



Royal Australasian  
**College  
of Surgeons**

# Annual Report 2021



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Royal Australasian College of Surgeons  
250-290 Spring Street  
East Melbourne VIC 3002 Australia

Telephone: +61 3 9249 1200  
Web: [www.surgeons.org](http://www.surgeons.org)

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Committed to Indigenous health

*Service | Integrity | Respect | Compassion | Collaboration*

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## About RACS

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

The College is a not-for-profit organisation that represents more than 8300 Fellows and 1300 surgical Trainees and Specialist International Medical Graduates (SIMGs).

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

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

### **Vision**

Leading surgical performance, professionalism and improving patient care.

### **Mission**

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

### **Values**

Service, Integrity, Respect, Compassion, Collaboration

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## 2021 highlights

### Education & training

14,000

pro-bono skills training teaching hours

231

virtual exams

34%

of Trainee applicants were female

Since 2015 more than 8282 Fellows, Trainees and SIMGs completed training on awareness and understanding of discrimination, bullying and sexual harassment in surgery

Eight major examinations were conducted: the General Surgical Science Examination (GSSE)/Surgical Science Examination (SSE) for 1139 candidates; two clinical exams for 179 candidates; two Fellowship written exams and two Fellowship Clinical exams for a record 425 candidates

231 virtual observations and an additional General Surgery Fellowship Exam in NSW were conducted to ensure all applicants were examined and standards maintained

83 face-to-face Skills Training courses delivered to more than 1500 course participants

14,000 pro-bono teaching hours donated to RACS Skills Training courses

91 surgeons completed nine FSSE courses

An online FSSE course was piloted in October

763 SET applications were received with 259 offered a Trainee position

34 per cent of Trainee applicants were female, and 31 per cent of them were offered a Trainee position

*Since 2015 more than 8282 Fellows, Trainees and SIMGs completed training on awareness and understanding of discrimination, bullying and sexual harassment in surgery*

# Advocacy

## *Established an Anti-Racism Working Group*

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Submitted policy standards on topics such as vaccination, elective surgery, TGA regulations, National Medicines Policy Review, intersex, medical consent and capacity, restricting usage of the title surgeon, and accreditation

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Reviewed and proposed amendments to legislation concerning the Medical Cost Finder, prosthesis list, MBS item numbers, and the Australian Competition and Consumer Commission Honeysuckle nib application

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Advocated and held meetings with the AMA, federal ministers, departmental contacts, and surgical societies and associations

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Prepared and submitted a document of RACS policy concerns for the 2022 Australia federal election

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Submitted and advocated on Ahpra related matters, legislative amendments to the relevant statutes, and a senate hearing where RACS spoke

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Established an Anti-Racism Working Group

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Used big data for health of patients and surgeons, and issues concerning confidentiality and privacy

# 2021 Highlights

## RACS Annual Scientific Congress

3706

delegates

285

sessions

1258

presenters

3706 delegates attended the RACS Annual Scientific Congress—the highest turnout in its history

285 sessions

986 posters and 1212 verbal presentations

1258 presenters

106 overseas presenters

153 new Fellows inaugurated (83 onsite and 70 virtually)

3440 people watched the Plenary session on 13 May

*3706 delegates attended the RACS Annual Scientific Congress—the highest turnout in its history*



# Global health

*Achieved DFAT Australian NGO Cooperation Program (ANCP) reaccreditation to enable RACS to continue receiving Australian government funding*

## 18

nurses continued postgraduate studies

Achieved DFAT Australian NGO Cooperation Program (ANCP) reaccreditation to enable RACS to continue receiving Australian government funding

Expansion of the East Timor Eye Program (ETEP) through USAID funding to implement the multi-year Child Blindness Program

Responsive emergency deployment of a team of RACS pro-bono specialists to support Fiji Ministry of Health COVID response

18 Pacific nurses continued their postgraduate studies in perioperative nursing through the Australian College of Nursing and provided with weekly online tutoring

## 3

online skills training modules developed

Three online skills training modules developed in partnership with Interplast

81 clinicians across the Pacific received access to ProQuest

40 hearing and classroom assistive devices supplied to SENESE to support the education of deaf children

Delivered 20 life-changing procedures in Asia-Pacific countries

## 40

hearing and assistive devices supplied

## 2021 highlights

### Scholarships and grants

Completed a project to consolidate scholarships and grants from across the College into the RACS Scholarships and Grants Program

Developed a dedicated online platform—RACS Unlock—to increase data capability and automate applications, selection, recipient reporting and administration

Reduced the risk of bias by introducing an e-module—Unconscious bias—for expert selection panel members

Opened more than 70 research scholarships and learning and development grants for application, valued at more than AUD\$2.1 million



*Opened more than 70 research scholarships and learning and development grants for application, valued at more than AUD\$2.1 million*



# Indigenous health

*Launched the Australian Indigenous Surgical Pathway (AISP) initiative*

24

Scholarships and grants awarded to medical students, junior doctors and Trainees

127

participants completed the Aboriginal and Torres Strait Islander Cultural Safety e-learning course

50

participants enrolled in Indigenous Health and Cultural Safety training

Launched the Australian Indigenous Surgical Pathway (AISP) initiative

Completed the Royal Darwin pilot of the AISP

Conducted a pilot Indigenous Surgical Mentorship Workshop—to provide non-Indigenous surgeons with skills when mentoring First Nation Australians Trainees

Awarded scholarships and grants to 15 Aboriginal and Torres Strait Islander and nine Māori medical students, junior doctors and Trainees to support their surgical careers

Trained 15 new Indigenous health surgical mentors

127 participants completed the Aboriginal and Torres Strait Islander Cultural Safety e-learning course

12 participants completed the AIDA Aboriginal and Torres Strait Islander Health in Clinical Practice course

50 participants enrolled in Indigenous Health and Cultural Safety training

22 participants enrolled in Māori Cultural Competency Training

350 local community health workers attended workshops



## President's report

It has been a challenging year, but one that also brought us opportunities.

As a surgical community, we had to deal with many upheavals because of the ongoing COVID-19 pandemic. Many of our patients went on longer than usual waiting lists for surgery around Australia and Aotearoa New Zealand.

We worked with governments in our two countries to get things back on track as we experienced high vaccination rates, the fall in the number of COVID-19 cases, and the gradual reduction in hospital in-patient ICU cases.

It was pleasing to see how well we worked together with our specialty societies to provide clear guidelines on safe surgery to our Fellows. This was aided by the prompt and able support provided by our Research, Audit and Academic Surgery team who developed rapid guidelines on safe surgery.

One of the challenges we faced during the year was running our Fellowship examinations. The Fellowship Clinical and Viva examinations were held in Australia and Aotearoa New Zealand between 5 and 7 November, 2021 for seven surgical specialities with 151 candidates. The examinations were delivered in a hybrid model across 23 venues with a mix of in-person and

remote examiners and observers. The examinations were challenging to deliver due to the constantly changing COVID-19 restrictions. I thank everyone involved. It was an example of true collaboration between our staff, specialty societies, the Court of Examiners and many volunteers to achieve a successful event.

Telehealth became an increasing area of focus throughout 2021. This may become an ongoing way of working for both rural and metropolitan surgeons. Telehealth has significant potential for healthcare savings with equivalent safety outcomes and increased health equity.

We commissioned a report to investigate the factors that either prohibit or encourage the implementation and use of telehealth, and to examine patient and provider perceptions of this service. The findings showed that patients and providers were satisfied with telehealth services due to time and cost savings, and improved access to specialty care.

The expansion of our advocacy activities also included our growing focus on ensuring rural and remote communities have equitable access to quality healthcare irrespective of geography. We formed the Rural Health Equity Steering Committee to develop and implement a rural health equity strategy that aims to increase the surgical workforce and build sustainable surgical services in and for these areas.

At the start of my presidency, I was fortunate to attend the 89th Royal Australasian College of Surgeons (RACS) Annual Scientific Congress held in Melbourne, just before the lockdown restrictions were announced for Victoria. It was a wonderful event full of interesting sessions held onsite and virtually around Australia, Aotearoa New Zealand and other parts of the world, including Scotland where we collaborated with our sister organisation, the Royal College of Surgeons Edinburgh. Congratulations to the many RACS teams and conveners for making the event a success.

In August 2021, we launched our Australian – Indigenous Surgical Pathways (AISP), an important initiative designed to increase the number of Aboriginal and Torres Strait Islander surgeons in the surgical workforce. While there are more

than 83,000 doctors registered to practice in Australia, fewer than 400 are Indigenous. This is despite more than 760,000 people in Australia identifying as Aboriginal or Torres Strait Islander. This demographic breakdown highlights the work we must do for the Indigenous community to reach parity with non-Indigenous Australians.

On other Council matters, the proposed name change for the College was mentioned in my message in the October 2021 issue of *Surgical News*. A working party scoped a proposed College name and recommended to the Council to put this forward to members. The working group identified two names:

- Royal College of Surgeons of Australia and Aotearoa New Zealand (RCSAANZ)
- Royal Australian and Aotearoa New Zealand College of Surgeons (RAANZCS)

Most working group members favoured the second name as it was closest to the current name. Options featuring 'ANZAC' were avoided given the military connotation. Council approved a vote of members on the proposed name change. We will engage more widely with members across the College in 2022 with a postal ballot to follow in 2023.

Towards the end of the year, we welcomed the announcement by Ahpra and the Medical Board of Australia to conduct an external review of patient safety issues in the cosmetic surgery sector. For far too long we have had a system that allows anyone with a medical degree to call themselves a surgeon. It is time to close the loopholes that risk the health and safety of patients.

I take this opportunity to thank our members and staff for their contributions during a challenging year. The last two years of operating under COVID-19 has taught us to adapt by implementing processes and different ways of working that may have taken several years, or even decades, to occur had the pandemic not hit.

The challenge for us in 2022 will be to continue to integrate the lessons learned and use the experience to be as productive as possible and deliver excellent value to our membership.

**Dr Sally Langley**  
President





## CEO's report

The College has thrived and innovated through a year rife with change and transition. The year 2021 gave us the opportunity to review the way we work and the way we are structured.

We reviewed the Education portfolio to reflect the importance of strengthening and emphasising the work we do with our specialty societies, and to recognise the breadth of activity that happens across the portfolio. We introduced two executive roles to manage this portfolio. The Executive General Manager, Education Partnerships will focus on surgical training and our relationship with specialty societies and specialty training boards. This new role will work closely with the Executive General Manager for Education Development and Delivery, who will focus on education research, courses, and examinations, as well as shape the development of world-class surgical training curricula based on innovative clinical teaching practices to support our surgeons.

In the face of several lockdowns in 2021, we were successful in delivering both the Generic Surgical Sciences Examination (GSSE) and Fellowship Examination. This was implemented by our staff and members working together across all locations—providing high quality services to our members while working collaboratively and respectfully with each other.

The pandemic encouraged us to look at new and different ways of working, and without a doubt, has made otherwise straightforward events complicated and time-consuming. This made our achievement of continuing to deliver exams a worthy one, as we supported Trainees and Specialist International Medical Graduates (SIMGs) who have spent years preparing for these exams.

We also developed our strategy, which was informed by a sound analysis of our operating conditions. Our strategy for 2022 – 2024 will continue to focus on leading a sustainable future for surgery, serving all communities equitably, enhancing member value and establishing operational excellence.

To ensure cohesiveness and consistency in the way we implement our strategy, we created a new role: Head of States and Territories Engagement. The role will lead and manage our state and territory managers across Australia. It will also strengthen the engagement and collaborative nature of the way our states and territories

work with the other portfolios within the College.

As we are by now familiar, the global pandemic has taught us to change the way we work. The year 2021 has seen us working in a hybrid manner—with many of our employees distributing their work week between home and the office. To reflect our new way of working, we have renovated, and in South Australia, opened a purpose-built office with modern audio-visual capabilities in our meeting rooms to support a hybrid format.

In 2022 we plan to renovate the Melbourne office, creating more breakout and collaborative spaces and flexible work areas. This will make the best use of our existing spaces and allow our staff to be more flexible in the way they work and spend time in the office. We will also assess the office areas and spaces in all our locations bi-nationally for staff to have supportive workspaces.

During the year we launched the first of several upgrades to our Continuing Professional Development (CPD) program. The new online platform makes it easier and more intuitive for Fellows to access and update their CPD activities. As part of the College's digital transformation journey we are continuously improving the online platform and are finalising a mobile application to support the CPD program, making it easier for Fellows to engage with and report on their activities.

We also launched Microsoft Dynamics 365, which will progressively replace functions on our member portfolio. The new secure digital platform will be our single source of trusted data for anything related to our members. This will reduce duplication and errors in records, as the information will be contained on a central platform. The project is reflective of the resilience and creativity the College employees show in problem solving, as the pandemic introduced technical setbacks that needed efficient solutions.

I am also pleased to say that we are increasingly taking a digital first approach in our publications. Council decided to transition our well-regarded

member magazine, *Surgical News*, to a digital format in the second half of 2022. This will meet the expectations of our members and the importance of being environmentally friendly. A paper-based version will be available on request. This change is in tandem with the recent decision to go digital with the *ANZ Journal of Surgery*.

While the year 2021 stretched us, it also taught and empowered us in many ways. It is the year that expanded our horizons and ways of thinking and planning. I firmly believe that we will be better for it in 2022 as we continue to improve our service offerings to our members.

I wish to thank our members, staff, and the many other stakeholders who have journeyed with us in 2021. I look forward to working with you in 2022.

**John Biviano**  
Chief Executive Officer







### The Colleges response to COVID-19

Once again, we had to adapt our activities and processes to the challenges brought about by COVID-19. We used our learnings from 2020 to be as productive as possible and deliver excellent value to our members.

As lockdowns were implemented and elective surgery paused in many jurisdictions, we engaged governments in Australia and Aotearoa New Zealand to advocate for the long-term sustainability of surgery in our healthcare system.

Our Research, Audit and Academic Surgery team developed excellent resources for our members to provide guidance on safe surgery during the pandemic.

The staff at the College adopted a hybrid working model in some of the RACS offices, particularly Melbourne, which had longer periods of lockdowns than other states. We also conducted Council meetings virtually, though we were fortunate to host part of the RACS Annual Scientific Congress (RACS ASC) in a hybrid format with some members attending physically in Melbourne.

The pandemic also disrupted our examinations. It was clear when planning for the clinical vivas for the Fellowship examinations in May and June that travel would not be possible. A devolved exam for delivery with no actual patients and a hybrid model of face-to-face and remote examiners was developed. It was a massive undertaking, but we managed to successfully deliver without compromising the quality of the examinations or the safety of our candidates.

We also held the Fellowship examination during the second half of 2021. Initially, this had been cancelled following apprehension due to escalating COVID-19 cases but was reinstated and held in a 'dispersed model' like the May examinations.



# Organisational performance

## Education

### Surgical education

RACS is committed to providing high-quality surgical education for Fellows, Trainees and Specialist International Medical Graduates (SIMGs).

Since the launch in 2015 of the RACS Action Plan: Building Respect, Improving Patient Safety, more than 8282 Fellows, Trainees and SIMGs have completed training that raises awareness and understanding of discrimination, bullying and sexual harassment in surgery. Further training was provided to RACS committee members and surgeons involved in the training and assessment of surgical Trainees, to equip surgeons with strategies and skills to respond to unacceptable behaviour and expand their skills as surgical educators.

While COVID-19 continued to hamper our ability to deliver face-to-face courses we reached many surgical education milestones in 2021.

#### Operating with Respect face-to-face course

The Operating with Respect (OWR) course provides an evidence-based approach to equip surgeons with behavioural strategies and skills to respond to unacceptable behaviour.

We held three OWR courses, which 122 surgeons completed.

#### Operating with Respect Trainee course

Due to COVID-19 restrictions, we were unable to run the Trainee pilot courses in 2021.

#### Speak Up app

The Speak Up app is designed to complement the OWR course. It includes tools to help users structure an informal

interaction with a colleague to address behaviour concerns, or a Cup of Coffee Conversation (CCC). Since its launch in 2019, the app has been downloaded 734 times through the Apple App Store and Google Play.

#### Foundation Skills for Surgical Educators (FSSE) course

The FSSE course sets the standard expected of RACS surgical educators and furthers knowledge in teaching and learning.

We held nine FSSE courses with 91 surgeons completing the course.

An online version of the FSSE course was piloted in October. Seven surgeons completed the course—six from the mandatory group, with the other attendee reviewing the course from a global health perspective.

#### FSSE refresher course

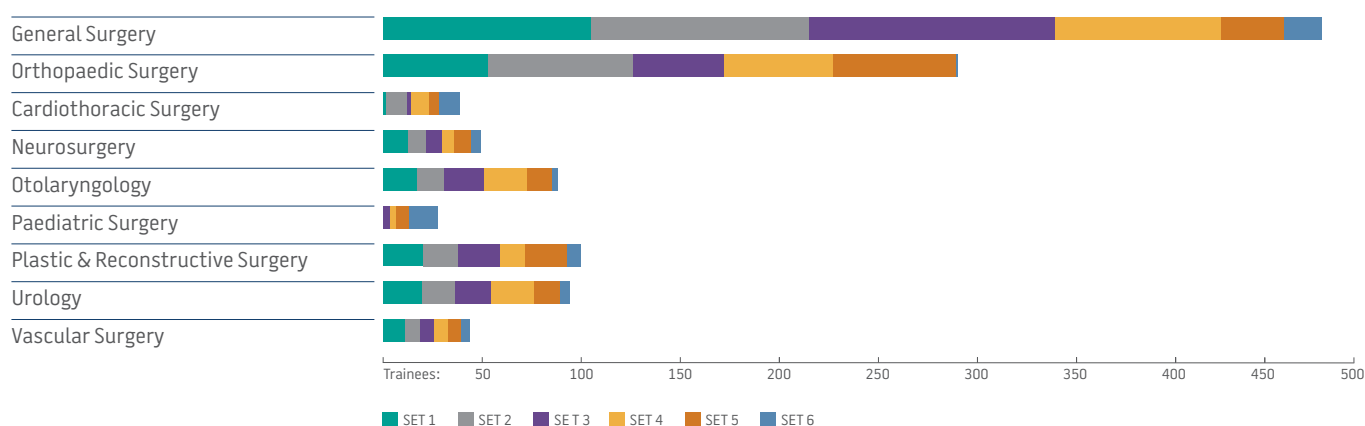
An online FSSE refresher course was available to those enrolled in the Difficult Conversations and Promoting Advanced Surgical Education courses, with four surgeons completing the module by the end of the year.

#### Difficult Conversations with Underperforming Trainees

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

In 2021 we held one course with four surgeons completing the course.

## 2021 SET Trainees by specialty and SET level



### Difficult Conversations Online pilot

An online version of the Difficult Conversations course was piloted in November had five surgeons, four SET supervisors, and one trainer completed the course.

### New online courses

The following online courses were piloted in 2021:

- Induction for Surgical Supervisors and Trainers: a second pilot was conducted in February with 10 surgeons completing the course. Since then, it was delivered four times with 64 surgeons completing the course.
- Keeping Trainees on Track: a pilot was conducted in September 2021 with three supervisors and 10 trainers completing this course.
- Trainee Feedback: the pilot commenced in December 2021 with 15 SET Trainee enrolments.

## Examinations

We administered eight major exam events across Aotearoa New Zealand and Australia in 2021: three sittings of the General Surgical Science Examination (GSSE)/Surgical Science Examination (SSE) for 1139 candidates; two clinical exams for 179 candidates; two Fellowship written exams (Part 1), and two Fellowship Clinical exams (Part 2) for a record 425 candidates.

The first Clinical Exam during the pandemic returned to a paper-based delivery to support multiple locations. The June exam ran with Tablet Marking for the first time, and was held concurrently in multiple locations. One of the 11 locations was unable to go ahead with their exam due to the Sydney

lockdown in June. The October clinical exam was also cancelled.

The Fellowship clinical exams were administered across multiple sites for all nine specialties. A significant number of retired examiners retrained to examine and observe exams. With their help we supported 231 virtual observations and provisioned an additional General Surgery Fellowship Exam in NSW to ensure all applicants were examined and standards maintained.

Neurosurgery and Vascular Surgery specialties did not participate in the November sitting. Although cancelled in midstream planning, the second sitting of the fellowship exam was reinstated in seven of the nine specialties in response to stakeholder feedback. This was possible due to the commitment and support across the wider College—from examiners and retired Fellows, local coordinators, staff, and members of the training boards.

## Skills Training

During 2021, the Skills Training team delivered 83 face-to-face skills courses for more than 1500 course participants. More than 550 instructors from the Skills Course Faculty contributed approximately 14,000 pro-bono hours to teaching RACS skills courses.

The Skills Course Faculty are made up of RACS Fellows, anaesthetists, intensivists, emergency physicians, physicians, general practitioners, rural and remote medicine doctors, obstetricians and gynaecologists, and educators.

Our 2021 milestones included:

- 300th ASSET course in November 2021
- 75th EMST instructor course

- We also completed development of the Australia and New Zealand Surgical Skills Education Training (ASSET) Edition 4 curriculum.

## Specialist International Medical Graduates

In 2021, the SIMG team received 60 specialist assessment applications, 204 short-term training applications, and held 51 specialist assessment interviews with SIMG applicants participating virtually from around the world.

The team also held two online SIMG induction workshops to welcome new starters to their specialist pathway, and two online SIMG supervisor induction programs for newly appointed SIMG supervisors.

Due to the impact of COVID-19 on face-to-face events, piloting of the SIMG team's workplace-based assessment model was on hold in 2021. To mitigate such risks in the future, we explored the feasibility of implementing a hybrid approach, with an aim for a pilot to recommence in 2022.

Following an internal audit of SIMG assessment processes and support mechanisms, a project officer was appointed to assist the SIMG team with implementing recommendations. This included the development of a new, user-friendly, fit-for-purpose online application system and redesign of the SIMG section of the RACS website.





### Engagement with junior doctors

Throughout 2021, the Education portfolio continued its promotion of the JDocs Framework and ePortfolio (JDocs).

Engagement with junior doctors was strengthened through the regular circulation of the *JDocs eNews*. This junior doctor specific newsletter—a RACS-wide initiative—provides JDocs subscribers with current and useful information on relevant College activities, health scholarships, examination registration dates and resources, and surgical selection information.

The Chair of the Prevocational & Skills Education Committee (PSEC) met with several Specialty Training Boards to discuss how JDocs could be used better by both SET applicants and the Boards. Completion of JDocs Key Clinical Tasks and the RACS Aboriginal and Torres Strait Islander Cultural Safety Course (modules 1 and 2) were included in the CV scoring component for selection into the Vascular Surgery SET program.

Despite numerous COVID-19-related disruptions, we participated in various events for junior doctors hosted by universities and the Australian Medical Association (AMA).

We supported junior doctors in several other ways:

- The prevocational area and JDocs were active in the RACS wide Rural Health Update Group and the Australian Indigenous Surgical Pathway (AISP) working group.
- First Nations junior doctors who are interested in a career in surgery and contact RACS are financially supported to subscribe to JDocs.
- We invited the Prevocational Coordinator to attend the RACS Trainees' Association (RACSTA) committee meetings.
- RACSTA committee members actively supported aspiring surgeons and encouraged them to engage with the JDocs Framework and ePortfolio.

During the RACS October 2021 meeting, Council acknowledged the impact on prevocational doctors because of COVID-19. In recognition of this impact Council agreed not to increase the fees in 2022 for JDocs subscriptions, GSSE and Clinical Examination registrations.

### Australian Medical Council accreditation

In 2021, we focused on the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ) accreditation assessment of our education programs.

The accreditation assessment was an outstanding achievement and the AMC and MCNZ acknowledged the significant volume of work conducted. This achievement was possible through the expertise and time of our key stakeholders working collaboratively. The multifaceted process included the submission of two substantial reports, COVID-19 related reporting, surveys as a platform for candid feedback, hospitals site visits, and meetings with Councillors, Training Boards, RACS and specialty society staff. This was a significant achievement given the complex environment of a pandemic that imposed additional competing priorities on our stakeholders.







## Membership engagement

### Policy and advocacy

#### Australian Commonwealth

Since the inauguration of the RACS Health Policy and Advocacy Committee (HPAC) in 2021, a great deal of advocacy was conducted on behalf of our fellowship advocating for the profession and patient needs. Issues concerning healthcare quality and safety have been paramount in the submissions from HPAC.

An overview of HPAC's work in 2021 can be divided into the following broad areas:

- Policy Standards (35 per cent): submissions on vaccination, elective surgery, the Therapeutic Goods Administration regulations, other colleges' position papers and RACS feedback, National Medicines Policy Review, intersex, medical consent and capacity, restricting usage of the title of surgeon, Choosing Wisely, and accreditation.
- Private healthcare insurance (23 per cent): focused on relevant legislation and proposed amendments, the Medical Cost Finder, prosthesis list, MBS item numbers, and the Australian Competition and Consumer Commission Honeysuckle nib application.
- Environmental Sustainability in Surgical Practice (16 per cent): approval and examination of other colleges' climate change reports, inter-college campaigns and letters to the Australian Prime Minister on climate change emergency, setting up of a RACS webinar to better inform Fellows on associated health risks, and research on hospital sustainability.
- Direct political advocacy (nine per cent): meetings were conducted with

the Australian Medical Association, federal ministers, departmental contacts, and surgical societies and associations, preparations for the 2022 Australia federal election with a document of our policy concerns and aims.

- National law (eight per cent): inclusive of submissions, Ahpra related matters, legislative amendments to the relevant statutes, a senate hearing where RACS spoke.
- Ethics and equity (six per cent): the establishment of an Anti-Racism Working Group and continuous engagement with the Australian Ethical Health Alliance.
- Big data (three per cent): the use of health data of patients and surgeons, and issues concerning confidentiality and privacy.

#### Australia states and territories advocacy

The Australian states and territories engaged in 142 individual pieces of advocacy across Australia—the majority involving elective surgery, COVID-19, trauma, government process, standards, rural surgical issues and opportunities.

The states and territories also delivered the exams and education activities, with more than 1200 hours spent in preparation and delivery.

The states and territories also provided regular newsletters for their jurisdictions with a readership of between 40 and 80 per cent.

COVID-19 offered an opportunity for many major events, including the annual scientific meetings to transition online.



### Aotearoa New Zealand advocacy

Aotearoa New Zealand is about to undergo the greatest redesign of its full healthcare system in 30 years with the disbandment of District Health Boards (DHB) and the localised public health units. Two strategic organisations will be introduced to work in partnership: the Ministry of Health and the Māori Health Authority, and a national service delivery arm (Health New Zealand).

The lack of equitable outcomes for Māori, the duplication of tasks, and the differences in healthcare availability by DHB region have been key drivers for the changes to be formally introduced in July 2022.

The Aotearoa New Zealand National Committee (AoNZNC) representatives met several times with key individuals involved in the transition. They focused their advocacy on equity, surgical workforce, coordination of services and environmental sustainability under the new systems. AoNZNC also met with the CEO of Te Aho o Te Kahu (Cancer Control Agency) on cancer services, the Health and Disability Commissioner on complaints under the Code of Patients' Rights, the Medical Council of New Zealand Chair and CEO on Specialist International Medical Graduates (SIMG) assessments and continuing professional development requirements and senior ACC staff.

As a member of the Council of Medical Colleges (CMC), we also held meetings with the minister and several associate ministers of Health, the Privacy Commissioner, The Pharmaceutical Management Agency (PHARMAC), and key staff from the ministry and the Health Reforms Transition Unit.

During the year we commented on several Medical Council of New Zealand statements, Smokefree 2025 Action Plan and *Pae Ora (Healthy Futures) Bill*. Concerns around availability of imaging services have been raised with the Ministry and on gender titles with the Health and Disability Commissioner.

### Indigenous and Māori health

The year 2021 was a productive one for RACS Indigenous Health portfolio.

Ending the year on an exciting and positive note, we secured pilot funding for two Indigenous Director of Trainees positions scheduled to commence in 2022. These positions will complement the active recruitment of First Nation Australians and Māori surgeons.

Mina, the RACS First Nation Australians Advisory Group, was formed in late 2020 and met quarterly through 2021 to provide oversight and direction for First Nation Australian health.

During the year, we:

- launched the Australian Indigenous Surgical Pathway initiative (AISP)
- completed the Royal Darwin Pilot of the AISP
- conducted a pilot Indigenous Surgical Mentorship Workshop: a program developed to provide non-Indigenous surgeons with skills for mentoring First Nation Australian Trainees.

The first training sessions on the Safety Competency was successfully conducted by the Board of Surgical Education and Training and Vascular Training Boards.

The new CPD program was released and included the new Cultural Safety competency. An application for

Course 1 and 2 has been submitted for accreditation under the new competency. The eLearning courses will be provided as part of the Teaching and Learning activities for the new Cultural Competency, Cultural Safety Competency Professional Skills Framework—making them an essential activity for surgical education Trainees and supervisors.

Dr Maxine Ronald, Chair of the Indigenous Health Committee (IHC) stepped down from her role but will continue to be a member of the Committee. The IHC welcomed Dr Ben Cribb to the role of IHC Chair. He will commence his tenure in 2022.

The two stage MIHI training course provided positive feedback from those who attended the first training session for 2021. Learners successfully completed the five online learning modules before spending a day on-site with the MIHI training team based in Christchurch.

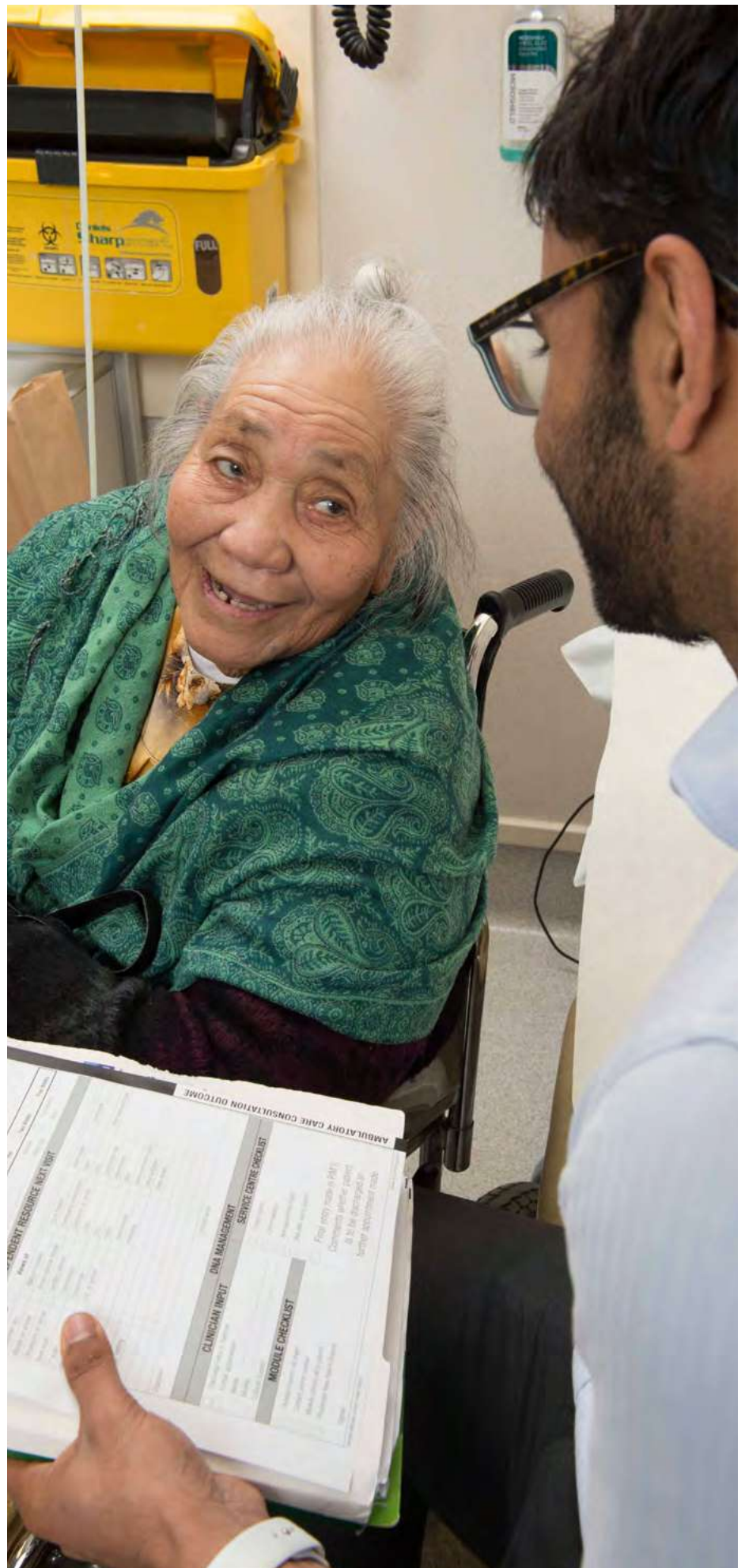
Professor Jonathan Koea welcomed the news of the successful application to the Foundation for Surgery for a grant of \$64,400. This grant will help develop a surgical academy to increase recruitment of Māori into surgical training. A Māori Surgical Academy program will build a brighter future in recruiting and training youth at secondary school level into surgical career pathways.

The much-respected and loyal advocate of Māori health initiatives, Dr Pat Alley, retired as the chairperson of the Māori Advisory Group in 2021. Dr John Mutu-Grigg has stepped into the chairperson's role and the group is planning to deliver the Māori Strategic Plan (Te Rautaki Māori) in 2022-2023.

In 2021 RACS continued to work towards the delivery of the new Continuing Professional Development (CPD) framework.

The program successfully launched on 1 July 2021, with supporting technology available from September. The new CPD framework has been designed to recognise the importance of reflecting on performance and measuring outcomes, and aligns with the regulatory changes in Australia and Aotearoa New Zealand. In keeping with the development of a bespoke and personalised model of CPD, we will review activities delivered by a range of stakeholders and external providers to ensure Fellows are well supported to achieve compliance at any stage of their career.

While we hope that the impact of COVID-19 will reduce in 2022 and enable more face-to-face CPD activities, we will continue to build and develop online resources—such as the recently released online learning plan. This will ensure members can access support for CPD wherever they are in Australia and Aotearoa New Zealand.





## Research, Audit and Academic Surgery

Following on from the five COVID-19 reviews produced in 2020, the Australian Safety and Efficacy Register of New Interventional Procedures – Surgical (ASERNIP-S) team have produced two further reports (on the influence on vaccination in surgical practice, and delaying surgery for patients recovering from COVID-19), and an updated report on guidelines for the pre-diagnostic workup for COVID-19. Other reviews have been produced on smoking and postoperative complications, trauma verification, and hernia repair and evidence to support the Policy and Advocacy team on a range of topics.

ASERNIP-S continued its externally funded work program. In 2021, this work supported decision-makers in both state and federal health departments of health in Australia when considering the allocation of healthcare resources. A major highlight has been the team's collaboration with the Commonwealth Department of Health in developing a process to streamline the assessment of PET/CT imaging of rare and uncommon cancers. The impact of this work is improved access to the publicly funded diagnostic armamentarium necessary for cancer treatment planning, including surgery.

The Australian and New Zealand Audits of Surgical Mortality (ANZASM) continued to work closely with each department of health in Australia. Webinars held in 2021 included virtual and hybrid meetings—which enabled more participants to attend, both nationally and internationally. A variation to the Qualified Privilege legislation

covering ANZASM was approved for the Victorian Audit of Surgical Mortality, enabling a process that will support multidisciplinary review.

The Morbidity Audits department continued to provide support for the Morbidity Audit and Logbook Tool (MALT) and the BreastSurgANZ Quality Audit. The Australian and New Zealand Emergency Laparotomy Audit – Quality Improvement (ANZELA-QI) program expanded across Australia with government and hospital-based support. Improvements to data collection and reporting are being made based on outcomes to date and with consideration of results in the National Emergency Laparotomy Audit (NELA) in the United Kingdom. Funding continues to be sought at a national level through the Medical Research Future Fund.

The Section of Academic Surgery and Surgical Research Society of Australasia once again co-hosted a successful virtual and abbreviated meeting in November. RACS Council extended support for the Clinical Trial Australia and New Zealand (CTANZ) Clinical Director and coordinator roles for a further 12 months. CTANZ facilitated participation by surgical Trainees, junior doctors, medical students, and Fellows in more than eight global COVIDSurg studies. These resulted in peer reviewed publications in *Anaesthesia*, *British Journal of Surgery* and *The Lancet*.

The Clinical Academic Pathways Working Party transitioned to become the Clinician Researcher Committee, in recognition of its ongoing advocacy and development of a strategic framework. It will identify the requirements for entrenching clinical academic career pathways within the Australian and Aotearoa New Zealand healthcare systems.

## Library services

The RACS Library had a big year in 2021.

Working with continuing COVID-19 disruptions, the library supplied RACS users with articles, chapters and books, and literature searches.

RACS users accessed resources on the RACS website from their home or workplace to find the information they required.

More than 360,000 resources were downloaded in the past year, including articles, books, chapters, anatomy resources such as Acland's and an@tomedia, and MIMS access.

A survey of eTOC subscribers in August led to some changes: removal of titles that weren't accessed and adding different different titles to the mix, including some new subscriptions.

Preparation and planning for new library services took place behind the scenes and we are looking forward to implementing several improvements in 2022. The library will be integrated with eHub, and the forms will be improved—making it easier to request articles. Books the library doesn't have specific training in using resources will also be offered.

## RACS museum and archive collections

Despite lockdowns, the heritage areas of the College continued to promote its collections by improving displays and collection management. Achievements included revamping displays in both the museum and walkway, and updating the archive and museum Inmagic DB Textworks databases. New displays in the walkway include the late Australian surgeon and professor of anatomy, Archibald Watson's 1898 diary and diplomatic gifts.

The rare book collection was audited, and inventories completed. Two of Archibald Watson's diaries—from 1882-1884 and 1898—and a urology diary were transcribed. Some articles relating to them were published in *Surgical News*. The Oral History program continued in 2021 and several surgeons and staff members were interviewed. If approved by Council, oral histories will form an important part of an updated history of the College, which will be launched in the centenary year.

Our 2020 publication *Unveiling the Collections* is enjoying good sales and we would like to launch the book when the Council is able to meet again in the Melbourne office.

During the year we received the following donations:

- *The Improved Patent Magneto-Electric Machine for Nervous Diseases*
- *Ceremonial Trowel* used by the late Prime Minister Sir Robert Menzies to lay the foundation stone for the East Wing and Great Hall, 1964.

## Building Respect Improving Patient Safety

RACS is widely recognised for its sustained commitment to fostering a culture of safety and promoting respect in healthcare.

The ongoing impacts of COVID-19 made us rethink how we could achieve our goals for 2021 and continue to implement the Action Plan: *Building Respect Improving Patient Safety*.

Our communications acknowledged the difficulties faced during uncertainty and stress, and the need to safeguard personal mental health and wellbeing. We reminded surgeons to be aware of their behaviours and ensure respectful workplaces and patient safety. The key principles of Operating with Respect came into sharp relief.

In April, the College co-convened the *Creating Healthcare Cultures of Safety & Respect*—the first online health summit, designed for professionals working to achieve cultural change in healthcare. In collaboration with St Vincent's Health Australia, Macquarie University Institute of Health Innovation and the Royal Australasian College of Medical Administrators, the summit attracted 200 participants. The speakers called for actions to implement and evaluate interventions that support behaviour change.

Concurrently, our primary focus was on the delivery of an independent evaluation, planned to take place after five years of Action Plan implementation. The Phase 2 evaluation will assist us in tracking progress and inform future planning.

The evaluation looked at 'expected' changes in awareness, knowledge, skills, and attitudes to discrimination, bullying and sexual harassment. Data was collected as a baseline for future evaluations.

The evaluation found that more than 90 per cent of Fellows, Trainees and SIMGs support for College's work, leadership, and commitment to improve the culture of surgery. Respondents backed the continued work, including improving surgical education and fostering cross-sector collaborations to build respect in surgery.

A prevalence study, conducted as part of our evaluation, looked at reported rates of unprofessional behaviours. Results of the 2015 and 2021 prevalence studies are not directly comparable. The 2015 study detailed participants' experience of discrimination, bullying and sexual harassment over their working lifetime. The 2021 study tracked reports of these unprofessional behaviour in the last 12 months.

The 2021 evaluation results provide a robust evidence base that will inform RACS next five years work. In late 2021, RACS set up an Expert Advisory Group (EAG) to set priorities for its ongoing commitment to cultural change.



### RACS Annual Scientific Congress

The RACS ASC, which took place between 10 and 14 May 2021 had a record 3706 delegates attending the meeting—the highest turnout in its history.

Day one ended with an evening of celebration as 158 new Fellows received their Fellowship certificates during the convocation ceremony, which was held in multiple locations around Australia and Aotearoa New Zealand.

In a first for the Congress, we created hubs across Australia, Aotearoa New Zealand and beyond, enabling those who could not attend in person to congregate in a COVID-19 safe way to enjoy the program in a collegiate setting.

COVID-19 derailed the 2020 Congress but served to inspire the theme for 2021, *Celebrating the art of surgery – in a time of disruption*. Encouraging reflection on the changes to our lives over the pandemic, The RACS ASC 2021 illustrated

how we have been creative and agile in our response to this disruptive force in surgical practice.

We collaborated with the Royal College of Surgeons of Edinburgh (RCSEd) and enjoyed the President’s lecture delivered by Professor Michael Griffin OBE. We also welcomed the Australian Treasurer, the Honourable Josh Frydenberg, Secretary of the Commonwealth Department of Health, Professor Brendan Murphy—who delivered the Syme Oration—and former Australian Deputy Chief Medical Officer, Dr Nick Coatsworth.

The RACS ASC had:

- 3706 registrants with 2860 attending virtually and 846 onsite around Australia, Aotearoa New Zealand, the United Kingdom and around the Pacific
- 285 sessions
- 986 posters and 1212 verbal presentations

- 1258 presenters
- 106 overseas presenters
- 153 new Fellows with 83 onsite across Australia and Aotearoa New Zealand and 70 attending virtually
- 3440 people watched the Plenary session on 13 May.

RACS ASC Women in surgery breakfast, ASC 2021



## Digital services

The One College Transformation is underpinned by a digital investment program, which aims to better serve members and other stakeholders through easier and more personalised interactions.

The second year of the program saw the College establish the core Customer Relationship Management (CRM) platform, which will enable a better understanding of member needs.

Following the successful establishment of the CRM, several critical College capabilities have been delivered.

The College released several iterations of the new CPD solution, which will enable members to record their CPD activities more easily and be compliant with regulatory requirements. A second solution was also developed on the CRM foundation: a universal Training Management Platform (TMP). For the first time, the TMP supports the training journey through a digital solution, which was previously managed using paper forms and manual processes. The TMP is being developed with specialty societies in mind. Once completed, the TMP will be a comprehensive solution that can be used by Trainees, trainers, supervisors and training boards. It will provide a seamless training experience and be compliant with training program requirements. The Australian Society of Plastic Surgeons (ASPS), the Board of Cardiothoracic Surgery and the Board of Paediatric Surgery will be the pilot users of the initial platform.

An initial rollout of audio-visual facilities was completed in all our offices, except New South Wales and Queensland due to

impending office relocations. The rollout to these states will be completed once relocation is finalised.

A meeting and room booking solution was implemented to enable staff to easily book meeting rooms and workspaces, directly and conveniently from Microsoft Outlook. The solution will effectively manage the College's meeting rooms and assist with better space allocation.

A question authoring solution for examinations, known as the Question Management System was delivered. This will introduce efficiencies about how questions are created and integrated with the College Learning Management System (Moodle) for online exam delivery.

A complaints management solution, Resolve, was delivered to securely manage complaints and assist in gaining DFAT accreditation.

A considerable investment went into establishing the College's Local Area Network (LAN) and Wide Area Network (WAN). The new network will minimise disruptions and provide high speed bandwidth to all our offices.

## People and Culture

Our staff embraced the challenges posed by yet another year of change and continued disruption arising from the pandemic. We further embedded our new, flexible ways of working and supported staff to successfully adopt a hybrid working model as we returned to our offices.

Wellbeing continued to be a primary focus in 2021 with the delivery of webinars focused on equipping our staff with the tools and skills to manage through change and build their resilience.

2022 will see a focus on initiatives to help further strengthen engagement as we embark on an exciting refurbishment plan for our Melbourne office and continue to enhance our working environments across all locations.

With a commitment to ensure we grow our people by providing development opportunities and avenues for career growth, we will continue to build on the collective achievements of individuals and teams.



RACS offices and committees provide an essential service to our stakeholders. Beyond regular committee meetings and events, a key part of their work is to advocate on jurisdictional matters for the College, Fellows, Trainees, SIMGs, patients, and standards of healthcare.

## RACS in Australia and Aotearoa New Zealand

### Events and scientific meetings

Another key responsibility of the RACS states and territories is to engage with Fellows, Trainees and SIMGs within the jurisdictions, with each of them hosting major events every year to meet the needs of the jurisdictions.

Many Australian states and territories held scientific meetings, either face to face, hybrid or online.

Western Australia hosted the RACS Western Australia, South Australia and Northern Territory Tristate Annual Scientific Meeting in Broome from 26 August to 28 August 2021. The *A Safer Theatre For All* program was well received by the participants. Western Australia also held a successful charity ball, including other dinners.

South Australia held several dinners and events aimed at different stakeholders, including an ENT Dinner and a Women in Surgery event as well as various lap simulator events, SET preparation and papers days for medical students.

Queensland held its state conference from 20 to 21 November in Noosa with discussions on generalism in surgery and trauma and emergency surgery, with an emphasis on rural and regional issues.

For the second year in a row the Neville Davis and RACS Papers Prizes were held in a hybrid fashion with the finals being held in person at the state conference. The quality was outstanding, and there were a record number of abstracts submitted for the prizes.

Queensland also held its annual charity dinner and various forums, including International Women's Day events in the Gold Coast (12 March) and in Brisbane (13 March).

The Australian Capital Territory (ACT) held its annual scientific meeting on *Advancing Your Operative Techniques - Improving Your Skills* on 27 August. The event changed to an online format but was well attended and the feedback was excellent. The ACT also held an International Women's Day breakfast, a Younger Fellows dinner, and an End of Year dinner.

Tasmania's annual scientific meeting theme was *Law and Order in the Digital Age* held at the Launceston Medical School on 16 October—a last minute change to hybrid due to snap lockdown. Tasmania also held a Younger Fellows Dinner in Launceston and Hobart, webinars and various journal clubs.

Due to lockdowns in New South Wales (NSW) and Victoria the larger events were impacted heavily but both states offered various webinars and online forums to maintain engagement with our key stakeholders. These included Bariatric sessions, Younger Fellow preparation, innovation, and trauma among others.

Looking forward, Victoria will focus on its annual charity ball and NSW will hold the popular Surgeons' Month, which was postponed in February 2022.



*Dr David King (SA State Committee Chair, right) presents past president Dr Tony Sparnon with the Sir Henry Newland Award in recognition of his achievement.*



*Collage of imagery from the Queensland State Conference.*

### Aotearoa New Zealand

In the second year of trans-Tasman travel restrictions, Aotearoa New Zealand hosted a convocation ceremony in May for 11 new Fellows and presented eight New Zealanders with College awards. The ceremony had a local emphasis as it was held in Te Marae within Te Papa Tongarewa, the national museum. This was followed by four days of the RACS ASC 2021 Hub, also in Te Papa, with more than 150 registrants.

The Aotearoa New Zealand Annual Surgeons Meeting—*Surgery 2021: Reflecting on Practice*—was to be a two-day face-to-face event in Queenstown but COVID-19 intervened and it was switched to a virtual meeting. Even during a full country lockdown with its additional demands on clinicians, each session had more than 100 attendees.



*WA ASM: Delegates and their families enjoyed the glorious Broome sunset while attending the Welcome Function at Okari Deck, overlooking the world famous Cable Beach.*



## RACS awards

RACS recognised long-serving surgeons who made an impact through distinguished service, as well as students who participated in competitions.

### Awards approved by Council in 2021

#### Honorary Fellowship

Mrs Dianne M. Cornish and  
Professor Jeffrey E. Gershenwald, M.D.

#### Award for Excellence in Surgery

Professor Paul N. Smith, AM, FRACS

#### Companion of the College

Dame Judith Potter, DCNZM

#### Court of Honour

Dr Anthony L. Sparnon, FRACS, and  
Associate Professor Julie A. Mundy, FRACS

#### Sir Louis Barnett Medal

Professor Alistair G. Royce, FRACS

#### John Corboy Medal

Dr Amanda Nikolic

#### Rural Surgeons Award

Dr William B. Ross, FRACS

#### Gordon Trinca Medal

Mr Michael H. Hunter, FRACS

### ACT

#### Educator of Merit Award

Dr Christopher Roberts

#### Outstanding Service to the Community Award

Dr Ailene Fitzgerald

### New South Wales

#### NSW Merit Award

Dr Meghan Dares  
Dr Mervyn McCallum  
Dr John Jorgensen

#### Service to the Community Award

Dr Matthew Nott

#### Recognition of Outstanding Service

Dr Ken Loi and  
Associate Professor Toufic El-Khoury

#### Graham Coupland Lecture and Medal

Associate Professor Kerin Fielding

#### Annual Medical Student Award

Dr Matthew Fadhil

### Queensland

#### Honoured Guest

Dr Rosslyn Walker

#### David Theile Lecture

Dr Michael Wagels

#### Heaslop Medal

Associate Professor Julie Mundy

#### RACS Papers prize winner

Dr Samuel Smith

#### Neville Davis prize winner

Dr Al-Rahim Habib

#### QLD Surgical Skills Competition

##### Individual Winner

Bianca Byfield (Griffith)

##### Overall Team Winner

Griffith University

### South Australia

#### Anstey Giles Lecture

Sir Henry Newland

#### RP Jepson

Justin Miller

### Tasmania

#### RACS - Bongiorino Best Papers Prize

Carrie Tan

#### RACS - UTAS Prize

Dr Jeremy Wei Tse

### Victoria

#### VRC Final Year Surgical Student Prize

Hannah McDonald

#### VRC Final Year Surgical Student Prize

Marie Rattenbury and  
Joshua Chew

#### Clinical Committee Prize

Vidyasagar Chinni

#### Michael Ryan Scholarship

Vanessa Tran

#### G J Royal Prize in clinical surgery

Daniel Henry

#### D R Leslie Prize

Daniel Cox

#### VRC Medical Students Prize

Nicholas Sclavos

#### VRC DCAS Scholarship

Henry Shen

### Western Australia

#### Outstanding Service to the Community Award

Professor Christobel Saunders

### Aotearoa New Zealand

#### Louis Barnett Prize

Dr Mark Zhu (Trainee)

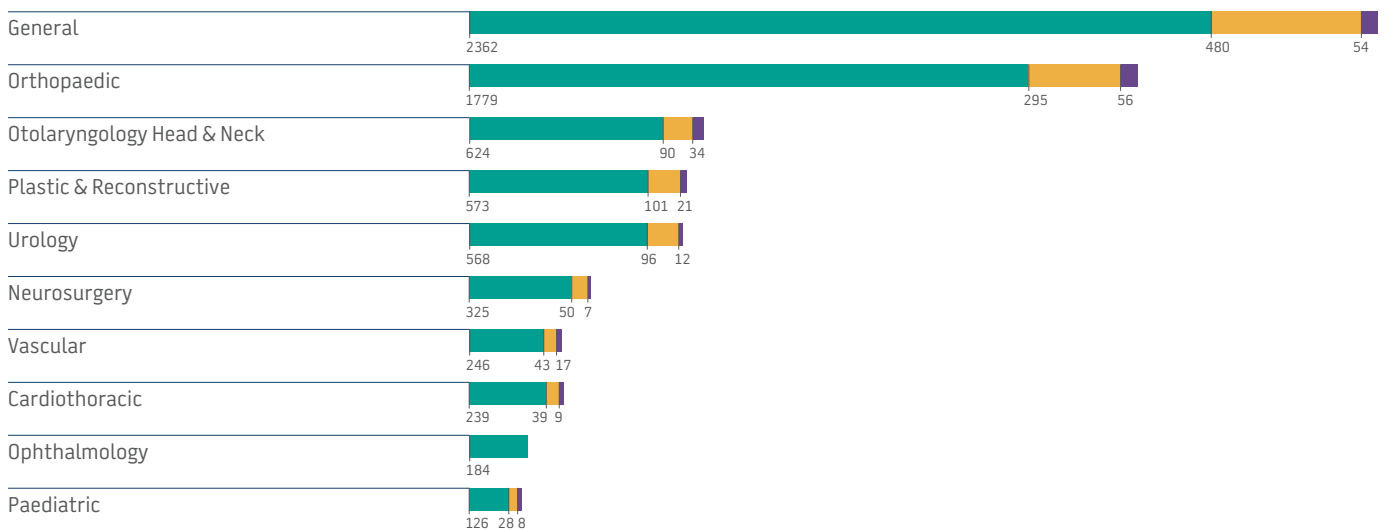
## Our members

In 2021, we had 1222 Trainees enrolled in the Surgical Education and Training (SET) Program (full-time, part-time, or on a research basis) in one of the nine surgical specialties in Australia and Aotearoa New Zealand.

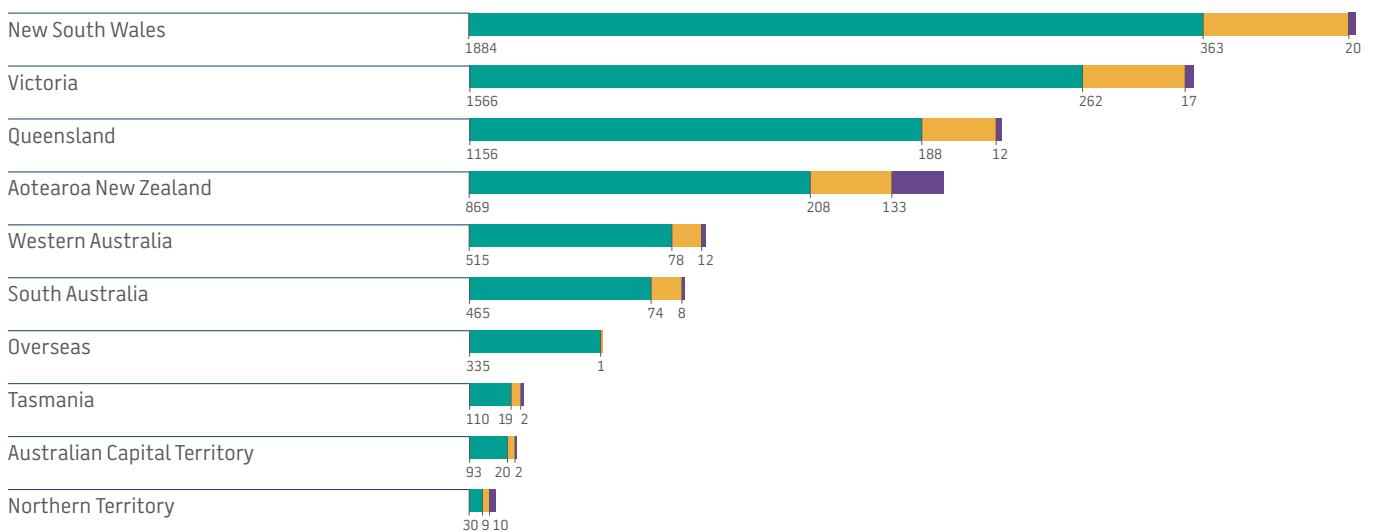
All speciality training boards undertook selection for SET in 2021. Seven hundred and sixty-three applications were received, with 259 offered a Trainee position.

The number of female applicants remained similar to 2020 and comprised of 34 per cent of all applicants. Of those offered a Trainee position, 31 per cent were female.

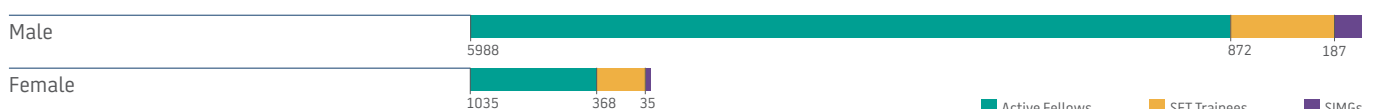
### BY SPECIALTY



### BY LOCATION



### BY GENDER



Active Fellows SET Trainees SIMGs

As at 31 December 2021



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

## RACS in the community

### Foundation for Surgery

The Foundation for Surgery is the philanthropic arm of the Royal Australasian College of Surgeons (RACS). With your help, we support global health and Indigenous health initiatives, projects and grants that focus on providing equitable, safe and quality surgical care to Māori, Aboriginal and Torres Strait Islander people and communities in the Asia-Pacific region.

Thanks to your support, the Foundation continued to extend its philanthropic reach and community connection, delivering excellent outcomes in 2021.

RACS, through the Foundation for Surgery, is now the second-largest funder of surgical research and training worldwide. Our invested funds are used for the greatest impact—advancing surgical practice that will benefit communities.

RACS provides the administration costs for the Foundation of Surgery, ensuring that the donations go where they are needed most.

#### Māori, Aboriginal and Torres Strait Islander community health

- 15 Aboriginal and Torres Strait Islander and nine Māori medical students, junior doctors and Trainees received scholarships and grants to support their surgical careers
- 20 life-changing procedures were delivered in the developing Asia-Pacific countries
- 15 new Indigenous health surgical mentors were trained
- 127 participants completed the Aboriginal and Torres Strait Islander Cultural Safety E-learning course

- 12 participants completed the AIDA Aboriginal and Torres Strait Islander Health in Clinical Practice course
- 50 participants enrolled in Indigenous Health and Cultural Safety training
- 22 participants enrolled in Māori Cultural Competency Training
- 350 local community health workers attended workshops

#### Strengthening the Scholarships and Grants Program

The Foundation's Scholarships and Grants Program supports Trainees, surgeons and aspiring surgeons in developing research, advancing surgical practice and furthering global collaboration. In 2021, we offered more than 70 research scholarships and learning and development grants for application, valued at more than AUD\$2.1 million.

#### Streamlining our governance

We completed a project to consolidate scholarships and grants from across the College into the RACS Scholarships and Grants Program. This is administered by a dedicated team under the governance of the ANZ Scholarships and Grants Committee, and supported by more than 30 expert selection panel members. Our streamlined governance ensures robust administration of the program and has increased accessibility, transparency, and accountability.

#### Improving the digital experience

We developed a dedicated online platform—RACS Unlock—to automate applications, selection, recipient reporting and administration. Importantly, the platform provides data



capability that enables improved delivery, monitoring, and evaluation of the program to steer the strategy for future success.

We focused on clear and concise web content, making it easier for applicants to put forward their best application. We also encouraged recipients to record and share videos, introducing themselves and outlining the benefit their activity will bring.

### Promoting social inclusion and accessibility

We focused on equity in the application and selection processes and implemented an *Unconscious bias in selection* e-learning module for selection of panel members and introduced automation on RACS Unlock to reduce the risk of bias in selection.

## Global health

The RACS Global Health department rose to the challenge of the COVID-19 pandemic with ongoing implementation and expansion of its health, emergency response and development programs. This was possible with the critical support of our in-country office in Timor Leste, strong regional partnerships across the Indo-Pacific, and the expertise of our Speciality Coordinators and pro-bono specialist volunteers.

The team achieved re-accreditation with the Australian NGO Cooperation Program (ANCP) in 2021, which enables RACS to receive continued Australian Government funds. It also reflects the 'gold-standard' of Australian Non-Government Organisations (NGOs) in the development sector.

### Timor-Leste

New Country Manager, Jenni Lillingston went to Timor Leste to provide management and technical assistance—ensuring effective provision of logistical support of the respiratory equipment to Hospital Nacional Guido Valadares (HNGV) in Dili.

In October 2021, RACS Global Health received a USAID grant that enabled us to expand the East Timor Eye Program (ETEP) and implement a school screening and referral program to provide avoidable blindness and vision support to Timor-Leste's children. This flagship program celebrated 20 years of operation in Timor-Leste. Our team continued to implement the Australian Timor-Leste Program of Assistance for Secondary Services (ATLASS Phase II) partnership with HNGV and continued the delivery of the Family Medicine Program.

### Pacific Islands Program

The Pacific Islands Program (PIP) funded by the Department of Foreign Affairs and Trade (DFAT) delivered excellent results with more than 504 health workers trained and mentored. RACS has been responsive and adapted its approach to continue providing clinical support and education across the region.

The PIP has also ensured the supply of essential medical equipment to hospitals across the region—improving service delivery capacity in diagnostic and treatment capability for patients.

In 2021 RACS delivered an Advanced Paediatric Life Support (APLS) kit to Fiji National University and facilitated meetings with them and the Colonial War Memorial Hospital to re-establish the Fiji APLS training committee. This committee

is developing a training plan, which will comprise APLS, Paediatric Life Support (PLS) and Generic Instructor Course (GIC) trainings for Fiji and the region in 2022. Once the training plan is developed, training can be conducted.

In response to a request from the Fiji Minister of Health and DFAT, RACS deployed a COVID-19 surge support team to Fiji in September 2021. The team of anaesthetists, nurses and an intensivist worked across the Colonial War Memorial and Lautoka Hospitals providing direct clinical support in the theatre and wards, and clinical and IPC training.

RACS has collaborated with the Pacific community to conduct a surgical backlog survey with clinical partners in the 11 focus Pacific Island countries, in preparation for resumption of visiting medical teams in 2022.

This survey data will enable ongoing engagement with Ministry of Health, hospital partners, and pro-bono specialist volunteers.

### Global Health Section and Combined Colleges

In 2021 RACS established the Global Health Section—a representative interest group that has more than 110 registered participants from across the College, Indo-Pacific region, and the international development sector.

Five interactive online events were held in 2021—facilitated by the Global Health Fellows and Pacific clinicians and attended by sector participants. The forums provided an opportunity for information exchange, expert dialogue, and discussion of learnings from program implementation.



## RACS in the community (cont)

RACS Global Health facilitated the first of a two-part 'Combined Colleges and All Organisations' partner meeting in 2021. This forum provided an opportunity for Australasian Specialist Colleges and international non-governmental specialist health organisations to gather and share information, discuss common challenges, and engage in planning with Indo-Pacific regional partners. The online forum was attended by more than 40 participants. RACS Global Health looks forward to being able to facilitate Part 2 Combined Colleges with a hybrid event planned in 2022.

### Rural health

RACS advocates for all communities to have equitable access to quality healthcare, irrespective of geography. Council approved the Rural Health Equity Strategy (RHES) in October 2020, and the Rural Health Equity Steering Committee was formed in response to tackle this pressing problem. Their aim is to deliver the RHES as a proposed pathway for training specialists so that everyone can have equitable access to healthcare. The Steering Committee is chaired by Associate Professor Kerin Fielding (RACS Councillor) and supported by Vice-Chair Dr Bridget Clancy (Chair of the Rural Surgery Section).

Australia and Aotearoa New Zealand have very different rural challenges. Dr Nicola Hill from Aotearoa New Zealand, a RACS Councillor and member of the Rural Surgery Section committee, convened a workshop in Queenstown in September 2021 to discuss how the strategy can be tailored to meet rural New Zealand needs.

A major part of the current strategy is to support remote central and northern parts of Australia. A first draft of Memorandum

of Understanding was submitted to the Northern Territory Department of Health for review, to focus on supporting the delivery of sustainable surgical services in the Northern Territory.

The Rural Health Equity Strategy is built around four pillars: Select for Rural, Train for Rural, Retain for Rural, and Collaborate for Rural. The strategy is designed to be tailored to context, flexible on process, and focused on outcomes.

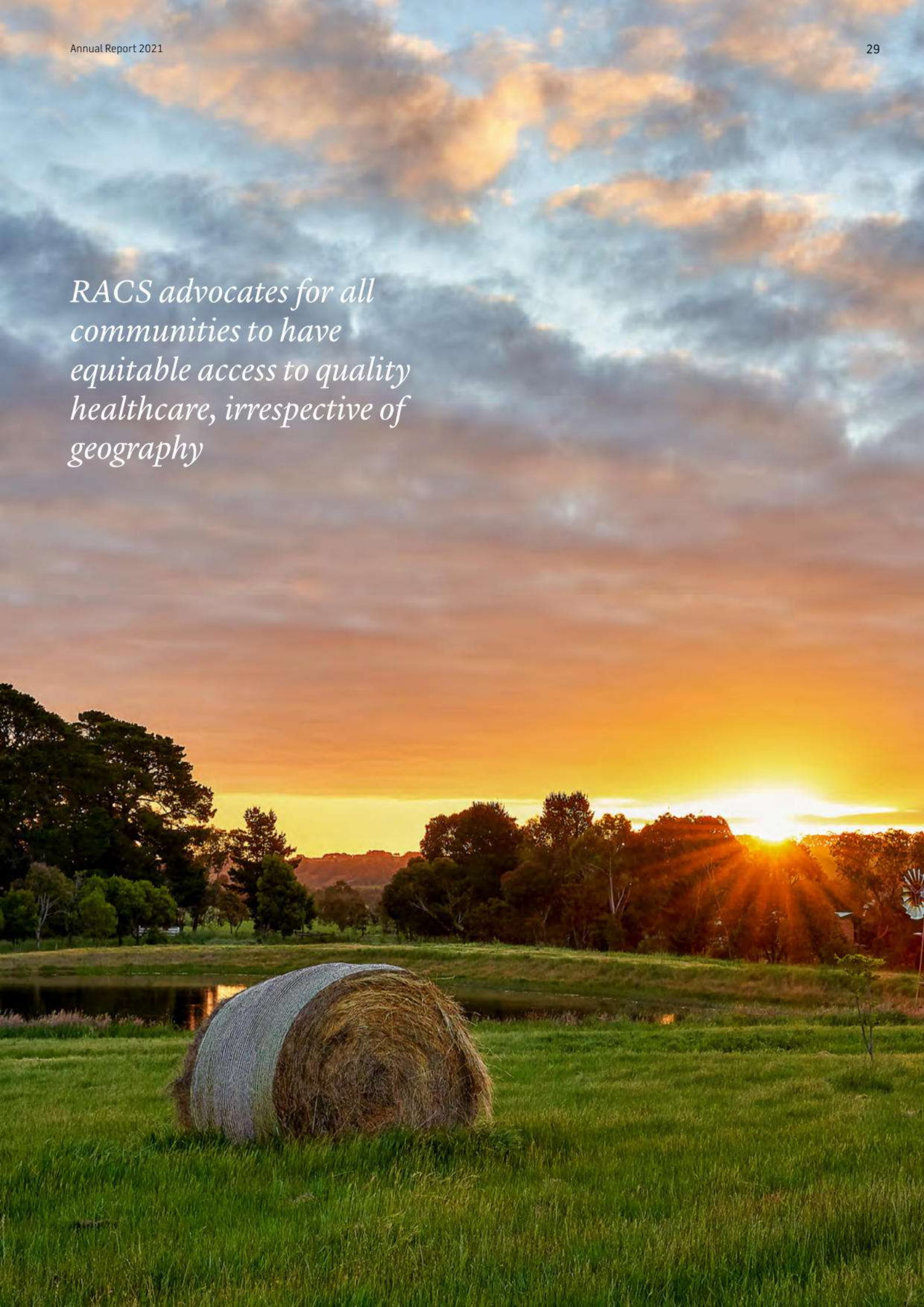
To foster a culture of collective responsibility within the surgical community for rural health equity, a communications strategy was developed with support from the RACS Communications team.

Stakeholder engagement was a key focus of activity under the RHES in 2021. We had 59 Fellows and subject matter experts across Australia and Aotearoa New Zealand involved in the governance structure of the RHES. We ensured bi-national engagement, including federal and state governments, regional training hubs, national and international specialist medical colleges, RACS societies, specialist training boards and committees.

Three proposals were submitted to the Australian Federal Department of Health under the new Flexible Approach to Training in Expanded Settings (FATES) funding scheme. These were developed with RACMA and RANZCO, and outcomes will be known in early 2022.

In 2022, our challenges for the Rural Health Equity Strategy will be to keep momentum, engage more stakeholders, and attract the full attention of the Australian federal government and its funding.

*RACS advocates for all communities to have equitable access to quality healthcare, irrespective of geography*





The Royal Australasian College of Surgeons is governed by a Council made up of elected and co-opted members representing all surgical specialties and states and territories of Australia and Aotearoa New Zealand.

Sixteen members are elected by the Fellows of Australia, Aotearoa New Zealand and overseas. Nine members of the Council are also elected by the Fellows of their specialty. Councillors are elected or co-opted according to the College constitution.

## Governance

As members of the governing body of the College, Councillors' duties are similar to those of a board of directors. The Council meets three times a year, in February, June and October. However, in 2021, the Council also held an extraordinary meeting in September.

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 ensuring the College complies with legal requirements and remains solvent.

### Council Executive (formerly Board of Council)

Council Executive is responsible for operational oversight in the months between the Council meetings and met in January, April, May, July, September and November.

#### Members/Office bearers 1 January – 14 May 2021

Dr Anthony Sparnon FRACS  
President, Specialty Elected Councillor

Associate Professor Julie Mundy FRACS  
Vice President, Specialty Elected Councillor

Dr Greg Witherow FRACS  
Treasurer, Specialty Elected Councillor

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

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

#### Members/Office bearers 14 May – 31 December 2021

Dr Sally Langley FRACS  
President, Fellowship Elected Councillor

Dr Lawrence Malisano FRACS  
Vice President, Fellowship Elected Councillor

Dr Greg Witherow FRACS  
Treasurer, Specialty Elected Councillor

Dr Adrian Anthony FRACS  
Censor-in-Chief, Fellowship Elected Councillor

Professor Andrew Hill FRACS  
Chair Professional Standards and Advocacy Committee, Fellowship Elected Councillor

#### Rotating members 1 January – 31 December 2021

Associate Professor Kerin Fielding FRACS  
Fellowship Elected Councillor

Professor Henry Woo FRACS  
Fellowship Elected Councillor

Dr Adrian Anthony FRACS  
Fellowship Elected Councillor (1 January – 14 May 2021)

Dr Rebecca Jack FRACS  
Fellowship Elected Councillor (24 June 2021 – 31 December 2021)

#### Members/Co-opted Councillors 1 January – 31 December 2021

The Hon Rob Knowles AO,  
Expert Community Advisor

Ms Souella Cumming  
Expert Community Advisor

Dr Nishanthi Gurusinghe FRACS  
Tasmanian Fellows Representative

Dr Richard Bradbury FRACS  
Northern Territory Fellows Representative (commenced 15 October 2021)

Dr Ailene Fitzgerald FRACS  
 Australian Capital Territory Fellows  
 Representative (commenced 1 December  
 2021)

Dr Charles Jenkinson  
 RACS Trainees Representative

## Councillors

### Members/Fellowship Elected Councillors 1 January – 14 May 2021

Dr 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  
 Miss Annette Holian FRACS  
 Dr Rebecca Jack FRACS  
 Dr Christine Lai FRACS  
 Dr Lawrence Malisano FRACS  
 Professor Christopher Pyke FRACS  
 Dr Maxine Ronald FRACS  
 Prof Owen Ung FRACS  
 Prof Henry Woo FRACS

### Members/Specialty Elected Councillors 1 January – 14 May 2021

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

### Members/Fellowship Elected Councillors 14 May – 31 December 2021

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

### Members/Specialty Elected Councillors 14 May – 31 December 2021

Professor Mark Ashton FRACS  
 Associate Professor Andrew Cochrane  
 FRACS  
 Mr John Crozier AM CSM FRACS  
 Dr Mark Dexter FRACS  
 Professor David Fletcher AM FRACS  
 Professor Mark Frydenberg AM FRACS  
 Dr Philip Morreau FRACS  
 Professor Raymond Sacks FRACS

## Councillors appointed in 2021

Dr Richard Bradbury FRACS, Co-opted NT  
 Fellows Representative appointed  
 15 October 2021

Associate Professor Andrew Cochrane  
 FRACS, Specialty Elected Councillor  
 appointed 14 May 2021

Dr Ailene Fitzgerald FRACS, Co-opted ACT  
 Fellows Representative appointed  
 1 December 2021

Dr Nicola Hill FRACS, Fellowship Elected  
 Councillor appointed 14 May 2021

Dr Charles Jenkinson, RACS Trainees  
 Representative appointed 1 January 2021

Dr Philip Morreau FRACS, Specialty  
 Elected Councillor appointed 14 May  
 2021

### Councillors retired in 2021

Associate Professor Philip Carson FRACS  
 Specialty Elected Councillor retired  
 14 May 2021

Dr Charles Jenkinson  
 RACS Trainees Representative retired  
 31 December 2021

Associate Professor Julie Mundy FRACS  
 Specialty Elected Councillor retired  
 14 May 2021

Dr Anthony Sparnon FRACS  
 Specialty Elected Councillor retired  
 14 May 2021



## Councillors 2021



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

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



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

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



**Dr Richard Ian Bradbury B.Sc MBBS  
FRACS**

Consultant General Surgeon Royal Darwin Hospital, Palmerston Regional Hospital, Gove District Hospital NT; VMO Darwin Private Hospital; Chair of RDH Medical Advisory Committee; Senior Lecturer with Flinders University for NT Medical Program.



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

Consultant General Surgeon; VMO Ballarat Health Services, St John of God Hospital Ballarat; East Grampians Health Service; Director Specialists on Drummond; Appointed Diversity and Inclusion Director Australian Dragon Boating Federation.



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

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



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

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



**Associate Professor Andrew Donald  
Cochrane AM MBBS FRACS FRCS (CTh)  
B.Comm MPH M.Epidemiol MBA M.Med.  
Admin M.Surg.Ed FCSANZ FACC**

Cardiothoracic Surgeon at Monash Health, and Associate Professor in the Department of Surgery at Monash University; Visiting Cardiothoracic Surgeon at Epworth Hospital, Mulgrave Private Hospital and St John of God Hospital at Berwick; Journal sectional editor for the *ANZ Journal of Surgery* and for *Heart Lung & Circulation*.

Chair of the Science and Education Committee of the Australian and New Zealand Society of Cardiac and Thoracic Surgeons (ANZSCTS); Convener of the annual ANZSCTS Scientific meeting and member of the Executive of ANZSCTS; Director and Board member of the National Cardiac Registry; Member of the ANZSCTS Database committee; Board member of Australasian Cardiac Surgery Research Institution Ltd (ACSRL) (which provides financial governance over the ANZSCTS Database); Board member of Maluk Timor Australia (an NGO involved in delivery of primary healthcare in East Timor).

Member of the Clinical Governance Committee for East Timor Hearts Fund. Trustee of the Cochrane-Schofield Charitable Trust. Recipient of an NHMRC research grant with colleagues at the Florey Medical Research Institute, Parkville.

Investments held with JB Were and with Morgan Stanley Smith Barney.





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

Orthopaedic Surgeon; James Cook University Senior Lecturer, Examiner and Entrance Interviewer; Past President, Far North Lady Doctors Association; AMAQld Councillor & Board member; AMAQ Council Specialist Craft Group; Chair AMAQ Electronic Health Record Review Committee; Member AMAQ Nominations and Remuneration Committee; Past President and Committee Member, Far North Medical and Legal Society; AMA Federal Orthopaedic Surgical Representative; AMA Committee Member Private Practice, Fees Committee and Equity, Diversity & Inclusion Committees; AOA Member COE Committee and Diversity & Inclusion Committee; Past President Queensland Medical Women's Society; Treasurer, Pacific International Orthopaedic Association, Chair Cairns Day Surgery Medical Advisory Committee; Director Breadcrumbs 241 Pty Ltd; Director Coll Nominees Family Trust; Cairns Art Gallery Foundation Board Member.



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

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



**Ms Souella Cumming BCA CRMA**

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



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

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



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

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



**Dr Ailene Joy Fitzgerald MBBS FRACS**

Commander Royal Australian Navy; Chair ACT Trauma Committee.



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

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



**Professor Mark Frydenberg AM MBBS FRACS GAICD**

Professor Department of Surgery Monash University; Academic Director of Urology, Cabrini Institute, Cabrini Health; Member Urology MBS Implementation Committee, Department of Health; Member Out of Pocket Expenses Reference Group, Department of Health; Member Medical Reference Group, Medibank Private; Board member, Cabrini Foundation.



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

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



## Councillors 2021



**Professor Andrew Graham Hill BHB  
MBChB GradDip Theol MD EdD FAICD  
CFInstD FCSSL(Hon) FASI(Hon) FASA(Hon)  
FRCSEd (ad hom) FACS FRACS FISS FRSNZ**

President and Governor, ANZ Chapter, American College of Surgeons; Colorectal Surgeon; Professor of Surgery; Assistant Dean Faculty of Medical and Health Sciences and Head of the South Auckland Clinical Campus, University of Auckland; Consultant General Surgeon, Middlemore Hospital, Auckland; Past President, International Society of Surgeons, Zurich, Switzerland; Director Ormiston Hospital, Auckland.



**Dr Nicola Hill MB ChB BA MSc EBHC FRACS  
(ORL-HNS)**

Nelson-Marlborough District Health Board, New Zealand, as consultant otolaryngology surgeon; ORL Health Ltd (New Zealand) - director and shareholder; Medical Council of New Zealand - contractor for educational supervision, Honorary Lecturer University of Otago, Beneficiary of Kumi Point Family Trust.



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

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



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

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



**Dr Charles Gordon Jenkinson MBBS**

Surgical Trainee – Cardiothoracic Surgery, St Vincents Hospital Darlinghurst NSW; Conjoint Associate Lecturer – UNSW; Adjunct Research Fellow – UWA; Adjunct Clinical Lecturer – Murdoch University; unpaid Clinical Advisor for Celo.



**The Honourable Rob Knowles AO MAICD**

Director, Silverchain Group of Companies, Drinkwise Australia Ltd, IPG Pty Ltd, Global Health Ltd; Chair, Royal Children's Hospital; Director Great Ocean Road Health; Director Beyondblue Ltd; Director of the Medical Research Commercialisation Fund Trust; Member of Victorian Medical Workforce Advisory Council; Chair of Working group for medical workforce requirements for Portland Health and St Western Victoria; Member of Review Panel Medically Supervised Injection Room.



**Dr Sally Jane Langley MBChB FRACS  
GAICD**

Plastic and Reconstructive Surgeon, Canterbury District Health Board.



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

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



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

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





**Mr Philip Neil Morreau MbChB FRACS**  
Paediatric Surgeon Starship Children's Hospital Auckland

Senior Lecturer University of Auckland.

Kidzhealth, Paediatric Surgical and Medical Specialists Director and shareholder. Family member SET Trainee.



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

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



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

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



**Dr Maxine Mariri Ronald MBChB FRACS**

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



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

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



**Dr Anthony Lloyd Sparnon MBBS FRACS GAICD**

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



**Professor Owen Allan Ung MBBS FRACS FAICD**

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



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

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



**Professor Henry Woo MBBS DMedSc FRACS**

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



## Boards and committees

In 2021, the College Council was supported by up to 150 boards, committees and working groups. More than 800 Fellows, Trainees and Specialist International Medical Graduates (SIMGs) contributed directly to the governance of College training, policy, strategy and program development. This pro bono contribution demonstrates the high level of engagement and commitment our Fellowship, Trainees and SIMGs make to the College, profession and broader communities in Aotearoa New Zealand, Australia and across the region.

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

### **Aotearoa New Zealand National Committee and state and territory committees**

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

### **Education Board**

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

The Education Board has oversight of various committees. These include:

- Board of Surgical Education and Training
- Board of Cardiothoracic Surgery
- Australian Board in General Surgery
- New Zealand Board in General Surgery
- Board of Neurosurgery
- New Zealand Board of Orthopaedic Surgery
- Board of Otolaryngology Head and Neck Surgery
- Board of Paediatric Surgery
- Australian Board of Plastic and Reconstructive Surgery
- New Zealand Board of Plastic and Reconstructive Surgery
- Board of Urology
- Board of Vascular Surgery
- Court of Examiners
- Surgical Science and Clinical Examinations Committee
- Pre-Vocational and Skills Education Committee
- Specialist International Medical Graduates Committee
- RACS Trainees' Association
- Professional Development 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.

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

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

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

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

### Indigenous Health Committee

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

### International Engagement Committee

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

### Finance, Audit and Risk Management Committee

The Finance, Audit and Risk Management Committee assists Council in fulfilling its corporate governance and oversight

responsibilities. Its focus is on core governance and business oversight of RACS finances, budget, risk management, audit, insurance and investment functions.

### Governance Committee

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

### Awards Committee

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

### Health Policy and Advocacy Committee

In 2021, the Council introduced the Health Policy and Advocacy Committee to provide strategic support on national or bi-national policy and advocacy issues. The committee is responsible for issues relating to sustainability in healthcare, and environmental sustainability in surgical practice. Matters that are Aotearoa New Zealand, state or territory specific continue to be managed locally and in coordination with the Health Policy and Advocacy Committee as required. The College provides regular updates on advocacy here: <https://www.surgeons.org/en/media-centre/advocacy>

The College's structure provides strength through representation and contribution across the College's core business areas. The complexity and administrative burden of the multi-layer governance structure also poses challenges.

### State and Territories in Australia and New Zealand (STANZ) Forum

The STANZ Forum was introduced to provide an opportunity for national, state and territory representatives to discuss relevant issues and opportunities across Australia and Aotearoa New Zealand. The forum is aligned with Council Executive meetings and provides timely updates on issues from both countries.

### Foundation for Surgery Board

The Foundation for Surgery Board ensures the good governance of the Foundation. The Board provides strategic expertise, maintains financial assets, awards funding grants, actively promotes, supports and participates in Foundation initiatives, garners support for the Foundation's fundraising campaigns, and reviews reports from the Indigenous Health Committee, the International Engagement Committee and the Australia and New Zealand Scholarships and Grants Committee.

The Board is comprised of Council members, Honorary Advisors and the RACS Chief Executive Officer, with members representing a wide variety of philanthropic interests, including Indigenous health, global health, research, and training. The Honorary Advisors comprises of Fellows and non-Fellows and provide valuable governance, philanthropic, legal and finance experience, and expertise to the RACS Council members.





**John Biviano**  
Chief Executive Officer

John Biviano is the Chief Executive Officer of the Royal Australasian College of Surgeons, a position he assumed in 2019. He has more than 40 years of experience in the health sector, including working in medical colleges, hospitals, and government.

For the past 14 years, John has worked in senior executive leadership roles in two of the largest specialist medical colleges in Australasia. He has expertise in leadership, strategic policy development, professional standards, and government relations. While at RACS, he has had major involvement in the development and implementation of various sustainability in healthcare initiatives, the Indigenous Health Strategy and the *Building Respect, Improving Patient Care Action Plan*. He holds a Bachelor of Applied Science, a Masters in Management, and is a Fellow of the Institute of Managers and Leaders and a Graduate of the Australian Institute of Company Directors.



**Emily Wooden**  
Operations

The Operations function ensures the efficient management of College operations. The portfolio contains the business resources of the organisation including Finance, Audit and Risk Management, Legal, Complaints, Digital Services, Global Health, Foundation for Surgery, and Conference and Events.

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

Emily has had an extensive career across several specialty areas, sectors and organisations including executive positions with The Royal Australian College of General Practitioners, MyLife MySuper, 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.

## RACS leadership

### New Education portfolio

*Dr Tamsin Garrod was appointed to the role of Executive General Manager Education Development and Delivery. Tamsin joined the College in 2014, starting in Research, Audit and Academic Surgery and then moving over to Education.*

*Christine Cook was appointed to the role of Executive General Manager Education Partnerships to start in January 2022. Christine has over 25 years of business experience, comprising 14 years of experience in the healthcare sector and comes from the Royal Australian College of General Practitioners where she was General Manager, Fellowship Pathways.*



## Professor Julian Archer

### 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.

Julian left RACS at the end of 2021.

The Education portfolio was restructured towards the end of 2021 and split into two: Education Development and Delivery and Education Partnerships. (See text in breakout box for information on the new appointments).



## Etienne Scheepers

### Fellowship Engagement

Incorporating the Australian states and territories and New Zealand offices, the Fellowship Engagement portfolio leads and oversees the maintenance and improvement of surgical standards, including continuing professional development for Fellows and a range of other fellowship engagement activities for their benefit. It also promotes professionalism and standards through communication and advocacy with government and relevant stakeholders. The portfolio includes Fellowship Services; Professional Standards; Policy and Advocacy Research, Audit and Academic Surgery (RAAS); State, Territory and New Zealand offices (STANZ) and the Library.

Etienne Scheepers was appointed to the position of Executive General Manager, Fellowship Engagement in September 2019. He 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 Aotearoa New Zealand at the Waikato and Lakes District Health Boards. In Australia he worked with the South Australian Department of Health, Health Workforce Australia, the South Australian Department for Education and Child Development, and the Department for Child Protection.

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



## Sophie Lukeis

### People and Culture

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

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

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

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

Sophie left RACS at the end of July 2021. The department is now managed by Tina Kelly as the Head of People and Culture.





## Treasurer's report

The Financial Report for the year ended 31 December 2021 is presented together with the Auditor's Report and the voluntary Code of Conduct report for the Australian Council for International Development (ACFID).

### Overall performance

The 2021 financial year (2021) was another where the Royal Australasian College of Surgeons (RACS), like many organisations, was disrupted by the evolving and unpredictable nature of the coronavirus (COVID-19) with a resulting impact on the delivery and cost of services. Acknowledgement and credit is given to RACS management and the many teams for their co-ordination and collaboration in the delivery of services and events in a complex and challenging environment. This includes the highly successful RACS Annual Scientific Congress (RACS ASC) that was delivered outside a central location and via hubs in state and territories across Australia and in Wellington, Aotearoa New Zealand for the first time.

Despite the challenges, RACS delivered a surplus result of \$1.16 million compared to \$2.46 million in 2020 and an overall comprehensive income of \$6.78 million compared to \$2.72 million in 2020. Strong performance returns of 13.2 per cent from the investment portfolio enabled the overall surplus and offset the core operations deficit of \$4.08 million.

### Revenue

Revenues from operations were \$70.8 million compared to \$63.6 million in 2020, an increase of \$7.1 million (11 per cent). Of note, 2021 did not include any JobKeeper support payments that represented \$4.4 million of revenue in 2020, but enabled RACS to maintain its pre-pandemic staffing resources and continued revised approach to the delivery of core services and events disrupted by COVID-19.

Key revenue streams for the year reflect:

- Subscriptions and entrance fees of \$19.4 million (2020: \$18.6 million), the increase of \$0.8 million (4 per cent) predominately a result of a 2 per cent fee indexation and increased fellowship entrance fees;
- Training, examination, and assessment fees of \$23.2 million (2020: \$20 million), the increase of \$3.2 million (16 per cent) primarily due to resumption and "catch-up" of events that were cancelled in the prior year;
- Project income and management fees from external parties of \$21.4 million (2020: \$17.1 million), the increase of \$4.3 million (25 per cent) due to additional conference management fees from related third-party conference events compared to the prior year where many were cancelled;
- Conference registrations of \$1.5 million (2020: \$0.1 million), the significant increase of \$1.4 million (+1000 per cent) primarily due to the delivery of the RACS ASC in May 2021 compared to the prior year where it was cancelled.

### Expenditure

Expenditures from operations of \$74.8 million compared to 2020 at \$65.9 million, an increase of \$8.9 million (13 per cent). The increase is reflective of the increased income and primarily attributable to the return of many events throughout the year as well as digital transformation initiatives under the One College Transformation program.

Key expenses for the year reflect:

- Personnel costs of \$30.2 million (2020: \$28 million), the increase of \$2.3 million (8 per cent) driven by the requirement for additional resources to deliver core services and events disrupted by COVID-19 and a higher level of fellowship engagement personnel for the delivery of enhanced member services;

- Externally funded grants of \$12 million (2020: \$8.3 million), the increase of \$3.6 million (44 per cent) primarily related to hospital training post payments funded under the Specialist Training Program agreements;
- Travel and accommodation of \$1.6 million (2020: \$2.3 million), the decrease of \$0.6 million (29 per cent) due to less demand given the devolved delivery of events across regions and offset against the increased expenditure in facilities hire;
- Facilities hire and catering costs of \$3.3 million (2020: \$1.8 million), the increase of \$1.4 million (75 per cent) predominately due to the increase and devolved delivery of examinations and events and somewhat offset by the decrease in travel costs.
- Telephone, teleconference and audio-visual costs of \$1.0 million (2020: \$0.3 million), the increase of \$0.7 million (269 per cent) is from the resumption of events including the RACS ASC, that were cancelled in the prior year;
- Project equipment purchases, hire and repairs costs of \$0.9 million (2020: \$0.2 million), the increase of \$0.7 million (384 per cent) is from an increase in demand for medical supplies, consumables and equipment hire due to COVID related disruptions;
- Specialist Society funding costs of \$5m (2020: \$4.9 million), the increase of \$0.05 million (1 per cent) being in line with training partnership agreements and revenue.

### Financial position

Statement of Financial Position reflect:

- Net assets of \$98.5m (2020: \$91.7 million), the increase of \$6.8 million (7 per cent) being wholly attributable to overall comprehensive income of \$6.8 million;



- Cash and short-term deposits of \$34.2 million (2020: \$35.2 million), the decrease of \$1.1 million (3 per cent) a result of net cash outflows from operating activities;
- Trade and other receivables \$21.8 million (2020: \$20.6 million), the increase of \$1.2 million (6 per cent) a result of net increase in cash receipts primarily driven from Fellows and Trainees annual fees;
- Other current assets of \$2.9 million (2020: \$2.9 million) are in line with the prior year and relate to prepaid expenses;
- Non-current Other Financial Assets of \$85 million (2020: \$79 million), the increase of \$5.6 million (7 per cent) relates to growth in investment assets managed within the portfolio aligned to the overall increase in market valuations;
- Property, plant and equipment of \$17.3 million (2020: \$17.4 million), the decrease of \$0.1 million (1 per cent) being directly attributable to depreciation charged during the year;
- Intangible assets of \$7.2 million (2020: \$3.8 million), the increase of \$3.4 million (87 per cent) the result of digital technology investments under the multi-year 'One College Transformation' program;
- Trade and other payables of \$5.6 million (2020: \$4.1 million), the increase of \$1.5 million (37 per cent) predominately driven by an increase in funds held for third party external conferences yet to be conducted and GST due in 2022;
- Contract liabilities and other revenue received in advance of \$44.4 million (2020: \$47.1 million), the decrease of \$2.7 million (6 per cent) is due to a decrease in contract liabilities with grants and donors associated with the Specialist Training Program and RACS Global Health projects;

- Current employee benefits of \$3.8 million (2020: \$3.8 million) are in line with the prior year annual leave and long service leave staff entitlements with marginal movements in each.

### Cash Flow

Net cash inflows from operating activities of (\$0.97 million) were lower compared to \$3.5 million in 2020 due to an increase in payments to suppliers and employee as well as interest on leases.

Net cash inflows from investing activities of \$1.2 million were lower compared to net inflows of \$1.8 million in 2020. This was largely due to higher purchases of investments.

Net cash outflows from financing activities of \$1.3 million.

Overall, there was a net decrease in cash and short-term deposits of \$34.2 million (2020 \$35.2 million) during the year.

### Foundation for Surgery

The Foundation activities encompass scholarships, fellowships, and research grants as well as direct oversight of RACS philanthropic endeavours. It is Board of Council's strategic aim to commit to an annual funding limit of up to \$2.5 million to maintain RACS as a nationally and globally recognised funding institution for surgical research, global health, indigenous health, and other philanthropic initiatives. As a result of COVID restrictions and initiatives to manage expenditure, a number of scholarships, grants and fellowship selections for 2021 activity were paused, with \$0.8 million being awarded for Scholarship commitments in the year (2020: \$1.9 million). The Board of Council has reintroduced the program for selection in 2022 and distributions in 2023.

### Investment portfolio funding the Foundation for Surgery

Investment markets performed strongly for the year with the investment portfolio achieving a positive return of 13.2 per cent (2020: 3.7 per cent). The ongoing performance of the investment portfolio was underpinned by strong cash income of \$5 million which provides the necessary funding to support the Foundation for Surgery while ensuring that the capital value of the portfolio is maintained long term.

### Conclusion

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

I would also like to thank the RACS staff for their ongoing hard work and commitment in 2021.

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

Dr Greg Witherow  
Treasurer

### Directors' declaration

The directors declare that in the directors' opinion:

- (a) there are reasonable grounds to believe that RACS is able to pay all of its debts, as and when they become due and payable; and
- (b) the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Signed in accordance with subsection 60.15(2) of the Australian Charities and Not-for-profit Commission Regulation 2013.

On behalf of the Directors



Dr Sally Jane Langley - President



Dr Greg E. Witherow - Treasurer

Melbourne  
25 March 2021

### Auditor's Independence Declaration

We, the Councillors as Directors, hereby declare and note that the Auditor's Independence Declaration has been received and follows this report.

Signed in accordance with a resolution of the Directors made pursuant to the *Australian Charities and Not-for-profits Commission Act 2012*.

On behalf of the Directors



Dr Sally Jane Langley - President



Dr Greg E. Witherow - Treasurer

Melbourne  
25 March 2021



## Councillors' report for the financial year ended 31 December 2021

The Councillors as Directors of the Royal Australasian College of Surgeons (RACS) submit herewith the Annual Financial Report of RACS for the year ended 31 December 2021. In order to comply with the requirements of the Australian Charities and Not-for-profits Commission Act 2012, the Councillors' report as follows:

### Councillors

The names and details of the Office Bearers and the Councillors in office during the financial year and until the date of this report are as follows. Office Bearers and Councillors were in office for this entire period unless otherwise stated. Four Council meetings and eight Board of Council meetings were held in 2021. The number of meetings attended by each Councillor is noted below.

### Councillors Meeting Attendance 2021

		Number of meetings attended		Number of meetings eligible to attend	
		Council	Board of Council/ Council Executive	Council	Board of Council/ Council Executive
<b>Office Holders</b>					
Dr Sally Jane Langley	Chair, Professional Standards & Development Board (Jan - Apr) President (May - Dec)	4	8	4	8
Dr Lawrence Pietro Malisano	Vice President (May - Dec)	4	5	4	5
Dr Gregory Edwin Witherow	Treasurer	4	8	4	8
Dr Adrian Anand Anthony	Rotating Councillor (Jan - Apr) Censor in Chief (May - Dec)	4	8	4	8
Prof Andrew Graham Hill	Chair, Professional Standards & Advocacy Committee (May - Dec)	4	5	4	5
<b>Elected Members of Council</b>					
Professor Mark Winter Ashton		4		4	
Ms Ruth Caroline Bollard		4		4	
Dr Jennifer Lee Chambers OAM		4		4	
A/Prof Andrew Donald Cochrane AM	Appointed 14 May 2021	3		3	
Dr Sarah Helen Coll		4		4	
Mr John Anthony Crozier AM CSM		3		4	
Dr Mark Anthony James Dexter		4		4	
A/Prof Kerin Ann Fielding	Rotating Councillor	4	7	4	8
Prof David Rowley Fletcher AM		4		4	
Prof Mark Frydenberg AM		4		4	
Dr Nicola Maret Hill	Appointed 14 May 2021	3		3	
Miss Annette Coralie Holian		4		4	
Dr Rebecca Kate Jack	Rotating Councillor (July - Dec)	4	3	4	3
Dr Christine Su-Li Lai		4		4	
Dr Philip Neil Morreau	Appointed 14 May 2021	3		3	
A/Prof Christopher Martin Pyke		4		4	
Dr Maxine Mariri Ronald		3		4	
Professor Raymond Sacks		4		4	
Professor Owen Ung		4		4	
Professor Henry Hyunshik Woo	Rotating Councillor	4	8	4	8

## Councillors Meeting Attendance 2021

	Number of meetings attended		Number of meetings eligible to attend	
	Council	Board of Council/ Council Executive	Council	Board of Council/ Council Executive
<b>Co-Opted Members of Council</b>				
The Hon Rob Knowles AO	4	8	4	8
Ms Souella Cumming	3		4	
Dr Nishanthi Gurusinghe	4		4	
Dr Richard Ian Bradbury	Appointed 15 September 2021	1	1	
<b>Retired Members of Council</b>				
Dr Anthony Lloyd Sparnon	President (Jan - Apr) Retired 14 May 2021	1	3	1
A/Prof Phillip James Carson	CIC (Jan - Apr) Retired 14 May 2021	1	3	1
A/Prof Julie Ann Mundy	Vice President (Jan - Apr) Retired 14 May 2021	1	3	1
Dr Charles Jenkinson	RACSTA Chair, 1 January 2021 Retired 31 December 2021	4		4



## Statement of profit or loss and other comprehensive income

For the financial year ended 31 December 2021

	Notes	2021 \$	2020 \$
Revenue from operations	5(a)	70,764,781	59,223,407
JobKeeper wage subsidy	5(b)	-	4,401,600
<b>Total revenue – from operations</b>		<b>70,764,781</b>	<b>63,625,007</b>
Personnel costs	5(c)	30,243,953	27,981,054
Outsourced service providers	5(d)	3,444,428	4,076,127
Telephone, teleconference and audio-visual costs		1,036,608	280,750
Printing, stationery and photocopying		689,536	896,634
Postage and courier costs		396,773	262,749
Information system costs		3,615,184	2,542,732
Travel and accommodation		1,609,456	2,259,878
Associations and library publications		1,722,804	1,460,486
Audit, legal and professional fees		1,559,853	1,030,954
Bank fees and merchant charges		416,213	419,267
Interest on lease liabilities		677,736	321,708
Utilities and other property costs		1,331,258	1,039,762
Insurance		702,194	797,430
Project equipment purchases, hire and repairs		855,115	176,778
Training manuals and consumables used in education and field projects		691,133	601,535
Scholarships, fellowships and research grants		790,286	1,859,516
Awards, other grants, gifts and prizes		234,767	339,865
Grants – funded from external sources		11,961,910	8,317,776
Facilities hire and catering costs		3,294,094	1,877,254
Depreciation and amortisation expense	12 & 13	2,769,584	2,615,762
Depreciation of right-of-use asset	14a	1,701,064	1,548,457
Specialty societies funding costs		4,973,911	4,928,046
Other expenses from operating activities		122,114	300,545
<b>Total expenditure – from operations</b>		<b>74,839,97</b>	<b>65,935,065</b>
<b>(Deficit) for the year – from operations</b>		<b>(4,075,193)</b>	<b>(2,310,058)</b>
<b>Other income</b>			
Financial asset income		5,048,957	2,819,030
Gain / (loss) on sale of financial assets		(1,470,756)	(890,355)
Gain / (loss) on disposal of other assets		-	2,664,090
Changes in the fair value of financial assets at FVTPL		1,656,655	180,393
<b>Total other income</b>		<b>5,234,856</b>	<b>4,773,158</b>
<b>Surplus for the year</b>		<b>1,159,663</b>	<b>2,463,100</b>
<b>Other comprehensive income</b>			
<i>Items that will not to be reclassified subsequently to profit or loss:</i>			
Changes in the fair value of equity investments and debts instruments at FVOCI		5,590,209	401,675
<i>Items that may be reclassified subsequently to profit or loss:</i>			
Exchange differences on translating foreign operations		26,089	(145,481)
<b>Other comprehensive income for the year</b>		<b>5,616,298</b>	<b>256,194</b>
<b>Total comprehensive income for the year</b>		<b>6,775,961</b>	<b>2,719,294</b>

## Statement of financial position

For the financial year ended 31 December 2021

	Notes	2021 \$	2020 \$
<b>Current assets</b>			
Cash and short-term deposits	6	34,152,380	35,217,440
Trade and other receivables	7	21,775,040	20,562,088
Contract assets	8	444,298	561,703
Inventories		36,014	58,151
Other assets	9	2,916,679	2,939,318
<b>Total current assets</b>		<b>59,324,411</b>	<b>59,338,700</b>
<b>Non-current assets</b>			
Trade and other receivables	10	536,372	578,483
Other financial assets	11	84,961,372	79,372,795
Property, plant and equipment	12	17,326,148	17,431,247
Intangible assets	13	7,207,138	3,848,596
Right-of-use assets	14(a)	15,170,368	16,651,228
<b>Total non-current assets</b>		<b>125,201,398</b>	<b>117,882,349</b>
<b>Total assets</b>		<b>184,525,809</b>	<b>177,221,049</b>
<b>Current liabilities</b>			
Trade and other payables	15	5,561,598	4,065,493
Contract liabilities and other revenue received in advance	16	44,427,046	47,104,389
Lease liabilities	14(b)	987,429	1,251,567
Employee benefits	17	3,792,196	3,849,066
Funds held on behalf of others	18	15,845,923	13,081,058
<b>Total current liabilities</b>		<b>70,614,192</b>	<b>69,351,573</b>
<b>Non-current liabilities</b>			
Lease liabilities	14(b)	14,948,487	15,753,237
Employee benefits	19	393,607	322,766
Provisions	20	104,391	104,300
<b>Total non-current liabilities</b>		<b>15,446,485</b>	<b>16,180,303</b>
<b>Total liabilities</b>		<b>86,060,677</b>	<b>85,531,876</b>
<b>Net assets</b>		<b>98,465,132</b>	<b>91,689,173</b>
<b>Members' funds</b>			
Reserves		12,591,021	6,974,726
Retained surplus		85,874,111	84,714,447
<b>Total members funds and reserves</b>		<b>98,465,132</b>	<b>91,689,173</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 changes in members' funds

For the financial year ended 31 December 2021

	Retained Earnings \$	Investment Revaluation Reserve \$	Foreign Currency Translation Reserve \$	Total \$
<b>Balance at 1 January 2020</b>	<b>82,251,347</b>	<b>6,719,076</b>	<b>(544)</b>	<b>88,969,879</b>
Surplus for the year	2,463,100	-	-	2,463,100
Other comprehensive income	-	401,675	(145,481)	256,194
<b>Balance at 31 December 2020</b>	<b>84,714,447</b>	<b>7,120,751</b>	<b>(146,025)</b>	<b>91,689,173</b>
Surplus for the year	1,159,663	-	-	1,159,663
Other comprehensive income	-	5,590,206	26,089	5,616,296
<b>Balance at 31 December 2021</b>	<b>85,874,111</b>	<b>12,710,957</b>	<b>(119,936)</b>	<b>98,465,132</b>

## Statement of cash flows

For the financial year ended 31 December 2021

	Notes	2021 \$	2020 \$
<b>Cash flows from operating activities</b>			
Receipts from operations		67,668,500	64,327,645
Payments to suppliers and employees		(67,960,222)	(60,497,005)
Interest on leases		(677,736)	(321,708)
<b>Net cash inflows from operating activities</b>	<b>6</b>	<b>(969,458)</b>	<b>3,508,932</b>
<b>Cash flows from investing activities</b>			
Payment for property, plant and equipment and intangible assets	12 & 13	(6,151,491)	(6,151,014)
Net proceeds from sale of property, plant and equipment		-	3,603,816
Proceeds from sale of investments		12,607,369	7,535,602
Purchase of investments		(10,404,737)	(5,959,791)
Investment dividends, interest and franking credits received		5,116,376	2,752,092
<b>Net cash (outflows)/inflows from investing activities</b>		<b>1,167,517</b>	<b>1,780,705</b>
<b>Cash flows from financing activities</b>			
Payment of lease liabilities		(1,295,243)	(1,674,932)
<b>Net cash outflows from financing activities</b>		<b>(1,295,243)</b>	<b>(1,674,932)</b>
Net increase/(decrease) in cash and short-term deposits		(1,097,184)	3,614,705
Cash and short-term at the beginning of the financial year		35,217,440	31,681,510
Effects of exchange rate changes in the balance of cash held in foreign currencies		32,124	(78,775)
<b>Cash and short-term deposits at the end of the financial year</b>		<b>34,152,380</b>	<b>35,217,440</b>



## International Aid and Development Programs

### Information provided under the ACFID

#### Code of Conduct

RACS is a signatory member of the Australian Council for International Development (ACFID). The ACFID 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.

### Income statement

For the year ended 31 December 2021

#### International Aid and Development Programs

	2021	2020
	\$	\$
<b>Revenue</b>		
Donations and gifts – monetary	451,397	249,310
Donations and gifts – non-monetary	147,506	-
Bequests and legacies	-	-
Grants – Department of Foreign Affairs and Trade		
Grants – Other Australian Grants	2,683,739	1,976,681
Grants – Other Overseas	64,500	134,744
Investment income	66,477	-
Other income – International programs	986,532	573,255
Other income – all other RACS activities	239,564	222,608
Revenue for international political or religious adherence promotion programs	-	-
<b>Total Revenue</b>	<b>76,147,144</b>	<b>68,398,165</b>
<b>Expenditure - International Aid and Development Programs</b>		
International Programs – Funds to international programs	2,970,902	3,438,552
International Programs – Program support costs	407,500	1,096,131
Community education	-	-
Fundraising costs – Public	-	-
Fundraising costs – Government, multilateral and private	-	-
Accountability and administration	241,403	150,540
Non-monetary expenditure	147,506	-
<b>Total International Aid and Development Programs Expenditure</b>	<b>3,767,311</b>	<b>4,685,223</b>
Expenses for international political or religious adherence promotion programs	-	-
Other expenditure – all other RACS activities	71,220,169	61,249,842
<b>Total expenditure</b>	<b>74,987,480</b>	<b>65,935,065</b>
<b>Surplus / (deficit)</b>	<b>1,159,662</b>	<b>2,463,100</b>
<b>Other comprehensive income</b>	<b>5,616,298</b>	<b>256,194</b>
<b>Total comprehensive income</b>	<b>6,775,961</b>	<b>2,719,294</b>





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