



2013

Annual Report

EXCELLENCE | ACCOUNTABILITY | COLLABORATION

The Australian Society of Specialist General Surgeons
t/a General Surgeons Australia
250-290 Spring Street
EAST MELBOURNE VIC 3002

TABLE OF CONTENTS

2013 ANNUAL GENERAL REPORT

President's Report	3-5
2013 Performance Results	6
Treasurer's Report	7
Financial Summary	8-12
Board of Directors	13-14



PRESIDENT'S REPORT

2013 ANNUAL GENERAL REPORT



In 2013, 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 2013 can be viewed on page 6

The 2013 financial year saw GSA achieve a number of the organisation's major strategic goals, with the highlight being delivery of the enormously successful Annual Scientific Meeting (ASM) at The Westin Sydney in September. This was the first ASM delivered internally by the GSA Events Team, rather than outsourcing to a Professional Conference Organiser. The Board was extremely pleased to see a significant increase in the number of GSA members and Fellows attending the ASM, with 66% of delegates registering at the Consultant Surgeon rate.

The 2013 ASM ran from 25-27 September, with the theme "Abdominal Wall Reconstruction". The program attracted a record number of 545 delegate registrations, with 47 national and international speakers participating across the four days of the program. International keynote speakers included Professor Richard Satava and Dr William Cobb IV, both from the United States, and Dr David Clark from Queensland. The format for the ASM program was changed to move the Trainees' Day program to the Thursday, allowing a full two and half days of scientific sessions for the ASM.

A comprehensive sponsorship campaign saw the introduction of new levels of industry involvement in the 2013 ASM, with Johnson & Johnson Medical providing Principal Sponsorship, Atrium providing Major Sponsorship, and Cook Medical providing Supporting Sponsorship. A further 16 industry sponsors participated in the meeting at various levels.

The 2013 ASM included three sponsored masterclasses including 'Initial Experience with Biologic Mesh in Hernia Repair', 'Ventral Hernia Repair', and 'Advances in Abdominal Wall Hernia'. The program

also included two sponsored financial workshops entitled 'Practice Managers Workshop: Understanding the Best Structure to Maximise Your Profits', and 'Securing Your Financial Future'.

The GSA Research & Scholarships Committee reviewed a record number of 58 abstracts that were submitted for presentation at the ASM. The top 12 abstracts were selected for verbal presentation in the free-paper sessions, with an additional 18 abstracts selected for poster presentation. Prizes awarded for presentations included the John Ham Medal, Noel Newton Prize, Hernia Award, and Australian Chapter CICD/ISDS Prize.

The 2013 Pacific Island and South East Asian Travel Grants were awarded to a total of five recipients: Dr Rooney Jagilly from the Solomon Islands, Dr Kolini Vaea from Tonga, Dr Gilbert Oporto from the Philippines, Dr Than Min Htut from Myanmar, and Dr Kana Eorage from Papua New Guinea. The Board also awarded grants to eight General Surgery Trainees and one IMG in General Surgery who had demonstrated an interest in Rural Surgery, for registration at the 49th Annual Scientific Conference of Provincial Surgeons of Australia in Queenstown.

In March 2013, the Board of Directors approved a proposal for GSA to assume management of the Post-Fellowship Education and Training (PFET) Program in Transplantation Surgery, previously delivered through the RACS Section of Transplantation Surgery. GSA will seek accreditation of the program from the College's PFET Committee, as well as support from associated sub-specialty societies involved in Transplantation Surgery.

In 2013, the Board of Directors continued their work in meeting the requirements of the newly signed Partnering Agreement with the Royal Australasian College of Surgeons (RACS), for the administration of the Surgical Education & Training (SET) Program in General Surgery in Australia.

While the previous five year Service Agreement had included the provision of secretariat support by GSA to the Board in General Surgery (BiGS), in 2013 the Board continued negotiations with the New Zealand Association of General Surgeons (NZAGS) to develop a shared model for ongoing support for BiGS. The Board is pleased to report that in December 2013, revised Terms of Reference were approved for the

PRESIDENT'S REPORT CONT...

2013 ANNUAL GENERAL REPORT

BiGS and for the newly formed Project Management Committee. The Board is hopeful that the new model will continue to provide excellent customer service to members of the BiGS and General Surgery Trainees, whilst recognising the involvement of two separate societies in the delivery of the SET Program in General Surgery across Australia and New Zealand.

GSA continued to deliver online educational resources for Trainees in 2013, with 115 webcasts recordings of Regional Educational programs across New South Wales, Queensland, South Australia, and Western Australia. The Board also approved webcast recordings for the two national Trainees' Days and the 2013 GSA ASM, bringing the total number of recordings available to 182. The webcast project aims to provide an extensive online educational resource for Trainees, particularly those located in rural and regional areas who are unable to attend regular educational sessions. The sessions are available to all Trainees and Members in three formats; PDF presentations, audio (MP3) files, and webcasts.

In addition to the above regional activities, GSA again coordinated the delivery of Fellowship Examination Preparation Courses in New South Wales, South Australia, and Victoria, a Surgical Sciences Examination Preparation Course in Victoria, the SA Registrar's Paper Day held in Adelaide in August 2013, and the GSA Trainees' Weekend held in Lorne, Victoria in November 2013.

GSA delivered three commercial courses in 2013 for the Management of Surgical Emergencies (MOSES) program, held in Sydney (2) and Brisbane (1). The Company also held two national Trainees' Days, this year focussing on Surgical Oncology (May 2013, Auckland) and Groin Hernia (September 2013, Sydney).

In 2013, GSA processed 408 applications to the SET Program in General Surgery, via the online General Surgery Selection Application. Five applicants did not meet minimum eligibility criteria; 403 candidates proceeded to the Referee Report stage, and 391 candidates proceeded to the Interview stage of the Selection process. Interviews were held in Sydney, Melbourne, Brisbane, Perth and Adelaide in June 2013. A total of 119 offers were made from Round 1 to Round 5 of Selection; 96 offers were accepted, 18 offers were declined, and 5 applicants requested deferral in 2014. GSA again held SET Orientation

Workshops in Perth, Sydney, Adelaide, Melbourne, and Brisbane in November and December 2013.

GSA promoted a large number of professional development, education, and training opportunities for its Members and Trainees through the website Events Calendar and 'Latest News', as well as via the GSA Newsletter and Trainee Talk eBlasts. Members of the Board were also involved in the Department of Health and Aging (DOHA) Inguinal Hernia Review, which included a review of remuneration for open versus laparoscopic hernia repair, and conversion fees.

GSA continued work with the RACS Board in General Surgery in developing content and assessment tools for the online modular education program, entitled Surgical Education & Assessment Modules (SEAM). In November 2013, GSA held a content writing workshop for the development of the SEAM for Anatomy, with content and assessment also finalised for The Operating Theatre, Acute Abdomen, and Haematology modules. The modules are designed to cultivate further a culture of self-directed learning for Trainees, and will be used to assess core skills and knowledge required for General Surgical practice, as well as readiness to sit the Fellowship Examination.

In 2013, the Board of Directors finalised negotiations with the RACS to assume responsibility for the administrative management of International Medical Graduates (IMGs), post initial clinical assessment, from 1 January 2014. Agreement was also reached on the funding model to support the delivery of increased administrative support to IMGs in General Surgery.

In May 2013, the Directors agreed to invest surplus funds totalling \$200,000 from the previous financial year with both the RACS and ANZ Bank. The return on investments in 2013 was notable, with a 92% increase on returns from the previous financial year. The Board's long-term investment strategy includes the funding of annual grants and research scholarships for Trainees in General Surgery.

In March 2013, Marlene Valliere retired from her position as Executive Officer to the NSW/ACT Regional Subcommittee after 13 years combined service with GSA and the College. A farewell was held in the GSA Sydney office to acknowledge and thank Marlene for her dedication and service. The total number of full-time, part-time, and casual staff employed by GSA during the 2013 financial year was fourteen.

PRESIDENT'S REPORT CONT...

2013 ANNUAL GENERAL REPORT

Employment costs for this financial period increased, as did expenses related to the delivery of activities under the Partnering Agreement, including Regional Education programs and webcast recordings, Research & Travel grants, further development of online learning modules for the SEAM project, office rental, and the refurbishment of the new GSA Head Office in Melbourne. The GSAASM recorded a surplus in 2013. Revenue from investments, the Partnering Agreement, and membership subscriptions all increased in this financial period and contributed towards the surplus for the year.

LIKELY FUTURE DEVELOPMENTS AND EXPECTED RESULTS - 2014

In 2014, GSA will continue with the expansion of activities delivered as part of the Partnering Agreement with the RACS, particularly with regards to the development of online learning modules with a subspecialty focus, for mid-SET and Fellowship Examination preparation. From 1 January 2014, GSA will assume responsibility for the administrative management of IMGs, post initial clinical assessment by the RACS.

The 2014 ASM will be held at the Perth Convention and Exhibition Centre from 26-28 September, with the theme of "Emergency Surgery: A New Paradigm". Two keynote international and national speakers will participate in the meeting, as well as an esteemed cohort of local and national speakers. Sponsored workshops for Fellows will again be included on the Friday and Saturday program, as well as two breakfast sessions.

The 2014 GSA Trainees' Days will focus on Upper Gastrointestinal Surgery (May, Singapore) and Colorectal Surgery (September, Perth). Three commercial MOSES programs are scheduled to be held in Melbourne, the Gold Coast, and Perth in 2014.

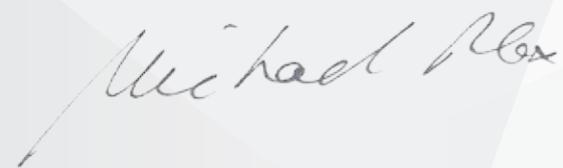
Further development of the TMS database will occur in 2014, including a module for management of IMG assessments and administration. Existing regional education activities will continue in New South Wales, Queensland, South Australia, and Western Australia. The GSA webcast program will continue in 2014, with approximately 126 sessions to be recorded. GSA will again provide webcast recordings of the Trainees' Days in Singapore and Perth, and the 2014 ASM. In 2014, webcast recordings will be available to all IMGs

in General Surgery, as well as all General Surgery Trainees and GSA Members.

The first two SEAM programs will be launched in Term 1, 2014 - Acute Abdomen and Haematology. Australian General Surgery Trainees will access SEAM via the GSA website, with satisfactory completion of modules recorded in the TMS database. SEAM programs for Anatomy and The Operating Theatre will be launched in Term 2, 2104. Work on content and assessment for the final four modules will be finalised in 2014, with the launch of the modules in 2015 for Term 1 (Nutrition and Perioperative Care) and Term 2 (Critical Care & Trauma, and Palliative Care & Rehabilitation).

GSA will continue to work with the BiGS and the SET Transition Working Party as they revise the selection requirements for entry into the SET Program in General Surgery, and the format of the Training Program. For a number of years, the BiGS has been concerned that trainees entering General Surgery have not been well prepared or performing at a standard that is required for surgical training. The changes to selection will address these concerns and will attempt to select candidates who are better suited to a career in General Surgery. The Board will monitor any financial impact of the proposed changes, including potential short-term reductions in SET Program and Selection revenue in the 2015 and 2016 training years.

GSA will hold a Strategic Planning Meeting in November 2014, to reflect on the key achievements and performance indicators of the Company over the past three years, and to develop new strategic priorities for 2016-2020. The Company will focus on identifying valuable benefits and services to support our Members in their professional lives as specialist General Surgeons.



Professor Michael Cox, FRACS
President

2013 PERFORMANCE RESULTS

2013 ANNUAL GENERAL REPORT

INDICATOR	TARGET	2013 RESULT
Membership	Membership increase > 5% p.a.	46 new Members = 8% overall increase
Membership	New Membership amongst Fellows > 10 years post FRACS > 25%	49 new General Surgical Fellows in 2013; 31 of these joined GSA (63%)
Website Services	Increased logins to Members area of GSA website	2013: 1,362 individual logins 2012: 386 individual logins
Selected Trainees	Retention > 90%	90% retention (4% withdrawn, 6% dismissed)
SAT SET Attendance	80% of Supervisors	94 General Surgery Supervisors completed SAT SET (67%)
Fellowship Examination Pass Rate	80% by second attempt	75% by second attempt for those sitting in 2013
CPD Compliance	100% compliance with existing RACS CPD	96.5% of GSA members compliant for 2012 CPD Program
GSA ASM	50% growth of practising Surgeons at GSA ASM in 3 years	2013 ASM: 66% of delegates were Surgeons 2012 ASM: 61% of delegates were Surgeons 2011 ASM: 55% of delegates were Surgeons
Scholarships	All scholarships awarded annually	Five Pacific Island Travel Grants awarded John Ham, Noel Newton, CICD/ISDS & Hernia Prize awarded
Performance & Development Reviews	Conducted annually on 100% of staff	Job specific, development, and stretch goals implemented and measured for all staff
Budget Performance	+/- 5% of budget annually	Total expenditure 0.7% under budget

TREASURER'S REPORT

2013 ANNUAL GENERAL REPORT

2014 FINANCIAL STATEMENTS



I am pleased to present this Treasurer's Report, which highlights the financial position for General Surgeons Australia (GSA). The 2013 financial year saw continued sound operational performance achieved through our core business activities, as well as a strong return on investments.

Our corpus of funds has increased, which will allow ongoing funding of scholarships, research, and travel grants, a key objective under the 2011-2015 Strategic Plan. Our continued investment in educational activities also highlights our commitment to promoting both high quality training and continuing medical education for our members.

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

Total operating revenue (excluding investment returns) was \$2,444,707 in 2013, compared to \$1,862,717 in 2012. Total expenditure in 2013 was \$2,131,217, compared to \$1,680,789 in 2012. The overall surplus for 2013 was \$511,746 (2012: \$303,530), which was due primarily to the return on investments and surplus from the 2013 GSA Annual Scientific Meeting (ASM).

Key Revenue and Expenditure Items for 2013

- Partnering Agreement income was \$1,323,960 in 2013 (2012: \$1,131,800)
- The surplus for the 2013 GSA ASM was \$51,740
- Personnel costs remained the dominant expense and included an annual salary increase of 3.1%

STATEMENT OF FINANCIAL POSITION

Key movements in assets included a 32% increase in cash and cash equivalents, and an increase of 46% on investments, due to strong returns seen in 2013. Current liabilities decreased by \$28,733, due in part to the payment of employment entitlements on the retirement of long-term staff member, Marlene Valliere.

STATEMENT OF CASH FLOWS

In 2013, the Statement of Cash Flows indicated a net cash inflow from operating activities of \$359,907 (2012: \$229,083), and a net increase in cash held of \$141,519 (\$23,796).

INDEPENDENT AUDITOR'S REPORT AND AUDIT OPINION

The Independent Auditor's Report and Audit Opinion of BDO East Coast Partnership is included with the Annual General Purpose Financial Report for the year ended 31 December 2013, which is available for download from the GSA website.

DIRECTOR'S DECLARATION

The directors of General Surgeons Australia declare that the summarised financial reports set out on pages 8 - 10 have been derived from and are consistent with the full General Purpose Financial Report of The Australian Society of Specialist General Surgeons (trading as General Surgeons Australia) for the year ended 31 December 2013.

On behalf of the Directors:



Mr Akhtar Sayed-Hassen, FRACS
Treasurer

FINANCIAL SUMMARY

2013 ANNUAL GENERAL REPORT

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

For the year ended 31 December 2013

	2013 \$	2012 \$
REVENUE		
Members' Subscriptions	138,256	126,366
Advertising Income	1,810	1,364
Administration Income	-	700
GSA Trainees' Day - May 2012	-	10,123
GSA Trainees' Day - May 2013	10,030	-
Partnering Agreement Income	1,323,960	1,131,800
IMG Services Income	1,125	-
Hospital Inspection Income	128,700	121,500
Selection Income	245,145	255,008
Regional Training Courses Income	118,234	142,941
MOSES Income	34,940	54,200
2012 GSA ASM Surplus	138	18,677
2013 GSA ASM Income	400,702	-
2014 GSA ASM Income	41,818	-
Merchandise	315	635
Cost of sales - GSA Ties	(466)	(597)
	<u>2,444,707</u>	<u>1,862,717</u>
Other revenue - Interest	35,564	36,871
Income on Investments	162,692	84,731
	<u>2,642,963</u>	<u>1,984,319</u>
EXPENSES from Commercial Activities:		
• RACS ASC 2014	(9,207)	-
• RACS ASC 2013	(1,524)	(6,407)
• RACS ASC 2012	-	(492)
• 2015 GSA ASM	(5,284)	-
• 2014 GSA ASM	(27,002)	-
• 2013 GSA ASM	(348,962)	-
• 2012 GSA ASM	-	(49,348)
• GSA Trainees' Day - May 2012	-	(54,149)
• GSA Trainees' Day - May 2013	(23,374)	-
• GSA Trainees' Day - September 2013	(1,620)	-
• MOSES	(50,198)	(80,312)
• Selection	(97,149)	(99,301)
• Regional Training Courses	(97,039)	(85,531)
• Research & Travel Grants	(29,031)	(6,772)
• PSA Education Grants	(5,400)	(9,000)
Employee Benefits Expense	(828,815)	(776,644)
Administrative Expense	(573,692)	(467,481)
Finance Costs	(13,170)	(11,622)
External Professional Services Expense	(9,055)	(24,213)
Depreciation Expense	(10,695)	(9,517)
Surplus for the Year	<u>511,746</u>	<u>303,530</u>
Other Comprehensive Income	<u>-</u>	<u>-</u>
Total Comprehensive Income for the Year	<u><u>511,746</u></u>	<u><u>303,530</u></u>

FINANCIAL SUMMARY

2013 ANNUAL GENERAL REPORT

STATEMENT OF FINANCIAL POSITION

For the year ended 31 December 2013

	2013 \$	2012 \$
CURRENT ASSETS		
Cash and cash equivalents	582,242	440,723
Trade and other receivables	16,906	21,642
Financial assets at fair value through profit and loss	1,154,883	792,191
Inventories	4,975	5,441
TOTAL CURRENT ASSETS	<u>1,759,006</u>	<u>1,259,997</u>
NON CURRENT ASSETS	14,031	6,338
Plant and equipment		
TOTAL NON CURRENT ASSETS	<u>14,031</u>	<u>6,338</u>
TOTAL ASSETS	<u>1,773,037</u>	<u>1,266,335</u>
CURRENT LIABILITIES		
Trade and other payables	49,173	44,903
Provision for employee entitlements	83,489	116,492
TOTAL CURRENT LIABILITIES	<u>132,662</u>	<u>161,395</u>
NON CURRENT LIABILITIES	56,803	33,114
Provision for employee entitlements		
TOTAL NON CURRENT LIABILITIES	<u>56,803</u>	<u>33,114</u>
TOTAL LIABILITIES	<u>189,465</u>	<u>194,509</u>
NET ASSETS	<u>1,583,572</u>	<u>1,071,826</u>
MEMBERS' FUNDS		
Accumulated surplus	1,583,572	1,071,826
TOTAL MEMBERS' FUNDS	<u>1,583,572</u>	<u>1,071,826</u>

FINANCIAL SUMMARY

2013 ANNUAL GENERAL REPORT

STATEMENT OF CASH FLOW

For the year ended 31 December 2013

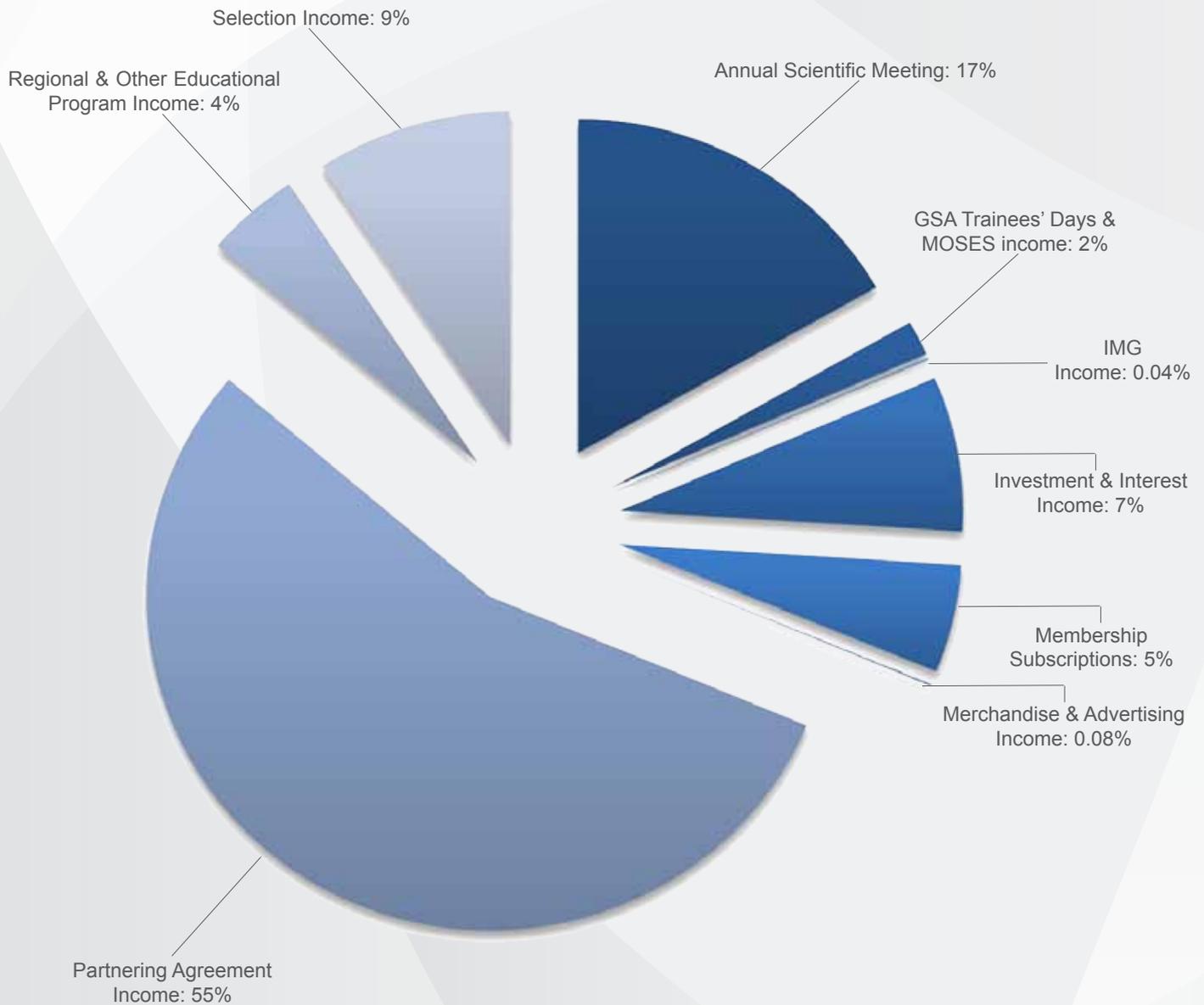
	2013 \$	2012 \$
Cash flows from operating activities		
- Receipts from members and customers	2,249,441	1,847,068
- Payments to suppliers and employees	(1,911,928)	(1,643,234)
- Interest received	35,564	36,871
- Interest expense	(13,170)	(11,622)
Net cash provided operating activities	359,907	229,083
Cash flows from investing activities		
- Payment for plant and equipment	(18,388)	(5,287)
- Payment for investments	(200,000)	(200,000)
Net cash used in investing activities	(218,388)	(205,287)
Net increase/(decrease) in cash held	141,519	23,796
Cash and cash equivalents at the beginning of the year	440,723	416,927
Cash and cash equivalents at the end of the year	582,242	440,723

REVENUE BREAKDOWN

2013 ANNUAL GENERAL REPORT

TOTAL REVENUE 2013: \$2,642,963

For the year ended 31 December 2013

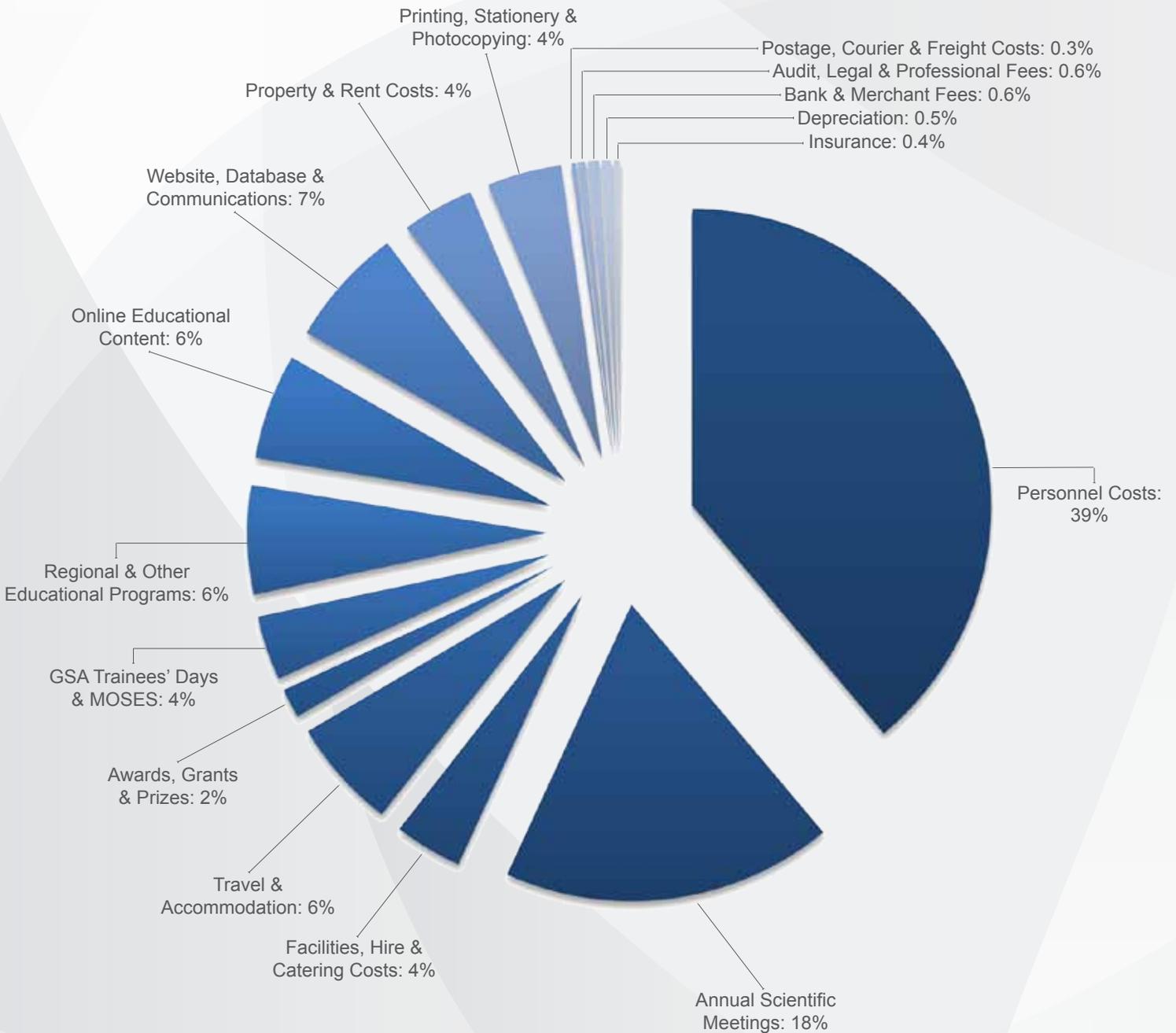


EXPENDITURE BREAKDOWN

2013 ANNUAL GENERAL REPORT

TOTAL EXPENDITURE 2013: \$2,131,217

For the year ended 31 December 2013



BOARD OF DIRECTORS

2013 ANNUAL GENERAL REPORT

PROF MICHAEL ROBERT COX PRESIDENT/DIRECTOR



MBBS, MS, FRACS, General Surgeon with sub-specialist interests in Upper-Gastrointestinal, Hepatobiliary, and Obesity Surgery. Current Appointments: Professor of Surgery, Nepean Clinical School, University of Sydney; Clinical Director of Surgery Nepean Blue Mountains Local Health District.

Member of RACS Section of Upper GI/HPB Surgery. Member of Australian Medical Association. Member of RACS Surgical Education and Training Working Party from 2006-2007. Member of RACS Court of Examiners in General Surgery 2004-2011. Member of RACS Board of Specialist Surgical Training from 2005-2007. Member of RACS Board in General Surgery from 2005-2010; Chair from 2005-2007. GSA Board in General Surgery Representative (Ex-officio) 2006-2007. Coopted GSA New South Wales State Representative from July 2007-May 2010. GSA Vice President June 2010-June 2012. GSA President since June 2012. Elected January 2006.

MR MICHAEL PETER DONOVAN VICE PRESIDENT/DIRECTOR



MBBS, FRACS. General Surgeon with sub-specialist interests in Endocrine, Upper-Gastrointestinal and Bariatric Surgery. RACS Basic Surgical Training Supervisor (Queensland) from 2006-2007. Member of RACS Queensland Regional Subcommittee of General Surgery 2008-2012.

Member of RACS Court of Examiners in General Surgery since 2012. Coopted GSA ASC Brisbane 2010 Representative from 2007-2010. GSA Secretary/Treasurer June 2010-June 2012. GSA Vice President since June 2012. Elected May 2010.

MR AKHTAR SAYED-HASSEN TREASURER/DIRECTOR



MBChB, BA, FRCS, 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 Board in General Surgery.

Coopted GSA ASC Hong Kong Convener 2006-2008. Scientific Convener, 2014 Singapore ASC. Director of General Surgery, Eastern Health since 2012. Chairman, SEAM Working Party. GSA Treasurer since June 2012. Elected May 2012.

MR GRAEME JOHN CAMPBELL DIRECTOR



MBBS, FRACS. General Surgeon with interests in Rural Surgery, Breast Surgery, and Colorectal Surgery. Member of RACS Divisional Group of Rural Surgery (DGRS) Committee 2003-2011. Member of RACS Care of the Critically Ill Surgical Patient Committee since 2007. Secretary of RACS

Victorian State Committee from 2006-2008. Ex-Officio member of RACS Victorian State Committee since 2008. Member of RACS Council since 2007. Chair, RACS Fellowship Services Committee 2008-2011. Chair RACS Professional Standards Committee since 2011. GSA Vice President 2006-2010. GSA President June 2010-June 2012. Director, Surgant Pty Ltd. Director, Scottbourne Pty Ltd. Elected July 2006.

BOARD OF DIRECTORS

2013 ANNUAL GENERAL REPORT

MR TREVOR GRAHAM COLLINSON DIRECTOR



B Arch (Hons), BM BS, MS, FRACS. General Surgeon with sub-specialist interests in Breast and Endocrine Surgery, Endoscopy & Colonoscopy, and Advanced Laparoscopic Surgery. Research interests in Sentinel node biopsy (for Master of Surgery), laparoscopic procedures, fundoplication, and

abdominal wall reconstruction. General Surgery Convener ASC Adelaide 2011; coopted member of GSA Board of Management 2010-2011. Elected May 2012.

MR W GAMINI PREMARATNE DIRECTOR



MBBS, FRCS (Eng), FRACS. Masters of Surgery, University of Colombo (Sri Lanka). General Surgeon with sub-specialist interests in Thyroid and Parotid Surgery, Advanced Laparoscopy, and Colonoscopy / Endoscopy. Research interests in Acute Diverticulitis and primary healing of abdominal incisions.

Head of the Academic Department of Surgery Caboolture clinical school since 2009, Director of surgery since 1993 and member QBIGS since 1999. Member of RACS Queensland Regional Subcommittee since 2007. Elected May 2012.

MR ALAN CHARLES SAUNDER DIRECTOR



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. Member of AusAID General Surgery service at Dili National Hospital, East Timor in 2002 and 2004.

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. RACS Specialty Elected Councillor for General Surgery since February 2012. Elected May 2009.

PROF RICHARD CLIVE TURNER DIRECTOR



MBBS Trauma, Upper GI/HPB, Obesity, Colorectal and, B Med Sc, FRACS. General surgeon with sub-specialist interests in Rural, Minimally Invasive Surgery. Multi-disciplinary interests include Academic Surgery, Professional Development and Research. Interest in epidemiology,

as it relates to surgical diseases and procedures. Professor of Surgery, 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 since 2008. Member of RACS Examinations Committee since 2008. Member of RACS Court of Examiners in General Surgery since 2008. Member of RACS Board in General Surgery since 2007. Elected May 2010.



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