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### MISSION

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

### VISION

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

### VALUES

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

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

Another pleasing achievement for the College during the year with Council and me in reviewing the College's strategic plan, the governance management relationship, and the College's structure and budget. Over the course of the coming year, Dr Hillis will work closely with the Australian Medical Workforce Advisory Committee (AMWAC) and has accepted the advice on training numbers advocated by the Committee on the surgical specialties they have reviewed. In spite of following that advice, we as a community in 2003-04 continue to recognise the difficulties in recruiting surgeons, particularly in rural areas. In order to obtain independent advice, the College commissioned Professor Rob Boyer to report on the surgical workforce at a major workshop conducted in June 2003. His predictions for both Australia and New Zealand were a 50 per cent increase in surgical workload in the next five years, due to population increases and the requirements of an ageing population, where there is a much greater demand for surgical procedures. As the current workforce is seen to be already stretched or deficient, a 50 per cent increase in surgical numbers is required to meet the demand for services.

In this setting, the College has to move forward with time-efficient and effective training, and one element of this will be skills training centres. We already have had involvement with the major TEC Centre in Western Australia. In New South Wales, the College has committed to developing a major skills centre in a joint venture with Sydney University. This is planned in detail, and hopefully capital funding will be available from the NSW and federal governments to start building in 2004. In Victoria, as part of the East Wing development, a smaller skills centre will also be available. The new building is on the site of the Great Hall, which had to be replaced due to asbestos contamination.

In Queensland a facility with a much broader focus for general skills is being funded by the Queensland government. At this stage advanced surgical skills training will not be available. In Victoria, one is the major TEC Centre in Western Australia. In New South Wales, the College has committed to developing a major skills centre in a joint venture with Sydney University. This is planned in detail, and hopefully capital funding will be available from the NSW and federal governments to start building in 2004. In Victoria, as part of the East Wing development, a smaller skills centre will also be available. The new building is on the site of the Great Hall, which had to be replaced due to asbestos contamination.

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During 2003, a number of RACS international and national aid subscriptions was $4,902,319, compared to $3,852,607 in 2002.

In 2003, revenue from Subscriptions Account (Note 4) in 2003 was $4,902,319, compared to $3,852,607 in 2002.

In 2003, depreciation expense relating to College assets was $1,695,000, compared to $1,250,000 in 2002. In particular, office furniture and computers.

In 2003, expenditure on all activities was $18,072,904, compared to $16,728,293 in 2002. Total revenue for 2003 increased to $20,720,081 from $18,072,904 in 2002.

The overall operating surplus was $2,023,043, compared to a deficit of $2,006,463 in 2002. The reduction in funding levels in 2003 was a direct impact of the negative investment performance in 2002.

The fund, in 2003, recorded a surplus of $2,305,540, compared to a surplus in 2002 of $1,583,593. The improvement in the Fellows Fund is mainly due to Subscriptions and Fees revenue increasing by $1,758,493 and RACS Project management fees increasing by $112,513. These increases were offset by a reduction in Other Income of $908,670 relating to fees and surpluses from completed College projects in 2002.

The operations of the fund during 2003 incurred expenditure totaling $5,126,463, compared to $5,445,169 in 2002. The balance of the fund at year-end was $19,213,677, compared to $16,908,637 in 2002.

The Foundation Fund (Note 6) This fund includes revenue and expenditure relating to fundraising and scholarship activities. In 2003, the net deficit for the RACS Foundation Fund was $1,409,695, compared to a deficit in 2002 of $1,664,480.

The subscription account for 2003 recorded a surplus of $3,914,396, compared to $2,804,020 in 2002. This increase in revenue of $1,110,376 was due to the improvement in investment returns in 2003 to $3,672,684 compared to a loss of $961,951 in 2002. The overall result was less than budget.

During 2003 the College received a number of new initiatives developed by Convener Russell Stitz and his team, such as extra workshops, which helped to make it another record congress, with 1,800 Fellows in attendance. In 2004 the congress was to be held in Hong Kong in a move to strengthen our involvement with our colleagues, particularly in Hong Kong and more generally in South-East Asia. Regrettably, due to the financial risks caused by the impact of SARS in Hong Kong, we have decided to relocate the meeting to Melbourne. We anticipate another record attendance in 2004, if the AAS continues to attract excellent value for Fellows’ CPD activities.

The major aim of the College structures is to service the needs of Fellows for both training programmes and their many professional requirements. As a Fellow, and having been involved in the management of the College during 2003, I have been impressed with the skills and professionalism of the permanent staff at the end of a hectic year, with so many extra challenges, I also salute the efforts of all those Fellows who committed to increasing their membership and attendance. Thank you and your continued support and availability to the College staff is the glue that keeps the potentially unmanageable manageable.

We welcome Dr David Hills to the role of Executive General Manager. He brings his experience as a medical graduate, general practitioner and hospital manager, most recently as Chief Executive Officer of the Cabrini Cancer Centre in Melbourne, to this role. We have great confidence in his ability to lead the management and staff as they deal with the many challenges facing the College.

David F Scott
Acting Chief Executive Officer

The College Annual Scientific Congress (ASC) was held in Brisbane in 2003. There were a number of new initiatives developed by Convener Russell Stitz and his team, such as extra workshops, which helped to make it another record congress, with 1,800 Fellows in attendance. In 2004 the congress was to be held in Hong Kong in a move to strengthen our involvement with our colleagues, particularly in Hong Kong and more generally in South-East Asia. Regrettably, due to the financial risks caused by the impact of SARS in Hong Kong, we have decided to relocate the meeting to Melbourne. We anticipate another record attendance in 2004, if the ASC continues to attract excellent value for Fellows’ CPD activities.

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Expenditure in 2003 totalled $5,650,447, compared to $4,745,075 in 2002, with the provision of resources to support education and training remaining relatively consistent with 2002.

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

Property Fund [Note 8] During 2003, revenue received from tenants and other sources totalled $120,377, compared to $2,136,164 received in 2002. Included in the 2002 revenue was the $2,000,000 million funding grant from the Commonwealth Government for the East Wing development in Melbourne. Expenditure on Property in 2003 was $769,820 for the year, compared to $515,568 in 2002.

Interest costs have commenced on the funding of the new building and this added $119,932 to the expenditure for the year. The redevelopment of the Melbourne office is progressing according to the approved project timetable and budget. The College took possession of the building in February 2004. The RACS continues to provide administrative support to the CTEC Skills Laboratories facility located at the University of WA.

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

The fund has a balance of $393,742 in 2003, compared to a balance of $1,043,185 in 2002.

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

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

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

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

At the close of 2003, a net surplus of $134,688 was realised, compared to a surplus of $34,485 in 2002.

The fund retains a balance of $503,655, compared to $815,967 in 2002.

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

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

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

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

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

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

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

The financial challenges for the future include:

> The need to tailor the College programmes to its financial capability.

> The ongoing need to keep the Fellows’ subscriptions stable and acceptable.

> The ongoing requirement to explain to Fellows where their subscription go and the benefits they receive.

> The resumption of the RACSPH project during 2004 to continue the effort to make the College finances more understandable and transparent.

> The continuing dialogue with the Specialist groups, particularly in the areas of funding models for CPD and assessment of Overseas trained doctors.

> The management of Skills Centres, the training programmes and their costs.

> The resolution of the issues surrounding capital costs associated with ECHTEC.

> Better understanding of the ECHTEC business plan and its expected financial implications.

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

I also note that the College has been very well supported in this challenging year by its Honorary Advisors, Mr Norm Bevan, Mr Robert Milne, Mr Doug Oldfield, AO and Mr Brian Randall. The College is extremely grateful for their wise counsel and support in relation to finance, investment, property and audit matters.

A number of other individuals have been involved in the planning and development of the East Wing and Great Hall project. Special mention should be made of the commitment and efforts of Alistair Rawlinson, Gary O’Connor and Richard Jenkinson.

I would also like to acknowledge the Honorary College Solicitor, Mr Michael Coton, who provided enormous support for the College in attending to a wide variety of legal issues.

AUSTRALIAN COMPETITION AND CONSUMER COMMISSION

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

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

> Assessment of overseas-trained doctors.

> Accreditation of hospitals and hospital posts.

> Selection of trainees.

> Training and examinations.

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

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

The ACCC also put a strong focus on the accreditation of hospitals and hospital posts. The College is required to:

> provide detailed information about the number of requests for accreditation of hospital/hospital posts, the number of assessments, and information as to why a hospital/hospital post was unsuitable; the duration of the assessment process and description of the assessment process again these are a few examples of the reporting conditions.

> provide information concerning: the subject matter covered in both Basic and Advanced Surgical Training, how trainees are assessed, descriptions of the Part 1 and 2 examinations, including the various elements and the marking system and the criteria determining eligibility for a trainee to undertake the Part 2 Examination.

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

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

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

Training and examinations also came under scrutiny. Following is a selection of some of the information that the College is required to report:

> the number of Advanced and Basic Surgical trainees, the number of Advanced and Basic Surgical trainees successfully completing each year, the number of new fellows by specialty, the pass rate for the MCO and Clinical Examination (formerly known as the OCE) and the pass rate for the Part 2 Examination by specialty. This information will be published as both a national aggregate and by state or territory.

Finally, the College will need to make publicly available information concerning: the subject matter covered in both Basic and Advanced Surgical Training, how trainees are assessed, the conditions of the Part 1 and 2 examinations, including the various elements and the marking system and the criteria determining eligibility for a trainee to undertake the Part 2 Examination.
The Board of Basic Surgical Training (BST) continued to be chaired by Professor Stephen Doane, with Mr Robert Atkinson as the Deputy Chair. The Board oversaw the closure of the ‘old’ training programme at the end of 2003, after implementing a variety of strategies to ensure that trainees in the old programme were not unfairly disadvantaged by its closure.

There were 364 applications received for 205 basic surgical training positions.

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

The Part 1 examinations were conducted in 2003 with three MCQ examinations at which a total of 276 candidates presented, of which 185 were successful, providing a pass rate of 67 per cent. There were two Objective Structured Clinical Examinations, at which 242 presented and 224 were successful, providing a pass rate of 92 per cent. The Orthopaedic Principles and Basic Science Examination was also conducted, with 44 candidates presenting and 42 successful, providing a pass rate of 95 per cent.

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

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

Web learning tools have been extended to include an image bank database, which includes studies integrating the basic sciences with clinical content, an assessable online case study forum, which provides individual feedback from consultant specialists, and an e-learning homepage for each advanced surgical training specialty, containing details of the surgical curriculum.

In 2003 the College appointed a Curriculum Developer, Dr Wendy Cribb, to work with the specialist boards and societies in Australia to develop detailed curricula for Advanced Surgical Training. The curriculum for BST will include studies in anatomy, physiology and pathology, learning objectives and competencies, an explanation of the philosophy and goals of the training courses, and materials for self-directed learning. Learning resources incorporate CanMEDS recommendations.

The curriculum for AST, including a comprehensive set of learning objectives, was developed in 2000. In accordance with the philosophy of developing alignment between the BST and AST curricula, working groups at both levels are exploring opportunities for the development of an AST curriculum that will include studies in anatomy, physiology and pathology, learning objectives and competencies, an explanation of the philosophy and goals of the training courses, and materials for self-directed learning. Learning resources incorporate CanMEDS recommendations.

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The Board of Advanced Surgical Training recognises the importance of the trainee selection process and supported the conduct of a series of 14 interviewer training workshops in New Zealand and Australia. These workshops were designed to enhance the interview skills of Fellows on trainee selection panels for both basic and advanced surgical trainee selection.

There were 345 applications for 166 Advanced Surgical Training places. There were 87 Transitional Surgical Trainees (TST), i.e., those deemed acceptable for surgical training and eligible to reapply for the 2005 intake.

The College received 60 applications from overseas-trained doctors for specialist assessment in Cardiothoracic Surgery (8), General Surgery (18), Neurosurgery (4), Orthopaedic Surgery (15), Otolaryngology, Head and Neck Surgery (2), Paediatric Surgery (2), Plastic and Reconstructive Surgery (5), Urology (5) and Vascular Surgery (3).

A total of 331 applications for a letter of support from the College for an interview were received from overseas-trained doctors in Cardiothoracic Surgery (8), General Surgery (18), Neurosurgery (4), Orthopaedic Surgery (15), Otolaryngology, Head and Neck Surgery (2), Paediatric Surgery (2), Plastic and Reconstructive Surgery (5), Urology (5) and Vascular Surgery (3).

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

Web learning tools have been extended to include an image bank database, which includes studies integrating the basic sciences with clinical content, an assessable online case study forum, which provides individual feedback from consultant specialists, and an e-learning homepage for each advanced surgical training specialty, containing details of the surgical curriculum.

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During 2003 the board also developed Correct Site and Correct Side Guidelines in collaboration with the Victorian Consultative Council and the Australian Orthopaedic Association. The guidelines will be reviewed in 2005 and have been disseminated widely.

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

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

The Department of CPDS continues to offer a range of professional development workshops for Fellows. These workshops included Surgeons as Managers (2), Risk Management (11), Report Writing for Court (1), Expert Witness (1) and Practice Management for Practice Managers (1). Three risk management masterclasses were also conducted for the first time during 2003: in general surgery, neurosurgery and orthopaedic surgery.

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

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

In November the Division of Academic Services saw the inauguration of the ATLS®/EMST programme. This initiative not only strengthened the ties between RACS and RCST, but enhanced our international collaboration and outreach to our Asia Pacific neighbours.

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

As a result of a visit arranged by Project China in 2002 – October 2003, Department of Surgery, Royal Adelaide and Queen Elizabeth Hospitals, Adelaide.

Dr Chen Jie, head and neck surgeon. 29 March–26 June 2003, Queensland Liver Transplantation Unit, Brisbane.

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

Dr Ronalda Chen, paediatric surgeon. 1–26 November 2003, Department of Paediatrics, Children’s Hospital, Guangzhou.

Dr Paul Hui, ophthalmologist. 20 November 2003, Department of Ophthalmology, Sun Yat-Sen University, Guangzhou.

Dr Hui Li, ophthalmologist. 16 December 2003, Department of Ophthalmology, Sun Yat-Sen University, Guangzhou.

Dr Ping Cai, ophthalmologist. 28 December 2003, Department of Ophthalmology, Sun Yat-Sen University, Guangzhou.

Dr Daniel Yan, ophthalmologist. 24 January–26 March 2004, Department of Ophthalmology, Sun Yat-Sen University, Guangzhou.

Dr Li Xiang, ophthalmologist. 27 March–29 June 2004, Department of Ophthalmology, Sun Yat-Sen University, Guangzhou.

Dr Peng Zhang, ophthalmologist. 26 July–19 October 2004, Department of Ophthalmology, Sun Yat-Sen University, Guangzhou.

Visitors from Australia to China during 2003

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

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

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

Visits of Chinese Surgeons to Australia in 2003

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

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

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

Dr Nancy Liu, assistant ophthalmologist. 24 June–8 September 2003, Department of Surgery, Austin Hospital, Melbourne.

Dr Susan Liu, ophthalmologist. 24 June–28 September 2003, Department of Ophthalmology, Austin Hospital, Melbourne.

Dr Wendy Liu, ophthalmologist. 24 July–28 September 2003, Department of Ophthalmology, Austin Hospital, Melbourne.

Dr Hans Liu, ophthalmologist. 29 July–29 September 2003, Department of Ophthalmology, Austin Hospital, Melbourne.

Dr Carina Liu, ophthalmologist. 29 July–30 September 2003, Department of Ophthalmology, Austin Hospital, Melbourne.

Dr Li Xian, ophthalmologist. 30 July–29 September 2003, Department of Ophthalmology, Austin Hospital, Melbourne.

Visitors from China during 2003

Dr and Mrs P Cheung $ 200

Mrs M Dewar (dec.) $100

Mr & Mrs B Ho $500

Dr C Lee Wong $200

Mrs J Sin $500

Total $4500

Australasian Doctors Association of Queensland $3000

Dr & Mrs P Chau $200

Mrs M Dewar (dec.) $100

Mr & Mrs B Ho $500

Dr C Lee Wong $200

Mrs J Sin $500

Total $4500

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

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

Donations to Project China

Australian Doctors Association of Queensland $3000

Dr & Mrs P Cheung $ 200

Mrs M Dewar (dec.) $100

Mr & Mrs B Ho $500

Dr C Lee Wong $200

Mrs J Sin $500

Total $4500

Gordon and Rosie Low

Co-ordinators Project China
International Projects

Over the last 12 months the College has continued to foster the exchange of knowledge, skills and friendship between Australia and its neighbours through our International Aid Projects. Fellows of the College have a proud history of volunteering their surgical and teaching skills to assist disadvantaged communities. This altruistic spirit continued to be a cornerstone of the projects in 2003 with, 318 Fellows stepping outside their comfort zone to make a positive impact in less-developed communities, conducting over 16,000 consultations and 5,000 operations.

The College provided surgical support and training to Papua New Guinea (PNG) during the year through short-term specialist visits to major and regional centres. The local PNG surgeons also began organising their own visits in addition to those managed by the Project. This has occurred when they have the time and skill to provide treatment themselves rather than relying on Australian surgical intervention. This is a satisfying outcome when these recipient countries develop a level of self-sufficiency in specialist services.

Despite some turbulence in the region, the Pacific Islands Project (PIP) continued its support to 11 Pacific countries, including the recently contracted Nauru. Visits to the Solomon Islands occurred despite civil unrest, with specialist teams visiting the country both before and during the intervention of Australian troops. As part of the Project, College representatives also attended the successful Pacific Island Surgeons Meeting in the Cook Islands in 2003, when the Pacific Island Surgeons Association was established, with the support of Executive Committee and a Constitution.

In East Timor the programme has continued with the placement of a long-term surgeon and anaesthetist and each month a specialist team visits to major and regional centres. The local PNG surgeons have also been invited to provide the service themselves rather than relying on Australian surgical intervention. This is a satisfying outcome when these recipient countries develop a level of self-sufficiency in specialist services.

Interplast is a further important arm of the College of a long-term surgeon and anaesthetist and each month a specialist team visits for one week. One of the confounding issues is the need for a specialist to remain on-site to provide ongoing support and to provide ongoing training to local medical staff.

Worldwide it was a troubled year with political unrest, terrorism and the medical indemnity crisis which necessitated postponing programmes to the Solomon Islands, Papua New Guinea and the Marshall Islands. The programmes to the Solomon Islands and Papua New Guinea were ultimately undertaken later in the year. The medical indemnity insurers continue to advise they are unable to provide cover for the programme to the Marshall Islands which is an American Protectorate. Negotiations are continuing.

The tragic events in Bali cause us to reflect on the fundamental significance of our foreign aid programme. The threat of terrorism so close to home could have led to a withdrawal of engagement with our neighbours. Quite the reverse! There has been overwhelming support by our volunteers for the continuation and extension of our programmes.

The financial support from Rotary and from the general community has also increased which enabled us to arrange more programmes this year. The overall cost was almost $1 million with administrative costs of approximately 17 per cent. While these figures are satisfactory, as a result of the voluntary nature of this service, the real monetary value of the programmes is approximately $6 million.

Interplast Australia is well served by the Board of Directors and it is a great advantage to have the valued advice and commercial experience of its business members to complement the medical expertise. Both are required to manage what has become a valuable foreign aid programme.

Sincere thanks is extended to the Royal Australasian College of Surgeons for continuing support and for providing valuable office and meeting facilities.

On behalf of Interplast Australia I am privileged to extend our thanks, and to express our ever-growing respect, to all who have helped us during the year: we have achieved so much, and we look to the year ahead to do even more.

Donald R Marshall
President

Rural Surgery

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

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

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

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

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

The DGRS Committee continues to take a lively and informed interest in key issues for its members – indigenous health, outreach surgery, surgical workforce, safe hours, continuing professional development (including audit and peer review) and the proper resourcing of country health services.

Anthony Green
Chair
Divisional Group of Rural Surgeons

Report of Specialist Outreach Service

The Specialist Outreach Service based at Royal Darwin Hospital is the service that is provided by consultant staff at Royal Darwin Hospital on a number of communities within the top end of the Northern Territory. The four specialties that are represented are:

> General Surgery
> Ophthalmology
> Otolaryngology, Head and Neck Surgery
> Obstetrics and Gynaecology

It has been a busy and productive year for all concerned. The unit is based at Royal Darwin Hospital and is under the guidance of Sherry O’Leary, with secretarial support of Kerry Stewart and Samantha Eccles.

General Surgery

The general surgical consultants from Royal Darwin Hospital have provided a consultation service to various communities outside of Darwin. The three areas covered have been Darwin rural and remote, East Arnhem and Katherine. Surgery has been carried out on a regular basis at Cove Hospital in East Arnhem Land and at Katherine Hospital in the Katherine area. In the twelve months ending June 2003 there have been 1,017 consultations with 173 minor operations and 89 surgical procedures carried out by the various consultants at Royal Darwin Hospital. It is opportune to publicly recognise Assoc Prof Philip Carson, Mr John Treacy, Mr David Cavlier, Mr John Vassidi, Mr Dan Campbell, Mr Mel Hargreaves and Mr Richard Read for their work during the year. It is so small that it gives up days in a week to travel to remote communities, often in small planes, to bring this service to those communities.

Ophthalmology

Rob McKee and his team have carried on the thorough work pioneered by Dr Nitin Verma, with visits every week to over 30 different communities. Surgery has again been carried out at Cove and Katherine. Rob and his team have seen over 1,000 people during the last 12 months.

Obstetrics and Gynaecology

Dr Margaret O’Brien has been the lifeblood of the continuation of this service. She has regularly spent two days a week away from Royal Darwin Hospital travelling to many and various outlying areas. She has built up a wonderful rapport with patients and her work among indigenous women deserves the highest praise. As with the other two specialties, her operative work has been confined to Cove, Katherine and Royal Darwin Hospital.

Otolaryngology, Head and Neck Surgery

My own unit has provided a specialist service to the three areas already mentioned. In 2003 we visited Katherine on five occasions and Cove on six occasions. My Senior Fellow from the UK, Mr J hairy, FRCSc, worked at Cove on at least eight occasions, sometimes flying over in the morning and returning late the same day. In the last three months, my training registrar from Adelaide, Dr David Macintosh, was able to go to a number of remote communities that had not seen an ENT visit in the last seven years.

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

Garrett Hunter
Chair
Specialist Outreach Service
RECIPIENTS OF THE COLLEGE’S RESEARCH FELLOWSHIPS AND SCHOLARSHIPS

GIFTS AND SPONSORSHIP

During 2003, two scholarships and four fellowships totalling $182,000 were funded by generous gifts from the individuals, families and organisations listed below; their support and assistance is gratefully acknowledged by the College.

John Mitchell Crouch Fellowship

The John Mitchell Crouch Fellowship is awarded to an individual who, in the opinion of Council, is making an outstanding contribution to the advancement of surgery or to fundamental scientific research in this field. The Fellowship was established in 1978 following a generous donation by Mrs Elisabeth Crouch. The College bequested the memory of her brother, John Mitchell Crouch, a Fellow of the College, who died in 1977 at the age of 36.

Professor David Watson – John Mitchell Crouch Fellowship

$55,000. Professor David Watson utilised this Fellowship to conduct research on the ‘identification of molecules that regulate neuronal trauma’ under the supervision of Professor Perry Bartlett.

Dr Amanda Dawson – $45,000 stipend plus $10,000 departmental maintenance. Dr Dawson utilised her Scholarship to research ‘evaluation of members of the Wnt pathway shown by microarray to be over-expressed in the development and progression of pancreatic cancer’ under the supervision of Dr Sue Henshall.

Raelene Boyles Scholarship

Proudly sponsored by Kerrard’s Hire

Dr Andrew Morokoff – Murray and Unity Phelis Travelling Fellowship

$55,000. Dr Morokoff utilised this Fellowship to visit The University of Paris to study early work done in lymphatic mapping and the lymphatic drainage of the rectum while continuing clinical research at Hôpital Saint Antoine in Paris.

BEQUESTS

Within this period, one scholarship, two fellowships and three travel grants totalling $114,000 were funded through funds bequeathed to the College. The College would like to acknowledge its gratefulness to those individuals who have supported surgical research through bequests.

Margorie Hooper Scholarship

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

Sir Roy McCaughrey Research Fellowships

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

Dr Sandrine Roman – $32,000 stipend plus $5,000 departmental maintenance. Dr Roman utilised this Fellowship to study ‘the application of gene therapy to flap preservation’ under the supervision of Professor Michael Poole.

Dr Athula Karunayake – $32,000 stipend plus $5,000 departmental maintenance. Dr Karunayake utilised this Fellowship to research ‘gene therapy enhancement of radio-surgical treatment for cerebral arteriovenous malformations’ under the supervision of Dr Marcus Stoodley.

Hugo John斯顿 Travel Grant

This travel grant arose from a bequest of the late Eugene Johnston in memory of her husband, Hugo Johnston, and was first awarded in 2002.

Mr Paul Jansz – $3,500. Mr Jansz utilised his Travel Grant to visit the Papworth Hospital in Oxford, England, and the Heart Centre in Leipzig, Germany, to advance his skills and knowledge in cardiovascular and transplant surgery.

Mr Arend Merrie – $3,500. Mr Merrie utilised his Travel Grant to take up a Fellowship position in the Colorectal Surgical Unit at the John Radcliffe Hospital in Oxford to further extend his clinical expertise in colorectal surgery.

Mr Mauro Vicaretti – $3,500. Mr Vicaretti utilised his Travel Grant to visit a number of vascular units in Italy, England, Scotland and the United States that are renowned for their expertise in specialised areas of vascular surgery.
2003 Annual Report

Programme and their commitment on-site, Simon Siu, for his energy in introducing new sponsors, and finally, thanks are due to the following: 

I must thank the social committee for creating a social event that was a highlight of the Congress. In particular, Bill Cockburn, who led the committee on the success of the Congress in Sydney.

There were many highlights, including a magnificent Syme Oration delivered by Professor Russell Strong, AO, Grace Warren's outstanding Weary Dunlop Memorial Lecture, some splendid Named Lectures, and stimulating plenary sessions planned to improve general knowledge across all specialties.

In closing, I must thank the Brisbane Committee, who contributed countless hours to making this ASC so memorable. In particular, Bill Cockburn, who led the committee on the success of the Congress in Sydney.

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

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

RACS Foundation New Zealand Research Fellowship

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

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

Mr Kris Rasiah – $30,000 stipend plus $5,000 departmental maintenance. Mr Rasiah utilised this Scholarship to conduct research on the ‘identification of novel markers of prognosis in early prostate cancer’ under the supervision of Dr Peter Dallas.

Dr Paul Smith – $30,000 stipend plus $5,000 departmental maintenance. Dr Smith utilised this Scholarship to conduct research on ‘the role of dentate cell proliferation in repair following hippocampal damage’ under the supervision of Mr Michael Murphy.

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Dr Mark Brooke-Smith – $30,000 stipend plus $5,000 departmental maintenance. Dr Brooke-Smith utilised his Scholarship to study the regulation of pancreatic blood flow in the pathogenesis of acute necrotising pancreatitis under the supervision of Professor James Touss

Dr Daniel Croagh – $30,000 stipend plus $10,000 departmental maintenance. Dr Croagh utilised this Scholarship to ‘developing a model for Barrett’s Oesophagus’ under the supervision of Professor Robert Thomas and Dr Wayne Phillips.

Dr Coong Duong – $46,686 stipend plus $38,800 departmental maintenance (also supported by an NHMRC Scholarship). Dr Duong utilised this Scholarship to conduct research on ‘modelling the effects of a mutation on outcome-tomography in the management of oesophageal and rectal cancers’ under the supervision of Dr Wayne Phillips.

Dr David Hollthouse – $32,000 stipend plus $10,000 departmental maintenance. Dr Hollthouse utilised this Scholarship to continue research on ‘the role of tumour suppressor genes in primitive neuroectodermal tumours’ under the supervision of Dr Peter Dallas.

Dr Mehrdad Nikfarjam – $30,000 stipend plus $10,000 departmental maintenance. Dr Nikfarjam utilised this Scholarship to conduct research on the ‘effect of intravascular perfusion and amylin on acute pancreatitis’ under the supervision of Dr Peter Dallas.

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

RACS Foundation ANZ Journal of Surgery Scholarship

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Travelling Fellowships

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

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TRAMA COMMITTEE

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

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

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

Disaster Planning

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

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

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

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

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

Peter Danne
Chair, Trauma Committee

YOUNGER FELLOWS

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

The Younger Fellows Committee represents over 1,500 Younger Fellows of the College, from all regions of Australasia. Younger Fellows are defined as those in their first 10 years of Fellowship. The 2003 Younger Fellows Forum took place at Couran Cove Resort, South Stradbroke Island, Queensland, 2–5 May. Sixteen Younger Fellows from a variety of specialties and locations throughout Australasia came together for discussion and debate on a wide range of ideas and issues that concern and interest Younger Fellows. Presenters included the then-President Kingsley Faulkner, Anne Kolbe and Bill Glasson (currently AAMA President). College Councillors in attendance were Ross Blair and Jennifer Chambers.

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

The committee established a Younger Fellows 3 + 2 working party in May 2003 to contribute to the review of the 3 + 2 Advanced Surgical Training Programme in General Surgery. With the support of the Censor in Chief, Board in General Surgery, General Surgeons of Australia and New Zealand Association of General Surgeons, the working party aims to define the philosophy behind the original concept of the scheme and formulate suggestions for improvements to the current training programme. The working party has membership from most regions of Australia and is chaired by Richard Hanney. During 2003 it canvassed the Fellowship for feedback and suggestions regarding the 3 + 2 programme. The emphasis of the working party is to review possible strategies for improving the programme and make recommendations to the Board in General Surgery in 2004.

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

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

Adrian Anthony
Chair, Younger Fellows Committee

WOMEN IN SURGERY

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

During the Annual Scientific Congress, WIS held a popular workshop entitled “Younger Fellows – Strategies for Success,” involving over 200 surgeons. The WIS Committee congratulated Anne Kolbe and Trish Davidson for achieving election to two of the highest office-bearer positions at the College in 2003.

As well as the promotion and development of Younger Fellows, the issue of furthering educational initiatives in postgraduate and undergraduate trauma training is being reviewed. Consideration is being given to the establishment of a Trauma Fellowship within the RACS.

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

Also in December, the Sex and Medicine Symposium was held at the Lonsdale Medical Facility. Taking part in the panel were Deb Colville (Ophthalmologist), Julian Smith (Cardiothoracic Surgeon) and Jane Fox (Academic General Surgeon), the moderator was Chris Browne.

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The Committee is aware that the issue of medical indemnity issues remains unresolved and threatens the viability of surgery as a profession for many women.

Jenny Chambers
Chair
Women in Surgery

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NEW FELLOWS
Dr A Aitken
Dr A Alkadhi
Dr R U Almehdi
Dr V Anpalahan
Dr L A Ashton
Dr I P Astori
Dr E A Barui
Dr S A Barwood
Dr A J Bauze
Dr G Bayley
Dr J S Bax
Dr J J Bennetts
Dr J J Bonnor
Dr D Brockwell
Dr J U Bucklow
Dr R Budy
Dr C Chua
Dr W Clark
Dr A J Clarke
Dr L Collins
Mr T Daly
Dr M Damp
Da Danesh-Clough
Dr H Day Jr
Dr H Desai
Dr P Diaz
Dr R Djigian
Dr W Duncan
Dr P Dunne
Dr M K Edwards
Dr A H Ferrera
Mr M Fairence
Dr D Gahankari
Dr S H Gani
Mr J Gosselin
Dr G Gindberg
Dr G Goeliev
Dr K D Gorge
Dr F Hammond
Dr T A Hammond
Mr M Hankins
Dr H Harbury
Dr H Haithemolla
Dr J M Hallman
Dr S A Henry
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Dr H P Nguyen
Dr T N Nguyen
Dr B Nuñez
Dr B Norris
Dr J J O’Shea
Dr A O’Shea
Dr J O’Shea
Dr J A O’Sullivan
Dr P O’Sullivan
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Dr A Porter
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Dr R Samai
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Dr C Saunders
Dr M Schindler
Dr D R Schluter
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Dr P Seller
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Dr K Tawakoli
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Dr S Vaygauskas
Dr R M Walker
Dr N A Wallwork
Dr R M Wells
Dr M J Westcott
Dr A C Whinnett
Dr L C Wilson
Dr S Yellapu
Dr P Y K Young

DEATHS OF FELLOWS
The College Council notes with regret the deaths of the following Fellows during the year 2003.
Mr R M Andrea
Mr J A Baird
Mr R M Barkley
Mr J W Bost
Mr J M Brommer
Mr H Byrne
Mr J G Bul
Mr J M Calvert
Mr Y Cohen
Mr F W Connaughton
Mr M Connaughton
Mr C B Connin
Mr R J Cox
Mr C N De Garis
Prof R G Elmslie
Prof Sir D Harrison
Dr H P Hassie
Mr V Kalinovsky
Mr H Karr
Mr J W Kent
Mr J T Kau
Mr W Law
Mr A M Macleod
Mr D Mannes
Mr R P Melville
Mr M N Mascara
Mr C H Moore
Mr D D Morath
Mr W R Parker
Mr D C Perry
Mr H M Shaw
Mr C S Stephenson
Mr W D Sturrock
Mr H M Thomas
Mr H T Thompson
Mr C R Thoms
Mr C M Veale
Mr D W Warren
Mr D W Whiteway

Honours & Awards

CITATIONS
RACS MEDAL
The RACS Medal is awarded for distinguished service to the College.
Ms Jill McCartney
Ms Jill McCartney was awarded the RACS Medal for a lasting and exceptional contribution to the Queensland State Committee of the College.

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

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

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

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

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

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

P Woodruff

R Stitz
Professor David Watson

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

His professional interests are laparoscopic surgery, oesophageal reflux, oesophageal cancer and Barrett’s oesophagus. His MD thesis, awarded in 1996, was entitled ‘Improving Outcome Following Surgery for Gastro-oesophageal Reflux Disease: Laparoscopic Anti-Reflux Surgery.’ Apart from the brief time spent in the United Kingdom, he has been personally and professionally committed to South Australia, achieving a prestigious research award. He has supervised eight postgraduate students to completion of their theses and has published over 126 original articles, 16 book chapters and 82 abstracts. He has obtained and significant grant support totaling $44.5 million between 1992 and 2002, including three grants from the NHMRC. His many research contributions have been internationally recognised with the award of six prizes. I am told by colleagues that an initial impression that David might have in any way reticent is offset by his strong sense of justice and ability to act on conviction. He is regarded as scrupulously fair, with his appointment as Professor of Surgery at Flinders Medical Centre seen as well-deserved recognition of an outstanding surgical researcher. He is respected as an exceptionally gifted and innovative endoscopic surgeon, enjoying an enviable international reputation as an ambassador for Australian surgery. David has continued his commitment to surgical education, with his appointment as Chair of the South Australian Training Committee and serving on the Editorial Board of the ‘ANZ Journal of Surgery.’ He is regarded as a true representative of the new generation of surgeons, who appropriately balance their family life as a priority among their many professional commitments.

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

John Harris

Professor Bryant Stokes

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

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

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

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

Professor Stokes has made very significant contributions to Australasian neurosurgery and to the safety and quality of Australian healthcare. He is a leader and a strong and visible role model in Australian healthcare management. Our College honours Bryant Stokes for his leadership and his distinguished contributions to the surgical profession through the award of the ESR Hughes Medal.

A Kolbe

Professor John Hunn

The College has a significant number of awards – given for outstanding achievement in a variety of fields. These almost always go to appropriately outstanding achievers, but there has been a concern that there are undoubtedly less-visible, lower-profiled achievers who are equally meritorious and whose often unassuming accomplishments warrant recognition. This, I believe, was the motivation behind the establishment of the ESR Hughes Medal in 1998, and it is my pleasure to present John Hunn with this award of the John Mitchell Crouch Fellowship for 2000.

Hunns early life

John Hunn was born in Hobart, Tasmania. After 10 years he decided to change to a surgical career, and it was then the traits that have stood him, and all of surgery, in good stead, started to show themselves.

After graduation, John Hunn established a general practice in Wynyard, a small coastal town on the northern coast of Tasmania. After 10 years he decided to change to a surgical career and gained his Edinburgh Fellowship in 1965. Two years later in Hobart he was in the forefront of the work associated with the devastating bubonic of that time, and it was then the traits that have stood him, and all of surgery, in good stead, started to show themselves.

Together with Murray Drew, he established a multidisciplinary burns unit, then the second one in Australia. John went on to become a foundation member of the Australian and New Zealand Burns Association (ANZBA). His lifelong interest in and leadership of the Australasian burns community followed. In themselves, John Hunn’s burns activities warrant acknowledgement. But for John, there were really an indication of patterns of activity that would follow for the rest of his professional life – thrust into an activity, often not of his choosing, his mastery of it and then a long-term commitment to that activity, leading with an almost predictable certainty, to senior roles in that field. If there was a committee associated with the activity, he joined it; if there wasn’t an appropriate organisation he set one up!

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

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He became very involved in the AMA, and became both a state and federal councillor. For almost 20 years he personally ran the industrial side of surgery in Tasmania – we all have our current contracts to thank him for. He convened the last AStC to be held in Hobart. He was a member of College Council from 1991 to 1997. When the leadership of the Royal Hobart Hospital became an issue, he took over the job of the first Director of Surgery at that hospital. (Of course for many years he had been on the board of that and other hospitals.) When the chair of surgery fell empty, he became caretaker Professor of Surgery and kept much of the undergraduate programme intact for three years until the definitive appointment could be made. He was active with the Medical Protection Society.

In 1994 John Hunn and John Hargraves went to Timor, and this led to an ongoing commitment to that area that continues today.

This is far from a complete list of John Hunn’s achievements, but he would be the last person to bring the inevitable omissions to my notice. His contributions have been without fanfare or promotion. Throughout his life he has simply and quietly and with distinction, responded to the needs of surgery, the needs of surgeons and the needs of the communities he has lived in and has thereby contributed to those areas in an extraordinary way. I am sure that, had he been alive today, ‘Bill’ Hughes would have been pleased to present this medal to John Hunn.

B Linacre
MCRAE MEDAL

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

Mr Alan Kerr

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

Alan Kerr graduated from the University of Otago and served as House Officer and Surgical Registrar at the Wellington Hospital. He achieved Fellowship of this College in 1965 after working at Green Lane, Auckland and Middlemore Hospitals.

He then committed to the emerging specialty of cardiothoracic surgery, working in the world-renowned unit at Green Lane with Sir Brian Barrett-Boyes. Further experience was obtained in the United States with John Kirklin at the University of Alabama.

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

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

In 1997 he was made a Companion of the New Zealand Order of Merit.

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

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

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

The College gratefully acknowledges these generous corporate sponsors and benefactors.

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The Estate of Sir Roy McLauchay
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The Estate of Mr Francis Thornell-Shore
The Estate of Mr Alan Worcester
Dunedin Basic Medical Sciences Course
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The RACS Foundation gratefully acknowledges these generous Australian Fellows.

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