



Royal Australasian  
**College of Surgeons**

# Annual Report

## 2019

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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 7,000 surgeons and 1,300 surgical trainees and International Medical Graduates.

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

RACS trains nine surgical specialties in Australasia: 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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# 2019 highlights

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## Education and standards

1308

participants at RACS short courses, conferences and webinars

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112 RACS Fellows donated their time

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RACS Fellows delivered over 78 professional development activities

328

participants at The Foundation Skills for Surgical Educators (FSSE) course

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126 of current SET trainee group completed

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2970 (97.6 per cent) of current mandated group completed FSSE

158

skills training courses delivered

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More than 2700 course participants

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Over 840 skills course faculty contributed approximately 28,000 hours

## RESEARCH

### Breaking Barriers; Developing Drivers for Female surgeons

Survey identified perceptions and experiences when considering a surgical career in Australia and New Zealand

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### ANZASM database

Over 80,000 cases in the database since inception

## COURSES

### Difficult Conversations

Developed when FSSE participants requested training in providing challenging feedback

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### CLEAR and Human Factors

Launched new eLearning modules

## PROGRAM

### Rural services expanded

- New Fellow Rural Placement Pilot launched
- Funded by the Federal Department of Health

## REVIEWS

### CLEAR and TIPS

Completed curriculum reviews including the piloting and launch of new editions

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### ASSET

Commenced curriculum review

## SMARTPHONE APP

### Speak up

Assists surgeons to speak up when unacceptable behaviour occurs

## 30 YEAR ANNIVERSARY

### EMST course

Commemorated at EMST Faculty Workshop in Brisbane

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## Diversity and inclusion

7

Māori doctors commenced surgical training

2

Aboriginal doctors commenced surgical training

>200

Indigenous delegates in symposiums in New Zealand and Australia

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## Philanthropy

15

RACS scholarships

Awarded to Aboriginal and Māori doctors and surgical trainees

Supporting career development

45

Research scholarships

16

RACS Visitors Program grants

Valued at AUD \$227,650

Supporting scientific speakers to attend 15 surgical scientific meetings held across Australia and New Zealand

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## Global health initiatives in the Asia-Pacific region

23 000

specialist consultations

1 880

life-changing surgical procedures

270

local health workers supported to attend educational workshops

## 2019 highlights CONTINUED

### Advocacy and awareness



#### Trauma Committee New Zealand

Advocated strengthening drug driving enforcement

Advocated roadside testing

Called for urgent priority to regulations around the use of e-scooters

#### Trauma Committee Australia

Advocated a national road safety program to replace the current fragmented approach

Advocated for quad bike safety



#### Parental leave

The government formally recognised parental leave for surgical Trainees returning from a rotation elsewhere in Australia or New Zealand



#### Northern Territory

Advocated for reduction in alcohol related harm

The Northern Territory government enacted several recommendations from the review of alcohol policies and legislation (the Riley Review)

#### New South Wales lockout laws

Voiced strong concern with foreshadowed dismantling of the 2014 amendments to the *NSW Liquor Act* (lockout laws), which have proven effective in reducing alcohol related harm



#### Position papers

Updated position papers on surgeons' fees, informed financial consent and informed consent to provide clarity on these issues



#### Building Respect, Improving Patient Safety initiative

The initiative actions were positively received and supported by Fellows, Trainees and IMGs:

Over 80% of respondents reported increased awareness of discrimination, bullying and sexual harassment in the workplace

Over 95% said they understand the relationship between respectful behaviour and patient safety

Over 90% supported commitment to building sustainable culture of respect in surgical practice



#### RACS brand

Portrays the College as progressive

Reflects our history and incorporates our coat of arms, Aboriginal, Torres Strait Islander and Māori motifs

Introduced in phases through 2020

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## Services



### One College Transformation

Program initiated to reform organisational structure and capabilities, governance, communication channels, external relations and member needs

Launched a new website and intranet



### RACS library website

# 259 244

Visits to website

### ASERNIP-S new contracts

Contracted work from the Swiss Federal Office of Public Health

Reappointed to assessor panel for the Commonwealth Department of Health's Medical Services Advisory Committee

### Apps such as BrowZine had

# 22 192

individual sessions and

### Read by QxMD had

# 195 616

abstracts read and

### Clinical Trials Network ANZ

Secured over AUD\$780,000 funding as part of the Medical Research Future Fund International Clinical Trials Collaboration program

# 36 710

full-text downloads

# 65 810

articles accessed since its launch in 2013

Our efforts to expand rural services got a considerable boost from the Commonwealth Department of Health's approval of a new pilot - the New Fellow Rural Placement. The program will allow a new Fellow with a comprehensive, high quality experience in a rural location to consolidate their skills and encourage them to consider working in a rural setting long-term.

## President's report

During the year we continued our strong advocacy efforts on many fronts, particularly on issues such as road safety, surgical fees, parental leave for our trainees, and rural health, among others.

Our Fellows played a significant role in raising awareness of road safety issues and reiterated our position, that serious and immediate action is critical to achieve zero death and zero injury from road crashes. In Australia, our Trauma Committee backed calls from the Australian Automobile Association for a new federal approach to road safety instead of the current fragmented approach to dealing with road safety across Australia.

In New Zealand, our Trauma Committee advocated strongly on issues ranging from strengthening drug driving enforcement through roadside testing and calling for urgent priority to be given to regulations around the use of e-scooters in New Zealand.

We also voiced our strong concern with the foreshadowed dismantling of the February 2014 amendments to the New South Wales Liquor Act, colloquially known as the 'lockout laws', which have proven so effective in reducing alcohol-related harm in New South Wales since 2014.

In the Northern Territory we advocated for a reduction in alcohol related harm as we see too many presentations of this at our hospitals. We were pleased to see a significant reduction in injured patients presenting to the emergency departments of hospitals in Darwin, Alice Springs and Katherine following the enactment of several recommendations from the review of alcohol policies and legislation (the Riley Review) by the Northern Territory government.

In New South Wales, the government formally recognised parental leave entitlements for surgical Trainees returning to the state after completing a rotation of their training elsewhere in Australia or New Zealand. RACS has

been a long-term advocate on this issue. Many of the smaller surgical specialties require interstate and even trans-Tasman moves for broad exposure during surgical training. The New South Wales government's decision is a good sign of progress being made on this issue, and we will continue to advocate for formal leave recognition arrangements across Australia and New Zealand.

In Australia, we looked at various ways we can provide surgical services in remote and rural areas. Some ideas we explored included developing a rural specialist generalist surgeon role that would cover multiple specialties; and supported funding of service or unaccredited registrars in rural hospitals.

Our efforts to expand rural services got a considerable boost from the Commonwealth Department of Health's approval of a new pilot - the New Fellow Rural Placement. The program will allow a new Fellow with a comprehensive, high quality experience in a rural location to consolidate their skills and encourage them to consider working in a rural setting long-term.

We also advocated for the creation of a Northern Australia surgical training network comprising posts in Darwin, Alice Springs, Townsville and Cairns. This would allow rotation between accredited training posts to support a FRACS with a generalist scope of practice to support community needs.

During the year we saw ongoing media coverage on the issues of surgeons' fees and inappropriate behaviour in the surgical workplace. We know that the majority of our Fellows do the right thing by their patients and that it is only a small minority that charge exorbitant fees. We updated our position papers on surgeons' fees, informed financial consent and informed consent to provide clarity on these issues. The guidelines were developed collaboratively with the assistance of our Fellows.



We provided input for the new specialist (non-GP) out-of-pocket website proposed by the Australian Federal Government. We asked that that, in addition to fees, it was important to inform the public of the surgeon's qualifications, depth of training and experience, their AHPRA specialist titles, membership of an Australian Medical College accredited college and other specialty associations. Other important parameters should include participation in hospital audits and teaching. We also recommended education campaigns for the public to explain the importance of specialist registration and experience.

In 2019 we also started work on an updated brand, which RACS Council approved. The updated branding portrays the College as progressive, reflects its history and incorporates our Aboriginal, Torres Strait Islander and Māori motifs. Fellows will be able to use the updated FRACS logo and the coat of arms will be used for ceremonial purposes. The new brand will be introduced in a phased manner in 2020.

Towards the end of the year we were rocked by the human toll following the volcanic eruption at Whakaari/White Island in New Zealand and bush fires in Australia. We were deeply saddened by the deaths as well as the many who are facing a long recovery and those who lost a loved one. I was grateful to see the surgical community coming together to care for the injured in Australia and New Zealand.

We have a busy year ahead of us in 2020 but I am confident that we will be able to meet the challenges and opportunities positively and with confidence. On behalf of RACS Council and our staff, thank you for your support.

**Tony Sparnon**  
President



During the year we continued our focus on the Building Respect, Improving Patient Safety initiative, which outlined how we can counter unacceptable behaviours in surgical practice and training.

## CEO's report

Since I took on the role of the chief executive officer in April 2019, I have continued implementing the many initiatives we commenced to maintain the momentum of modernising the College.

One key priority was the One College Transformation program of work. This encompasses our organisational structure and capabilities, governance, communication channels, external relations and member needs.

From a governance perspective, we have committed to reorganising our committee structures to reduce complexity and duplication, developing a new policy framework to enhance member engagement, and improving governance training for Councillors. Going forward our Council will be supported by a dedicated company secretary, a role we are aiming to have in place in early 2020.

The One College Transformation project also has a substantial technology component that has been reviewing, redesigning or reconfiguring all RACS systems, platforms, data and applications. We launched a new website in August and a new intranet in December as part of this work.

As we change the member-facing systems, it is critical that we work in partnership with specialty societies to ensure we meet future needs and requirements. I am keen to promote a much more collaborative style that engages our specialty societies, who are integral to our success, to deliver the best outcomes for our Fellows, Trainees and International Medical Graduates. I look forward to continuing the annual roadshows to visit the specialty societies to discuss how we can enhance the strong collaborative relationship we have built so far.

We also started working with Council and our leadership team to identify immediate and emergent disruptions that are impacting or may impact our ability, as a College, to provide leadership

for and services to our members. This is an important step in embracing and leveraging the inevitable disruption that every organisation faces.

At a leadership level, we made some changes to the organisational structure to enhance our capability. The Deputy CEO role is now with the Chief Operating Officer, Emily Wooden, and a new role, Executive General Manager People and Culture has been created, with the appointment of Sophie Lukeis. This new role, reporting to me, recognises the importance of our people to the organisation and the significance of a positive workplace culture.

We restructured our education portfolio into three departments: Training Services, Education Services and Research and Innovation. The portfolio is led by Professor Julian Archer, Executive General Manager of Education. Julian and his team are focusing on strengthening our model of educational delivery in partnership with the specialty societies and developing greater links with leading universities to bolster our capacity for surgical education research.

We also recruited a new executive general manager for the Fellowship Engagement portfolio under the leadership of Etienne Scheepers. Etienne is a highly experienced leader who has held senior roles in government and not-for-profit sectors in Australia and New Zealand. The Fellowship Engagement portfolio will lead and oversee the maintenance and improvement of surgical standards; continuing professional development for Fellows and promoting professionalism and standards through communication and advocacy with government and other stakeholders.

During the year we continued our focus on the Building Respect, Improving Patient Safety initiative, which outlined how we can counter unacceptable behaviours in surgical practice and training. We conducted an evaluation of the actions



we had taken and found that they were positively received and supported by Fellows, Trainees and International Medical Graduates. More than 80 per cent of respondents said they have an increased awareness of discrimination, bullying and sexual harassment in the workplace and more than 95 per cent said they understand the relationship between respectful behaviour and patient safety. More importantly, more than 90 per cent of respondents supported our commitment to building a sustainable culture of respect in surgical practice.

We also conducted an audit of the College's assets to establish an intangible asset management roadmap for the organisation. The audit identified that, while there are basic administration structures for intangible asset management in place, including a lengthy IP policy and a contract register, these require revision to meet best practice.

I would like to thank our staff for their dedication and hard work during a year full of challenges and opportunities. I also thank the Council and our Fellows, Trainees and IMGs for their support. It has been a privilege and an honour to be given the opportunity to help our College progress, and I look forward to working with you all.

**John Biviano**  
Chief Executive Officer

## Organisational performance

We restructured our education portfolio into three departments, Training Services, Education Services and Research and Innovation, to strengthen our model of education delivery in partnership with our specialty societies. We also established the Fellowship Engagement portfolio, which will lead and oversee the maintenance and improvement of surgical standards; continuing professional development for Fellows and promoting professionalism and standards through communication and advocacy with government and other stakeholders.

### Professional development

The Professional Development team coordinated training activities that included short courses, conferences and webinars for 1308 participants, with 112 RACS Fellows donating their time to deliver over 78 professional development activities.

The Foundation Skills for Surgical Educators (FSSE) course attracted 328 participants, with most courses hosted by our offices in Australia and New Zealand. Since inception in 2015, 97.6 per cent of the current mandated group of surgical educators and 126 Trainees in their last years of training also completed the FSSE course. In 2019, we held three Trainee-only courses.

We developed the Difficult Conversations course after feedback from FSSE participants indicated they would like more training in providing challenging feedback. Courses will be available around Australia and New Zealand in 2020.

We also piloted a half-day course titled Conflict and You which, offers participants strategies to stay calm in conflict.

### Examinations

The examinations team administered nine exams across New Zealand and Australia. The General Surgical Sciences Exam and Specialty Specific Exam were delivered electronically and we noted a four per cent increase in applications throughout the year.

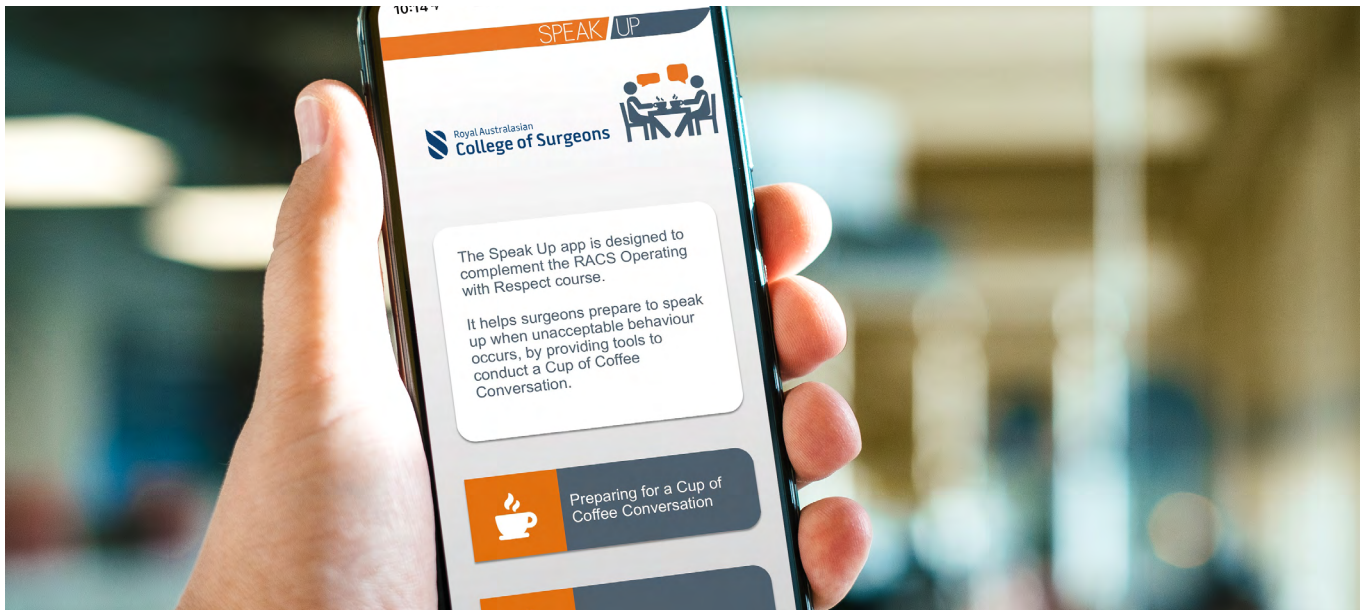
The Fellowship exam saw an increase of three per cent in the pass rate for Trainees year on year, with more Trainees opting into the electronic delivery of the written component than the previous year.

The College continued to focus on reviewing the training examiner course and developing the examiner refresher course to provide new examiners a course that will benefit and support the Trainees in their examination.

### International Medical Graduates

The number of Specialist Assessment applications received remained relatively steady with the majority of applications submitted by United Kingdom and Indian trained International Medical Graduates (IMGs).

During the year, we developed and piloted a training program for IMG supervisors to better prepare and support them in their role. We also continued with the pilot of a work-based assessment program for the external validation of IMGs' professional practice, with three pilots undertaken and a fourth underway.



## Skills training

During 2019, the Skills Training team ran 158 skills courses for more than 2700 course participants. Over 840 Skills Course Faculty contributed approximately 28,000 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.

We also conducted one Early Management of Severe Trauma (EMST) and one Care of the Critically Ill Surgical Patient (CCrISP) outreach course in Fiji for 16 participants and 12 participants respectively. The two courses were run by a combined faculty from Fiji and Australia.

Over the 30-year period of its existence, the EMST program has delivered 1544 provider courses, 138 refresher courses, 81 Australian Defence Force courses and 69 instructor courses with over 28,000 participants having attended the EMST course.

Two Operating with Respect (OWR) courses were commissioned and funded by the Northern Territory Department of Health and one OWR course was run for Trainees. Of the current OWR mandated group, 85 per cent have completed the course, with five per cent enrolled and 10 per cent yet to complete the course.

## Speak up app - new app assists surgeons to speak up when unacceptable behaviour occurs

In May 2019 we launched the Speak Up app developed to complement the Operating with Respect (OWR) course. The app assists surgeons to speak up when unacceptable behaviour occurs.

The Speak Up app draws on concepts and strategies taught at the OWR course and will be most relevant to RACS Fellows who have completed the OWR course.

The app includes a useful framework to prepare for a Cup of Coffee Conversation (CCC), a bank to store helpful scripts and phrases along with access to additional resources.

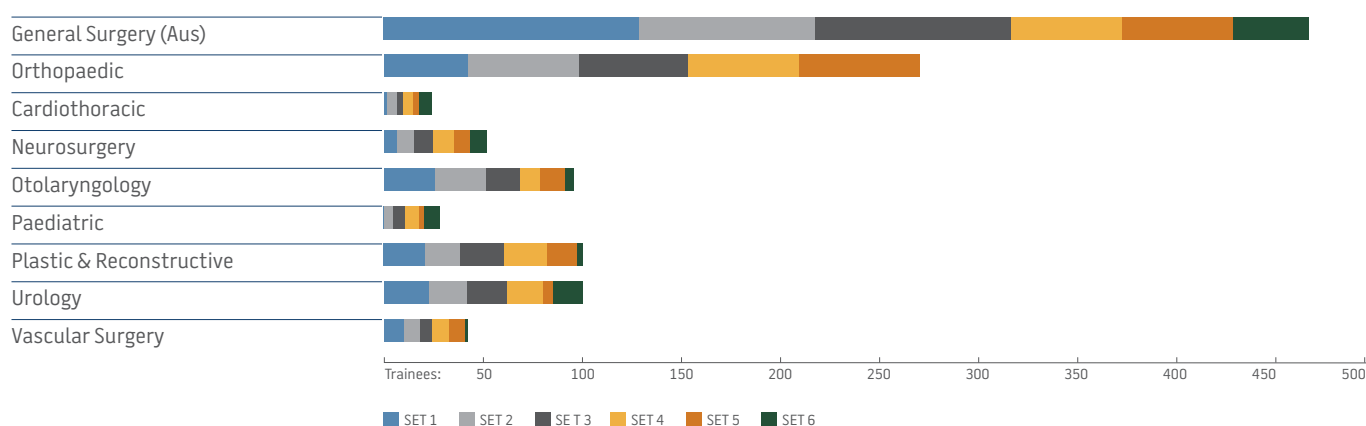
A CCC is a way to raise awareness, prompt reflection and reinforce expectations. It is an informal response, intended to be a respectful conversation between two colleagues. Evidence suggests a properly conducted CCC will have the desired effect in more than 75 per cent of cases.

The OWR course and Speak Up app both aim to contribute to creating an environment where people know they have permission to speak up, and where it is safe for people to adjust their behaviour when given the opportunity.

We thank our OWR Education Committee, RACS Education staff and CMEE4 Productions for their collaborative efforts in developing the Speak Up app.

The app can be downloaded for free from the App Store and on Google Play.

## 2019 SET Trainees by specialty and SET level



## Surgical education and training

Surgery remained a popular career option for junior doctors with 789 applications received across the nine surgical specialties. Neurosurgery had the largest increase (21.8 per cent) in applications compared to 2018.

The number of individual female SET applicants comprised of 30.3 per cent of the applicants. Female applicants accounted for 29.6 per cent of the 284 applicants offered a Trainee position in 2019. We had 1205 trainees enrolled in the Surgical Education Program (full-time, part-time or on a research basis) in one of the nine surgical specialties in Australia and New Zealand.

The Australian Government Department of Health's Specialist Training Program (STP) provides funding to RACS to manage and fund specialist training positions throughout Australia, extending vocational training in rural, remote and private facilities. In 2019, we funded 58.8 hospital posts for accredited trainees, worth \$7,588,000, across mainland Australia. We also funded 8.4 hospital posts for accredited trainees, unaccredited registrars, Fellows, supervisors and administrative support in Tasmania, worth \$2,497,750.

Our effort to expand rural services got a considerable boost from the Australian Government Department of Health's approval of a new pilot STP funded program, the New Fellow Rural Placement. The program will allow a new Fellow with a comprehensive, high quality experience in a rural location to consolidate their skills and encourage them to consider working in a rural setting long-term.

The two funded posts will attract STP funding of \$200,000 each, to go towards salary support, professional development and relocation assistance. The pilot was developed in conjunction with numerous RACS teams and expert groups such as the RACS Rural Surgery Section and Younger Fellows Committee.

Our STP team conducted a review of the Tasmanian Project in order to make recommendations to the Department of Health about how we can improve the funding model for 2021 onwards. We also strengthened our relationship with Tasmanian stakeholders, such as the Tasmanian Health Service, Royal Hobart Hospital, Launceston Hospital, Burnie Hospital, and the Regional Training Hub.

During the year we doubled the number of active STP funded support projects through the approval of three additional programs - Supporting Clinical Studies in a Rural and Remote Area, Professional Development for Senior SET Trainees and Supervisors, and Rural Training Positions Gap Analysis.

The Support Clinical Studies project empowers rurally located trainees to conduct clinical studies that are relevant to their patients, by identifying and addressing the unique, setting-specific challenges they face. Professional Development for Senior SET Trainees and supervisors will provide funding to 15 supervisors and/or senior surgical trainees in STP funded rural training posts, to attend RACS professional development courses. The Rural Gap Analysis project will identify barriers to both application and continuation of Trainees in rural and remote positions.

In July we hosted the STP Inter-College Forum, with specialist medical colleges and the Department of Health in attendance. The key themes discussed included the National Medical Workforce Strategy, the Department of Health Accreditation Project and the STP Post Review and Tasmania Review.

The Federal Department of Health approved RACS to run its own Expression of Interest round for STP funding. We received 28 complete applications and 18 posts were approved for funding pending accreditation from the relevant Specialty Training Board.

## Breaking barriers survey

A key element of the RACS Diversity and Inclusion Plan is to increase the numbers of female surgeons. To inform this work, the survey aimed to identify perceptions and experiences when considering a surgical career in Australia and New Zealand.

The survey asked questions about demographics, perceived barriers and drivers in various medical specialties, in medical school, in lifestyle considerations, in profession considerations and about Surgical Education and Training (SET).

In comparison to other medical specialties, surgery was perceived as having the highest barriers for women. The top driver that emerged from this survey related to delivering the surgical needs of patients. Additional key drivers highlighted were the professional ambition of respondents, the remuneration potential of a surgical career, the intellectual challenge of surgery and the interest in experiencing available and emerging technologies in



surgery. A lack of time for dependents, hobbies and leave (travel) were also raised, as well as a perception of inflexibility within the Surgical Education and Training Program.

The survey, which targeted medical students and non-vocational junior doctors who are female, received almost 1700 responses.

### Continuing professional development

RACS Fellows continued to show a strong commitment to lifelong learning, with high rates of compliance with the Continuing Professional Development (CPD) standard, achieving 100 per cent compliance for CPD in 2018.

We also worked with key stakeholders including regulators, specialty associations and societies in relation to the ongoing review of CPD standards by the Medical Board of Australia and Medical Council of New Zealand. In reviewing the RACS CPD Program, there will be an emphasis on professional development that supports quality improvement at an individual and systemic level, to improve patient care and outcomes. The revised CPD program will be available in 2021.

### The 2019 RACS Annual Scientific Congress

The RACS Annual Scientific Congress was held in Bangkok in May. There were many highlights throughout the week including the handover of the RACS presidency from Mr John Batten to Mr Tony Sparnon. Our new President paid tribute to both his predecessor and outgoing Vice President Dr Cathy Ferguson, for their exceptional leadership and for the humility and grace they demonstrated throughout their tenure. Mr Batten remains actively involved with the College as the new President of the Foundation for Surgery.

The opening night convocation was a great opportunity to welcome many new Fellows to College and to wish them well in the next phase of their journey. A number of outstanding Fellows and friends of the College were also recognised at the ceremony, with several worthy recipients receiving awards and commendations for their contributions to surgery.

Thousands of Fellows, Trainees, International Medical Graduates and presenters from all over the globe, covering all specialties and subspecialties, attended the event. The general feedback received from the participants was that the program was of an exceptional quality, and that most found it to be a useful experience they can learn from and take back to their practice.

Despite the conference being held in an international location and coinciding with the federal election in Australia, the media showed strong interest in the event. Many research presentations and posters were profiled throughout the week, including feature stories across the *ABC*, *SBS*, the *Courier Mail*, *Stuff.co.nz*, as well as various other media outlets.

There was also plenty of lively discussion happening on Twitter throughout the 2019 ASC. The official hashtag for the event, #RACS19, reached far and wide with a social reach of 8.7 million users by users from all over the world.

Having bid farewell to Bangkok, work is already underway to ensure that the 89th ASC is every bit as successful. We look forward to welcoming you all again to the next congress in Melbourne in 2021.

## Trauma

In November we held a Trauma Symposium that focused on pedestrian safety. While mandatory seatbelts and drink driving laws were the silver bullets which saw the road toll tumble, trauma is still the leading cause of death and serious injury in Australians and New Zealanders under the age of 45.

The symposium brought together experts in education, public health and urban planning to explore the scope of the problem, look at risk factors, prevention strategies and to work out a way forward.

The epidemic of road trauma in the 1960s and 1970s in Australia and New Zealand led to the establishment of the RACS Road Trauma Committee and, ultimately, changes in public opinion, behaviour and legislation.

We also continued with our trauma verification activities in hospitals and other health jurisdictions around Australia and New Zealand. The Trauma Verification Program has proven to be an excellent way to establish hospitals' and health services' commitment to and capacity for the care of injured patients. During the two decades the program has been running in Australia and New Zealand, over 60 visits have been conducted in hospitals in every state of Australia and both islands of New Zealand.

This RACS led initiative is supported by experienced trauma clinicians from the Australian and New Zealand College of Anaesthetists, Australasian College for Emergency Medicine and the College of Intensive Care Medicine, along with specialist trauma nurses and allied health professionals.

### Leading trauma services

#### Royal Perth Hospital

“As the state’s only designated major trauma service, it would be very easy to become complacent about our trauma management and outcomes. Instead, the Trauma Verification process provides us with an impetus for continuous improvement – a focus on the standards required and what we need to do as a hospital-wide service in order to fulfil, and indeed exceed, those standards. Attainment of formal Level 1 Verification status is an endorsement of who we are and what we are trying to achieve for our patients.”

Royal Perth Hospital is the service most engaged with RACS trauma verification, having undergone the process five times, maintaining Level 1 Trauma Verification certification continuously since 2009. It is the only designated adult major trauma service in Western Australia, servicing a population of approximately 2.7 million people dispersed across one third of Australia’s land mass. Approximately 850-900 patients per year are classified as major trauma (injury severity score >12).

#### Midland Trauma System, New Zealand

“Over the past 10 years we have implemented over 96 per cent of the requirements in the model resource criteria and on formal reports from several Trauma Verification site visits. We attained Level 1 verification in February 2019, the first hospital in New Zealand to do so.”

Midland Trauma System covers five District Health boards in the Midland region of New Zealand. The five boards underwent a regional review in 2017 that resulted in many recommendations and improvements in services that are collectively raising the quality and consistency of care delivered across the region. Waikato Hospital is a tertiary hospital in Hamilton, Midland region, with a catchment of nearly one million people for major and sub-specialty trauma. The hospital admits approximately 330 major trauma cases per year and has undergone trauma verification three times.



## Aboriginal, Torres Strait Islander and Māori health

Supporting the pipeline of young Aboriginal, Torres Strait Islander and Māori doctors into surgical training is a key College priority. In 2019, we celebrated seven Māori and two Aboriginal doctors commencing surgical training. We also awarded 15 scholarships worth AUD \$127,000 to support the career development of young Aboriginal and Māori doctors and surgical trainees in 2019.

## Rural health update

The RACS Rural Surgery Section continued to advance its goal of increasing the rural surgical workforce through collaboration with other colleges and organisations with shared goals of select for rural, train for rural and retain for rural.

The Rural Surgery Section worked with the RACS Specialty Training Boards to identify opportunities to increase exposure of Trainees to positive rural work experience, including leveraging the existing Federal government funded Regional Training Hubs.

In December 2019 we launched a New Fellow Rural Placement Pilot in conjunction with the Australian Federal Department of Health's Specialist Training Program. The pilot will see the Royal Darwin Hospital and Cairns Hospital both receive funding for an additional surgeon at their hospitals.

The pilot, which aims to attract surgeons to rural areas, will provide new Fellows with a comprehensive, high quality experience that will help them consolidate their skills. As part of the program both surgeons will have

completed their surgical training within the last two years, with the intention of encouraging them to consider working in a rural setting long term.

The program has advertised the two positions and we look forward to supporting the successful candidates and to providing better access to surgical care in our regional communities.

In February, the Australian Health Minister announced \$160 million in funding for Indigenous Health Research. The announcement prioritised Aboriginal Ear Health and followed 24 months of successful advocacy by the College in partnership with the Australian Society of Otolaryngology, Head and Neck Surgery and a growing consortium from across the health system. In New Zealand, Māori community engagement has been a growing focus following the recruitment of the Māori Health Project Officer. In November 2019 a consultation meeting was held to seek feedback and comment on RACS draft Te Rautaki Māori, Māori Health Strategy and Action Plan. Māori attended from organisations across the New Zealand health sector along with RACS Councillors and staff from the New Zealand and Melbourne offices.

RACS continues to work with key partners in Australia and New Zealand and engages with aspiring surgeons through workshops and presentations to the annual conferences of Te Ora (Māori Medical Practitioners Association), the Australian Indigenous Doctors' Association and the Leaders in Indigenous Medical Education.

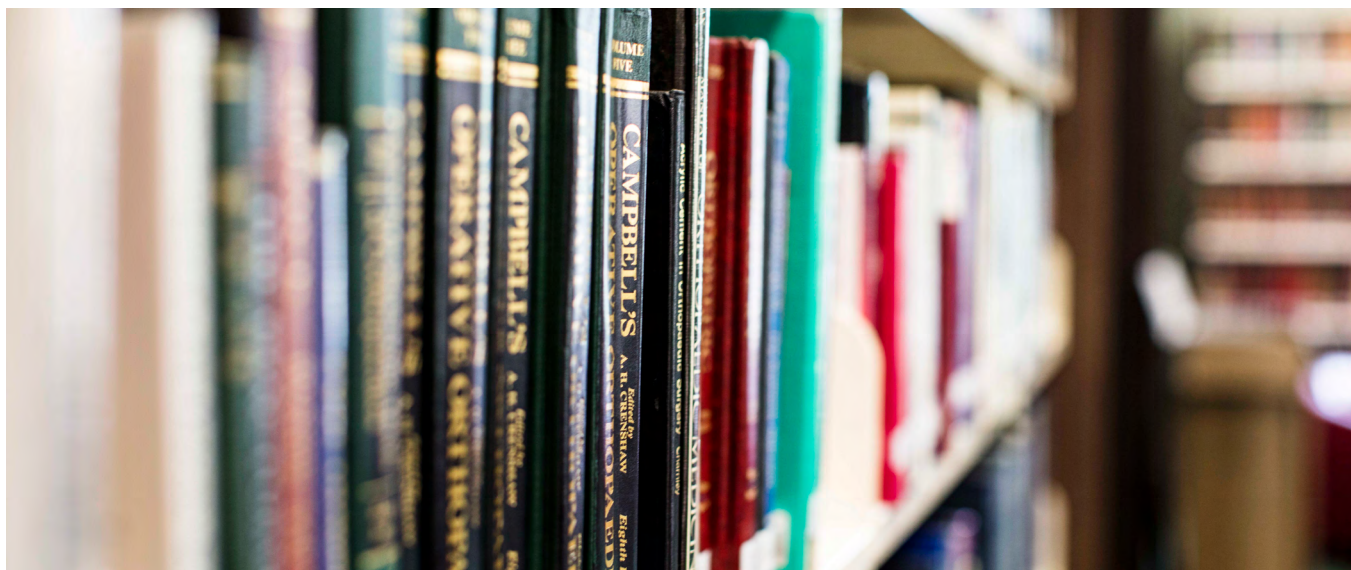
## Research, audit and academic surgery

The Research, Audit and Academic Surgery team moved to the Fellowship Engagement Portfolio as part of the organisational restructure to enable closer collaboration with other RACS departments such as Professional Standards, Fellowship, State and New Zealand Offices, and Policy and Standards Australia.

The Australian Safety and Efficacy Register of New Interventional Procedures – surgical (ASERNIP-S) had an excellent year, far surpassing the approved budget. This was brought about by sourcing more secure work, including from the Swiss Federal Office of Public Health, and being reappointed to the assessor panel for the Commonwealth Department of Health's Medical Services Advisory Committee. Overall there were considerable efficiency gains made, including the set-up of a Health Economics Unit to allow health technology assessment work to be done in-house.

A key success in Academic Surgery has been the Clinical Trials Network ANZ (CTANZ) securing over AUD\$780,000 funding as part of the Medical Research Future Fund International Clinical Trials Collaboration program. CTANZ provides the Australian arm of this trainee-led, multi-centre international, randomised controlled trial to determine the impact of Single Use Negative pPressure dressings for Reduction in Surgical site infection following Emergency laparotomy.

There are now over 80,000 cases in the Australian and New Zealand Audit of Surgical Mortality (ANZASM) database, reflecting data collection nationally since inception. Participating in ANZASM is a requirement of continuing professional



development for RACS and the Australian Orthopaedic Association. There has been a national progressive decrease of 25 per cent to 30 per cent in mortality since ANZASM commenced. Although there will have been many reasons for this, there has been a material contribution by this important RACS program.

The Australia and New Zealand Emergency Laparotomy Audit Quality Improvement (ANZELA-QI) continued data collection with the pilot of surgical and anaesthetic colleges and societies. Individual hospital agreements will be developed due to the great interest in participation from hospitals in this important QI program. To date 2,200 cases have been recorded, and monthly reports are sent to all participating hospitals so that they can review performance against the KPIs.

### RACS Visitors Program

RACS Visitors Program supports the attendance of visitors of note from Australia, New Zealand and overseas to attend surgical specialty and sub-specialty society and association meetings annually. In 2019, the College provided 16 grants valued at AUD \$227,650 in support of scientific speakers to attend 15 surgical scientific meetings held across Australia and New Zealand.

### One College Transformation

The RACS One College Transformation program aims to deliver enhanced ways of working, ensuring professional excellence and ongoing relevance.

The program has a strong connection to our College heritage - the respect, the principles we uphold and the dedication we strive for in our pursuit of service excellence. It seeks to build on these attributes by actively deploying our values of service, integrity, respect, compassion and collaboration to enhance staff work environments, improving member experience and by extension better patient outcomes.

The One College Transformation program, which was approved by Council in June 2019, has a substantial technology component that will deliver the following over a three to four-year period. The first 18 months will focus on:

- a new continuing professional development platform which will provide more flexible tracking of activities and professional development to support learning plans and reflective practice
  - a new platform to provide more consistent support scholarships
  - a new eHub for our members to engage with RACS and access resources
  - a new website platform to deliver a more personalised experience
  - a faster and more secure network and operating environment.
- During 2019 a new website and intranet were successfully deployed.
- establishing a “single view” of our members and their College activities so that everything is linked and interactivity for members is facilitated
  - embedding a new, modern customer relationship management platform, available across all channels including mobile and tablet
  - a new digital workspace for staff, including new intranet, team collaboration space and video conferencing
  - a new education and training platform which will enable us to enhance the learning and examination management experience of our Trainees and Fellows

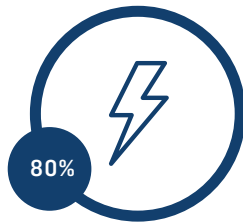


## Creating positive, cultural change

### Measuring progress of the RACS Building Respect, Improving Patient Safety initiative



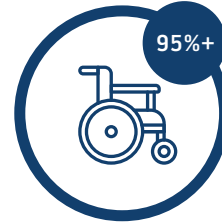
of surgeons recognise and understand **DBSH**



of respondents have increased awareness of **DBSH in the workplace**



of trainees and IMGs recognise difference between **feedback and bullying**



of respondents understand the relationship between **respectful behaviour and patient safety**



of respondents believe people are more likely to **raise an issue of DBSH**

## Library services

The RACS library is one of the most valued and utilised services available to Fellows, Trainees, IMGs and staff. Pathways to library content included the redeveloped and updated webpages (259,244 visits), apps such as BrowZine (22,192 individual sessions and 36,710 full-text downloads) and Read by QxMD (875 registered RACS users by the end of 2019 and 195,616 abstracts read and 65,810 articles accessed since its launch in 2013).

Despite much of the content and tools being available on a “self-service” basis, demand continues to be high for the facility to request delivery of documents from journals not held or still held, in print format. Consequently, requests for document delivery resulted in the delivery of 5,437 items. In addition, 209 literature and database search results were supplied following requests by users.

The service of providing linked reading lists to accompany state based annual scientific meetings, RACS courses and seminars and events continued to grow in 2019 with 21 lists prepared throughout the year.

The in-house journal alerting service (eTOCs) developed by RACS library staff includes 15 separate specialty, sub-specialty and topic-based sets as well as the *ANZ Journal of Surgery*. Subscriber numbers reached 1241 during the year.

Throughout 2019 the library was represented during key events such as the Annual Scientific Congress, the Queensland Annual Scientific Meeting, the RACS Trainees Association Induction Day and the Australian Orthopaedic Association Conference. Attendance at these events provided opportunities to promote awareness of the range of resources, services and apps available.

## Building Respect, Improving Patient Safety

In 2019 we marked the four-year anniversary of our work to build a culture of respect in surgery with the delivery of findings from our first evaluation of our activities.

The report found the implementation of the Action Plan has been successful, strongly supported by members and well delivered. It demonstrated very high levels of support for RACS’ education program and the visibility of RACS’ ‘Let’s operate with respect’ campaign as significant and successful elements of the Building Respect, Improving Patient Safety initiative. It also found that one of the key strengths of the Action Plan was the evidence linking behaviour to patient safety in its messaging and call to action.

Importantly, while demonstrating ‘remarkably high’ levels of support among Fellows, Trainees and IMGs for the College’s commitment to dealing with discrimination, bullying and sexual harassment, it also recognised there were ‘pockets of resistance’ and that ‘a significant cohort of members is resistant to change’. Most significantly, the report identified complaints management as an ongoing challenge, both for employers and for RACS.

We have committed to the continued action outlined in the Plan, and to assess the reach and impact of our work at the five and 10-year marks. We also recognise that meeting the goals set in the RACS Action Plan: Building Respect, Improving Patient Safety will take a sustained effort over many years. Results of the evaluation are informing our work to build respect in surgery into the future.

## RACS in Australia and New Zealand

The second half of the year saw many excellent local events held throughout the states and territories. In Queensland delegates travelled to the Gold Coast for the state conference, which was combined with the surgical director's forum. The two-day conference program consisted of 31 different presentations spread across seven sessions, all with a focus on the theme 'The Seven St(ages) of being a Surgeon'. The meeting provided an opportunity to reflect on the common experiences faced by all attendees regardless of what stage they were at in their career, as well as examining the unique experiences of each cohort.

In September approximately 130 Fellows, Trainees, IMGs and Associates gathered in Port Lincoln for an annual scientific meeting combining South Australia, Western Australia and the Northern Territory. The conference was centred on the theme 'Robots in Surgery - Tsunami or just the next wave?' It brought together a range of perspectives from across surgical specialties and healthcare, as well as experts in a wide array of fields including business, science and law. A particularly pleasing aspect of the conference was the excitement and media attention it generated within Port Lincoln, demonstrating the importance of such events to regional areas.

Victoria held its 61st Annual Scientific Meeting in Albury during October. The meeting focussed on the theme Surgical Oncology Synergy. The program commenced with a combined Victorian Audit of Surgical Mortality (VASM)/ Collaborative Hospitals Audit of Surgical Mortality (CHASM) Workshop, 'Surgical oncology and fertility – When cancer surgery goes wrong'. This workshop, the first time VASM and CHASM have collaborated in this manner, included a series of interactive panel sessions covering three surgical specialties

(General surgery, Vascular and Orthopaedics), giving attendees the opportunity to participate in practical and specialty specific learning.

November in New South Wales (NSW) has become synonymous with Surgeons' Month, and as always there were a number of entertaining and educational events held throughout the month. One of the highlights was the final event, the Surgeons' Evening, held at the NSW Parliament House, where a number of awards were presented including the Graham Coupland Lecture, delivered by Associate Professor Kelvin Kong. Another highlight was the Equality in Medicine event held at the NSW Art Gallery, which again was an opportunity to share perspectives and experiences and build towards the future. In conjunction with these events the RACS NSW Committee also held a military surgeons evening at the Victoria Barracks and the Younger Fellows Preparation for Practice and the Prep for SET events in the NSW office.

November also saw Tasmania and the Australian Capital Territory both hold their one-day annual scientific meetings. For the first time the ACT event was held in the picturesque setting of the National Museum of Australia and focussed on the theme 'The Cost of Excellence'. The new venue helped to generate high attendance numbers, as did the initiatives of the ACT committee to work with the local hospital to organise a low activity day, as well as offering free registration to final year medical students. In Tasmania it was Launceston's year to host the local meeting, which focused on the theme "Obesity – surgery and surgeons". The event was Dr Tony Sparnon's first visit to Tasmania since becoming RACS President and was one of the best attended in several years, leading to many entertaining and highly engaging discussions.



## 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.

### ACT

#### Educator of the Year

Associate Professor Sivakumar Gananadha

#### Service to the Community

Associate Professor David Croaker

#### Trainee of the Year

Dr Andrea Nicole Rodrigues

### New South Wales

#### NSW Merit Award

Dr Christine Castle

#### Outstanding Service to the Community

Mr Edwin Lim

#### Outstanding Service to the Community

Dr David Hunt

#### Graham Coupland Lecture

Associate Professor Kelvin Kong

#### Medical Student Essay Winner

Mr Harrison Faulkner

### Northern Territory

#### Outstanding Service Award

Mr Arun Mahanjani

### Queensland

#### Neville Davis Prize

Dr Aaditya Narendra

#### Queensland RACS Papers Prize

Dr Andrew Morton

#### Outstanding Service Award

Assoc Prof Fred Leditschke

#### David Theile Lecture

Dr Barry O'Loughlin

#### Queensland Surgical Skills – Best Individual Overall Score

Dr Hooman Baghaie

#### Queensland Surgical Skills – Best University Team Score

Griffith University

#### Clinical Committee Prize

Dr Matthew Cheng

#### Gordon Gordon-Taylor Prize

Dr William McSweeney

### Victoria

#### Community Service Awards

Associate Professor Susan Liew

Dr Heather Cleland

Mr Gerard Fogarty

Dr Arash Riazzi

#### Recognition of Outstanding Service

Dr Nicole Yap

Dr Salena Ward

Mr Adrian Fox

### 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

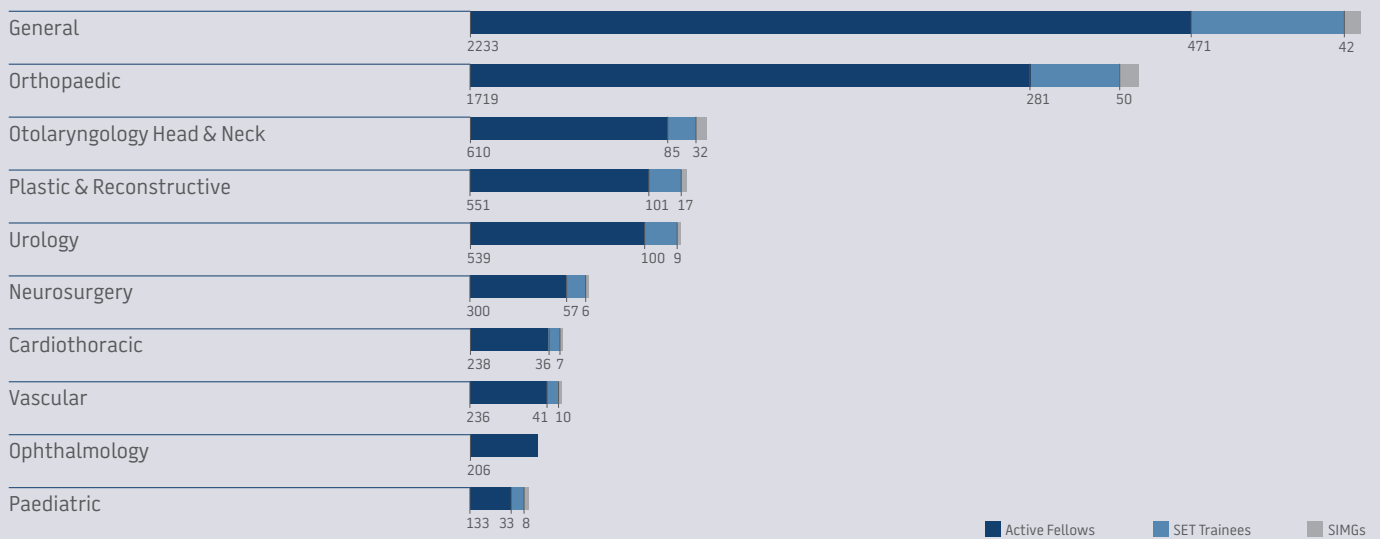
### New Zealand

#### Louis Barnett Prize

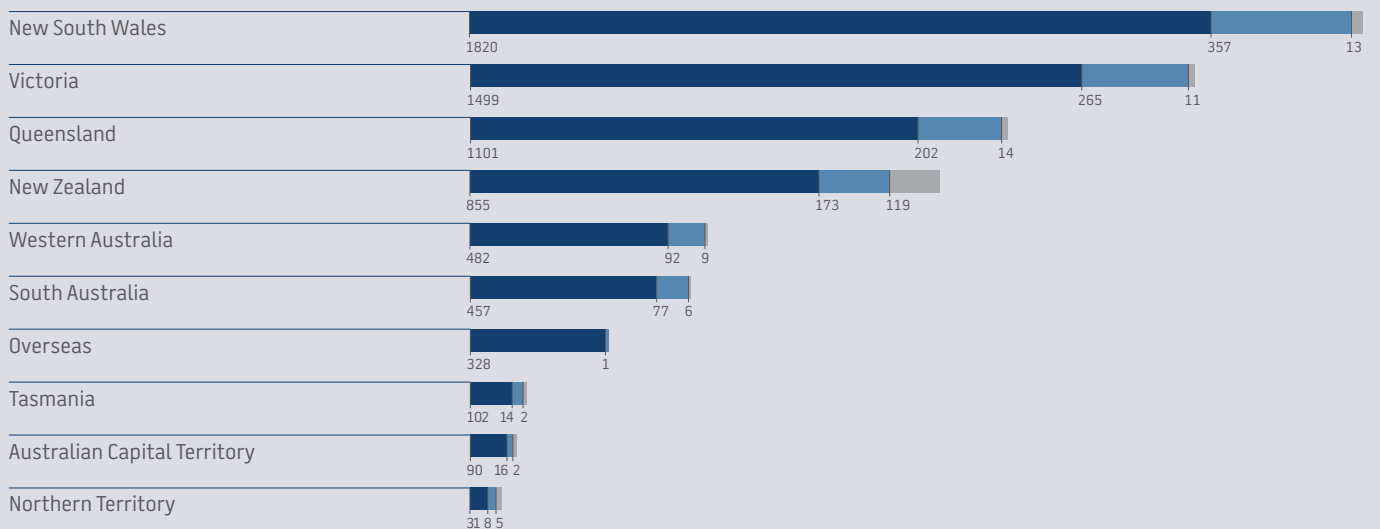
Dr Brendan Desmond (Trainee)

# Our Fellows, Trainees and International Medical Graduates

## BY SPECIALITY



## BY LOCATION



## BY GENDER



RACS has been an active supporter of community health initiatives for several decades. This support has been enabled through the generous contributions of governments, Fellows, Trainees, IMGs and friends of RACS through the Foundation for Surgery, the philanthropic arm of the organisation.

## RACS in the community

### The Foundation for Surgery

During the year, the Foundation for Surgery, the philanthropic arm of RACS, achieved the following results:

- Research scholarships were awarded to 45 scholars to forge higher levels of excellence in surgical care.

In Aboriginal and Torres Strait Islander and Māori health:

- Scholarships and grants supported seven Māori and eight Aboriginal students and junior doctors to undertake career development, attend the Annual Scientific Congress and/or participate in peer support.
- A major advocacy project, improving ear health in Aboriginal communities, continued, engaging major stakeholders and health providers nationally.
- Over 200 Indigenous delegates were engaged in educational symposiums in New Zealand and Australia,
- The Foundation for Surgery also supported a range of global health initiatives.

Thanks to the generous support of Fellows, Trainees, IMGs and friends of RACS, the Foundation for Surgery enters into its 40th year stronger than ever to address critical surgical need.

### Global health

Throughout 2019, health professionals volunteered their time with RACS Global Health projects, supporting quality mentoring and training of our colleagues across the Asia-Pacific Region.

RACS has continued to implement the Australian Government-funded ATLASS II Program, at the request of the Timor-Leste Ministry of Health. The in-country training program aims to equip national doctors with the skills to provide relevant and high-quality care in six specialities across the country. ATLASS II employs specialist clinicians to train national doctors to provide safe and effective clinical services that are sustainable and accessible for the community of Timor-Leste.

The Pacific Islands Program (PIP) aims to ensure that Prioritised Pacific Specialised Clinical Service professionals have improved competencies and that Pacific Island countries receive quality Visiting Medical Teams that meet their priority clinical and training needs. In 2019, PIP has diversified its capacity-building approach in response to national hospital and Ministry of Health requests by providing activities and training to health professionals outside of the core group of surgery, anaesthesia and nursing. The necessity to provide a more inclusive style for expanding clinical competency across tertiary health services has ensured PIP supports areas including the education and training of obstetrics and gynaecology specialists (27), internal medicine practitioners (16), and medical administrators (12).



RACS Global Health also supports the Australian Government-funded Papua New Guinea (PNG) Clinical Support Program (CSP), at the request of the Papua New Guinea National Department of Health, ANGAU Medical Hospital, Port Moresby General Hospital and the University of Papua New Guinea. RACS volunteers facilitated increased specialty and subspecialty skills and competencies in PNG Hospitals, to ensure increased competencies in cross-cutting clinical best practice. RACS has a commitment to ensuring equitable gender participation in its Clinical Support Program and aims to work towards making additional efforts to enable women to equitably access and utilise improved clinical skills within the three CSP PNG sites.

During the year we:

- provided 23,000 specialist consultations.
- 1,880 life-changing surgical procedures.
- supported and mentored 162 Health Professionals in PNG to enable increased competencies in cross-cutting clinical practice.
- supported 379 operations being conducted across the Pacific
- mobilised 99 volunteers (female-41, male-55) across seven Pacific Island Nations (Fiji, Federated States of Micronesia, Nauru, Samoa, Solomon Islands, Tonga and Vanuatu)
- continued training in Timor Leste for 23 Post Graduate Diploma trainees in five specialities.
- provided training to 270 local health workers.

### RACS museum, art collection and archive

We continue to promote our collections through publications including *Surgical News* and electronic communications such as flip books on the website. Displays about orthopaedic surgery and neurosurgery were created and mounted in the walkway. The College participated in the Open House program and there is a good deal of interest in the history of the Spring street site. In 2019 the College of Surgeons Museum, which began participating in the Museums Accreditation program in 2013, gained re-accreditation from Australian Museums and Galleries Association (AMaGA). Research queries for archives were steady and over 100 were received during the year.

As RACS approaches its centenary in 2027, new projects include:

- Research for and compilation of a 'treasures' book. Focusing on significant items from the College's collections, the book will be published in 2020.
- An oral history project which taps the memories of the College's older surgeons. Starting in December 2019, Waybackwhen historians will interview 10 surgeons and their responses will be recorded and transcribed.







## RACS people

By the end of 2019, RACS had 245 staff across Australia and New Zealand with offices in Wellington, Canberra, Sydney, Melbourne, Adelaide, Hobart, Perth, Darwin and Brisbane.

In 2019 we made a commitment to actively live our values, to be respectful, to communicate effectively and to share our thoughts constructively. We have made a great start towards achieving our objective of One College and will continue our efforts in transforming our culture, technology and governance, policies and procedures.

In 2020, we will continue to build on the collective achievements of individuals, teams and within our partner collaborations, to realise a culture of respect in surgery and improve patient safety.

### Leadership Development Program

The Leadership Development Program continued in 2019 with two cohorts of leaders progressing through four modules focussing on building on core leadership skills in Leading People Effectively, Leading Continuous Improvement and Innovation and Leading Change within RACS.

RACS Staff attending awards for long-serving staff members: October Council.

RACS 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.

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.

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.

## Governance

### Board of Council

The Board is responsible for operational oversight in the months between the Council meetings.

#### Members and office holders

1 January - 9 May 2019

Mr John Batten AM FRACS  
President (Fellowship Elected Councillor)

Dr Catherine Ferguson FRACS  
Vice President (Fellowship Elected Councillor)

Associate Professor Julie Mundy FRACS  
Treasurer (Specialty Elected Councillor)

Mr Anthony Sparnon FRACS  
Censor-in-Chief (Specialty Elected Councillor)

Mr Richard Perry FRACS  
Chair Professional Development and Standards Board (Fellowship Elected Councillor)

#### Rotating members

1 January - 9 May 2019

Professor Andrew Hill FRACS  
(Fellowship Elected Councillor)

Dr Christine Lai FRACS  
(Fellowship Elected Councillor)

Dr Sally Langley FRACS  
(Fellowship Elected Councillor)

#### Members and office holders

9 May - 31 December 2019

Mr 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)

#### Rotating members

9 May - 31 December 2019

Professor Andrew Hill FRACS (Fellowship Elected Councillor)

Dr Christine Lai FRACS (Fellowship Elected Councillor)

Dr Greg Witherow FRACS (Fellowship Elected Councillor)

### Council 2019

#### Office holders

##### 1 January - 9 May 2019

Mr John Batten AM FRACS  
President (Fellowship Elected Councillor)

Dr Catherine Ferguson FRACS  
Vice President (Fellowship Elected Councillor)

Associate Professor Julie Mundy FRACS  
Treasurer (Specialty Elected Councillor)

Mr Anthony Sparnon FRACS  
Censor-in-Chief (Specialty Elected Councillor)

Mr Richard Perry FRACS  
Chair Professional Development and Standards Board (Fellowship Elected Councillor)

#### Fellowship Elected Councillors

##### 1 January - 9 May 2019

Mr Adrian Anthony FRACS

Ms Ruth Bollard FRACS

Associate Professor Phillip Carson FRACS

Dr Jennifer Chambers OAM FRACS

Associate Professor Kerin Fielding FRACS



Professor Andrew Hill FRACS  
 Dr Annette Holian FRACS  
 Dr Christine Lai FRACS  
 Dr Sally Langley FRACS  
 Professor Christopher Pyke FRACS  
 Dr Maxine Ronald FRACS  
 Professor Owen Ung FRACS

**Specialty Elected Councillors**  
**1 January - 9 May 2019**

Mr Bruce Hall FRACS  
 Mr John Crozier AM CSM FRACS  
 Professor David Fletcher FRACS  
 Professor Mark Frydenberg AM FRACS  
 Dr Geoffrey Lyons FRACS  
 Associate Professor Christopher Perry OAM FRACS  
 Dr Greg Witherow FRACS

**Co-opted Councillors**  
**1 January - 9 May 2019**

The Hon Rob Knowles AO  
 (Expert Community Advisor)  
 Mr Garry Wilson KStJ H FRACS (Hon)  
 (Expert Community Advisor)  
 Dr Rachel Care FRACS  
 (RACS Trainees Representative)

**Office holders: 9 May - 31 December 2019**

Mr Anthony Spannon 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)

**Fellowship Elected Councillors**

**9 May - 31 December 2019**

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  
 Professor Christopher Pyke FRACS  
 Dr Christine Lai FRACS  
 Dr Lawrence Malisano FRACS  
 Dr Maxine Ronald FRACS  
 Professor Owen Ung FRACS  
 Professor Henry Woo FRACS

**Specialty Elected Councillors**  
**9 May - 31 December 2019**

Mr Bruce Hall FRACS  
 Mr John Crozier AM CSM FRACS  
 Professor David Fletcher AM FRACS  
 Professor Mark Frydenberg AM FRACS  
 Dr Geoffrey Lyons FRACS  
 Associate Professor Christopher Perry OAM FRACS  
 Dr Greg Witherow FRACS

**Co-opted Councillors**  
**9 May - 31 December 2019**

The Hon Rob Knowles AO  
 (Expert Community Advisor)

Mr Garry Wilson KStJ FRACS (Hon)  
 (Expert Community Advisor)  
 Dr Imogen Ibbett  
 (RACS Trainees Representative)  
 Professor Richard Turner (Tasmanian Fellows Representative)

**Councillors who were appointed in 2019**

Dr Imogen Ibbett  
 (RACS Trainees Representative) - appointed 2 March 2019  
 Dr Sarah Coll FRACS  
 (Fellowship Elected Councillor) - appointed 9 May 2019  
 Dr Lawrence Malisano FRACS  
 (Fellowship Elected Councillor) - appointed 9 May 2019  
 Professor Henry Woo FRACS  
 (Fellowship Elected Councillor) - appointed 9 May 2019  
 Professor Richard Turner  
 (Co-opted Tasmania Fellows Representative) - appointed 9 May 2019

**Councillors who retired in 2019**

Mr John Batten AM FRACS,  
 President, retired 9 May 2019  
 Dr Catherine Ferguson FRACS,  
 Vice President, retired 9 May 2019  
 Mr Garry Wilson KStJ,  
 Expert Community Advisor retired 31 December 2019  
 Dr Rachel Care,  
 RACS Trainees Representative, retired 1 March 2019  
 Dr Imogen Ibbett,  
 RACS Trainees Representative, retired 31 December 2019

## Boards and committees

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

### The Awards Committee

The Awards Committee considers and provides advice on College awards. The committee meets three times a year during Council week (February, June and October).

### STANZ Committees

New Zealand and each state and territory in Australia have committees that meet regularly to discuss and manage local issues.

### Education Board

The Australian Medical Council (AMC) on behalf of the Medical Board of Australia and the Medical Council of New Zealand are 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 Examination and Clinical Examination Committee
- Pre-vocational and Skills Education Committee
- International Medical Graduates (IMG) Committee
- RACS Trainees' Association
- Post Fellowship Education and Training Committee

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.



### Advocacy Board

The Advocacy Board was formed in June 2018, merging together the Board of Regional Chairs and the Governance and Advocacy Committee. The Advocacy Board managed a program of relevant public policy advocacy through the identification of issues and the development of an advocacy strategy.

The Board, which was disbanded in June 2019, will be replaced by tri-annual forums each year for our State, Territory and New Zealand (STANZ) representatives to discuss issues of concern to Fellows with the Board of Council. These meetings will be in addition to the opportunity for the STANZ chairs to provide regular reports to Council.

### Professional Development and Standards Board

This 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
- External Affairs

### Resources Committee

The Resources Committee was established to advise Council on all matters that affect the financial management of the Royal Australasian College of Surgeons. Its primary role is to assist Council in fulfilling its responsibilities for maintaining sound managerial and financial control over all activities within the College, through the development, coordination and monitoring of policies for the effective management of all College resources. It comprises of the following committees:

- Heritage and Archives Committee
- Investment Committee

### Risk Management and Audit Committee

The Risk Management and Audit Committee was established to ensure that the Royal Australasian College of Surgeons maintains a high standard of internal control in all aspects of its operations. This internal control comprises all policies, systems and procedures established by Council management to safeguard assets, ensuring the accuracy and reliability of records, and providing operational efficiency encourage adherence to the College's policies.

The IT Governance Committee reports to the Risk Management and Audit Committee.



## RACS leadership

### Chief Executive Officer

John Biviano was appointed Chief Executive Officer of the Royal Australasian College of Surgeons in April 2019. He was previously the Deputy Chief Executive Officer and Executive General Manager of the Fellowship Services and Standards portfolio.

John has over 30 years' experience working in the health sector, including working in medical colleges, hospitals and in government. For the past 12 years he has worked in senior executive roles in two of the largest specialist medical colleges in Australasia, with 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 Safety 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 the internal operations of the College. The portfolio contains the business resources of the organisation including Governance and Risk (which includes General Counsel), the President's office, Complaints, Business Transformation, Technology and Data, Finance, Global Health, Foundation for Surgery, and Conference and Events.

Emily Wooden was appointed Deputy Chief Executive Officer of the Royal Australasian College of Surgeons in 2018. She joined RACS in 2018 as the Chief Operating Officer.

Emily's most recent employer was Catholic Super, where she initially was Executive Officer, Business Transformation and then 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 that benefit Fellows. 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 as well as 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 and leads change programs to improve organisational culture and learning and development activities for staff. The portfolio also supports leadership and culture change in the surgical workplace amongst Fellows, Trainees and international medical graduates through the Building Respect, Improving Patient Safety initiative.

The portfolio also includes the Marketing & Communications team, which focuses on building the RACS brand and through targeted internal and external communications, and 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 of 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 2019 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

In 2019, RACS delivered a surplus result of \$2.9m (2018: \$0.9m) and an overall comprehensive income of \$10.5m (2018:(\$2.2m)) while progressing a number of important initiatives including the 'One College Transformation' program, staging a highly successful Annual Scientific Congress (ASC) in Bangkok, funding significant endeavours in surgical research and continuing the commitment to the Building Respect, Improving Patient Safety (BRIPS) action plan.

### Revenue

Overall revenues increased by \$8.6m or 13 per cent over the 2019 financial year to \$75.8m (2018: \$67.2m). This was primarily due to increased revenue recognised under the Specialist Training Program (STP), funded by the Australian Commonwealth Government and designed to extend vocational training for specialist registrars to a range of settings beyond traditional metropolitan teaching hospitals. RACS also achieved strong performance from the investment portfolio which primarily funds our strategic Foundation for Surgery programs.

### Key revenue streams

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

- Subscriptions and entrance fees of \$18.3m, being higher than \$17.4m in 2018 as a result of a net increase in Fellows in 2019
- Training, examination and assessment

fees of \$25.2m, which was 3% higher than 2018 at \$24.5m, primarily due to increased numbers of Generic Surgical Science Examination candidates;

- Project income and management fees from external parties of \$18.3m, which is materially higher than 2018 at \$13.8m mainly due to increased revenue recognised in line with higher hospital payments under the STP contract;
- Lower revenue from conference registrations at \$2.1m (2018: \$2.9m) from the ASC being offset by lower staging expenses for the event held in Bangkok compared to Sydney in 2018.

### Expenditure

Expenditure increased by \$6.6m or 10% over 2018 at \$72.9m (2018: \$66.3m). The increase was primarily attributable to higher hospital grant payments under the STP funded contract, an increase in awarded scholarships, fellowships and surgical research grants and initiation of the 'One College Transformation' program to deliver better value for our members.

### Key expenses

**Key expenses for the year can be broken down into:**

- Personnel costs of \$26.2m (2018: \$25m) representing an increase of 4.8%;
- Externally funded grants of \$7.8m mainly related to hospital training post payments funded under STP (2018: \$5.8m);
- Travel and accommodation of \$7.7m (2018: \$7.1m), with the increase primarily due to expanded international program activities funded by the Australian Government;
- Specialist Society funding costs of \$4.5m in line with the training partnership agreements.

## Treasurer's report (cont.)

### Balance sheet

RACS balance sheet reflects net assets increasing \$10.4m or 13.3% which is largely attributable to strong investment performance with increase in the market value in the financial assets.

Cash and short-term deposits increased by \$4.6m compared to 2018 mainly due to increased cash inflows from operations with higher grants monies received from government funded programs.

Trade and other receivables have decreased by \$2.3m to \$21.4m in 2019 (2018: \$23.7m) mainly due to net increase in grants monies received and earlier cash receipt from investment franking credits.

Other current assets are \$0.7m higher than the prior year due to higher prepaid expenses.

Non-current other financial assets are higher than 2018 by \$15m and is mainly due to the increase in the market value of the underpinning financial assets with the investment portfolio achieving a positive return performance of 22.5%.

Property, plant and equipment has decreased by \$0.7m to \$17.3m (2018: \$18m) which is directly attributable to the depreciation charged during the year offset by additions of assets of \$0.8m.

Intangible assets are unchanged compared to the prior year with amortisation of \$0.9m charged during the year offset by additions from technology investments from the 'One College Transformation' program.

Trade and other payables were higher by \$1.1m compared to the previous year. This is due to a timing difference in payments to trade creditors.

Contract liabilities and other revenue received in advance were \$3.7m higher than 2018 which is higher due to subscriptions and training fees received in

advance and a net increase in government grants.

Current employee benefits increased \$0.5m from the prior year with a net increase in annual leave and long service leave staff entitlements.

### Cash flow

RACS cash flow and liquidity improved in 2019 with net cash inflows from operating activities of \$6.3m (2018: \$5.3m). Due to the adoption of AASB 16 Leases, rental payments on leased properties which would have previously been disclosed under cash flows from operating activities are now disclosed as cash flows from financing activities.

The net increase in cash and short-term deposits of \$4.6m (2018: increase of \$6.6m) during the year was primarily due to increase in cash flow from operations.

### Foundation for Surgery

The Foundation activities encompass scholarships, fellowships and research grants as well as direct oversight of our philanthropic endeavours. Scholarship commitments of \$1.8m were paid in 2019 (2018: \$1.2m). It is Council's strategic aim to commit to an annual funding limit of up to \$2.5m 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 market performed strongly for the year with the investment portfolio achieving a positive return of 22.5% (2018: 0.52%). The ongoing performance of the investment portfolio is underpinned by strong cash income 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 Mr Anthony Lewis (Audit, Investment, Finance & IT) - Retired, Ms Siobhan Blewitt (Investment), Ms Penny Heard (Investment), Mr Chesley Taylor (Investment), Mr Ian Taylor (Investment), Mr Michael Randall OAM (Investment), and Mr John Craven (Information Technology) for their generous and valued support during the year. RACS remains extremely grateful to all our Honorary Advisers for their wise counsel and support.

It is also with immense gratitude that we extend our best wishes to Mr Anthony Lewis in retirement who after many years as an honorary adviser has provided invaluable support and astute advice across a broad array of RACS business affairs and was formally recognised for his contributions at the October Council meeting.

I would also like to thank the RACS staff for their ongoing hard work and commitment in 2019.

RACS continues to maintain a strong Balance Sheet and is financially well positioned to meet its ongoing commitments and I recommend these accounts to the Fellows.

**Associate Professor Julie Mundy**  
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 2019. 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**  
**Associate Professor Julie A. Mundy - Treasurer**

**Melbourne**  
**8 May 2020**

### 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 2019, 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 2019.

#### 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**  
**8 May 2020**

## Statement of profit or loss and other comprehensive income

For the financial year ended 31 December 2019

	2019	2018
	\$	\$
Revenue from operations	68,818,123	63,781,574
<b>Total revenue – from operations</b>	<b>68,818,123</b>	<b>63,781,574</b>
Personnel costs	26,229,391	25,031,403
Consultants fees - clinical	1,269,596	1,147,066
Consultants fees - management	3,718,686	2,224,873
Telephone, teleconference and audio-visual costs	706,441	805,333
Printing, stationery and photocopying	996,483	1,161,321
Postage and courier costs	439,843	566,179
Information system costs	2,075,929	1,506,113
Travel and accommodation	7,732,412	7,076,829
Associations and library publications	1,297,627	1,278,212
Audit, legal and professional fees	1,259,079	755,354
Bank fees and merchant charges	355,709	527,835
Interest on finance charge	339,449	-
Utilities and other property costs	638,140	2,914,670
Insurance	863,429	623,969
Project equipment purchases, hire and repairs	635,024	560,633
Training manuals and consumables used in education and field projects	784,148	890,563
Scholarships, fellowships and research grants	1,768,688	1,170,019
Awards, other grants, gifts and prizes	1,224,158	999,899
Grants – funded from external sources	7,837,952	5,821,546
Facilities hire and catering costs	3,614,924	4,073,168
Depreciation and amortisation expense	2,373,583	2,205,234
Amortisation of leasehold	1,576,701	-
Specialty societies funding costs	4,457,169	4,727,982
Other expenses from operating activities	774,500	248,177
<b>Total expenditure – from operations</b>	<b>72,969,061</b>	<b>66,316,378</b>
<b>(Deficit) for the year – from operations</b>	<b>(4,150,938)</b>	<b>(2,534,804)</b>
<b>Other income</b>		
Finance income	4,336,063	6,416,611
Gain / (loss) on sale of financial assets	557,701	(1,591,734)
Gain / (loss) on disposal of investments	(997)	(10,351)
Changes in the fair value of financial assets at FVTPL	2,120,516	(1,388,869)
<b>Total other income</b>	<b>7,013,283</b>	<b>3,425,657</b>
<b>Surplus for the year</b>	<b>2,862,345</b>	<b>890,853</b>
<b>Other comprehensive income</b>		
Items that will not to be reclassified subsequently to profit or loss:		
Changes in the fair value of equity investments at FVOCI	7,360,862	(3,059,213)
Items that may be reclassified subsequently to profit or loss:		
Exchange differences on translating foreign operations	67,876	29,760
Changes in the fair value of debt instruments at FVOCI	132,413	(103,233)
<b>Other comprehensive income for the year</b>	<b>7,561,151</b>	<b>(3,132,686)</b>
<b>Total comprehensive income for the year</b>	<b>10,423,496</b>	<b>(2,241,833)</b>

## Statement of financial position

As at 31 December 2019

	2019	2018
	\$	\$
<b>Current assets</b>		
Cash and short-term deposits	31,681,510	27,017,461
Trade and other receivables	20,781,552	23,125,876
Contract assets	458,148	304,538
Inventories	122,008	324,480
Other assets	3,153,303	2,448,135
<b>Total current assets</b>	<b>56,196,521</b>	<b>53,220,490</b>
<b>Non-current assets</b>		
Trade and other receivables	603,819	611,611
Other financial assets	79,381,303	64,327,601
Property, plant and equipment	17,307,524	17,980,055
Intangible assets	2,138,800	2,119,010
Right-of-use assets	7,343,493	-
<b>Total non-current assets</b>	<b>106,774,939</b>	<b>85,038,277</b>
<b>Total assets</b>	<b>162,971,460</b>	<b>138,258,767</b>
<b>Current liabilities</b>		
Trade and other payables	4,107,427	3,051,605
Contract liabilities and other revenue received in advance	46,423,009	42,754,727
Lease liabilities	1,299,334	-
Employee benefits	3,628,156	3,165,425
Funds held on behalf of others	11,840,642	9,891,231
Provisions	-	388,407
<b>Total current liabilities</b>	<b>67,298,568</b>	<b>59,251,395</b>
<b>Non-current liabilities</b>		
Lease liabilities	6,256,782	-
Employee benefits	365,851	374,815
Provisions	80,380	86,174
<b>Total non-current liabilities</b>	<b>6,703,013</b>	<b>460,989</b>
<b>Total liabilities</b>	<b>74,001,581</b>	<b>59,712,384</b>
<b>Net assets</b>	<b>88,969,879</b>	<b>78,546,383</b>
<b>Members' funds</b>		
Reserves	6,718,532	(842,619)
Retained surplus	82,251,347	79,389,002
<b>Total members' funds</b>	<b>88,969,879</b>	<b>78,546,383</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 2019

	2019	2018
	\$	\$
<b>Cash flows from operating activities</b>		
Receipts from operations	73,828,297	71,017,431
Payments to suppliers and employees	(67,229,121)	(65,751,420)
Interest on leases	(339,449)	-
<b>Net cash inflows from operating activities</b>	<b>6,259,727</b>	<b>5,266,011</b>
<b>Cash flows from investing activities</b>		
Payment for property, plant and equipment and intangible assets	(1,730,029)	(1,011,621)
Net proceeds from sale of property, plant and equipment	55	636
Proceeds from sale of investments	9,401,384	18,014,607
Purchase of investments	(12,699,922)	(22,022,337)
Investment dividends, interest and franking credits received	4,700,805	6,019,645
<b>Net cash (outflows)/inflows from investing activities</b>	<b>(327,707)</b>	<b>1,000,930</b>
<b>Cash flows from financing activities</b>		
Payment of lease liabilities	(1,284,859)	-
<b>Net cash outflows from financing activities</b>	<b>(1,284,859)</b>	<b>-</b>
Net increase/(decrease) in cash and short-term deposits	4,647,161	6,266,941
Cash and short-term at the beginning of the financial year	27,017,461	20,435,179
Effects of exchange rate changes in the balance of cash held in foreign currencies	16,888	315,341
<b>Cash and short-term deposits at the end of the financial year</b>	<b>31,681,510</b>	<b>27,017,461</b>

## Statement of changes in members' funds

For the financial year ended 31 December 2019

	Retained Earnings	Investment Revaluation Reserve	Foreign Currency Translation Reserve	Total
	\$	\$	\$	\$
<b>Balance at 1 January 2018</b>	<b>78,498,149</b>	<b>2,388,247</b>	<b>(98,180)</b>	<b>80,788,216</b>
Surplus for the year	890,853	-	-	890,853
Other comprehensive income	-	(3,162,446)	29,760	(3,132,686)
<b>Balance at 31 December 2018</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>



## 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 2019 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 2019

### International Aid and Development Programs

	2019	2018
	\$	\$
<b>Revenue</b>		
Donations and gifts – monetary	475,083	329,400
Donations and gifts – non-monetary	-	-
Bequests and legacies	-	-
Grants – Department of Foreign Affairs and Trade	5,481,115	3,152,142
Grants – Other Australian Grants	262,357	-
Grants – Other Overseas	-	22,501
Investment income	953,600	1,024,876
Other income – International programs	265,064	312,320
Other income – all other RACS activities	68,394,187	62,365,992
Revenue for international political or religious adherence promotion programs	-	-
<b>Total Revenue</b>	<b>75,831,406</b>	<b>67,207,231</b>
<b>Expenditure - International Aid and Development Programs</b>		
International Programs – Funds to international programs	4,706,111	3,345,916
International Programs – Program support costs	1,198,807	732,796
Community education	-	-
Fundraising costs – Public	-	-
Fundraising costs – Government, multilateral and private	-	-
Accountability and administration	299,515	177,028
Non-monetary expenditure	-	-
<b>Total International Aid and Development Programs Expenditure</b>	<b>6,204,433</b>	<b>4,255,740</b>
Expenses for international political or religious adherence promotion programs	-	-
Other expenditure – all other RACS activities	66,764,628	62,060,638
<b>Total expenditure</b>	<b>72,969,061</b>	<b>66,316,378</b>
<b>Surplus / (deficit)</b>	<b>2,862,345</b>	<b>890,853</b>
<b>Other comprehensive income</b>	<b>7,561,151</b>	<b>(3,132,686)</b>
<b>Total comprehensive income</b>	<b>10,423,496</b>	<b>(2,241,833)</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

The Ainsworth Foundation
Anonymous Donor
Mr Eric Bishop
Mr Paul MacKay Bolton
The Bongiorno National Network
Ms Ann Carter
Mr Brendan Dooley
Dr Katherine Edyvane
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Gough Medical Pty Ltd
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The Head and Neck Surgery Trust
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The Kimberley Foundation
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Medical Benefits Fund of Australia Ltd
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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Ms Julia Farrell
Dr Saud Hamza
Assoc Prof Philip House
Ms Joanna Jensen
Mr Konfir Kabo
Mr Glenn McCulloch
Mr William Poate
Prof David Scott



## Silver

Dr Renata Abraszko	Anonymous Donor	Mr John Matheson	Assoc Prof Grant Snibson
Dr Susan Adams	Mr Peter Dobson	Anonymous Donor	Mr Dean Southwood
Anonymous Donor	Mr Douglas Druitt	Mr Richard McMullin	Dr Sivagnana Srischandavarman
Mr Adrian Anthony	Anonymous Donor	Mr Sharon McNally	Ms Wanda Stelmach
Mr William Armstrong	Dr Catherine Ferguson	Anonymous Donor	Prof Russell Stitz
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