

**THE AUSTRALIAN SOCIETY OF SPECIALIST GENERAL SURGEONS  
TRADING AS**

**GENERAL SURGEONS AUSTRALIA  
(INCORPORATED IN VICTORIA - LIMITED BY GUARANTEE)**

**A.B.N 31 091 317 690**

**GENERAL PURPOSE FINANCIAL REPORT  
FOR THE YEAR ENDED 31 DECEMBER 2019**

REGISTERED OFFICE AND PRINCIPAL PLACE OF BUSINESS

Royal Australasian College of Surgeons  
College of Surgeons Gardens'  
Spring Street  
Melbourne Victoria 3000

**GENERAL SURGEONS AUSTRALIA  
GENERAL PURPOSE FINANCIAL REPORT  
FOR THE YEAR ENDED 31 DECEMBER 2019**

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**GENERAL SURGEONS AUSTRALIA  
DIRECTORS' REPORT  
FOR THE YEAR ENDED 31 DECEMBER 2019**

**1. BOARD OF DIRECTORS**

The names, qualifications, special responsibilities and experience of the Directors in office at any time during the year and at the date of this report are:

**Collinson, Mr Trevor Graham  
President**

B Arch (Hons), BM BS, MS, FRACS. General Surgeon with sub-specialist interests in Advanced Laparoscopic Surgery, Breast and Endocrine Surgery, Endoscopy & Colonoscopy. Research interests include Sentinel node biopsy, laparoscopic procedures, and abdominal wall reconstruction. Visiting General Surgeon St Andrews Hospital, Stirling, Mt. Barker, Murray Bridge since 1997. General Surgery Convener ASC Adelaide 2011; co-opted member of GSA Board of Management 2010-2011. Member Binational Colorectal Cancer Audit Steering Committee 2015-2017. Scientific convenor combined 2019 GSA/CSSANZ Annual Scientific Meeting. Member RACS Property Committee since 2017. GSA Vice President 2014-2017. GSA President since May 2017. Elected May 2012.

**Turner, Prof Richard Clive  
Vice President to 7 May 2019  
Retired 7 May 2019**

MBBS, B Med Sc, PhD, FRACS. General surgeon with sub-specialist interests in Rural, Trauma, Upper GI/HPB, Colorectal and Minimally Invasive Surgery, and High Resolution Anoscopy. Multi-disciplinary interests include Academic Surgery, Surgical Audit, Professional Development and Research. Interest in epidemiology, as it relates to surgical diseases and procedures. Professor of Surgery and Director of Hobart Clinical School, University of Tasmania School of Medicine since 2009. Previous Associate Professor in Surgery at James Cook University, Cairns. Member of RACS Queensland Regional Subcommittee of the Board in General Surgery from 2005-2008. Member of RACS Rural Trauma Committee since 2006. Chair, Northern Australia Surgeons Network Steering Committee from 2007-2010. Deputy Chair of RACS Physiology Bank Subcommittee 2008-2016. Member of RACS Examinations Committee 2008-2016. Member of RACS Court of Examiners in General Surgery 2008-2016. Member of RACS Board in General Surgery 2007-2016. Member of Tasmanian Audit of Surgical Mortality (TASM) Committee since 2011. Member of Operating with Respect (OWR) faculty since 2017. Member of RACS Surgical Audit Committee since 2017. GSA Vice-President 2017-2019. Elected May 2010.

**Saunders, Mr Alan Charles  
Vice President from 8 May  
2019**

MBBS, FRACS. General and Vascular Surgeon with sub-specialist interest in Transplant Surgery. Unit Head, Vascular/Transplantation Surgery at Monash Medical Centre, and Supervisor of training until 2015. Surgery Program Director for Monash Health since 2008. Member of AusAID General Surgery service at Dili National Hospital, East Timor in 2002 and 2004; Nauru AUSAID Surgeon 2005-2014. Member of RACS Section of Transplantation Surgery. Member of Australian & New Zealand Society of Vascular Surgery. Member of RACS IMG Interview Committee 2008-2010. Member of RACS Victorian State Committee from 2004-2006. Chair, Victorian Regional Subcommittee, Board in General Surgery from 2005-2007. Member of RACS Board in General Surgery since 2003; Chair 2010-2011. GSA Board in General Surgery Representative (Ex-officio) 2010-2011. GSA Transplantation Representative May 2011-June 2012. Member of GSA Transplantation Training Committee since 2014. RACS Specialty Elected Councillor for General Surgery 2012-2015. Elected May 2009.

**GENERAL SURGEONS AUSTRALIA  
DIRECTORS' REPORT (CONT'D)  
FOR THE YEAR ENDED 31 DECEMBER 2019**

**1. BOARD OF DIRECTORS (CONT'D)**

The names, qualifications, special responsibilities and experience of the Directors in office at any time during the year and at the date of this report are:

**Sayed-Hassen, Mr Akhtar  
Hussein  
Treasurer to 8 May 2019**

MBChB, BA, FRCS(Ed), FRACS. General Surgeon with sub-specialist interest in Upper Gastrointestinal and HPB Surgery. Member of RACS Section of Upper GI/HPB Surgery. Member of RACS Victorian State Committee 2006-2010. Member and former Chair of RACS Victorian Regional Training Committee of the Board in General Surgery. Convenor, Victorian Trainees' Weekend 2004-2008. Co-opted GSA ASC Hong Kong Convener 2006-2008. Scientific Convener, 2014 Singapore ASC. Chair of Department of General Surgery, Eastern Health. Executive Clinical Director of Surgery, Eastern Health. Chairman, SEAM Working Party. Deputy Chair, RACS Board in General Surgery 2016-2019. Chair, RACS Board in General Surgery since 2019. GSA Treasurer 2012-2019. Elected May 2012.

**Butchers, Dr Sally Louise  
McGregor  
Treasurer from 8 May 2019**

MBBS, FRACS. General Surgeon with sub-specialist interests in Rural Surgery, Trauma, Breast Surgery, and Surgical Teaching. VMO General Surgeon at Lismore Base Hospital since 2008. Chair of RACS Rural Section from 2014-2019. Deputy Chair of RACS Rural Section 2010-2014. Member of RACS NSW State Committee since 2011 (Executive since 2014). Chair, Lismore Community Theatre Management Group 2009-2012. Scientific Convener, Provincial Surgeons of Australia 2015 Annual Scientific Conference. GSA Treasurer since 2019. Elected May 2017.

**Clarke, Mr Graeme Wayne**

MBBS, FRACS, FRCS (Ed). General Surgeon with sub-specialist interest in Colorectal Surgery and Hernia Surgery. General Surgeon St John of God Mt Lawley Hospital since 1992 and General Surgeon St John of God Midland Public and Private Hospital since its inception 24 November 2015. General and Colorectal Surgeon, Sir Charles Gairdner Hospital from 1992-2011. General Surgeon at Swan District Hospital 1992 to 2015. Chair, MAC Swan District Hospital 1994 to 2015 Member, RACS Western Australian State Committee from 1993-1999; Chair from 1999-2001. Member of RACS Court of Examiners in General Surgery from 2003-2011. Elected May 2015.

**Donovan, Mr Michael Peter  
Retired 7 May 2019**

MBBS, FRACS. General Surgeon with sub-specialist interests in Endocrine, Laparoscopic, Upper-Gastrointestinal, and Bariatric Surgery. Member of Executive, Sunshine Coast Local Medical Association from 2005-2011. SMO, General Surgery Sunshine Coast Health Care District since 2002. VMO at Nambour Selangor Private Hospital since 2006. VMO Noosa Private Hospital since 2002. RACS Basic Surgical Training Supervisor (Queensland) from 2006-2007. Surgical Supervisor SET Program in General Surgery, Nambour General Hospital, from 2007-2014. Member of RACS Queensland Regional Subcommittee of the Board in General Surgery 2007-2014. Member of RACS Court of Examiners in General Surgery since 2012. Co-opted GSA ASC Brisbane 2010 Representative from 2007-2010. GSA Secretary/Treasurer June 2010-June 2012. GSA Vice President June 2012-May 2014. GSA President 2014-2017. Elected May 2010.

**GENERAL SURGEONS AUSTRALIA  
DIRECTORS' REPORT (CONT'D)  
FOR THE YEAR ENDED 31 DECEMBER 2019**

**1. BOARD OF DIRECTORS (CONT'D)**

The names, qualifications, special responsibilities and experience of the Directors in office at any time during the year and at the date of this report are:

**Gurusinghe, Ms Nishanthi  
Appointed 8 May 2019**

BSc (Psychology), MBChB, FRACS, PGDip Clinical Education. General surgeon with sub specialist interests in Colorectal Surgery, Advanced Laparoscopic Surgery, Colonoscopy & Endoscopy. Research interests include surgical education and training. Scientific convener combined 2019 GSA/CSSANZ Annual Scientific Meeting and 2019 Colorectal Trainees' Day. Surgical Supervisor of Training at Launceston General Hospital since 2015. Member of RACS Tasmanian State committee 2015-2017. RACS Tasmania Annual Scientific Meeting Convenor 2019. SEAM Committee Member since 2016. Elected May 2019.

**Hughes, Mr Andrew S**

MBBS, FRACS. General Surgeon with sub-specialist interests in Laparoscopic Gastrointestinal, Hernia, Endocrine, Melanoma Surgery, and Endoscopy/Colonoscopy. Research interests include Surgical Education and Data Collection for Clinical Trials. Senior Staff Specialist, The Prince Charles Hospital (TPCH) since 2007. Senior lecturer in Surgery, University of Queensland. VMO Northwest Private/St Vincent's Private Hospital Northside since 2007. Trauma/Transplant Fellowship at Princess Alexandra Hospital in 2006. Advanced General Surgery Trainee at Princess Alexandra Hospital, Gold Coast Hospital, Nambour Hospital, and Mater Health Services 2002-2005. Surgical Supervisor TPCH and Member of RACS Board in General Surgery - Queensland Training Committee 2007-2017. Convenor, Queensland Core Course for SET Program in General Surgery 2007-2017. RACS ASC General Surgery Convenor Brisbane 2016. Elected May 2016.

**Slater, A/Prof Kellee  
Appointed 7 May 2019**

MBBS (Hons), FRACS, FACS. General Surgeon with sub-specialist interests in complex abdominal wall repair, Hepatobiliary Surgery, and Liver Transplant. Research interests include complex abdominal wall repair and Hepatobiliary Surgery. Surgical Fellow at University Colorado, USA from 2002-2004. SMO Greenslopes Private Hospital, Queensland Children's Hospital, and Princess Alexandra Hospital since 2003. General Surgery Representative for RACS Queensland State Committee in 2010. Surgical Supervisor at Princess Alexandra Hospital from 2006-2010. Member of RACS Board in General Surgery - Queensland Training Committee from 2006-2015 (Chair; 2014-2015). Member of RACS Board in General Surgery 2014-2019. Deputy Chair and IMG Representative, RACS Board in General Surgery from 2015-2017. Chair, RACS Board in General Surgery from 2017-2019. Elected May 2019.

**2. PRINCIPAL ACTIVITIES**

The principal activities of the Company during the year were to promote and represent the interests of Specialist General Surgeons in Australia, including associated specialties, and to administer the Surgical Education and Training (SET) Program in General Surgery in Australia. This included advising outside organisations and government bodies on all matters relating to General Surgery and General Surgery training, as well as Continuing Professional Development (CPD) in all areas of General Surgery. There was no significant change in the nature of that activity during the year.

**3. RESULTS OF OPERATIONS**

The net operating result for the year ended 31 December 2019 was a surplus of \$624,059 (2018: deficit \$195,992).

The Company is exempt from income tax (Division 50 of the Income Tax Assessment Act 1997) and no provision for income tax is included in these accounts.

**GENERAL SURGEONS AUSTRALIA  
DIRECTORS' REPORT (CONT'D)  
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**4. SHORT TERM AND LONG TERM OBJECTIVES OF THE COMPANY**

In August 2018, the Directors developed a Strategic Plan for 2019-2021, grouped into six Key Result Areas. Each Key Results Area outlines short and longer term priorities as follows:

**1. Member Services**

To provide GSA Members with valuable benefits and services that support their professional lives.

*Short Term Priorities*

- Develop a range of options to improve communication with Members
- Review Find a Surgeon functionality and develop individual web profiles for Members
- Introduce Member profile section in the GSA newsletter
- Maintain a post-Fellowship database of specialty and sub-specialty opportunities, and foster placement in co-operation with sub-specialty groups

*Longer Term Priorities*

- Develop a career transition induction and support program ("The Journey") for graduating General Surgery Trainees and Younger Fellows, including career information
- Develop career resources for medical students and junior doctors interested in a career in General Surgery
- Continue advocacy for appropriate remuneration for General Surgeons

**2. Education and Training**

To provide and foster education and training to the level of Fellowship in General Surgery and beyond.

*Short Term Priorities*

- Promote support services for General Surgery Supervisors and trainers, including professional development and mentoring opportunities
- Advocate for General Surgery Supervisors to be given adequate time, remuneration, and resources for supervision
- Ensure support services exist for General Surgery IMGs, including Fellowship Examination preparation, career development, and professional networks
- Continue to develop educational, skills, and career resources for junior doctors, to foster interest in General Surgery as a prestigious and rewarding surgical career
- Offer eLearning component of SEAM I to General Surgery IMGs, Supervisors, and junior doctors who are Members of GSA

*Longer Term Priorities*

- Implement SEAM II in alignment with the Curriculum, and provide access to General Surgery Trainees, IMGs, and Members
- Engage sub-specialty societies and groups in the content development of SEAM II (Refer: Professional and Community Liaison)
- Incorporate and evolve resources covering non-technical competencies
- Create a bi-monthly virtual journal club

**3. Continuing Medical Education**

To provide a Continuing Medical Education (CME) program consistent with the highest standards of General Surgical practice.

*Short Term Priorities*

- Maintain an independent, single stream GSA ASM program with a broad General Surgery focus, as well as developing a parallel stream with sub-specialty focus where appropriate

*Longer Term Priorities*

- Develop and publish regular position/best-practice papers relevant to General Surgeons involved in acute and emergency care (e.g. Current Recommendations for the Management of Severe Pancreatitis), based on seminal papers presented at the GSA ASM
- Develop additional education resources or links for Members, such as "How I Do It" video series

**GENERAL SURGEONS AUSTRALIA  
DIRECTORS' REPORT (CONT'D)  
FOR THE YEAR ENDED 31 DECEMBER 2019**

**4. SHORT TERM AND LONG TERM OBJECTIVES OF THE COMPANY (CONT'D)**

**4. Surgical Research**

To promote high quality research in the specialty of General Surgery.

*Short Term Priorities*

- Provide a range of research grants and scholarships for Trainees and junior doctor Members of GSA, including grants for consumables and statistics support
- Create a database of potential statisticians and research mentors
- Publish abstracts from GSA ASM free paper sessions on the GSA website

*Longer Term Priorities*

- Provide increased opportunities for Trainee and junior doctor research presentations and provide formal feedback to improve educational outcomes
- Develop a database of longitudinal, multi-centre research projects available for Trainees and Members, and facilitate placement of interested individuals

**5. Professional and Community Liaison**

To maintain GSA as the peak body for specialist General Surgery in Australia.

*Short Term Priorities*

- Engage sub-specialty societies and groups in the content development of SEAM II (Refer: Education & Training)
- Develop a series of position papers on general surgical practice
- Update patient information brochures on core General Surgery procedures

*Longer Term Priorities*

- Develop a database of media contacts and prepare media releases/commentary on issues related to General Surgery

**6. Administration and Resource Management**

To maintain an efficient and sustainable organisation to manage the resources of GSA.

*Short Term Priorities*

- Expand social media presence
- Review technologies for delivery of GSA services, including websites and mobile-friendly applications
- Optimise membership management strategies
- Expand Event Management services for core General Surgery meetings

*Longer Term Priorities*

- Review access data for GSA services by Members, Trainees, and IMGs by programming Google Analytics and tailoring user experience
- Maintain information regarding General Surgery workforce data

**7. Future Outlook**

The organisation will continue to represent General Surgery in Australia, through developing and managing education and training programs that produce General Surgeons of the highest professional standard, ensuring that General Surgeons maintain the highest standards of professional competence, providing Members with valuable benefits and services that support their professional lives, promoting the organisation as the authority for General Surgery in Australia, and through continuous engagement with the RACS, NZAGS, and the various subspecialty societies and groups within General Surgery and internationally.

**5. PERFORMANCE MEASUREMENT**

The Board of Directors meets regularly to review the performance of the Company, including monitoring performance against Key Performance Indicators (KPIs) outlined in the 2019-2021 Strategic Plan.

In 2019, the Directors continued working towards meeting the primary strategic objectives of the Company, particularly through the promotion, development, and support of education and training programs for Trainees and members.

Some of the key indicators of success measured in 2019 include:

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DIRECTORS' REPORT (CONT'D)  
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**5. PERFORMANCE MEASUREMENT (CONT'D)**

INDICATOR	TARGET	2019 RESULTS
Membership	<ul style="list-style-type: none"> <li>• Membership increase &gt;5% p.a.</li> <li>• 80% of new General Surgery Fellows joining GSA each year</li> <li>• New membership amongst junior doctors of &gt;5% p.a.</li> </ul>	<ul style="list-style-type: none"> <li>• 157 new members; 1.9% overall increase</li> <li>• 95 of all new members were Junior Doctors (61%)</li> <li>• 92 new General Surgery Fellows in 2019; 48 of these joined GSA</li> <li>• 5 new Ordinary members were Fellows &gt;10 years post FRACS (8.1%)</li> </ul>
Member recognition	<ul style="list-style-type: none"> <li>• Annual Honorary membership for significant contribution to GSA</li> </ul>	<ul style="list-style-type: none"> <li>• 2018: Associate Professor Daryl Wall; founding Director and served on the Board from May 2000 to May 2012.</li> <li>• 2018: Professor Errol Maguire; founding Director, served on the Board from May 2000 to May 2008, and GSA President from 2004-2006.</li> <li>• 2016: Mr Peter Malycha; founding Director of GSA, RACS Senior Examiner in General Surgery from 2000-2001, and GSA President from 2001-2004.</li> </ul>
Selected Trainees	<ul style="list-style-type: none"> <li>• Retention &gt;90%</li> </ul>	<ul style="list-style-type: none"> <li>• 97.3% retention in 2019 (1.9% <i>Withdrawn</i>; 0.7% <i>Dismissed</i>)</li> </ul>
Supervisors	<ul style="list-style-type: none"> <li>• 100% of General Surgery Supervisors as members of GSA</li> </ul>	<ul style="list-style-type: none"> <li>• 72% of General Surgery Supervisors (86) were members of GSA</li> </ul>
Fellowship Examination pass rate	<ul style="list-style-type: none"> <li>• 80% by second attempt</li> </ul>	<ul style="list-style-type: none"> <li>• Overall pass rate: 65%. Of those that passed, 86% (79 candidates) passed within two attempts</li> <li>• Trainee pass rate: 66%</li> <li>• IMG pass rate: 40%</li> </ul>
GSA ASM	<ul style="list-style-type: none"> <li>• At least 50% of ASM delegates as surgeons</li> </ul>	<ul style="list-style-type: none"> <li>• 2019: 58.9% of delegates were surgeons</li> <li>• 2018: 66.6% of delegates were surgeons</li> <li>• 2017: 64.5% of delegates were surgeons</li> <li>• 2016: 61% of delegates were surgeons</li> <li>• 2015: 50% of delegates were surgeons</li> </ul>
CPD compliance	<ul style="list-style-type: none"> <li>• 100% compliance with existing RACS CPD</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of GSA members compliant</li> </ul>
Scholarships & Travel Grants	<ul style="list-style-type: none"> <li>• All scholarships awarded annually</li> <li>• All travel grants awarded annually</li> </ul>	<ul style="list-style-type: none"> <li>• Three Pacific Island Travel Grants awarded to delegates from Papua New Guinea (2), and Timor Leste (1)</li> <li>• Noel Newton, John Ham, GSA Research, GSA Poster, and CICD/ISDS Prize awarded</li> </ul>
Collaboration	<ul style="list-style-type: none"> <li>• Deliver co-badged or co-located scientific meetings and workshops with sub-specialty groups</li> </ul>	<ul style="list-style-type: none"> <li>• 2019 GSA Annual Scientific Meeting combined with the 2019 Spring Colorectal Meeting of the Colorectal Surgical Society of Australia and New Zealand</li> </ul>

**GENERAL SURGEONS AUSTRALIA  
DIRECTORS' REPORT (CONT'D)  
FOR THE YEAR ENDED 31 DECEMBER 2019**

**5. PERFORMANCE MEASUREMENT (CONT'D)**

INDICATOR	TARGET	2019 RESULTS
Collaboration	<ul style="list-style-type: none"> <li>Co-authoring submissions to government and other bodies</li> </ul>	<ul style="list-style-type: none"> <li>2018; Published joint Guidelines with the RACS, Urological Society of Australia and New Zealand, and New Zealand Association of General Surgeons on <i>Acute Scrotal Pain and Suspected Testicular Torsion</i></li> <li>2018; published joint Guidelines with the Australian Society of Plastic Surgeons, Australasian College Of Dermatologists, and the Australian Medical Association on <i>Criteria for Type C Banding Certification</i></li> <li>2017; Published joint Position Paper with the RACS, Urological Society of Australia and New Zealand, and the Australian and New Zealand Association of Paediatric Surgeons on <i>Surgery in Children</i></li> </ul>
Budget performance	<ul style="list-style-type: none"> <li>+/- 5% of budget annually</li> </ul>	<ul style="list-style-type: none"> <li>Total revenue 10.0% over budget; Total expenditure 4.0% over budget.</li> </ul>
Compliance	<ul style="list-style-type: none"> <li>Lodgement of Statutory Accounts four months after EOFY</li> </ul>	<ul style="list-style-type: none"> <li>Australian Charities and Not-for-profits Commission Submission lodged 5 April 2019</li> </ul>

**6. REVIEW OF OPERATIONS**

Following the deficit in 2018, the Board of Directors decided not to add funds to the RACS Small Scale Offering and ANZ Bank OneAnswer portfolios in early 2019. Despite this, the global market performance in 2019 was very strong, and the organisation's investment portfolio increased by \$538,831. The overall increase in the total portfolios was 17.77% for the year (compared to the 0.58% increase in 2018) bringing the total funds invested as at 31 December 2019 to \$3,319,835.

The first Binational Advisory Curriculum Committee (BACC) meeting was held in March 2019 in conjunction with representatives from the Australian and New Zealand Boards in General Surgery, the New Zealand Association of General Surgeons, and the Royal Australasian College of Surgeons. The BACC aims to ensure the maintenance of a common Curriculum and Standard for achieving Fellowship of the RACS in General Surgery, across Australia and New Zealand.

The 2019 GSA Annual Scientific Meeting (ASM) was held in conjunction with the Colorectal Surgical Society of Australia and New Zealand (CSSANZ) Spring Meeting, and was the organisation's most successful ASM on record. Over 650 delegates, speakers, and industry representatives attended the combined meeting, held over four days from 24-27 October at the Hotel Grand Chancellor Hobart, with a strong surplus returned to both CSSANZ and GSA at the conclusion of the event. Delegates attended from across Australia, France, Italy, New Zealand, the United Kingdom and the United States.

The ASM program "Minimally Invasive Surgery" included contributions from seventy-two national and international speakers across the four days, including Keynote Speakers Professor Bernard Dallemagne from the Hôpitaux Universitaires de Strasbourg, Miss Nicola Fearnhead from Addenbrooke's Hospital Cambridge, Dr Neil Hyman from the University of Chicago, Dr Garth Jacobsen from the University of California, Dr Marcos Michelotti from Loma Linda University, Associate Professor Susan Neuhaus from the University of Adelaide, and Mr Janindra Warusavitarné from St Mark's Hospital.

A total of thirty-three industry partners participated as Exhibitors or advertised at various levels, with Medtronic providing Principal Sponsorship, and Applied Medical, Bard/BD, and Cook Medical providing Major Sponsorship.

Excellence in Surgical Teaching Awards were presented at the ASM Social Spectacular to Dr Genevieve Gibbons (WA), Mr Jacques Marnewick (VIC), Mr David Schoemaker (SA), and Mr Peter Coverdale (QLD). Professor Stan Sidhu was also acknowledged as the NSW recipient for 2019.

**GENERAL SURGEONS AUSTRALIA  
DIRECTORS' REPORT (CONT'D)  
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**6. REVIEW OF OPERATIONS (CONT'D)**

Three recipients of the 2019 GSA Pacific Island & South East Asian Travel Grants also attended the meeting - Dr Kennedy James and Dr Elvis Japhleth from Papua New Guinea, and Dr Raimundo dos Santos from Timor Leste.

The GSA Research & Scholarships Committee reviewed and ranked 156 abstracts submitted for consideration by SET Trainees in General Surgery (39), Interns/PGY2 (17), Medical Students (3), Non-accredited Registrars (68), and Fellows/IMGs (29). Winners of the 2019 ASM prizes and awards included Dr Nagendra Dudi Venkata (John Ham Award), Dr Pramudith Sirimanna (Noel Newton Award), Dr Sireesha Koneru (GSA Poster Award), Dr Bruce Wilkie (GSA Research Award), and Dr William McGahan (CICD/ISDS Award).

Registrations from 355 Trainees, IMGs, and Junior Doctors were received for one or both of the national 2019 GSA Trainees' Days, which focused on Upper GI Surgery (May, Bangkok) and Colorectal Surgery (October, Hobart), or one of two MOSES programs held in Bangkok and Hobart. Regional Course registration fees, Trainees' Day fees, and JDOC Event income returned more than \$13,600 over budgeted projections for 2019.

Regional educational sessions held in Queensland, South Australia, New South Wales, and Western Australia were again recorded in 2019, as well as the two national Trainees' Day programs held in Bangkok and Hobart, and the 2019 GSA ASM program. A total of 215 educational webcasts were added to the GSA Educational Resources, bringing the total number of webcasts uploaded from 2013-2019 to 1,286.

In 2019, over 95 new Junior Doctor members joined the organisation, with 30 members attending Selection Information Sessions held in Cape Schanck and Sydney in November 2019. A total of 48 delegates attended the Junior Doctor Core Surgical Skills Courses held in April and August 2019, and a further 20 attended the Intermediate to Advanced Laparoscopic Courses in July and November 2019.

In 2019, GSA delivered the inaugural Wellbeing Summit, held in Brisbane from 31 August to 1 September. The program, attended by twenty-three Trainees and Junior Doctors, focused on essential non-technical skills for surgeons in training, and was designed to promote mental, physical, and social wellbeing by addressing issues including work/life balance, managing stress and burnout, self-care and wellbeing, resilience, leadership, and culture.

Other Events managed by GSA included the 2019 IBD Symposium at St Vincent's Hospital Melbourne and the Provincial Surgeons of Australia (PSA) 2019 Annual Scientific Conference held in Ballarat in November, both of which returned surpluses for the clients. Event Management fees totalled \$31,500 for the period, and continued to provide a non-membership based revenue stream for the organisation.

The Rural Surgery Grant program was expanded in 2019 to include Junior Doctor members interested in a career in rural or regional surgery. A total of 24 applications were received for Rural Surgery Grants, with grants valued at up to \$770 awarded to six Trainees and four Junior Doctors.

The GSA Post-Fellowship Education & Training (PFET) Programs in Transplantation and Trauma continued to expand, with nineteen hospitals accredited for Liver, Renal or Pancreas Transplant training, and accreditations for Trauma training commencing in 2019. The GSA Transplant Training Committee assessed five applications for the PFET Program in Transplantation Surgery, with all interviewed candidates appointed to the training program for the 2020/2021 training years. Three applications were received during the inaugural Selection process for the PFET Program in Trauma Surgery, with one applicant appointed to commence training in 2020. The newly formed GSA Rural Training Committee continued their work on the development of Regulations, Policies, and procedures for the PFET Program in Rural Surgery.

The total number of applications received during the 2019 Selection process for the SET Program in General Surgery was 265, with a total of 106 offers made. Total Selection fees for 2019 were \$212,000. The organisation provided administrative management of the supervision or oversight requirements of 17 IMGs in General Surgery, post their initial clinical assessment by the RACS. Fellowship Examination Preparation Courses were held in New South Wales, South Australia, and Victoria, with a new weekend course introduced in Queensland. The SA Registrar's Paper Day was held in Adelaide in August, and the GSA Trainees' Weekend was held at RACV Cape Schanck in November. Quinquennial Hospital Accreditations were conducted in Queensland in 2019, with 23 Hospitals inspected and 76 posts accredited for the SET Program in General Surgery for between one and five years.

**GENERAL SURGEONS AUSTRALIA  
DIRECTORS' REPORT (CONT'D)  
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**6. REVIEW OF OPERATIONS (CONT'D)**

The total number of full-time, part-time, and casual staff employed by GSA during the 2019 financial year was twelve. Overall expenditure for the year was slightly lower, however expenses related to curriculum and module development, professional services, and employment costs increased. The GSA ASM recorded a surplus, and revenue from membership subscriptions, training services, PFET, courses, and events all increased in this financial period, contributing towards the surplus for the year.

**7. DETAILS OF SIGNIFICANT CHANGES IN STATE OF AFFAIRS**

No significant changes occurred in the state of affairs of the Company during the year, other than those included under "Review of Operations".

**8. LIKELY FUTURE DEVELOPMENTS AND EXPECTED RESULTS**

In 2020, GSA will continue to deliver its activities under the Partnering Agreement with the RACS. The provision of Event Management services for external meetings will continue, and in 2020 will include the 17th Biennial Congress of the Asian Association of Endocrine Surgeons in Melbourne in March, the PSA Annual Scientific Conference in Bega in August, and the second Wellbeing Summit planned for late 2020.

The 2020 ASM is scheduled to be held at the Hyatt Regency Sydney from 23-26 September. The theme for the meeting will be Surgical Oncology, with keynote international speakers Dr Nancy D. Perrier from MD Anderson Cancer Centre Texas, and Mr Andrew Hayes from The Royal Marsden London, invited to participate.

Two national GSA Trainees' Days will be delivered in May (Breast & Endocrine Surgery) and September (Surgical Oncology), with plans to deliver up to three commercial MOSES programs. The annual regional education activities and webcasting programs will also continue.

Work will commence on the IT development of the new trainee and member database and online assessment tools for the new General Surgery training program, following the appointment of White Cloud Global in January 2020 to develop the platform. A comprehensive review of the Curriculum for the SET Program in General Surgery will continue, as well as the development of organ specific modules for the SEAM II program.

Projected revenue in 2020 from the RACS Partnering Agreement is approximately \$1,597,000, with the bulk of revenue to be invoiced in February 2020, and the final instalment due in July 2020. SEAM Administration fees will provide revenue of approximately \$74,000, which will continue to offset ongoing Standard Setting costs and the cost of developing new modules for SEAM II. Projected revenue from membership subscriptions, regional and national courses, MOSES, IMG administration, PFET, Event Management services, and Selection fees is approximately \$840,000.

The GSA Board will continue to monitor the impact of COVID-19 on all budgeted revenue and expenditure, as well as necessary changes to educational activities planned for 2020 and the delivery of the SET Program in General Surgery. Where possible, educational events will be delivered through online platforms such as live streaming of lectures, and events will be deferred as required to late 2020 or early 2021. The organisation is committed to working with the Royal Australasian College of Surgeons, state and federal governments, health departments, and health administrators, to manage the risk to our staff, members, trainees, and the Australian public.

**9. DIVIDENDS**

The Company is limited by guarantee. The Memorandum of the Constitution precludes the payment of a dividend.

**GENERAL SURGEONS AUSTRALIA  
DIRECTORS' REPORT (CONT'D)  
FOR THE YEAR ENDED 31 DECEMBER 2019**

**10. SIGNIFICANT AFTER BALANCE DATE EVENTS**

Since the end of the financial year the Directors are not aware of any matter or circumstances not otherwise dealt with in the report of accounts that has significantly affected or may significantly affect the operations of the Company, the result of those operations or the state of affairs of the Company in subsequent financial years.

On 27 February 2020, the Company received the amount of \$1,635,260.51 (inc. GST) from the Royal Australasian College of Surgeons representing the first instalment of the Partnering Agreement funding for the administration of the General Surgery Training program.

**11. ENVIRONMENTAL REGULATIONS**

The Company's operations are not subject to any significant environmental regulations under Federal Government, State or Territory legislation.

**12. INDEMNIFICATION OF DIRECTORS AND OFFICERS**

By way of coverage for all Directors and officers of the Company, the Company has paid a premium in respect of a contract insuring those Directors and officers against liability. In accordance with normal practice, under the terms of the insurance contracts, the nature of the liabilities insured against and the amount of the premiums paid are confidential.

**13. INDEMNIFICATION OF AUDITORS**

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an auditor of the Company.

**14. MEETINGS OF DIRECTORS**

<b>Name of Director</b>	<b>Number of meetings entitled to attend</b>	<b>Number of meetings attended</b>
Collinson, T (President)	6	5
Turner, R (Vice President to 7 May 2019; Retired)	1	0
Saunders, A (Vice President from 8 May 2019)	6	4
Sayed-Hassen, A (Treasurer to 7 May 2019)	6	3
Butchers, S (Treasurer from 8 May 2019)	6	4
Clarke, G	6	4
Donovan, M (Retired 7 May 2019)	1	1
Gurusinghe, N (Appointed 7 May 2019)	4	3
Hughes, A	6	5
Slater, K (Appointed 7 May 2019)	5	2

**15. DIRECTORS' BENEFITS**

Since the end of the previous financial year no Director has received or become entitled to receive a benefit other than a benefit included in the aggregate amount of emoluments received or due and receivable by Directors shown in the accounts by reason of a contract made by the Company or a related corporation with a Director or with a firm of which he is a member, or with a Company in which he has a substantial interest.

**16. AUDITOR'S INDEPENDENCE DECLARATION**

The Auditor's Independence Declaration is set out on page 29 and forms part of the Director's Report for the year ended 31 December 2019.

This report is made in accordance with a resolution of the Board of Directors.

Chairman (President)  
31 March 2020

**GENERAL SURGEONS AUSTRALIA  
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 31 DECEMBER 2019**

	Notes	2019 \$	2018 \$
<b>Revenue</b>			
Members' income		236,649	207,561
Training Services income	2	1,824,322	1,709,911
Post Fellowship Education & Training income		21,712	13,631
Courses income	2	242,418	226,666
Event income	2	438,259	386,198
Other income	2	3,020	2,905
		<u>2,766,380</u>	<u>2,546,872</u>
Other revenue - interest		8,760	14,400
Income on investments	3	538,831	15,654
		<u>3,313,971</u>	<u>2,576,926</u>
<b>Expenses</b>			
Employee benefits expense	4	(1,062,036)	(1,057,658)
Administrative & Training Services expense		(866,060)	(781,768)
Courses expense		(290,789)	(280,390)
Event expense		(292,027)	(552,450)
Grants & Awards expense		(31,698)	(71,533)
Finance costs		(15,207)	(12,879)
External professional services expense		(29,406)	(13,487)
Depreciation expense		(102,689)	(2,753)
		<u>624,059</u>	<u>(195,992)</u>
Surplus/(deficit) for the year		=====	=====
Other comprehensive income		-	-
		<u>624,059</u>	<u>(195,992)</u>
Total comprehensive income for the year		=====	=====

The accompanying notes form part of these financial statements.

**GENERAL SURGEONS AUSTRALIA  
STATEMENT OF FINANCIAL POSITION  
AS AT 31 DECEMBER 2019**

	Notes	2019 \$	2018 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	5	569,287	370,506
Trade and other receivables	6	61,569	34,234
Inventories	8	3,897	4,178
Prepayments	9	184,900	23,021
Right-of-use asset	11	84,565	-
TOTAL CURRENT ASSETS		904,218	431,939
<b>NON CURRENT ASSETS</b>			
Plant and equipment	10	6,422	-
Financial assets at fair value through profit or loss	7	3,319,835	3,033,004
TOTAL NON CURRENT ASSETS		3,326,257	3,033,004
TOTAL ASSETS		4,230,475	3,464,943
<b>CURRENT LIABILITIES</b>			
Trade and other payables	12	9,799	37,365
Deposits for future services	13	76,478	5,500
Provision for employee entitlements	14	256,381	237,571
Lease liability		85,692	-
TOTAL CURRENT LIABILITIES		428,350	280,436
<b>NON CURRENT LIABILITIES</b>			
Provision for employee entitlements	14	21,352	27,793
TOTAL NON CURRENT LIABILITIES		21,352	27,793
TOTAL LIABILITIES		449,702	308,229
NET ASSETS		3,780,773	3,156,714
<b>MEMBERS' FUNDS</b>			
Accumulated surplus		3,780,773	3,156,714
TOTAL MEMBERS' FUNDS		3,780,773	3,156,714

The accompanying notes form part of these financial statements.

**GENERAL SURGEONS AUSTRALIA  
STATEMENT OF CHANGES IN EQUITY  
FOR THE YEAR ENDED 31 DECEMBER 2019**

	<b>Accumulated Surplus</b>	<b>Total Members' Funds</b>
	<b>2019</b>	<b>2019</b>
	<b>\$</b>	<b>\$</b>
Balance at 1 January 2019	3,156,714	3,156,714
Surplus for the year	624,059	624,059
Other comprehensive income	-	-
	<u>3,780,773</u>	<u>3,780,773</u>
Total comprehensive income for the year	3,780,773	3,780,773
	<u>3,780,773</u>	<u>3,780,773</u>
Balance at 31 December 2019	<u>3,780,773</u>	<u>3,780,773</u>

	<b>Accumulated Surplus</b>	<b>Total Members' Funds</b>
	<b>2018</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
Balance at 1 January 2018	3,352,706	3,352,706
Deficit for the year	(195,992)	(195,992)
Other comprehensive income	-	-
	<u>3,156,714</u>	<u>3,156,714</u>
Total comprehensive income for the year	3,156,714	3,156,714
	<u>3,156,714</u>	<u>3,156,714</u>
Balance at 31 December 2018	<u>3,156,714</u>	<u>3,156,714</u>

The accompanying notes form part of these financial statements.

**GENERAL SURGEONS AUSTRALIA  
STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 31 DECEMBER 2019**

	<b>2019</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
<b>Cash flows from operating activities</b>		
- Receipts from members and customers	3,062,990	2,837,076
- Payments to suppliers and employees	(2,999,175)	(2,911,635)
- Interest received	8,760	14,400
- Interest expense	(15,207)	(12,879)
	-----	-----
Net cash flows / (used) in operating activities	57,368	(73,038)
	-----	-----
<b>Cash flows from investing activities</b>		
- Payment for plant and equipment	(9,628)	-
- Receipt / (Payment) for investments	252,000	(300,000)
	-----	-----
Net cash flows / (used) in investing activities	242,372	(300,000)
	-----	-----
<b>Cash flows from financing activities</b>		
- Operating lease payments	(100,959)	-
	-----	-----
Net cash used in financing activities	(100,959)	-
	-----	-----
Net increase / (decrease) in cash held	198,781	(373,038)
Cash and cash equivalents at the beginning of the year	370,506	743,544
	-----	-----
Cash and cash equivalents at the end of the year	569,287	370,506
	=====	=====

The accompanying notes form part of these financial statements.

**GENERAL SURGEONS AUSTRALIA  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2019**

**INTRODUCTION**

The financial report is for the entity General Surgeons Australia as an individual entity. General Surgeons Australia is a Company limited by guarantee, incorporated and domiciled in Victoria, Australia. The financial statements are presented in Australian dollars and amounts are rounded to the nearest dollar. The registered office and principal place of business is c/- Royal Australasian College of Surgeons, 'College of Surgeons Gardens', Spring Street, Melbourne, Victoria.

The principal activities of the Company were to promote and represent the interests of Specialist General Surgeons in Australia, including associated specialties. This included advising outside organisations and government bodies on all matters relating to General Surgery, as well as Continuing Professional Development (CPD) in all areas of General Surgery.

The report was approved for issue by the Directors on the date the Declaration by Directors was signed.

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

The principal accounting policies adopted by General Surgeons Australia are stated to assist in a general understanding of this financial report. The accounting policies have been consistently applied except as otherwise indicated.

The financial report constitutes a general purpose financial report which has been drawn up in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and other Authoritative pronouncements of the Australian Standards Board, Australian Accounting Interpretations and the Australian Charities and Not-for-profits Commission Act 2012.

The following is a summary of the material accounting policies adopted by the Company in the preparation of the financial report.

**(a) Overall Policy**

The financial report has been prepared on a going concern and accruals basis, is based on historical costs and does not take into account changing money values or, except where stated, current valuations of current assets. Cost is based on the fair values of the consideration given in exchange for assets.

Accounting Standards include Australian equivalents to International Financial Reporting Standards. A statement of compliance with International Financial Reporting Standards cannot be made as the Company is considered to be a not for profit entity and has prepared the financial statements in accordance with the requirements regarding Not for Profit entities as contained in Australian Accounting Standards.

**(b) Significant Judgements and Key Assumptions**

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. No judgements, estimates and assumptions have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

*Employee benefits provision*

As discussed in note 1(k), the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

**GENERAL SURGEONS AUSTRALIA  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2019**

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)**

**(c) Plant and equipment**

Each class of plant and equipment is carried at cost less, where applicable, any accumulated depreciation and impairment losses.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the entity and the cost of the item can be measured reliably. All other repairs and maintenance are charged to profit or loss during the financial period in which they are incurred.

Depreciation is provided on the straight-line basis, at rates which will fully depreciate assets over their estimated useful lives to the Company. Profits and losses on disposal of plant and equipment are taken into account in determining the result for the year.

<b><u>Class of Asset</u></b>	<b><u>Rate of Depreciation</u></b>
Computer hardware/software	33%

**Depreciation of plant and equipment**

At each reporting date the Company reviews the carrying amounts of assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss if any. The Directors are satisfied that the carrying amounts of assets do not exceed the net amounts that are expected to be recovered through the cash inflows and outflows arising from the continued use and subsequent disposal of the assets.

**(d) Income Tax**

The Company is not liable for income tax as it is a non-profit organisation within the meaning of Division 50 of the Income Tax Assessment Act 1997.

**(e) Trade and other receivables**

Trade receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any allowance for expected credit losses, which uses a lifetime expected loss allowance. Trade receivables are generally due for settlement within 30 days.

The Company has applied the simplified approach to measuring expected credit losses, which uses a lifetime expected loss allowance. To measure the expected credit losses, trade receivables have been grouped based on days overdue.

Other receivables are recognised at amortised cost, less any allowance for expected credit losses.

**(f) Trade and other payables**

Trade and other payables represent the principal amounts outstanding at balance date plus, where applicable, any accrued interest.

**(g) Revenue Recognition**

*Revenue from contracts with customers*

Revenue is recognised at an amount that reflects the consideration to which the incorporated association is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the incorporated association: identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

**GENERAL SURGEONS AUSTRALIA  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2019**

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)**

**(g) Revenue Recognition (cont'd)**

Membership subscriptions

Membership subscriptions are brought to account when invoiced on an annual basis throughout the membership period.

Meetings/Workshops

Meeting & Workshop revenue is not recognised until the meeting or workshop has been held.

Interest revenue

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

Partnering agreement income

Partnering agreement income is brought to account when invoiced on a bi-annual basis.

Event Management income

Event management income for external events is brought to account when invoiced, according to the invoicing schedule outlined in each individual Event Management Services Agreement..

**(h) Conferences/Seminars**

All income and expenses relating to conferences and seminars have been recognised in the current financial year.

**(i) Cash and Cash Equivalents**

Cash and short-term deposits in the statement of financial position comprise cash at bank and in hand and short-term deposits with an original maturity of three months or less. For the purposes of the Statement of Cash Flows, cash and cash equivalents consists of cash and cash equivalents as defined above.

**(j) Inventories**

Finished goods are valued at the lower of cost and net realisable value. Costs have been assigned to inventory quantities on hand at reporting date using the Weighted Average Costs basis.

Cost comprises all costs of purchase.

**(k) Provisions**

Provisions are recognised when the Company has a present obligation (legal or constructive) as a result of a past event, it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation.

*Employee leave benefits*

(i) Annual leave

Liabilities for annual leave expected to be settled within 12 months of the reporting date are recognised in respect of the employees' services up to the reporting date. They are measured at the amounts expected to be paid when the liabilities are settled.

(ii) Long service leave

The liability for long service leave is recognised and measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given to expected future wage and salary levels, experience of employee departures, and periods of service. Expected future payments are discounted using market yields at the reporting date on national corporate bonds with terms to maturity and currencies that match, as closely as possible, the estimated future cash outflows.

**GENERAL SURGEONS AUSTRALIA  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2019**

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)**

**(l) Investments and Other Financial Assets**

Investments and other financial assets are initially measured at fair value. Transaction costs are included as part of the initial measurement, except for financial assets at fair value through profit or loss. Such assets are subsequently measured at either amortised cost or fair value depending on their classification. Classification is determined based on both the business model within which such assets are held and the contractual cash flow characteristics of the financial asset unless, an accounting mismatch is being avoided.

Financial assets are derecognised when the rights to receive cash flows have expired or have been transferred and the Company has transferred substantially all the risks and rewards of ownership. When there is no reasonable expectation of recovering part or all of a financial asset, its carrying value is written off.

*Financial assets at fair value through profit or loss*

Financial assets not measured at amortised cost or at fair value through other comprehensive income are classified as financial assets at fair value through profit or loss. Typically, such financial assets will be either: (i) held for trading, where they are acquired for the purpose of selling in the short-term with an intention of making a profit, or a derivative; or (ii) designated as such upon initial recognition where permitted. Fair value movements are recognised in profit or loss.

**(m) Fair Value Measurement Hierarchy**

The Company is required to classify all assets and liabilities, measured at fair value, using a three level hierarchy, based on the lowest level of input that is significant to the entire fair value measurement, being:

- Level 1: Quoted prices (unadjusted) in active markets for identical assets or liabilities that the entity can access at the measurement date;
- Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly; and,
- Level 3: Unobservable inputs for the asset or liability. Considerable judgement is required to determine what is significant to fair value and therefore which category the asset or liability is placed in can be subjective.

The fair value of assets and liabilities classified as level 3 is determined by the use of valuation models. These include discounted cash flow analysis or the use of observable inputs that require significant adjustments based on unobservable inputs.

**(n) New or amended Accounting Standards and Interpretations adopted**

In the period ended 31 December 2019, the Directors have reviewed all of the new and revised Standards and Interpretations issued by the AASB that are relevant to the Company and effective for the current reporting periods beginning on or after 1 January 2019.

As a result, the Company has applied AASB 16 from 1 January 2019. The Directors have determined that there is a material impact from the adoption of this Standard on the financial performance or position of the Company.

*AASB 16 Leases*

The Company has adopted AASB 16 from 1 January 2019. The standard replaces AASB 117 'Leases' and for lessees eliminates the classifications of operating leases and finance leases. Except for short-term leases and leases of low-value assets, right-of-use assets and corresponding lease liabilities are recognised in the statement of financial position. Straight-line operating lease expense recognition is replaced with a depreciation charge for the right-of-use assets (included in operating costs) and an interest expense on the recognised lease liabilities (included in finance costs). In the earlier periods of the lease, the expenses associated with the lease under AASB 16 will be higher when compared to lease expenses under AASB 117. However, EBITDA (Earnings Before Interest, Tax, Depreciation and Amortisation) results improve as the operating expense is now replaced by interest expense

**GENERAL SURGEONS AUSTRALIA  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2019**

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)**

**(n) New or amended Accounting Standards and Interpretations adopted (cont'd)**

and depreciation in profit or loss. For classification within the statement of cash flows, the interest portion is disclosed in operating activities and the principal portion of the lease payments are separately disclosed in financing activities. For lessor accounting, the standard does not substantially change how a lessor accounts for leases.

*Impact of adoption*

AASB 16 were adopted using the modified retrospective approach and as such comparatives have not been restated. There was no impact on opening accumulated surplus as at 1 January 2019.

On transition to AASB 16, the Company recognised the right-of-use assets and lease liabilities. The impact on transition is summarised below.

	<b>1 Jan 2019 \$</b>
Right-of-use assets	184,048
Lease liabilities	184,048

When measuring lease liabilities for leases that were classified as operating leases, the Company discounted lease payments using its incremental borrowing rate at 1 January 2019. The weighted average rate applied is 2%.

	<b>1 Jan 2019 \$</b>
Operating lease commitments disclosed as at 31 December 2018	83,137
Discounted using the incremental borrowing rate of at the date of initial application	(3,301)
Add: adjustments as a result of a different treatment of extension and termination options	104,212
	<hr style="border-top: 1px dashed black;"/>
	184,048
<b>Lease liability recognised as at 1 January 2019</b>	
Of which are:	
- Current lease liabilities	98,356
- Non-current lease liabilities	85,692
	<hr style="border-top: 1px dashed black;"/>
	184,048
	<hr style="border-top: 3px double black;"/>

**(o) Comparatives**

Where necessary comparatives have been reclassified for consistency with the current period disclosures.

**GENERAL SURGEONS AUSTRALIA  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2019**

	<b>2019</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
<b>2. REVENUE</b>		
Training Services income		
Partnering Agreement income	1,376,097	1,295,747
SEAM Administration income	95,000	69,600
IMG Services income	17,625	21,194
Hospital Inspection income	123,600	128,700
Selection income	212,000	194,670
	<u>1,824,322</u>	<u>1,709,911</u>
	=====	=====
Course income		
GSA Trainees Days	11,088	20,397
Regional Training Courses income	199,722	198,925
MOSES income	31,608	7,344
	<u>242,418</u>	<u>226,666</u>
	=====	=====
Event income		
Event Management income	42,600	25,943
Other event income	59,229	-
GSA ASM income	336,430	360,255
	<u>438,259</u>	<u>386,198</u>
	=====	=====
Other income		
Advertising income	2,700	2,665
Administration income	200	-
Merchandise	120	240
	<u>3,020</u>	<u>2,905</u>
	=====	=====
<b>3. OTHER REVENUE</b>		
Income on investments (managed funds)		
ANZ Pool Investment	168,363	(8,042)
RACS Small Scale Offering	370,468	23,696
	<u>538,831</u>	<u>15,654</u>
	=====	=====
<b>4. SURPLUS / (DEFICIT) FROM OPERATIONS</b>		
Surplus / (deficit) from operating activities includes the following specific expenses:		
Employee benefits expense:		
Salaries and wages	976,058	975,727
Defined contribution plan expenses	85,978	81,931
	<u>1,062,036</u>	<u>1,057,658</u>
	=====	=====
<b>5. CASH AND CASH EQUIVALENTS</b>		
Cash at bank	568,160	369,106
Cash on hand	1,127	1,400
	<u>569,287</u>	<u>370,506</u>
	=====	=====

**GENERAL SURGEONS AUSTRALIA  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2019**

	<b>2019</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
<b>6. TRADE AND OTHER RECEIVABLES</b>		
Trade receivables	16,897	15,796
Allowance for expected credit losses	(8,384)	-
Other receivables	53,056	18,438
	<u>61,569</u>	<u>34,234</u>
	=====	=====
<p>Trade receivables consist of invoices to Members prior to 31 December 2019 for Membership Subscriptions relating to the 2019 financial year, less any allowance for expected credit losses.</p> <p>There are no balances within receivables that contain assets that are past due but not impaired. It is expected these balances will be received when due. There are no impaired assets.</p>		
<b>7. FINANCIAL ASSETS AT FAIR VALUE THROUGH PROFIT OR LOSS</b>		
RACS Small Scale Offering	2,130,121	1,759,653
ANZ Pool Investment	1,189,714	1,273,351
	<u>3,319,835</u>	<u>3,033,004</u>
	=====	=====
<b>Reconciliation</b>		
Opening fair value	3,033,004	2,717,350
(Withdrawals) / Additions	(252,000)	300,000
Revaluation increments	538,831	15,654
	<u>3,319,835</u>	<u>3,033,004</u>
	=====	=====
<b>8. INVENTORIES</b>		
Ties & Scarves – at cost	3,897	4,178
	<u>3,897</u>	<u>4,178</u>
	=====	=====
<b>9. PREPAYMENTS</b>		
GSA ASM		
2019 - Hotel Grand Chancellor Hobart / 2018 - Sheraton Fiji	-	2,000
2019 - ExpoTas	-	4,246
2019 - The Henry Jones Art Hotel	-	5,000
2019 - Brooke Street Larder	-	2,400
2020 - Hyatt Regency Sydney	91,660	-
2020 - Trippas White Group	7,500	-
Event Deposits - other		
2019 PSA - Mercure Ballarat / 2018 PSA - Bundaberg Council		8,602
2019 & 2018 Adelaide Pavilion Veale Gardens		773
2020 AsAES - Victorian Arts Centre Trust	13,764	-
2020 AsAES - Fatto Bar & Cantina	1,500	-
2020 AsAES - Airfares	12,201	-
2020 AsAES - Ticketek	736	-
2020 AsAES - Crown Events & Conferences Melbourne	37,205	-
2020 RACS Annual Scientific Congress Exhibition	8,000	-
2020 Curriculum Workshop - QT Wellington	2,887	-
2020 Curriculum Workshop - Airfares	7,693	-
2020 Board in General Surgery Meeting - Airfares	454	-
2020 GSET Meeting - Parking	300	-
2020 VIC Fellowship Exam - Red Spice Road	1,000	-
	<u>184,900</u>	<u>23,021</u>
	=====	=====

**GENERAL SURGEONS AUSTRALIA  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2019**

	<b>2019</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
<b>10. PLANT AND EQUIPMENT</b>		
Plant and equipment - at cost	96,024	86,396
Accumulated depreciation	(89,602)	(86,396)
	<u>6,422</u>	<u>-</u>
Total plant and equipment	<u>6,422</u>	<u>-</u>

**Reconciliation of movements**

Reconciliations of the carrying amount of plant and equipment at the beginning and end of the current financial year is set out below:

Plant and equipment at cost	
Carrying amount at 1 January	-
Additions	9,628
Depreciation	(3,206)
	<u>6,422</u>
Carrying amount at 31 December	<u>6,422</u>

**11. RIGHT-OF-USE ASSET**

Right-of-use asset	184,048	-
Accumulated depreciation	(99,483)	-
	<u>84,565</u>	<u>-</u>

The Company leases the right-of-use property for its offices under agreements of between one to two years, and in some cases, options to extend.

Right-of-use assets are depreciated on a straight-line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Right-of-use assets are subject to impairment or adjusted for any remeasurement of lease liabilities. Depreciation of \$99,483 was charged during the year.

Interest expense charged to the profit and loss on lease liabilities amounted to \$2,603.

**12. TRADE AND OTHER PAYABLES**

Trade payables	33,004	38,373
Other	(23,205)	(1,008)
	<u>9,799</u>	<u>37,365</u>

**13. DEPOSITS FOR FUTURE SERVICES**

2019 GSA ASM		
Aspen Australia	-	5,500
2020 AsAES Sponsorship		
FUJIFILM Sonosite	6,000	-
Bard Australia	6,000	-
Matrix Surgical	6,000	-
Mi-Tec Medical Publishing	900	-
MIGA (VIC)	10,909	-
2020 AsAES Delegate Registrations	39,769	-
2020 MOSES Registrations	5,600	-
2020 VIC Fellowship Exam Registrations	1,300	-
	<u>76,478</u>	<u>5,500</u>
Total deposits for future services	<u>76,478</u>	<u>5,500</u>



**GENERAL SURGEONS AUSTRALIA  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2019**

**17. CONTINGENT LIABILITIES AND COMMITMENTS**

There are no matters to report, relating to contingent assets or liabilities, or any capital commitments.

**18. SUBSEQUENT EVENTS**

On 27 February 2020, the Company received the amount of \$1,635,260.51 (inc. GST) from the Royal Australasian College of Surgeons representing the first instalment of the Partnering Agreement funding for the administration of the General Surgery Training program.

COVID-19 was declared a pandemic by the World Health Organisation in March 2020. The full impact of the virus on the economy in Australia, in particular the professional bodies sector, is not yet known due to the evolving nature of the virus and government restrictions. As such, the Board of General Surgeons of Australia is not able to estimate the effects of the COVID-19 outbreak on its results of operations, financial condition, or liquidity for the 2020 financial year. However, as the organisation is in a strong financial position and has sufficient reserves, the organisation is expected to continue as a going concern for the 12 months following the signing of this financial report.

**19. MEMBERS' GUARANTEE**

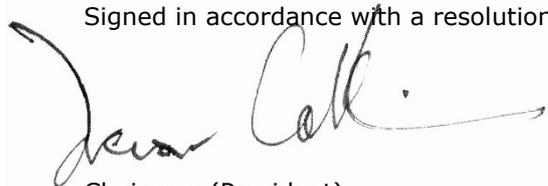
General Surgeons Australia is a Company limited by guarantee. The amount of capital which is capable of being called up in the event of and for the purpose of the winding up of the Company is limited to \$1.00 per member. At 31 December 2019 the number of financial members was 1,066 (2018: 1,046).

**GENERAL SURGEONS AUSTRALIA  
DIRECTORS' DECLARATION**

In the opinion of the directors of the General Surgeons Australia:

- (a) The accompanying financial statements and notes are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:
  - (i) giving a true and fair view of the financial position of the Company as at 31 December 2019 and of its performance, for the financial year ended on that date; and
  - (ii) complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Australian Charities and Not-for-profits Commission Regulations 2013; and
- (b) There are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Directors.



Chairman (President)  
31 March 2020

**DECLARATION OF INDEPENDENCE BY WAI AW TO THE DIRECTORS OF THE AUSTRALIAN SOCIETY OF SPECIALIST GENERAL SURGEONS**

As lead auditor of The Australian Society of Specialist General Surgeons trading as General Surgeons Australia for the year ended 31 December 2019, I declare that, to the best of my knowledge and belief, there have been:

1. No contraventions of the auditor independence requirements of section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
2. No contraventions of any applicable code of professional conduct in relation to the audit.



Wai Aw  
Director

**BDO Audit Pty Ltd**

Melbourne, 31 March 2020

## INDEPENDENT AUDITOR'S REPORT

To the members of The Australian Society of Specialist General Surgeons

### Report on the Audit of the Financial Report

#### Opinion

We have audited the financial report of The Australian Society of Specialist General Surgeons (the registered entity) trading as General Surgeons Australia, which comprises the statement of financial position as at 31 December 2019, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial report, including a summary of significant accounting policies, and the Directors' declaration.

In our opinion the accompanying financial report of The Australian Society of Specialist General Surgeons, is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) Giving a true and fair view of the registered entity's financial position as at 31 December 2019 and of its financial performance for the year then ended; and
- (ii) Complying with Australian Accounting Standards - Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

#### Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the Financial Report* section of our report. We are independent of the registered entity in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### Emphasis of matter - subsequent event

We draw attention to note 18 of the financial report, which describes the non-adjusting subsequent event on the impact of COVID-19 outbreak on the entity. Our opinion is not modified with respect to this matter.

#### Other information

Those charged with governance are responsible for the other information. The other information obtained at the date of this auditor's report is information included in the registered entity's Directors' report, but does not include the financial report and our auditor's report thereon.



Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

#### **Responsibilities of the Directors for the Financial Report**

The Directors of the registered entity are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the ACNC Act, and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Directors are responsible for assessing the registered entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intend to liquidate the registered entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the registered entity's financial reporting process.

#### **Auditor's responsibilities for the audit of the Financial Report**

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website (<http://www.auasb.gov.au/Home.aspx>) at:

[http://www.auasb.gov.au/auditors\\_responsibilities/ar4.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf)

This description forms part of our auditor's report.

**BDO Audit Pty Ltd**

BDO  


Wai Aw  
Director

Melbourne, 31 March 2020