19 restrictions reduced

face-to-face delivery of courses with 175 attendees at 13 courses. However, we were able to increase the delivery of online programs with 119 attendees participating in 12 online courses and 2433 attending 24 webinars.

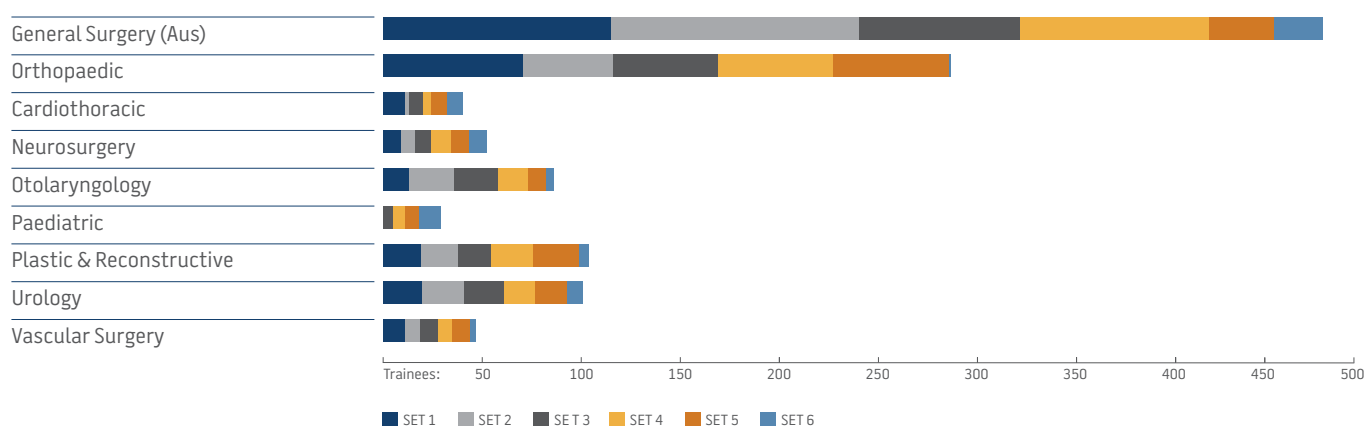
During 2020, 45 RACS Fellows donated approximately 409 hours to deliver over 44 professional development activities.

As part of the RACS Building Respect, Improving Patient Safety Action Plan, two Foundation Skills for Surgical Educator (FSSE) courses were delivered in 2020. In 2020, 98 per cent of the mandatory group had completed the FSSE. There were 20 participants to FSSE courses in 2020, of those 60 per cent were from the current mandatory group

We were able to deliver six Operating with Respect (OWR) courses across Australia and New Zealand in 2020. In 2020, 88 per cent of the mandatory group completed the OWR course. Out of 81 people who attended the OWR in 2020 41 per cent were from the current mandatory group.

Since the launch in 2015 of the RACS Action Plan: Building Respect, Improving Patient Safety, more than 8000 Fellows, Trainees and SIMGs have completed training that raises awareness and understanding of discrimination, bullying and sexual harassment in surgery. Further training designed to equip surgeons with strategies and skills to respond to unacceptable behaviour and expand their skills as surgical educators was provided to RACS committee members and surgeons involved in the training and assessment of surgical Trainees.

## 2020 SET Trainees by specialty and SET level



### Skills training

During 2020, the Skills Training team delivered 40 face-to-face skills courses for more than 615 course participants. Over 500 people from the Skills Course Faculty contributed approximately 13,000 hours to teaching RACS skills courses. The Skills Course Faculty are made up of RACS Fellows, anaesthetists, intensivists, emergency physicians, physicians, general practitioners and educators.

The Early Management of Severe Trauma Program (EMST), over the 30-year period of its existence, has delivered 1600 provider courses, 148 refresher courses, 85 Australian Defence Force courses and 69 instructor courses with over 28,400 participants having attended the course.

We also commenced development of an online Critical Literature Evaluation and Research (CLEAR) course, and completed development of the Australia and New Zealand Surgical Skills Education Training (ASSET) Edition 4 curriculum. Both programs will be launched in 2021.

### Speak Up app

The Speak Up app has been downloaded 488 times through the Apple App Store (289) and Google Play (199) since its launch in 2019. The app is designed to complement the OWR course and includes tools to help users structure an informal interaction with a colleague to address behaviour concerns, or a 'cup of coffee conversation' (CCC).

### Difficult Conversations with Underperforming Trainees

The Difficult Conversations with Underperforming Trainees course was developed after feedback from FSSE participants that they would like more training in conducting a constructive and procedurally fair conversation with a Trainee who is not meeting required standards, despite receiving feedback.

During 2020, one course was held with eight surgeons completing the course.

### Promoting Advanced Surgical Education (PrASE)

In February 2020, we held a pilot two-day Promoting Advanced Surgical Education (PrASE) with 10 participants. The course builds on the knowledge and skills from the FSSE course and is divided into five modules: Learner-centred Education, Trust and Feedback, Trainees at Risk, Supervision and Assessment, and Leadership in Surgical Education.

Due to COVID-19 restrictions, no additional courses were run in 2020.

### Surgical education and training

Surgery remained a popular career option for junior doctors with 892 applications received. The number of individual female Surgical Education and Training (SET) applicants offered a Trainee position in 2020 accounted for 31.5 per cent of the 244 successful applicants. This is an increase from 29.6 per cent in 2020. We had 1232 trainees enrolled in one of the nine surgical specialties within the SET on a full-time, part-time or research basis in Australia and New Zealand.

### Specialist International Medical Graduates (SIMGs)

We experienced a 20 per cent increase in specialist assessment applications.

We redesigned the online specialist assessment application to improve the user experience and reduce the manual steps involved in processing applications.

Despite the restrictions imposed on face-to-face events by the COVID-19 pandemic, we implemented measures to ensure SIMG related events could proceed with minimal disruption. We held 48 interviews with SIMG applicants participating virtually from around the world. We also held two online SIMG induction workshops to welcome SIMGs who had recently commenced their specialist pathway. We also undertook a second pilot of the newly developed Supervisor Induction Program (SIP).



### Increased engagement with junior doctors

Throughout 2020, the Education portfolio increased engagement with junior doctors (JDocs) through the newly established *JDocs eNews*. The newsletter provided JDocs subscribers with useful information on relevant RACS activities and has seen subscription renewals increase from 46 per cent of JDocs subscribers in 2019 to nearly 60 per cent in 2020.

Additional subscription models were established for selected external organisations to extend access to medical students and junior doctors to pre-intern essential eLearning modules. Completion of JDocs Key Clinical Tasks and the RACS Aboriginal and Torres Strait Islander Cultural Safety Course (modules 1 and 2) have been included in the curriculum vitae (CV) scoring component for selection into the Vascular Surgery SET program.

We participated in various events for junior doctors hosted by universities and the Australian Medical Association and also organised two RACS webinars, one in May on the topic 'Pre-Surgical Training and Early Exams' and another one in August on 'Pre-Surgical Education and Training'.

### Rural health – pathways for training

The Australian Federal Department of Health's Specialist Training Program (STP) provides funding for specialist training positions across Australia to extend vocational training in rural, remote and private facilities. In 2020, we funded 61.8 hospital posts for accredited registrars across mainland Australia. We also funded 8.4 hospital posts for accredited and unaccredited registrars, Fellows, supervisors and administrative support in Tasmania.

Our efforts to expand rural services were significantly boosted with the STP New Fellow Rural Placement Pilot. The pilot aims to provide a new Fellow, in their first two years post-Fellowship, with a comprehensive, high-quality experience in a rural location and to encourage them to consider working long-term in a rural setting. In 2020, two General Surgery positions were funded: one at Royal Darwin Hospital and one at Cairns Hospital. Both Fellows in the program had an excellent experience and gave positive feedback through various RACS media outlets.

Following this success in 2020, the Department of Health approved an extension of the pilot into 2021, with four positions funded. After an expression of interest round, four hospitals were successful in securing funding: Rockhampton Base Hospital (General), Royal Darwin Hospital (General), Cairns Hospital (Orthopaedic), and Griffith Base Hospital (General).

### Research and innovation highlights – focus on accreditation

In 2020, we focused on re-accreditation with the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ). We developed a detailed report to the AMC demonstrating how the College is reaching all the accreditation standards. Preparation of the report drew on the expertise and time of many key stakeholders, including the societies and training boards. We also worked closely with the specialty societies to maintain the approved standards for specialist medical education.

We added a new cultural competence and cultural safety standard to the existing surgical competencies. This aims to ensure surgeons embrace the cultural diversity of patients and colleagues.

We are also developing a definition of competency-based training and a professional skills curriculum as part of the AMC compliance and conditions of accreditation as a specialty training organisation. A working group of Fellows from all specialties is also consulting on the development of the curriculum.

During the year, a gap analysis was conducted to identify barriers and incentives to Trainees preferring rural placements and rural career uptake. This analysis will be used to develop recommendations to RACS and relevant areas of the College.

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## Membership

### Policy and advocacy

#### Australian Commonwealth

We continue to advocate on important health policy matters impacting surgery and patient care. Our specialty societies and associations regularly engage with government departments and agencies on key advocacy initiatives.

In 2020, we established two working groups dedicated to health policy and environmental sustainability.

Telehealth continued to be an important feature in our public health system. During the COVID-19 pandemic, the Australian Government introduced temporary telehealth Medicare items to help reduce the risk of community transmission and to provide protection for patients and healthcare providers.

A key component informing the Royal Australasian College of Surgeons (RACS) advocacy was the development of two surveys to determine the usage of telehealth by the Fellowship and their patients in Australia during the pandemic. In partnership with the Hunter Medical Research Institute, the surveys received over 600 responses from Fellows and 1,100 from surgical patients. The surveys found that 93 per cent of patients were satisfied with the quality of their telehealth consultation and 88 per cent of surgeons would consider using telehealth beyond the pandemic. Data from these surveys was used to engage with the Australian Government and advocate for an extension to the temporary telehealth Medicare Benefits Schedule item numbers, and to make them permanent.

During the year we advocated to safeguard public safety by restricting

the use of the title 'surgeon' to medical practitioners with accredited training in surgical practice.

We also supported The Lancet Commission on Health and Climate Change call to reduce emissions by developing a position paper on the Environmental Impact of Surgical Practice.

In 2020, the working group helped to develop two important submissions to the Australian Royal Commission into Natural Disaster Arrangements (commonly called the Bushfire Royal Commission). We provided several recommendations for consideration, including the importance of a national stockpile of donor skin and adequate access to medical specialists for treating and attending to burns patients.

#### New Zealand

In New Zealand, we advocated on many important health and surgical issues, as well as the COVID-19 pandemic response.

We called on parliamentarians to pass the Arms Legislation Bill that brought in registration of all firearms, stricter gun-owner licensing criteria and tougher penalties for misuse of firearms. The Bill was passed into law in June.

We also advocated to the government that stricter regulations were required for vaping and argued for age limits for purchase, prohibition in smoke free areas, advertising and sponsorship restrictions and labelling listing all ingredients. We also called for a pregnancy health warning on alcohol.

Prior to the general election in October, we wrote to all political parties on the key issues we felt were important to the







## We generated five rapid reviews covering safe surgery, PPE, surgery triage, preoperative diagnostic workups and delay to elective surgery after recovery from COVID-19.

surgical profession. These included:

- a single Electronic Health Record
- more collaboration among District Health boards
- separation of health service and health policy leadership responsibilities
- the adequacy and stability of our health infrastructure and
- meeting the challenges of pandemic.

The parties' responses to these issues were circulated to all Fellows, Trainees and Specialist International Medical Graduates (SIMGs) prior to the election.

We also advocated through the Ministry of Health for a change to resident medical officer rotation dates (from pre-Christmas to January-February). The change was agreed to by all District Health boards and relevant unions and will be implemented in early 2021.

The College consulted with the Medical Council of New Zealand on telehealth, unprofessional behaviour, ending a doctor-patient relationship and revised accreditation standards.

During the COVID-19 pandemic, we also liaised with senior Ministry of Health staff on surgical services during lockdown and on several issues including the reintroduction of elective surgery and planned care, and the use of PPE.

### Australian states and territories

The year 2020 was unprecedented in many ways, but the Australian states' and territories' offices rose to the challenge, advocating and working with governments to ensure the best results for patients and the public during the COVID-19 pandemic. The challenges we faced provided opportunities to look at how we communicate and educate, how

we treat our patients and, of course, how we socialise in a socially distanced, technologically enabled world.

During 2020, RACS New South Wales Committee was involved in the government response to COVID-19. The Chair and other committee members met regularly with various key stakeholders within New South Wales Health and the hospitals to advocate for surgeons, particularly around safe practice. The RACS New South Wales Committee was able to influence decision makers, giving surgeons in the state a voice in the process.

In Victoria, our advocacy priorities centered on the ongoing and constantly changing COVID-19 situation. The Committee worked closely with the Victorian Department of Health and Human Services and Safer Care Victoria to support surgical services and provide advice.

The South Australian office met on multiple occasions with the state Health Minister. The first of these meetings took place in March and centred around the rapidly emerging COVID-19 pandemic. Following this meeting, RACS was able to successfully advocate for the temporary re-activation of the South Australia Surgical and Procedural Taskforce. The Taskforce succeeded in ensuring that the state effectively managed the surgical and procedural resources available during that period. The Taskforce was disbanded and a statewide Surgical and Peri-Operative Clinical Network is now in place.

The Northern Territory was protected by its early response to COVID-19. Predating the declaration of a pandemic by the World Health Organisation, the Top End Health Service, led by senior doctors at the Royal Darwin Hospital, took recommendations to the Minister for

Health in the Northern Territory. This led to the suspension of all Category 2 and 3 elective surgery in March.

The RACS Northern Territory Committee established a subcommittee, which included a broad range of surgeons, an anaesthetist and a gynaecologist, to screen every listed Category 1 surgery and to assess the urgency within that cohort.

The Committee also developed a comprehensive Surgical Business Continuity Plan, the first in the health service, which served as a template for all other areas. It included clarity in the use of PPE, training, simulation, scenario testing, risk assessment of all surgical staff and vaccinations.

In Western Australia, the Committee advocated on behalf of the Fellowship. It updated the Fellowship on how the Health Department was handling the pandemic, particularly in areas such as preoperative testing, the staged reintroduction of elective activity and the adequacy and supply of PPE. As a result, the COVID-19 Response Team held an exclusive webinar for RACS Western Australian Fellows to provide information and to answer queries about these topics.

There were many state and territory elections this year and the RACS offices kept members informed. In August, an election was held in the Northern Territory and the Labor party was returned to government. As part of its election statement, the Committee wrote to the major parties on climate change, alcohol related harm, the impact of domestic violence and Indigenous health issues.

In Queensland, the Committee produced an election statement for the October 2020 state election. The statement outlined the

Past and present RACS South Australia Chairs- (l-r): Mr David Walters, Professor Suren Krishnan, Mr David Walsh, Mr Paul Dolan, Dr Sonja Latzel, Mr David King, Mr Philip Worley, Mr Glen Benveniste.



Committee's concerns with the progress of health care and surgical services and its proposals for improvement. Responses were received from the Australian Labor Party (Queensland Branch), the Liberal National Party of Queensland and the Queensland Greens.

Another key focus for the Queensland Committee was to ensure adequate surgical services delivery and a stable regional surgical workforce. The Committee worked with government on the Save Our Surgical Services program (SOSS), a partnership program that aims to strengthen and safeguard the provision of specialist services by supporting clinicians in rural and regional practice.

The South Australian Committee and the State Trauma Committee co-authored two submissions: the 2019-2020 Bushfire Review and the state's Road Safety Strategy 2020-2031 consultation.

The Australian Capital Territory office focus was on advocacy efforts to the local government and need for a state-of-the-art education and training facility. Another focus was on the action needed to implement recommendations from the 2019 Independent Review into culture in the state health system.

### Professional standards

We continued to monitor the impact of COVID-19 on Continuing Professional Development (CPD), particularly in light of announcements that regulatory authorities in Australia and New Zealand were not enforcing CPD Standards in 2020. Travel restrictions and social distancing saw the cancellation of many education events throughout 2020. The uncertainty about the impact these unprecedented circumstances would

have on the surgical workforce were front of mind during the first half of the year.

Despite these challenges, the enduring commitment of RACS Fellows to lifelong learning and CPD has continued and reflects our dedication to maintaining the highest standards in care for our patients and the communities we serve. Throughout the year we have seen a significant uptake in virtual learning, with high levels of participation in webinars, online grand rounds, eLearning and remote scientific meetings. RACS has also worked to support CPD participation through the development of a suite of microlearning activities, webinars on topical issues such as PPE and an online activity to support Fellows with their reflective practice requirement.

Exciting changes are coming to the RACS CPD program with a new and personalised CPD program and online Portfolio. In response to overwhelming feedback about the need for a CPD app, one is now in development and we look forward to launching it later in 2021.

### Research, audit and academic surgery

The Research Audit and Academic Surgery team, led by the Australian Safety and Efficacy Register of New Interventional Procedures - surgical (ASERNIP-S), published evidence-based information relating to COVID-19. The review working groups consisted of RACS Fellows, RACS Trainees' Association, Australian and New Zealand College of Anaesthetists, Royal Australian and New Zealand College of Ophthalmologists representatives, and a medical virologist with a focus on public health. We generated five rapid reviews covering

safe surgery, PPE, surgery triage, preoperative diagnostic workups and delay to elective surgery after recovery from COVID-19. We also published four articles in medical journals.

During the year, RACS also signed a contract with the Agency for Care Effectiveness in Singapore together with the Australia Medical Services Advisory Committee (MSAC) and the Swiss Federal Office of Public Health.

Mortality audits continued with strong support from state and territory health departments. The Australian and New Zealand Audit of Surgical Mortality released an e-learning module, which supported users through the surgical mortality audit process. We also held webinars to enhance our educational activities.

We continued to support BreastSurgANZ with their Breast Quality Audit. We also produced a report on the Australian and New Zealand Emergency Laparotomy Audit – Quality Improvement pilot program following two years of operation. The report showed some positive outcomes, however, it also showed considerable variation in patient care across hospitals.

Academic Surgery hosted a successful abbreviated virtual November meeting. Clinical Trials Network Australia New Zealand contributed to the global COVID Surg studies. This was a cohort study that aimed to assess the outcomes of surgery in patients diagnosed with COVID-19. The study resulted in publication in *The Lancet* and *British Journal of Surgery*. In October 2020, the Artificial Intelligence in Healthcare Research Group, with Academic Surgery and ASERNIP-s staff participating, was established.





## Library

The library was well placed when COVID-19 hit to provide services to our members in Australia and New Zealand and beyond. We continued to provide articles, literature searches and access to all our online books and journals as usual. There were some restrictions with document supply from outside the RACS collection as many libraries across the world were closed or had limited access to print journals. During 2020, the library supplied more than 5300 articles to our members and conducted almost 150 literature searches.

Tools such as MEDLINE, Embase, PubMed LinkOut, Trip and Summon enabled our members to search for information at any time. Fellows, Trainees and SIMGs made excellent use of these databases, conducting almost 90,000 searches during 2020. This combined with direct access to over 11,000 ebooks and almost 7000 ejournals, enabled members to access the information they needed when they required it. The electronic tables of contents (eTOCs) service, Read by QxMD, and BrowZine offer easy access to current journals to help members keep up to date with the latest research.

Our library staff are looking forward to enhancements coming in 2021. These will provide improved ability to track progress of requests and will allow members to download articles directly from the new eHub.

## RACS museum, art collection and archives

The highlight of this difficult year has been the publication of *Unveiling the Collections*. Written by the College

curator and archivist, the book delves into the many significant and unusual objects in the College collections. We hope to launch the book in February 2021.

The great mace is an important symbol of the College. It is irreplaceable, so we decided to create a replica that could travel to meetings in Australia and New Zealand. The replica mace, which has been 3D printed, is slightly smaller than the original and has its own purpose-built case.

A new display Art, Anatomy and Surgery, which was intended to coincide with the 2020 Annual Scientific Congress (ASC), is now mounted in the walkway. We are currently working on other displays for the Hughes Room. A project to transcribe Elder Professor of Anatomy Archibald Watson's surgical diary (1883-1884) is nearly complete and a series of articles relating to this project is planned for 2021.

## Building Respect, Improving Patient Safety

Our objective in 2020 was to build on the gains made in the early years of implementation of our Building Respect, Improving Patient Safety Action Plan.

Our communications acknowledged the difficulties posed by working in times of uncertainty and stress, and the need to safeguard mental health and wellbeing. We recognised the crucial importance for the surgical workforce to be aware of respectful behavior and the inevitable triggers for behaviours that undermine both respect in the workplace and patient safety.

We conducted a comprehensive review of our progress in diversity and inclusion activities as outlined in the 2017 Diversity and Inclusion Plan. A major

achievement was the formal adoption of cultural competency as the tenth core surgical competency. This reflects the significant part cultural competency plays in surgical excellence.

We also developed a new suite of resources to support our work to promote flexible training in the surgical workforce. The resources included a toolkit, podcast and case studies. These are available on the RACS website and have been widely promoted to decision makers, administrators and Trainees.

In 2020, our processes were independently reviewed and tailored to ensure these are fit for purpose and appropriate to RACS, given the limitations on our powers and the environment in which we operate. Building trust in our feedback and complaints function continues as a priority.

We also reviewed and updated our Standards for Surgical Supervisors, Guidelines for the Accreditation of Hospital Training Posts standards and tools to support professional development.

An information sharing protocol designed to support two-way information sharing between employers and RACS was approved following extensive consultation. Over the coming twelve months we will communicate the protocol and its benefits to Fellows, Trainees, SIMGs and employers alike, prior to future implementation.

In 2021, we will continue to sustain the consistently high levels of support for the Building Respect, Improving Patient Safety Initiative. We will measure our impact through our second phase of formal evaluation and use this information to inform a new plan for the coming five years.

Pictured opposite: Mr Tony Sparnon, Elizabeth Milford and Geoff Down present the book, *Unveiling the Collections*.

## Business transformation, technology and data

The One College Transformation is an infrastructure enhancement initiative that will make interactions with the College easier and more personalised. The Transformation team's efforts were impacted by the COVID-19 restrictions but the team found innovative ways to progress the Transformation program's objectives while working remotely. They have achieved impressive results over the first 12 months.

When the COVID-19 pandemic forced College staff to work remotely, we were able to quickly implement the use of Microsoft products, such as Microsoft Teams and this allowed us to communicate and collaborate effectively.

We upgraded our phone system, replacing our ageing and unsupported telephony system. Our new system has improved features, such as enhanced conferencing and collaboration facilities. These will be linked to our new audiovisual systems, supporting an improved and up-to-date way of working.

We also enhanced the College website, moving to a more stable, flexible, scalable and secure platform. The roadmap of this upgrade offers the ability to personalise users' experiences based on the data we hold.

Our experience during COVID-19 demonstrated the strength and capacity of our staff to adapt quickly to new and more flexible ways of working. Post-COVID-19 we envisage that staff will retain many of the elements of flexible working arrangements that resulted in positive outcomes such as improved levels of employee wellbeing and member engagement.

To drive collaboration and engagement, we launched our new intranet, Pulse. This has quickly become an essential platform which staff use to share important information.

We have more exciting projects that will continue to improve how you engage with the College. One such project, eHub, is a new membership portal that will replace the current ePortfolio. eHub will personalise content and provide members with a complete overview of their information and journey with RACS.

The College's new website will also offer personalisation opportunities and capacity for upgrades in the future. An audiovisual system upgrade will enhance the College's collaboration across different teams and office locations, making it easier to run meetings remotely and will therefore reduce the need for travel.

## Human resources

The year 2020 concluded with a total of 262 permanent staff across Australia and New Zealand with offices in Wellington, Canberra, Sydney, Melbourne, Adelaide, Hobart, Perth, Darwin and Brisbane.

During the year, we made great progress in transforming the way we work, with all staff transitioning to remote working during the COVID-19 pandemic. The wellbeing of our people was also a focus for 2020, with the development and implementation of several wellbeing support tools and the establishment of a new reward and recognition program.

In 2021, we will continue to build on the collective achievements of individuals and teams and develop new, effective and flexible ways of working.

## RACS in Australia and New Zealand

### Events and scientific meetings

Throughout Australia and New Zealand, many events were cancelled due to the COVID-19 pandemic. Some states were able to continue their activities throughout the year, some rescheduled, while others transitioned to online platforms.

After the New Zealand lockdown, the Royal Australasian College of Surgeons (RACS) New Zealand was present at some of the specialty societies' conferences to respond to queries and promote RACS activities to attendees.

The RACS Western Australia office started the year with an International Women's Day event that saw over 100 Fellows, Trainees and medical students mix and mingle at a cocktail function where guest speakers spoke about diversity and inclusion.

The year ended with an impromptu conference on General Surgery in Regional Centres Building Bridges with Tertiary Centres. Guest speaker at the sold out conference was 2019 Australian of the Year, Craig Challen OAM. Following its success, this event is anticipated to be a regular one on the Western Australian calendar.

The RACS office in the Australian Capital Territory similarly began the year with an event for International Women's Day, Women in Surgery. It then suspended events until later in the year when they hosted the Younger Fellows Evening, the Women in Surgery Evening and the End of Year dinner.

In New South Wales, most events planned for 2020 were cancelled. In November, the Committee hosted Surgeons' Month events. Appropriately, the theme was Leadership During Crisis. One of the highlights was the Surgeons' Evening dinner, held at Darling Harbour. It was attended by the RACS President and CEO, as well as many past chairs, Council members, surgeons and their colleagues.

RACS Queensland office hosted an inaugural Past Chairs and Younger Fellows Dinner. The intention was both to honour the contribution of outstanding Fellows to the practice of surgery and to the College and to inspire the current generation of surgeons and thus benefit future surgery.

In February, RACS South Australia Office hosted the inaugural South Australian Surgeons' Ball. The ball, organised by the state's Younger Fellows Advisory Group, raised \$33,700 for the Foundation for Surgery and #EarHealthForLife, as well as an additional \$3800 for bushfire relief. The South Australia state office also hosted an open house event to welcome Fellows, Trainees and Specialist International Medical Graduates (SIMGs) to the College's new purpose-built office at 24 King William Street, Kent Town.

The RACS Victoria office adapted to the constantly changing situation and delivered many of the activities originally scheduled for the year through webinars. Events included Preparation for Practice, Trauma Grand Rounds and the annual Papers Presentation.

As one of the few offices able to hold face-to-face social events during the pandemic, the RACS Northern Territory office farewelled retiring senior Fellow, Censor-in-Chief Professor Philip Carson at a function in July.

### New offices

RACS opened a new office in Perth, located on the ground floor at 216 Stirling Highway, Claremont in Western Australia.

Boasting a range of in-house space for training courses and workshops, as well as a broad array of meeting rooms to increase engagement with Fellows, Trainees and Specialist International Medical Graduates, the new office was completed in September 2020.

In late November 2020, the RACS South Australia Office and Research, Audit and Academic Surgery (RAAS Division) moved into a new, modern, purpose-built facility in Kent Town, with plenty of space for education and training.

The move follows the decision by the Board of Council in April 2019 to approve the sale of the 51-54 Palmer Place, North Adelaide and the relocation and co-location to single premises as part of a long-term rental agreement.

The new building will provide many benefits to the Fellowship, with a flexible floor plan allowing for a wide variety of meetings, symposia, workshops, courses, exams, receptions, dinners and other social functions.

Pictured opposite: the new RACS office in Adelaide, South Australia.





SKDM

Royal Australasian  
College  
of Surgeons

24KW

## RACS awards

RACS in New Zealand and the Australian states and territories recognised long-serving surgeons who made an impact through distinguished service, as well as students who participated in competitions.

### Awarded by Council

**Award for Excellence in Surgery**  
Dr Bryan C. Mendelson FRACS

**Sir Alan Newton Surgical Education Medal**  
Professor Ian W. Incoll FRACS

**John Corboy Medal**  
Dr A. Anna Morrow

**Gordon Trinca Medal**  
Associate Professor Andrew Kurmis  
FRACS

**ESR Hughes Award**  
Dr Richard A. Barnett AM FRACS  
Mr Neil A. Vallance FRACS

**RACS International Medal**  
Mr Keith L. A. Mutimer FRACS

**Colin McRae Medal**  
Mr Andrew B. Connolly MNZM FRACS

**Rural Surgeons Award**  
Mr R. John Kyngdon FRACS  
Mr Bal Krishan FRACS

**Henry Windsor Visiting Lectureship**  
Professor Michael J. Solomon FRACS

### ACT

**Educator of Merit Award**  
Associate Professor Bryan Ashman

**Outstanding Service to the Community Award**  
Dr Francesco Piscioneri

### New South Wales

**NSW Merit Award**  
Dr Lynette Reece  
Associate Professor Arthur Richardson  
Associate Professor Jonathan Hong

**Michael Donnellan Award**  
Mr Philip Truskett

**Graham Coupland Lecture and Medal**  
Professor Jonathan Clark

**Service to the Community Award**  
Mr Michael Stephen

**Annual Medical Student Award**  
TBC

**Educator of Merit Award**  
Professor Raymond Sacks

### Northern Territory

**Outstanding Service Award**  
Mr Arun Mahanjani

### Queensland

**Neville Davis Prize**  
Dr Jacques Eastment  
Dr Rachel Colbran

**Queensland RACS Papers Prize**  
Ms Amanda Liesegang

### Victoria

**VRC Final Year Surgical Student Prizes  
Victorian Medical Schools (The University of  
Melbourne)**  
Wayne Zheng

**VRC Final Year Surgical Student Prizes  
Victorian Medical Schools (Notre Dame  
University)**  
Kathlyn Andersen

**Michael Ryan Scholarship**  
Philippa Trevella

**E S R Hughes Medal**  
Sunjuri Zhi Yu Sun

**G J Royal Prize in Clinical Surgery**  
Cameron Butcher

**GJ Royal Dinner Lecture Medal**  
Craig Hough

**D R Leslie Prize**  
Janindu Goonawardena

**R C Bennett Prize**  
Balakavitha Pillai

**VRC Medical Student Prize**  
Casey Fung

**VRC DCAS Scholarship**  
Balakavitha Pillai

### Western Australia

**Outstanding Service to the  
Community Award**  
Mr Ian Justin Johnston

**Outstanding Service Award**  
Mr Stephen Rodrigues

### Tasmania

**Outstanding Service Award**  
Professor Berni Einoder  
Mr John Batten  
Mr Gavin Earles

### New Zealand

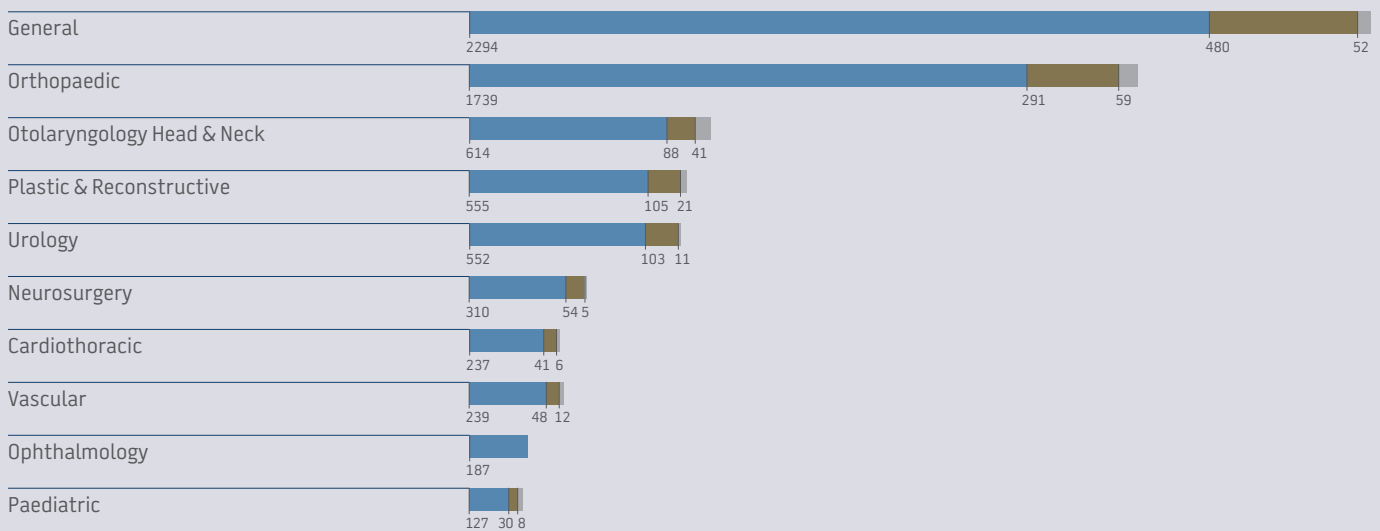
**Louis Barnett Prize**  
Dr Brendan Desmond (Trainee)

# Our Fellows, Trainees and Specialist International Medical Graduates

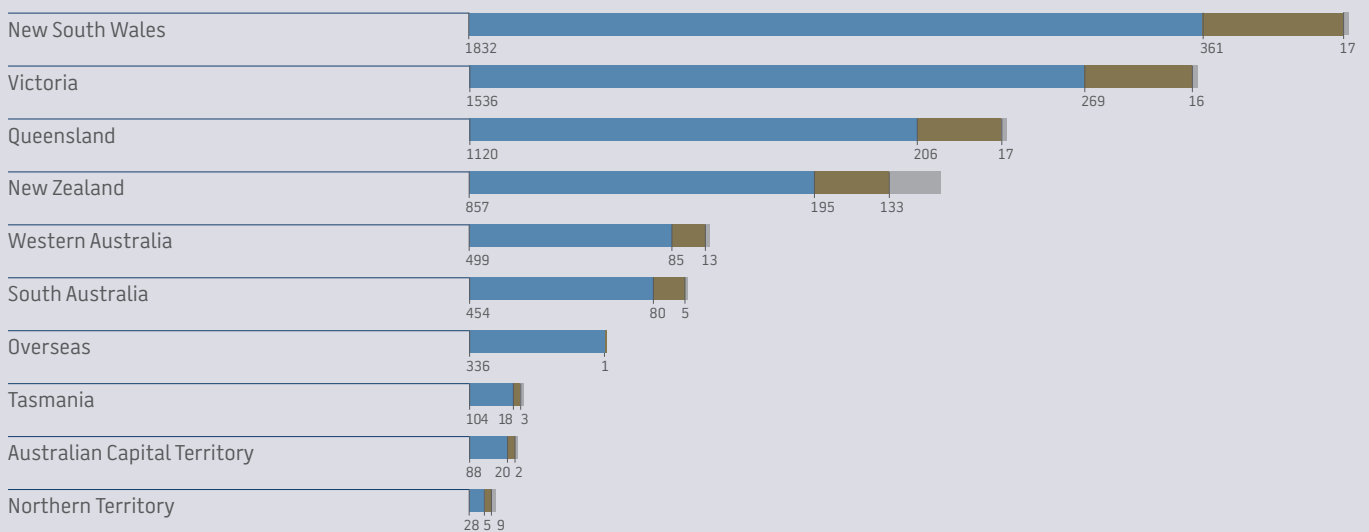
## Our surgeons

We are focused on supporting our current and future surgeons with a sustainable, respectful and innovative healthcare environment.

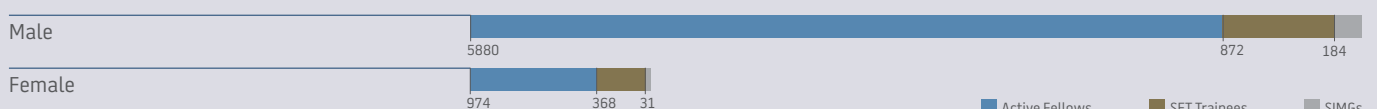
### BY SPECIALTY



### BY location



### BY GENDER



As at 31 December 2020



The Foundation for Surgery is the philanthropic arm of RACS. With your help, it works toward ensuring equitable access to safe and quality surgical care by supporting health initiatives in the Asia-Pacific region and Indigenous health projects, development and grants.

## RACS in the community

### Foundation for Surgery

The Foundation for Surgery is the philanthropic arm of the Royal Australasian College of Surgeons (RACS). With your help, it works toward ensuring equitable access to safe and quality surgical care by supporting health initiatives in the Asia-Pacific region and Indigenous health projects, development and grants. It also supports ground-breaking research and learning opportunities to improve early detection, treatment and recovery for all people.

The year 2020 showed us the importance of access to safe and quality health services. Thanks to your support, the Foundation for Surgery achieved excellent results during this time.

#### Research scholarships:

- Fifty scholarships were awarded across Australia and New Zealand to achieve higher levels of excellence in surgical care.

#### Aboriginal and Torres Strait Islander (ATSI) and Māori community health:

- Seven Māori and 12 ATSI medical students and junior doctors received scholarships and grants to support their surgical careers.
- A major advocacy project, improving ear health in ATSI communities, continued engaging stakeholders and health providers in Australia.
- A Māori health and equity educational program commenced.

### Funding support for global health initiatives in the Asia-Pacific region:

- A total of 1167 life-changing procedures were delivered in developing Asia-Pacific countries.
- Workshops were attended by 2303 local health workers.
- Contributed funds to the development of a major COVID-19 response project, which is funded by the DFAT's ANCP program.

### Scholarships and grants

Scholarships have now been consolidated from across the College into one program under the ANZ Scholarship & Grant Committee's governance, supported by expert selection panels. New policies and procedures will ensure a robust approach to program administration through the RACS Scholarships and Grants department.

A dedicated online platform will be developed this year to enable streamlined applications, selection, recipient reporting and administration. Importantly, the platform will allow RACS to improve the delivery, monitoring and evaluation of the program to steer the strategy for future success. The scholarships' web pages are also being updated and redeveloped with new search functionality, allowing easier navigation.

A series of affirmative actions are being implemented to encourage equity and diversity in our processes and communications.



## Global health

Despite the challenging impact of the COVID-19 worldwide pandemic, RACS Global Health continued its health and development programs through its in-country national partners and staff.

We also continued to work with our dedicated Global Health volunteers and developed and implemented online training for Child Safeguarding and Prevention of Sexual Exploitation Abuse and Harassment.

### Timor-Leste

Our team in Timor-Leste continued to implement the ATLASS II program at the request of the Timor-Leste Ministry of Health. In September 2020, 29 doctors trained through this program graduated from the National University of Timor-Leste with a Postgraduate Diploma. The Australian Department of Foreign Affairs and Trade (DFAT) provided funding through the Australian NGO Cooperation Program (ANCP) to support the COVID-19 response in Timor-Leste. This response was to an urgent request to provide infection control training and equipment to the Hospital Nacional Guido Valadares in Dili. The East Timor Eye Program continued to provide community-based eye-care services. Cataract surgery was provided to 149 patients and 14 patients underwent pterygium surgery.

### Papua New Guinea

In Papua New Guinea (PNG), RACS Global Health was engaged by JID to coordinate the design and delivery of 10 online training modules by a range of RACS college partners, including Australian College of Emergency Medicine, Royal Australian and New Zealand College of Obstetricians and Gynaecologists,

Australian and New Zealand Intensive Care Society and Australian College of Perioperative Nurses. PNG health workers participated in the training via Co-HELP, an interactive online digital training platform. The training focused on safely maintaining the provision of health care during the COVID-19 pandemic, and included the Emergency Department, Pregnancy and Birthing, Critical Care, Adapting Essential Services and Theatre Management.

The Paediatric Critical Care Capacity Building project (supported by the DFAT ANCP program and RACS Foundation for Surgery) held two, one-day Paediatric Life Support training courses in Port Moresby. This program was implemented in partnership with Port Moresby General Hospital. This was the first training conducted by a national team of accredited instructors. Forty-eight allied health workers participated in the course. It is expected that over 300 health workers will be trained through this three-year project. RACS also provided an Advanced Paediatric Life Support Kit and 50 training manuals to support future training in PNG.

### Pacific Islands Program

The Pacific Islands Program (PIP) funded by the Australian Government Department of Foreign Affairs and Trade (DFAT) underwent its first mid-term review which was conducted by independent evaluators from the University of Melbourne's Nossal Institute for Global Health. Findings from this evaluation were shared with donors and regional partners and will contribute to designing the next iteration of the PIP program. Before borders shut in March 2020, visiting medical teams

were able to undertake 278 surgical procedures. COVID-19 restrictions necessitated a shift to focus on remote professional development. This included the enrolment of 25 nurses in an online Post Graduate Certificate in Perioperative nursing through the Australian College of Nursing in December 2020.

During the year, we also commenced the DFAT funded Samoa Hearing Program. This program will build capacity within the Samoan health workforce to deliver healthy hearing services. The program provides four audiology screening booths, seven capacity training sessions and a mobile audiology trailer, enabling Ministry of Health staff to conduct outreach screening and referral in 2021.

**Australian  
Aid** 

## RACS in the community

### Rural health

RACS is committed to social responsibility and our mission to address health inequity. We aim to help improve rural surgical services and rural communities' health through collaboration, selection and training of staff and improved staff retention. In 2020, Council approved the implementation of the overarching strategy for rural health equity, Rural Health Equity Strategic Action Plan. It also established a steering committee for managing the principles outlined in the plan and prioritising the initiatives for implementation.

The development of the plan was primarily led by the College's Rural Surgery Section committee. The plan was a result of collaboration across all RACS portfolios, including the Fellowship Engagement and Education Portfolios. The plan focuses on building partnerships and raising awareness with our stakeholders to ensure there is inclusion and a shared understanding of health equity for our rural, regional, and remote communities.

The shared goals to select, train and retain surgeons for rural communities facilitated collaborative efforts with RACS Specialty Training Boards and specialty societies and associations to develop initiatives to:

- modify existing Surgical Education and Training (SET) selection requirements to acknowledge rural origin and to consider the introduction of a Rural Selection Initiative
- increase positive rural work experience of SET Trainees through training posts and curricula, as well as rural specific accreditation criteria that recognise the unique value of rural work experience
- increase post-Fellowship opportunities in rural surgery through the establishment of a new faculty of Global, Rural Remote and Deployable Surgery
- continue to support rural Fellows in professional development and to foster formalised networks with other Fellows in urban settings and
- utilise the existing regional training networks and expand training opportunities provided through the Specialist Training Program (STP).

In 2021, an emerging priority for the College will be to convene a forum to deliver a sustainable surgical service in Remote Central and Northern Australia (RCANS). The forum will be devising strategies to implement an RCANS Training Network and an RCANS selection initiative, for selecting junior doctors for training who are already living, working and committed to a remote area.

With financial support from the STP, RACS will also continue to support the New Fellows Rural Placement program in 2021 (see page 11 for more information).





### Aboriginal and Torres Strait Islander and Māori health

In 2020, the RACS Indigenous Health Committee updated several strategic priorities including our position on Indigenous Health, Māori Health Strategy and Reconciliation action plans.

The Indigenous Health Position Paper forms the foundation of the work the College is doing regarding Indigenous health. It functions as a reference point for Fellows, Trainees and Specialist International Medical Graduates.

RACS is committed to funding a number of scholarships and awards for Aboriginal and Torres Strait Islander medical students, junior doctors, SET Trainees and Fellows. During the year, seven Māori and 12 ATSI medical students and junior doctors received scholarships and grants to support their surgical careers.

#### Te Rautaki Māori RACS Māori Health Strategy and Action Plan 2020-2023

During the year, Te Rautaki Māori was launched. The health strategy and action plan sets the future direction towards achieving the vision of Māori health equity and a culturally safe and competent surgical workforce.

In 2020, the Māori Health Advisory Group led advocacy in support of lowering the age for Māori to access the New Zealand National Bowel Screening Program. Cancer data shows clearly that Māori have a higher incidence of bowel cancer at ages between 50 and 59 compared to non-Māori.

The Advisory Group worked with the University of Otago Maori Health Department to develop a cultural safety and cultural competency education package which will include surgical based case scenarios. The curriculum is based on an existing cultural training package which includes online self-directed learning modules and one face-to-face session.

#### Innovate Reconciliation Action Plan May 2020-May 2022

During the year, RACS Innovate Reconciliation Action Plan (RAP) was launched. The plan provides the framework in which RACS will strengthen our approach to reconciliation through our business activities, services and programs. The plan will assist in further development of mutually beneficial relationships with Aboriginal and Torres Strait Islander stakeholders.

The Mina Advisory Group was established to support the RACS Innovate RAP and provide advice and guidance on matters relating to Aboriginal and Torres Strait Islander health.

In 2020, the Indigenous Surgical Pathway Program (ISPP) was launched to facilitate the increase of Aboriginal and Torres Strait Islander doctors in surgery. Royal Darwin Hospital administration, Top End Health Service and Flinders University Darwin medical school are engaged and support the initiative. In 2020, the ISPP facilitated two ATSI doctors entering the ISPP stream.

### Aboriginal and Torres Strait Islander Health and Cultural Safety eLearning Courses

The Indigenous Health Committee led the design of a multilevel eLearning suite of courses to support improvements in Indigenous Health outcomes and provide culturally safe surgical care. The courses will provide a progressive learning experience for all RACS members.

Courses 1 and 2 were launched in 2020 and can be accessed on our website. Courses 3 and 4 will be released in 2021.

This work was funded by the Australian Government Department of Health through the (STP).

The continuing prevalence of ear disease and hearing loss in Australia's Aboriginal and Torres Strait Islander populations is a clear barrier to closing the gap priorities. The #EarHealthForLife network is committed to a national Aboriginal and Torres Strait Islander Hearing Health Taskforce that can provide evidence-based advice to Government about hearing health. This major advocacy project continued engaging stakeholders and health providers in Australia.

The Royal Australasian College of Surgeons is governed by a Council made up of elected and co-opted members representing all surgical specialties and states and territories of Australia and New Zealand. Sixteen of the members are elected by the Fellows of Australia, New Zealand and overseas. Nine members of the Council are also elected by the Fellows of their specialty. Councillors are elected or co-opted according to the College constitution.

## Governance

As members of the governing body of the College, Councillors' duties are those of members of a board of directors. The Council meets three times a year, in February, June and October. However, in 2020, the Council also held an extraordinary meeting in April.

The Council's role is to:

- set and monitor the College's strategic direction and associated budgets
- approve policies and monitor their implementation
- exercise fiduciary responsibility, ensure the College complies with legal requirements and remains solvent.

### Board of Council

The Board is responsible for operational oversight in the months between the Council meetings. The Board met in January, April, May, June (extraordinary), July, August, September and November.

#### Members/Office bearers 1 January-12 May 2020

Dr Anthony Sparnon FRACS – President, Specialty Elected Councillor

Mr Richard Perry FRACS – Vice President, Fellowship Elected Councillor

Associate Professor Julie Mundy FRACS – Treasurer, Specialty Elected Councillor

Associate Professor Phillip Carson FRACS – Censor-in-Chief, Fellowship Elected Councillor

Dr Sally Langley FRACS – Chair Professional Development and Standards Board, Fellowship Elected Councillor

#### Members/Office bearers 12 May-31 December 2020

Dr Anthony Sparnon FRACS – President, Specialty Elected Councillor

Associate Professor Julie Mundy FRACS – Vice President, Specialty Elected Councillor

Dr Greg Witherow FRACS – Treasurer, Specialty Elected Councillor

Associate Professor Phillip Carson FRACS – Censor-in-Chief, Fellowship Elected Councillor

Dr Sally Langley FRACS – Chair Professional Development and Standards Board, Fellowship Elected Councillor

#### Rotating members 1 January-31 December 2020

Associate Professor Kerin Fielding FRACS, Fellowship Elected Councillor

Dr Lawrence Malisano FRACS, Fellowship Elected Councillor

Ms Ruth Bollard FRACS, Fellowship Elected Councillor

#### Members/Co-opted Councillors 1 January-31 December 2020

The Hon Rob Knowles AO, Expert Community Advisor

Ms Souella Cumming, Expert Community Advisor

Prof Richard Turner FRACS, Tasmanian Fellows Representative

Dr James Churchill, RACS Trainees Representative

## Councillors 2020

### Members/Fellowship Elected Councillors 1 January-12 May 2020

Mr Adrian Anthony FRACS  
Ms Ruth Bollard FRACS  
Dr Jennifer Chambers OAM FRACS  
Dr Sarah Coll FRACS  
A/Prof Kerin Fielding FRACS  
Prof Andrew Hill FRACS  
Dr Annette Holian FRACS  
Dr Christine Lai FRACS  
Dr Lawrence Malisano FRACS  
Prof Christopher Pyke FRACS  
Dr Maxine Ronald FRACS  
Prof Owen Ung FRACS  
Prof Henry Woo FRACS

### Members/Specialty Elected Councillors 1 January-12 May 2020

Mr Bruce Hall FRACS  
Mr John Crozier AM CSM FRACS  
Prof David Fletcher AM FRACS  
Prof Mark Frydenberg AM FRACS  
Dr Geoff Lyons FRACS  
A/Prof Christopher Perry OAM FRACS  
Dr Greg Witherow FRACS

### Members/Fellowship Elected Councillors 12 May-31 December 2020

Mr Adrian Anthony FRACS  
Ms Ruth Bollard FRACS  
Dr Jennifer Chambers OAM FRACS  
Dr Sarah Coll FRACS  
Associate Professor Kerin Fielding FRACS  
Professor Andrew Hill FRACS  
Dr Annette Holian FRACS  
Dr Rebecca Jack FRACS  
Dr Christine Lai FRACS  
Dr Lawrence Malisano FRACS  
Professor Christopher Pyke FRACS  
Dr Maxine Ronald FRACS  
Professor Owen Ung FRACS  
Professor Henry Woo FRACS

### Members/Specialty Elected Councillors 12 May-31 December 2020

Professor Mark Ashton FRACS  
Mr John Crozier AM CSM FRACS  
Dr Mark Dexter FRACS  
Professor David Fletcher AM FRACS  
Professor Mark Frydenberg AM FRACS  
Professor Raymond Sacks FRACS

## Councillors appointed in 2020

Dr Nishanthi Gurusinghe FRACS,  
Co-opted TAS Fellows Representative  
appointed 14 August 2020  
Professor Mark Ashton FRACS,  
Specialty Elected Councillor appointed  
12 May 2020  
Dr Mark Dexter FRACS,  
Specialty Elected Councillor appointed  
12 May 2020  
Dr Rebecca Jack FRACS,  
Fellowship Elected Councillor appointed  
12 May 2020  
Prof Raymond Sacks FRACS,  
Specialty Elected Councillor appointed  
12 May 2020  
Dr James Churchill,  
RACS Trainees Representative appointed  
1 January 2020

### Councillors retired in 2020

Dr James Churchill,  
RACS Trainees Representative  
retired 31 October 2020  
Mr Bruce Hall FRACS,  
Specialty Elected Councillor  
retired 12 May 2020  
Dr Geoff Lyons FRACS,  
Specialty Elected Councillor  
retired 12 May 2020  
Associate Professor Christopher Perry  
OAM FRACS,  
Specialty Elected Councillor retired  
12 May 2020  
Mr Richard Perry FRACS,  
Fellowship Elected Councillor retired  
12 May 2020

### Councillors resigned in 2020

Professor Richard Turner,  
Co-opted TAS Fellows Representative  
resigned 14 May 2020

## Councillors 2020



### **Mr Adrian Anand Anthony MBBS MSurgEd FRACS GAICD**

Senior Staff Specialist and Director Clinical Training, The Queen Elizabeth Hospital, Central Adelaide Local Health Network; Senior Visiting Surgeon, Regional Health SA; Senior Lecturer Upper GI Surgery, University of Adelaide; Lecturer in Surgical Education, University of Melbourne; Deputy Presiding Member, Health Advisory Council, South Australian Medical Education and Training; Trustee, Anthony Superannuation Fund.



### **Professor Mark Winter Ashton MB BS MD FRACS (Plas)**

Specialist Plastic Surgeon; Professor of Surgery, University of Melbourne; Chair of Plastic Surgery, Epworth Freemasons Hospital; former Head Plastic Surgery, The Royal Melbourne Hospital; Immediate past President, Australian Society of Plastic Surgeons; Invited Editor of *The Plastic and Reconstructive Surgery Journal America*; Editor in Chief, *Australasian Journal of Plastic Surgery*; Invited Faculty Member International Perforator Flap Course, Belgium; Chair, Melbourne Advanced Facial Anatomy Course; Director, Taylor Research Laboratory, Anatomy Department, The University of Melbourne; Board member and past Chair, Surgical Committee for Interplast.



### **Ms Ruth Caroline Bollard MBChB FRACS FRCS FRCS (Gen) MSc GAICD**

Consultant General Surgeon; VMO Ballarat Health Services, St John of God Hospital Ballarat, East Grampians Health Service; Director Specialists on Drummond.



### **Associate Professor Phillip James Carson MBBS FRACS FRCS FRCS(Ed) GAICD**

Senior Specialist Surgeon, Royal Darwin Hospital; Associate Professor of Surgery, Flinders NT Medical Program; Commissioner, Northern Territory Liquor Commission; Member, Cancer Australia Indigenous Leadership Group, Regional Cancer Outcomes Advisory Committee and Guide to Lung Cancer working group; Member, Medicare Review Committee Oncology and General Surgery; Board member, Cancer Council NT; Board member, Integrated Disability Action, Northern Territory.



### **Dr Jennifer Lee Chambers OAM MBBS (Hons) FRACS GAICD**

Senior Vascular Surgeon, Port Macquarie Base Kempsey and Wauchope District Hospitals; Conjoint Lecturer, Surgery UNSW Rural Clinical School; Associate Hastings Vascular Associates.



### **Dr James Anthony Churchill MBBS BMedSc GAICD**

Urology SET Trainee, St George Hospital Kogarah; Director, Churchill-Strach Investment Pty Ltd; Conjoint Associate Lecturer, University of New South Wales; Clinical Associate Lecturer, The University of Sydney.



### **Dr Sarah Helen Coll MBBS FRACS FAOA GAICD CIME**

Orthopaedic Surgeon; James Cook University Clinical Educator; Secretary, Far North Lady Doctors Association; Councillor and board member, AMA Qld; Director, Breadcrumbs 241 Pty Ltd; Director, Coll Nominees Family Trust; Chair, AMAQ Electronic Health Record Review Committee; Past President, Far North Medical and Legal Society; AMA Federal Orthopaedic Surgical Representative; Past President, Queensland Medical Women's Society; Member, Pacific International Orthopaedic Association; Chair, Cairns Day Surgery Medical Advisory Committee.



### **Dr John Anthony Crozier AM CSM MBBS FRACS FRCST (Hon) FACRS GAICD DDU (Vasc)**

Vascular Surgeon; VMO Liverpool Hospital Sydney; Codirector, National Alliance for Action on Alcohol.





**Ms Souella Cumming BCA CRMA**

Partner, KPMG NZ; Board member and Deputy Chancellor, Order of St John in NZ; Governor, Zonta International NZ.



**Dr Mark Anthony James Dexter BSc (Med) MBBS (Hons 1) FRACS IFAANS**

Neurosurgeon; Head of Department of Neurosurgery, Westmead Adult Hospital and Children's Hospital at Westmead; Associate Professor, The University of Sydney; immediate past President, Neurosurgical Society of Australasia; Member and Chair, Shunt Registry Committee, Neurosurgical Society of Australasia; Member, MBS Review Committee, Department of Health; Neurosurgical representative, Pacific Islands Project.



**Associate Professor Kerin Ann Fielding, MBBS(Syd) FRACS(Orth) FAOA**

Senior visiting Orthopaedic Surgeon, Calvary Hospital, Wagga Wagga Rural Referral Hospital; Executive Chair, Clinical Surgical training Council for Health Education and Training Institute of NSW; Clinical Leader, Surgical Education, Notre Dame University Wagga Wagga Clinical School; Member, NSW Department Model Scope of Practice Working Party; Member, Australian and New Zealand Hip Fracture Registry; Chair, Orthopaedic Department; Member, Trauma Committee Wagga Wagga Rural Referral Hospital.



**Professor David Rowley Fletcher AM MBBS MD FRACS GAICD**

General UGI Surgeon Emeritus Consultant Surgeon, Fiona Stanley Fremantle Hospital Group; retired Head of Department FSFHG, the University of Western Australia; Member, Medical Services Advisory Committee; Member, Clinical Casemix Advisory Group of IHPA; Member, General Surgery Committee Medicare Taskforce; Chair, Service Surgical Registrar Employment Advisory Committee HDWA.



**Professor Mark Frydenberg AM MBBS FRACS GAICD**

Professor, Department of Surgery Monash University; Academic Director of Urology, Cabrini Institute, Cabrini Health; Director, Prostate Cancer Foundation of Australia; Chair, MBS Review - Urology Clinical Committee; Member, Urology MBS Implementation Committee, Department of Health; Member, Out of Pocket Expenses Reference Group, Department of Health; Member, Medical Reference Group, Medibank Private.



**Dr Nishanthi Gurusinghe BSc (Psychology) MBChB FRACS PGDip Clinical Education**

General surgeon with sub specialist interests in Colorectal Surgery, Advanced Laparoscopic Surgery, Colonoscopy and Endoscopy; Scientific convener, combined 2019 GSA/CSSANZ Annual Scientific Meeting and 2019 Colorectal Trainees' Day; Surgical Supervisor of Training, Launceston General Hospital; SEAM Committee Member.



**Mr Bruce Ian Hall MBBS FRACS CIME**

Chair, Neurosurgery and Co-Director, Gamma Knife Radiosurgery Unit Princess Alexandra Hospital; Director of Neurosurgery, Greenslopes Private Hospital; Managing Director, Queensland Neurosurgery and Spine Surgery.



**Professor Andrew Graham Hill MBChB MD EdD FACS FCSL (Hon) FAIS (Hon) FRACS GAICD**

Assistant Dean, Faculty of Medical and Health Sciences and Head of the South Auckland Clinical Campus University of Auckland; Consultant General Surgeon, Middlemore Hospital Auckland; President and past President, International Society of Surgeons Zurich, Switzerland; Director, Ormiston Hospital Auckland; Member, Board of Directors The G4 Alliance Chicago, USA.



**Ms Annette Coralie Holian MBBS FRACS FAOrthA MSurgEd**

Orthopaedic Surgeon, Monash Children's hospital; Clinical Director Surgery and Perioperative Services, RAAF; second Vice President Australian Orthopaedic Association; Councillor, Asia Pacific Orthopaedic Association; Member, Victorian DHHS Perioperative Working Group; Governor, Shrine of Remembrance Melbourne; Patron, Catalina Flying Boat section RAAFA.

## Councillors 2020



**Dr Rebecca Kate Jack MBBS, MPhil, FRACS, AFRACMA, MAICD**

Director of Medical Services, St Andrews Toowoomba Hospital; Vascular Surgeon VMO, St Andrew's Toowoomba Hospital, St Vincent's Toowoomba Hospital, Toowoomba Base Hospital.



**The Honourable Rob Knowles AO MAICD**

Director, Silverchain Group of Companies, Drinkwise Australia Ltd, IPG Pty Ltd, Global Health Ltd; Chair, Royal Children's Hospital; Director, Great Ocean Road Health; Director, Beyondblue Ltd; Director, Medical Research Commercialisation Fund Trust; Member, Victorian Medical Workforce Advisory Council.



**Dr Sally Jane Langley MBChB FRACS GAICD**

Plastic and Reconstructive Surgeon, Canterbury District Health Board.



**Dr Christine Su-Li Lai MBBS (Adel) DDU FRACS FACS GAICD**

Senior Staff Specialist Breast and Endocrine Surgical Unit, Division of Surgery, The Queen Elizabeth Hospital; Visiting Surgeon, Breastscreen SA; Director of The Surgical Precinct; Director, Christine Lai Pty Ltd.



**Dr Geoffrey Blake Lyons MBBS FRACS**

Council member, Australian Society of Plastic Surgeons; Director, GEL NSW Pty Ltd.



**Dr Lawrence Pietro Malisano MBBS FRACS FAOA FAICD**

Orthopaedic Surgeon; Deputy Director Professional Services, Review; Senior Specialist, Royal Brisbane and Women's Hospital; Clinical Lead, Getting It Right First Time (GIRFT) QLD Health; Senior Lecturer, Queensland University; Director, Brisbane Orthopaedic and Sports Medicine Centre.



**Associate Professor Julie Ann Mundy MBBS FRACS MBA**

Cardiothoracic Surgeon; Executive Member, Australian and New Zealand Society of Cardiac and Thoracic Surgeons.



**Associate Professor Christopher Perry OAM FRACS GAICD**

Consultant, Otolaryngology Head and Neck Surgery Department, Princess Alexandra Hospital and Queensland Children's Hospital; Director, ASOHNS; Director, Brisbane ENT Pty Ltd; Vice President, AMA QLD and Director, AMA QLD Foundation; Deputy Chair, National Indigenous Hospitals Network Steering Committee.



**Mr Richard Edward Perry, MBChB Dip Obs (Otago) FRACS FAICD**

General surgeon; Visiting Consultant Surgeon, Intus Digestive and Colorectal Care, St Georges Hospital and Southern Cross Hospital Christchurch; Director, Intus Ltd; Director, Medical Software Corporation Ltd.





**Professor Christopher Martin Pyke PhD  
FRACS FACS PGDip Oncoplast Surg GAICD**

Senior Visiting Medical Officer and Stream Lead Surgery and Acute Care Mater Health Services Brisbane; Chair, Foundation for Breast Cancer Care; Board member, Breast and Prostate Cancer Association of Queensland; Director, CM Pyke Pty Ltd.



**Dr Maxine Mariri Ronald MBChB FRACS**

General Surgeon, Whangarei Hospital New Zealand; Member, Perioperative Mortality Review Committee New Zealand.



**Professor Raymond Sacks MBChB  
FCS(SA)ORL FARS FRACS**

Otorhinolaryngology Head and Neck Surgery; Professor and Head of Discipline OHNS, Sydney University; Professor of Surgery, Macquarie University; Deputy President, Australian Society of Otolaryngology Head and Neck Surgery; Member, Expert Advisory Committee of Therapeutic Goods Administration and Prosthesis List Advisory Committees; Consultant to Medtronic Pty Ltd.



**Mr Anthony Lloyd Sparnon MBBS FRACS  
GAICD**

Paediatric Surgeon, Women's and Children's Hospital Adelaide; International Advisor for Masters in Paediatric Surgery Program, National University of Malaysia; Visiting external examiner Master of Paediatric Surgery, University of Malaya.



**Professor Richard Clive Turner MBBS B  
Med Sc FRACS PhD**

General Surgeon; Professor of Surgery, University of Tasmania; Director, Hobart Clinical School University of Tasmania; Visiting Medical Officer, Royal Hobart Hospital and Launceston General Hospital.



**Professor Owen Allan Ung MBBS FRACS  
FAICD**

Professor of Surgery, School of Medicine, University of Queensland; Senior Visiting Surgeon, Royal Brisbane and Women's Hospital, St Andrews War Memorial Hospital, Wesley Private Hospital; Federal Councillor and surgical representative, Australian Medical Association (AMA) Council of Private Specialist Practice, Medical Practice Committee and Fees List Committee; Director, Medical Insurance Australia (MIA); Director, Medical Defence Association of South Australia (MDASA); Director, Royal Brisbane and Women's Hospital Foundation; Director, Specialist Oncology Property Ltd.



**Dr Gregory Edwin Witherow MBBS FRACS  
MAICD GAICD**

Visiting Orthopaedic Surgeon, Hollywood Private Hospital; Observer, AOA Federal Board; Member, Ramsay Orthopaedic Specialists Advisory Group; Shareholder, Ramsay Healthcare, Cochlear, CSL, Orthocel.



**Professor Henry Woo MBBS DMedSc  
FRACS**

Urological surgeon; Director of Uro-Oncology, Chris O'Brien Lifehouse; Head Department of Urology, Sydney Adventist Hospital; Board Director, Australian and New Zealand Uro-genital and Prostate Cancer Trials Group; Board Director, Australasian Urological Foundation; Board member, Asian Pacific Prostate Society; Member, MBS Urology Review Committee; Clinical Trial Investigator for Medeon, Zenflow, Boston Scientific, Astellas, Janssen, Myovant.

## Boards and committees

A number of boards, committees and working groups report to Council and contribute to the College. These include:

### **New Zealand National Board and state and territory committees**

The New Zealand National Board and state and territory committees meet regularly to discuss and manage local issues and are key to grassroots activity.

### **Education Board**

The Australian Medical Council (AMC) on behalf of the Medical Board of Australia and the Medical Council of New Zealand is responsible for assessing RACS against the approved standards for specialist medical education. Accreditation is given by the AMC to RACS. The Education Board is the senior board responsible for overseeing RACS education policy, maintaining standards of surgical education, training and assessment standards, and approving doctors eligible for admission to Fellowship. The authority of the Education Board to develop, regulate and approve all educational activities is delegated by Council.

The Education Board comprises various committees. These include:

- Board of Surgical Education and Training
- Board of Cardiothoracic Surgery
- Australian Board in General Surgery
- New Zealand Board in General Surgery
- Board of Neurosurgery
- New Zealand Board of Orthopaedic Surgery
- Board of Otolaryngology Head and Neck Surgery
- Board of Paediatric Surgery

- Australian Board of Plastic and Reconstructive Surgery
- New Zealand Board of Plastic and Reconstructive Surgery
- Board of Urology
- Board of Vascular Surgery
- Court of Examiners
- Surgical Science and Clinical Examinations Committee
- Pre-Vocational and Skills Education Committee
- Specialist International Medical Graduates Committee
- RACS Trainees' Association

For orthopaedic training in Australia, RACS has delegated the powers of a RACS Specialty Training Board to the Federal Training Committee of the Australian Orthopaedic Association.

### **Professional Development and Standards Board**

The Board manages professional development and standards and has the following committees:

- Professional Standards Committee
- Fellowship Services Committee
- Professional Development Committee\*
- Research and Academic Surgery Committee
- Surgical Audit Committee

\*As of October 2020, the Professional Development Committee reports to the Education Board.



### Indigenous Health Committee

The Indigenous Health Committee oversees the implementation of the RACS Position Statement and strategic commitments in Indigenous health in Australia and New Zealand. It also guides the ongoing review and development of the RACS Indigenous health portfolio, to ensure that it continues to meet RACS aim to improve the health of Aboriginal and Torres Strait Islander peoples in Australia and Māori in New Zealand, in partnership with those communities. The Committee provides strategic advice to Council in every aspect of RACS engagement in Indigenous health.

### International Engagement Committee

The International Engagement Committee is accountable to Council for the strategy that fosters international collaborations and leverages shared experiences to expand the surgical, professional and cultural standards and contributions of RACS Fellows.

### Finance, Audit and Risk Management Committee

The Finance, Audit and Risk Management Committee assists Council in fulfilling its corporate governance and oversight responsibilities. Its focus is on core governance and business oversight of RACS finances, budget, risk management, audit, insurance and investment functions.

### Governance Committee

The Governance Committee provides guidance that supports good governance of RACS at all levels and assists Councillors to fulfil their governance, fiduciary and compliance obligations, as directors of the organisation.

### Awards Committee

The Awards Committee recommends individuals to Council for RACS honorific awards.

RACS NSW Chair, Associate Professor Payal Mukherjee (left) presents Dr Lynette Reece (right) her NSW State Committee Merit certificate and medal at the NSW Surgeons' Evening.





## RACS leadership

### Chief Executive Officer

John Biviano is the Chief Executive Officer of the Royal Australasian College of Surgeons, a position he assumed in 2019. He has over 40 years of experience in the health sector, including working in medical colleges, hospitals and government. For the past 13 years, John has worked in senior executive leadership roles in two of the largest specialist medical colleges in Australasia. He has expertise in leadership, strategic policy development, professional standards and government relations. While at RACS, he has had major involvement in the development and implementation of various sustainability in healthcare initiatives, the Indigenous Health Strategy and the Building Respect, Improving Patient Care Action Plan.

He holds a Bachelor of Applied Science, a Masters in Management and is a Fellow of the Institute of Managers and Leaders and a Graduate of the Australian Institute of Company Directors.

### Operations

The Operations function ensures the efficient management of College operations. The portfolio contains the business resources of the organisation including Governance and Risk (which includes Legal Counsel), the President's office, Complaints, Digital Services, Global Health, Foundation for Surgery, and Conference and Events.

Emily Wooden joined RACS in 2018 as the Chief Operating Officer (COO) and was then appointed Deputy Chief Executive Officer.

Emily's previous employer was Catholic Super, where she was Executive Officer, Business Transformation and subsequently, COO. Prior to this, Emily had an extensive career across several specialty areas, sectors and organisations including executive positions with The Royal Australian College of General Practitioners, Complete Childcare Solutions, International Development Support Services (a commercial subsidiary of Oxfam Australia) and World Vision. A CPA by profession and Chartered Secretary, Emily has experience across many of the COO remits including Finance and Audit, Governance, Legal and Complaints, IT, People and Business Transformation.



## Education

The Education portfolio is responsible for supporting, shaping and directing the development of world-class curricula to select, train and sustain surgeons to provide the best patient care. Grounded in the clinical education literature, the portfolio supports the delivery of high impact learning outcomes, built on current best practice in, for example, simulation, assessment and evaluative learning cycles.

This is realised through partnerships with stakeholders, Training Boards, hospitals and global technology providers, to ensure the highest standard of safe, respectful and comprehensive surgical care through excellence in training and professional development and continuous education.

The Education portfolio has three teams: Education Services, Training Services and Research and Innovation.

Professor Julian Archer was appointed Executive General Manager, Education in January 2019. Prior to this, Julian was a senior clinical academic leader in the UK. He worked as a consultant paediatrician in the NHS and founded the Collaboration for the Advancement of Medical Education Research and Assessment, within the Faculty of Medicine and Dentistry, University of Plymouth where he retains an honorary Chair. He was personally funded by the National Institute for Health Research for nearly 10 years.

Julian has substantial experience leading clinical education research, designing postgraduate medical curricula and has held numerous senior advocacy roles in healthcare education and regulation.

## Fellowship Engagement

Incorporating the Australian states and territories and New Zealand offices, the Fellowship Engagement portfolio leads and oversees the maintenance and improvement of surgical standards, including continuing professional development for Fellows and a range of other fellowship engagement activities for their benefit. It also promotes professionalism and standards through communication and advocacy with government and relevant stakeholders.

The portfolio includes Fellowship Services, Professional Standards, Policy and Advocacy Research, Audit and Academic Surgery (RAAS), State, Territory and New Zealand offices (STANZ) and the Library.

Etienne Scheepers was appointed to the position of Executive General Manager, Fellowship Engagement in September 2019. Etienne is a highly experienced leader who has held senior roles such as Chief Operating Officer, Deputy Chief Executive and Executive Director in the government and the not-for-profit sectors.

Etienne previously worked in New Zealand at the Waikato and Lakes District Health Boards and in Australia with the South Australian Department of Health, Health Workforce Australia, the South Australian Department for Education and Child Development, and the Department for Child Protection.

Etienne has extensive experience in health workforce reform and while he was at Health Workforce Australia he developed and implemented a national program of health workforce innovation and reform.

## People and Culture

This portfolio oversees the people and culture functions across the organisation. It leads change programs to improve organisational culture and learning and provides development activities for staff. The portfolio also supports leadership and culture change in the surgical workplace amongst Fellows, Trainees and Specialist International Medical Graduates through the Building Respect, Improving Patient Safety initiative.

The portfolio includes the Marketing and Communications team. This team focuses on building the RACS brand through targeted internal and external communications. The portfolio also includes the Internal Services team, which includes reception, facilities, archives and the museum.

The portfolio is managed by Sophie Lukeis who was appointed to the role of Executive General Manager, People and Culture in June 2019.

Sophie has more than 20 years experience in telecommunications, finance and recently in education in schools and universities. Sophie has broad experience across the employee life cycle with a particular interest in cultural change, employee engagement and leadership development.







## Treasurer's report

The Financial Report for the year ended 31 December 2020 is presented together with the Auditor's Report and the voluntary Code of Conduct report for the Australian Council for International Development (ACFID).

### Overall performance

The impact of the coronavirus (COVID-19) has been substantial for all businesses and not-for-profit organisations throughout the world. RACS recognised early in March of 2020 that core educational events such as examinations, skills training courses and the Annual Scientific Congress (ASC) would be subject to widespread disruption whereby reducing various streams of significant funding for RACS. Despite revenues from operations being \$9.6 million down on 2019, RACS was able to respond to this financial impact by initiating numerous business measures to scale back operational expenditures while also applying for the Australian governments JobKeeper Payment scheme.

In 2020, RACS delivered a surplus result of \$2.46 million (2019: \$2.86 million) and an overall comprehensive income of \$2.72 million (2019: \$10.42 million). The financial result for the year was materially supported by the \$4.4 million JobKeeper payments received over the eligible payroll period from 31 March 2020 to 27 September 2020. With the security of this additional funding RACS was able to maintain its pre-pandemic staffing resources and better respond and reposition its plans for recovery and subsequent delivery of repurposed core educational events.

### Revenue

Revenues from operations decreased by \$9.6 million over the 2020 financial year to \$59.2 million (2019: \$68.8 million). With the inclusion of JobKeeper payments overall revenues were \$63.6 million.

### Key Revenue Streams

Key revenue streams for the year can be broken down into:

- Subscriptions and entrance fees of \$18.6 million, being higher than \$18.3 million in 2019 as a result of a net increase in Fellows in 2020;
- Training, examination and assessment fees of \$20 million, was 21 per cent lower than 2019 at \$25.2 million, due primarily to cancellation of the examinations in June 2020 and skills training courses over the March to September 2020 period;
- Project income and management fees from external parties of \$17.1 million, which is lower than 2019 at \$18.3 million due mainly to decreased conference management fees from COVID-19 related third party conference event cancellations;
- Conference registrations of \$0.1 million, being significantly lower than \$2.1 million in 2019 due primarily to the cancellation of the ASC which was scheduled to be held in Melbourne in May 2020.

### Expenditure

Expenditures from operations of \$65.9 million decreased by \$7 million or 10 per cent under 2019 at \$72.9 million. The decrease was primarily attributable to cancellation of events throughout the year with particular reference to the ASC.

### Key expenses

Key expenses for the year can be broken down into:

- Personnel costs of \$28 million (2019: \$26.2 million) representing an increase of 6.7 per cent including finalisation of the Education portfolio restructure initiative;

## Treasurer's report (cont.)

- Externally funded grants of \$8.3 million mainly related to hospital training post payments funded under the Specialist Training Program agreement (2019: \$7.8 million);
- Travel and accommodation of \$2.3 million (2019: \$7.7 million), with the material decrease due to cancelled educational events throughout the year;
- Specialist Society funding costs of \$4.9 million (2019: \$4.5 million) in line with the training partnership agreements.

### Financial position

The Statement of Financial Position reflects net assets increasing by \$2.7 million or 3 per cent being wholly attributable to overall comprehensive income of \$2.7 million.

Cash and short-term deposits of \$35.2 million increased by \$3.5 million compared to 2019 mainly due to net cash inflows from operating activities of \$3.5 million.

Trade and other receivables have decreased by \$0.2 million to \$20.6m in 2020 (2019: \$20.8 million) mainly due to net increase in cash receipts from Fellows and Trainees annual fees.

Other current assets of \$2.9 million are \$0.2 million lower than the prior year due to lower prepaid expenses.

Non-current other financial assets of \$79.4 million related to investment assets managed within the portfolio remain unchanged year on year with an overall positive performance return of 3.7 per cent.

Property, plant and equipment has marginally increased by \$0.1 million to \$17.4 million (2019: \$17.3 million) which is directly attributable to the net asset additions of \$1.9 million less depreciation charged during the year of \$1.8 million.

Intangible assets of \$3.8 million have increased \$1.7 million compared to the

prior year mainly due to digital technology investments under the multi-year 'One College Transformation' program.

Trade and other payables of \$4.1 million remain unchanged year in year.

Contract liabilities and other revenue received in advance of \$47.1 million were \$0.7 million higher than 2019 which is due to higher subscriptions and training fees received in advance.

Current employee benefits of \$3.8 million increased by \$0.2 million from the prior year with a net increase in annual leave and long service leave staff entitlements.

### Cash flow

Net cash inflows from operating activities of \$3.5 million were lower compared to \$6.3 million in 2019 due mainly to reduction in customer receipts from the result of cancelled events.

Net cash inflows from investing activities of \$1.8 million were favourable compared to net cash outflows of (\$0.3 million) in 2019. This was largely due to \$3.6 million in net cash proceeds from the sale of the South Australian property and lesser acquisition of investments of \$6 million compared to \$12.7 million in 2019.

Net cash outflows from financing activities of \$1.7 million.

Overall, there was a net increase in cash and short-term deposits of \$3.5 million (2019: \$4.7 million) during the year.

### Foundation for Surgery

The Foundation activities encompass scholarships, fellowships and research grants as well as direct oversight of our philanthropic endeavours. Scholarship commitments of \$1.9 million were paid in 2019 (2019: \$1.8 million). It is Council's strategic aim to commit to an annual funding limit of up to \$2.5 million in order



to maintain RACS as a nationally and globally recognised funding institution for surgical research, global health, indigenous health and other philanthropic initiatives.

### Investments portfolio – Funding the Foundation

The markets recovered since the initial severe downturn in March 2020 with the investment portfolio achieving a modest positive return of 3.7per cent (2019: 22.5per cent). The ongoing performance of the investment portfolio was underpinned by strong cash income of \$2.7 million which provides the necessary funding to support the Foundation for Surgery while ensuring that the capital value of the portfolio is maintained long term.

### In closing

I would like to acknowledge the services of our Honorary Advisers for which we remain indebted. My thanks to Ms Siobhan Blewitt (Investment), Ms Penny Heard (Investment), Mr Chesley Taylor (Investment), Mr Ian Taylor (Investment), Mr Michael Randall OAM (Investment), Mr Paul McDonald (Finance) and Mr Adam Davies (Finance) for their generous and valued support during the year. RACS remains extremely grateful to all our Honorary Advisers for their wise counsel and support.

I would also like to thank the RACS staff for their ongoing hard work and commitment in 2020.

RACS continues to maintain a sound financial position and has access to both cash reserves and other financial assets that can be readily converted to cash to ensure it can meet its ongoing financial commitments and obligations.

**Dr Greg Witherow**  
Treasurer

### Directors' declaration

The Directors of the Royal Australasian College of Surgeons declare that the summarised financial report set out below 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 2020. The financial statements are in accordance with relevant legislation, accounting standards, provide a true and fair view of RACS financial position and performance, and that RACS can pay its debts as and when they become due. The full financial report can be provided upon request and is available via the RACS website at [www.surgeons.org](http://www.surgeons.org)

**On behalf of the Directors**  
**Mr Anthony L. Sparnon - President**  
**Dr Greg E. Witherow - Treasurer**

**Melbourne**  
**26 March 2021**

### Independent audit report to members of Royal Australasian College of Surgeons

We have audited the summarised financial report of the Royal Australasian College of Surgeons as at 31 December 2020, comprising the Statement of Comprehensive Income, Statement of Financial Position, Statement of Cash Flows and Statement of Changes in Equity, 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 2020.

### 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.

**PKF Melbourne Audit & Assurance Pty Ltd**  
**Steven Bradby - Partner**  
**26 March 2021**



## Statement of profit or loss and other comprehensive income

For the financial year ended 31 December 2020

	2020	2019
	\$	\$
Revenue from operations	59,223,407	68,818,123
JobKeeper wage subsidy	4,401,600	-
<b>Total revenue – from operations</b>	<b>63,625,007</b>	<b>68,818,123</b>
Personnel costs	27,981,054	26,229,391
Outsourced service providers	4,076,127	4,988,282
Telephone, teleconference and audio-visual costs	280,750	706,441
Printing, stationery and photocopying	896,634	996,483
Postage and courier costs	262,749	439,843
Information system costs	2,542,732	2,075,929
Travel and accommodation	2,259,878	7,732,412
Associations and library publications	1,460,486	1,297,627
Audit, legal and professional fees	1,030,954	1,259,079
Bank fees and merchant charges	419,267	355,709
Interest on lease liabilities	321,708	339,449
Utilities and other property costs	1,039,762	638,140
Insurance	797,430	863,429
Project equipment purchases, hire and repairs	176,778	635,024
Training manuals and consumables used in education and field projects	601,535	784,148
Scholarships, fellowships and research grants	1,859,516	1,768,688
Awards, other grants, gifts and prizes	339,865	1,224,158
Grants – funded from external sources	8,317,776	7,837,952
Facilities hire and catering costs	1,877,254	3,614,924
Depreciation and amortisation expense	2,615,762	2,373,583
Depreciation of right-of-use asset	1,548,457	1,576,701
Specialty societies funding costs	4,928,046	4,457,169
Other expenses from operating activities	300,545	774,500
<b>Total expenditure – from operations</b>	<b>65,935,065</b>	<b>72,969,061</b>
<b>(Deficit) for the year – from operations</b>	<b>(2,310,058)</b>	<b>(4,150,938)</b>
<b>Other income</b>		
Financial asset income	2,819,030	4,336,063
Gain / (loss) on sale of financial assets	(890,355)	557,701
Gain / (loss) on disposal of other assets	2,664,090	(997)
Changes in the fair value of financial assets at FVTPL	180,393	2,120,516
<b>Total other income</b>	<b>4,773,158</b>	<b>7,013,283</b>
<b>Surplus for the year</b>	<b>2,463,100</b>	<b>2,862,345</b>
<b>Other comprehensive income</b>		
Items that will not be reclassified subsequently to profit or loss:		
Changes in the fair value of equity investments at FVOCI	454,253	7,360,862
Items that may be reclassified subsequently to profit or loss:		
Exchange differences on translating foreign operations	(145,481)	67,876
Changes in the fair value of debt instruments at FVOCI	(52,578)	132,413
<b>Other comprehensive income for the year</b>	<b>256,194</b>	<b>7,561,151</b>
<b>Total comprehensive income for the year</b>	<b>2,719,294</b>	<b>10,423,496</b>

## Statement of financial position

As at 31 December 2020

	2020	2019
	\$	\$
<b>Current assets</b>		
Cash and short-term deposits	35,217,440	31,681,510
Trade and other receivables	20,562,088	20,781,552
Contract assets	561,703	458,148
Inventories	58,151	122,008
Other assets	2,939,318	3,153,303
<b>Total current assets</b>	<b>59,338,700</b>	<b>56,196,521</b>
<b>Non-current assets</b>		
Trade and other receivables	578,483	603,819
Other financial assets	79,372,795	79,381,303
Property, plant and equipment	17,431,247	17,307,524
Intangible assets	3,848,596	2,138,800
Right-of-use assets	16,651,228	7,343,493
<b>Total non-current assets</b>	<b>117,882,349</b>	<b>106,774,939</b>
<b>Total assets</b>	<b>177,221,049</b>	<b>162,971,460</b>
<b>Current liabilities</b>		
Trade and other payables	4,065,493	4,107,427
Contract liabilities and other revenue received in advance	47,104,389	46,423,009
Lease liabilities	1,251,567	1,299,334
Employee benefits	3,849,066	3,628,156
Funds held on behalf of others	13,081,058	11,840,642
<b>Total current liabilities</b>	<b>69,351,573</b>	<b>67,298,568</b>
<b>Non-current liabilities</b>		
Lease liabilities	15,753,237	6,256,782
Employee benefits	322,766	365,851
Provisions	104,300	80,380
<b>Total non-current liabilities</b>	<b>16,180,303</b>	<b>6,703,013</b>
<b>Total liabilities</b>	<b>85,531,876</b>	<b>74,001,581</b>
<b>Net assets</b>	<b>91,689,173</b>	<b>88,969,879</b>
<b>Members' funds</b>		
Reserves	6,974,726	6,718,532
Retained surplus	84,714,447	82,251,347
<b>Total members funds and reserves</b>	<b>91,689,173</b>	<b>88,969,879</b>

Certain lines of items required in the ACFID Code of Conduct reporting including but not limited to investment property, borrowings and current tax liabilities have nil balances for both the reporting periods covered.

## Statement of cash flows

For the financial year ended 31 December 2020

	2020	2019
	\$	\$
<b>Cash flows from operating activities</b>		
Receipts from operations	64,327,645	73,828,297
Payments to suppliers and employees	(60,497,005)	(67,229,121)
Interest on leases	(321,708)	(339,449)
<b>Net cash inflows from operating activities</b>	<b>3,508,932</b>	<b>6,259,727</b>
<b>Cash flows from investing activities</b>		
Payment for property, plant and equipment and intangible assets	(6,151,014)	(1,730,029)
Net proceeds from sale of property, plant and equipment	3,603,816	55
Proceeds from sale of investments	7,535,602	9,401,384
Purchase of investments	(5,959,791)	(12,699,922)
Investment dividends, interest and franking credits received	2,752,092	4,700,805
<b>Net cash (outflows)/inflows from investing activities</b>	<b>1,780,705</b>	<b>(327,707)</b>
<b>Cash flows from financing activities</b>		
Payment of lease liabilities	(1,674,932)	(1,284,859)
<b>Net cash outflows from financing activities</b>	<b>(1,674,932)</b>	<b>(1,284,859)</b>
Net increase/(decrease) in cash and short-term deposits	3,614,705	4,647,161
Cash and short-term at the beginning of the financial year	31,681,510	27,017,461
Effects of exchange rate changes in the balance of cash held in foreign currencies	(78,775)	16,888
<b>Cash and short-term deposits at the end of the financial year</b>	<b>35,217,440</b>	<b>31,681,510</b>

## Statement of changes in members' funds

For the financial year ended 31 December 2020

	Retained Earnings \$	Investment Revaluation Reserve \$	Foreign Currency Translation Reserve \$	Total \$
<b>Balance at 1 January 2019</b>	<b>79,389,002</b>	<b>(774,199)</b>	<b>(68,420)</b>	<b>78,546,383</b>
Surplus for the year	2,862,345	-	-	2,862,345
Other comprehensive income	-	7,493,275	67,876	7,561,151
<b>Balance at 31 December 2019</b>	<b>82,251,347</b>	<b>6,719,076</b>	<b>(544)</b>	<b>88,969,879</b>
Surplus for the year	2,463,100	-	-	2,463,100
Other comprehensive income	-	401,675	(145,481)	256,194
<b>Balance at 31 December 2020</b>	<b>84,714,447</b>	<b>7,120,751</b>	<b>(146,025)</b>	<b>91,689,173</b>





## International Aid and Development Programs

### Information provided under the ACFID Code of Conduct

RACS is a member of the Australian Council for International Development (ACFID) and a signatory to the ACFID Code of Conduct. The Code of Conduct is a voluntary self-regulatory code of good practice that aims

to improve international development outcomes and increase stakeholder trust by enhancing the accountability and

transparency of signatory members. Information disclosed below is in accordance with the financial reporting requirements of the ACFID Code of Conduct. As a signatory to the Code, RACS is committed to high standards in financial reporting, management, ethical practice and the ACFID Fund Raising Charter. Further information on the code can be obtained from ACFID by visiting [www.acfid.asn.au](http://www.acfid.asn.au) or emailing [code@acfid.asn.au](mailto:code@acfid.asn.au). Complaints in relation to the Code can be made directly to RACS Global Health using the website feedback form or to

ACFID. Any complaints will be handled in line with the RACS Global Health's Complaints Process Policy. The Summary Financial Reports disclosed below have been prepared in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to the ACFID Code of Conduct Implementation Guidance available at [www.acfid.asn.au](http://www.acfid.asn.au). An independent audit of the Royal Australasian College of Surgeons financial accounts for 2020 was conducted by:

**Steven Bradby – Partner**  
**PKF Melbourne Audit & Assurance Pty Ltd**  
**Level 12, 440 Collins Street, Melbourne**  
**VIC 3000 | + 61 3 9679 2222**

## Income statement

For the year ended 31 December 2020

### International Aid and Development Programs

	2020	2019
	\$	\$
<b>Revenue</b>		
Donations and gifts – monetary	249,310	475,083
Donations and gifts – non-monetary	-	-
Bequests and legacies	-	-
Grants – Department of Foreign Affairs and Trade	1,976,681	5,481,115
Grants – Other Australian Grants	134,744	262,357
Grants – Other Overseas	-	-
Investment income	573,255	953,600
Other income – International programs	222,608	265,064
Other income – all other RACS activities	65,241,567	68,394,187
Revenue for international political or religious adherence promotion programs	-	-
<b>Total Revenue</b>	<b>68,398,165</b>	<b>75,831,406</b>
<b>Expenditure - International Aid and Development Programs</b>		
International Programs – Funds to international programs	3,438,552	4,706,111
International Programs – Program support costs	1,096,131	1,198,807
Community education	-	-
Fundraising costs – Public	-	-
Fundraising costs – Government, multilateral and private	-	-
Accountability and administration	150,540	299,515
Non-monetary expenditure	-	-
<b>Total International Aid and Development Programs Expenditure</b>	<b>4,685,223</b>	<b>6,204,433</b>
Expenses for international political or religious adherence promotion programs	-	-
Other expenditure – all other RACS activities	61,249,842	66,764,628
<b>Total expenditure</b>	<b>65,935,065</b>	<b>72,969,061</b>
<b>Surplus / (deficit)</b>	<b>2,463,100</b>	<b>2,862,345</b>
<b>Other comprehensive income</b>	<b>256,194</b>	<b>7,561,151</b>
<b>Total comprehensive income</b>	<b>2,719,294</b>	<b>10,423,496</b>

RACS international aid, development and humanitarian activities are funded from bequeathed contributions, ongoing grants primarily from the Department of Foreign Affairs and Trade, sponsorship arrangements predominantly associated with the East Timor Lions SightFirst Eye Program and donations received from various sources. The RACS Global Health division responsible for the coordination and delivery of these programs did not directly engage in any specific fundraising activities.

## The Foundation for Surgery

### Lifetime Platinum

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Mr Brian Morgan
Mr Rowan Nicks
P Marks Investments
Mr Gordon Pickard
Mrs Diana Ramsay
RANZCO Eye Foundation
The Rotary Club of Glenferrie
The Royal Australian and New Zealand College of Ophthalmologists
The Surgical Research Society of Australasia
Tour De Cure Limited
The Trust Company of Australia Ltd
Mr Philip John Walker
The William Angliss Charitable Fund

### Gold

The Bladder Cancer Australia Charity Foundation
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