



# 2014

## 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

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# PRESIDENT'S REPORT

## 2014 Annual Report



In 2014, 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.

A highlight of the Company's achievements in 2014 was the successful delivery of the second Annual Scientific Meeting (ASM) managed internally through the GSA Events Department. Please visit [page?](#) to view key indicators of success measured in 2014.

The Board is pleased to note the achievement of a number of major strategic goals in the 2014 financial year, particularly given the changing landscape in Surgical Education & Training (SET) throughout the year.

GSA held 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 2015-2018. The new Strategic Plan, to be approved in 2015, will focus on advocacy, employment support and career development for Members, expansion of educational services for the SET Program in General Surgery - particularly through on-line learning and assessment tools, support for General Surgeons in low-income countries, the fostering of professional relationships with relevant sub-specialty societies, and improved awareness and information on General Surgery for the Australian community and consumers.

This year, members of the GSA Board were involved in a number of reviews and projects related to General Surgery, including the ongoing Department of Health and Aging (DOHA) Inguinal Hernia Review, the National Elective Surgery Urgency Categorisation Guidelines, draft accreditation standards for Specialist Medical Training Sites, and AMA Roundtable discussions on excessive and exorbitant fees in surgery. The organisation also provided feedback and expert opinion on access and referral to colonoscopy in Australia, concerns about the provision of endoscopy services and allegations of over servicing, gastrostomy tubes guidelines, and credentialing in endoscopic procedures.

GSA continued to promote professional development, education, and training opportunities for our Members and Trainees via our website Events Calendar and 'Latest News', the GSA Newsletter, and Trainee Talk eBlasts. In 2014, GSA also introduced a Member Benefits Program for Members and Trainees, providing access to discounts on financial services and advice, insurance products, lifestyle services, car hire, dining, travel, and entertainment.

The 2014 GSA Annual Scientific Meeting (ASM) was held at the Perth Convention and Exhibition Centre in September, attracting over 350 delegate registrations. The 2014 ASM, "Emergency Surgery: A New Paradigm", ran from 26-28 September with 42 national and international speakers participating across the four days of the program. Keynote speakers included Mr Iain Anderson - Director of Emergency Surgery at the Association of Surgeons of Great Britain and Ireland, Professor David Bartolo - Professor of Surgery at the University of Western Australia, and Mr Les Nathanson from the Royal Brisbane and Women's Hospital.

The 2014 ASM program included a number of very well attended educational workshops for consultants, presented by a range of our industry partners. The workshop program included 'Operative Management of Complex Gallbladder and the Incidental Bile Duct Stone', 'Maximising Your Cash Flow', 'Financial Strategies for Surgeons', and 'Advances in Ventral Hernia Repair'. A comprehensive sponsorship campaign was conducted to maintain industry involvement in the meeting. This year GSA again secured Johnson & Johnson Medical as Principal Sponsor, with Cook Medical providing Major Sponsorship, and Bongiorno National Network providing Supporting Sponsorship. A further 14 industry partners participated in the meeting at various levels.

A record number of abstracts were submitted for consideration by the GSA Research & Scholarships Committee, with 30 SET Trainees in General Surgery, 22 Interns/PGY2, six Medical Students, 23 Non-accredited Registrars, and 18 Fellows/IMGs, applying (99 abstracts in total). Twelve 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, and the Australian Chapter CICD/ISDS Prize. In 2014, two new prizes were introduced - the GSA Research Award valued at \$2,500, and the GSA Poster Award valued at \$500. The Excellence in Surgical Teaching

# PRESIDENT'S REPORT CONT...

## 2014 Annual Report

Awards (ESTA) were also introduced in 2014, with five exceptional Surgical Supervisors or Trainers recognised at the 2014 GSA ASM. Nominations for the ESTA were made by Trainees across Australia, with the winners selected by the GSA Trainee Subcommittee.

The 2014 Pacific Island and South East Asian Travel Grants were awarded to Dr Zubaidah Nor Hanipah from Malaysia, and Dr Micky Olangi from the Solomon Islands. The Board also awarded educational grants to 11 General Surgery Trainees and IMGs in General Surgery who had demonstrated an interest in Rural Surgery, for registration at the 50th Annual Scientific Conference of the Provincial Surgeons of Australia in Darwin. The expansion of GSA's Event Management services in 2014 saw the organisation engaged by the Provincial Surgeons of Australia to deliver their 51st Annual Scientific Conference, which will be held in Lismore in October 2015.

In August 2014, the inaugural Selection process for the GSA Post-Fellowship Education and Training (PFET) Program in Transplantation Surgery was undertaken, with the first candidate appointed to the training program at Westmead Hospital NSW, commencing in 2015. GSA continued to work with the RACS PFET Committee to receive formal accreditation of the program, which is expected to be awarded in 2015.

From 1 January 2014, GSA assumed responsibility for the administrative management of all IMGs in General Surgery, post initial clinical assessment by the RACS. Substantial investment in the TMS database continued, including the development of a module for management of IMG assessments and administration.

In 2014, the Board of Directors continued their work in meeting the requirements of the Partnering Agreement with the RACS, for the administration of the SET Program in General Surgery in Australia. This included the continued expansion of activities delivered for Trainees, particularly work on the development of the online learning module program - Surgical Education & Assessment Modules (SEAM). The first two SEAM programs were launched in Term 1, 2014 - Acute Abdomen and Haematology, with the SEAM programs for Anatomy and The Operating Theatre launched in Term 2, 2104. Australian General Surgery Trainees access SEAM via the GSA website, with satisfactory completion of modules recorded in the TMS database.

GSA continued work with the RACS Board in General Surgery (BiGS) in developing content and assessment tools for SEAM, with workshops held in May and August 2014. In November 2014, GSA also coordinated the first Standard Setting workshop for SEAM Acute Abdomen and SEAM Haematology, with six subject matter experts participating in the Standard Setting process.

In September 2014, the shared model for provision of secretariat support to the BiGS was introduced, with the New Zealand Association of General Surgeons to deliver support until May 2017. The revised Terms of Reference for the BiGS, and the introduction of the Project Management Committee, have ensured an ongoing commitment from both societies to excellence in customer service and support for members of the Board and General Surgery Trainees across Australia and New Zealand.

The GSA Educational Webcast program continued in 2014, with 165 webcasts recordings added from Regional Educational programs across New South Wales, Queensland, South Australia, and Western Australia, two national Trainees' Day programs held in Singapore and Perth, and the 2014 GSA ASM. The combined Educational Webcast program, which includes presentations from 2012 to 2014, was accessed over 8,000 times by GSA Members, Trainees, and IMGs in 2014. These statistics confirm that the program provides an invaluable online educational resource, particularly for those located in rural and regional areas.

As in previous years, GSA 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 July 2014, and the GSA Trainees' Weekend held in the Yarra Valley, Victoria in November 2014. GSA delivered three commercial courses in 2014 for the Management of Surgical Emergencies (MOSES) program, held in Melbourne, the Gold Coast, and Perth. The Company also held two national Trainees' Days, focussing on Upper Gastrointestinal Surgery (May, Singapore) and Colorectal Surgery (September, Perth), with both programs achieving record attendance by General Surgery Trainees and IMGs.

# PRESIDENT'S REPORT CONT...

## 2014 Annual Report

In 2014, GSA processed a record 449 applications to the SET Program in General Surgery, via the online General Surgery Selection Application. Five applicants did not meet minimum eligibility criteria; 444 candidates proceeded to the Referee Report stage, and 375 candidates proceeded to the Interview stage of the Selection process. Interviews were held in Sydney, Melbourne, Brisbane, Perth, and Adelaide in June 2014.

In early 2014, the BiGS announced changes to the SET Program in General Surgery, following an extensive review of the calibre of candidates commencing training since 2008 and the experience required to become a successful General Surgeon. The changes to the program included a requirement for increased exposure to General Surgery prior to Selection, satisfactory demonstration of a range of procedural and professional activities, the removal of the SET1 training year, and the introduction of the RACS Surgical Science Generic Examination as an eligibility criterion from 2016 onwards.

With the introduction of the first phase of the SET Transition Project, a reduced total of 63 offers were made in 2014; 55 offers were accepted, 6 offers were declined, and 2 applicants requested deferral in 2015. Due to the reduced intake for 2015, GSA held SET Orientation Workshops in Sydney, Melbourne, and Brisbane only, during November and December 2014.

In May 2014, the Directors agreed to invest surplus funds totalling \$300,000 from the previous financial year with both the RACS Small Scale Offering and ANZ Bank OneAnswer portfolio. Unfortunately markets did not perform as strongly in 2014, with the return on investments 8% lower than returns in the previous financial year. The Board's long-term investment strategy continues to include the funding of annual grants and research scholarships.

The changes to the SET Program in General Surgery necessitated by the SET Transition Project resulted in a comprehensive review of administrative support requirements across Australia. As a direct result of the SET Transition, the Board approved a restructure of the support model in Queensland in August 2014. The total number of full-time and part-time staff employed by GSA during the 2014 financial year was thirteen.

Employment costs for this financial period increased, partially as a result of redundancy payments necessitated by the restructure of the Queensland administrative support model. Expenses related to the delivery of activities under the Partnering Agreement also increased, including Regional Education programs and webcast recordings, Selection, office rental, and website and database development. The GSA ASM recorded a surplus in 2014. Revenue from the Partnering Agreement, IMG Services, membership subscriptions, Selection, Courses, and GSA meetings all increased in this financial period and contributed towards the surplus for the year.

### LIKELY FUTURE DEVELOPMENTS AND EXPECTED RESULTS 2015

In 2015, GSA will continue with the expansion of activities delivered as part of the Partnering Agreement with the RACS, with the finalisation of the first eight modules of the SEAM program and Standard Setting of all modules to be completed by the end of 2016. SEAM Nutrition and SEAM Critical Care & Trauma are scheduled for release in Term 1 2015, with SEAM Peri-Operative Care and SEAM Post-Operative Care to follow in Term 2, 2015.

As part of the new Strategic Plan, the GSA Board is committed to the development of the second part of the SEAM program, which will focus on organ-specific content aimed at mid-SET Trainees and those preparing for the RACS Fellowship Examination. The new Strategic Plan will also see the Company increase the services provided to IMGs in General Surgery, including peer support, Fellowship Examination preparation, and access to online educational resources.

# PRESIDENT'S REPORT CONT...

## 2014 Annual Report

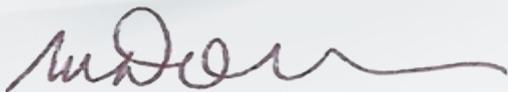
The 2015 ASM will be held at Pullmans Cairns International 25-27 September, with the theme of "Complex General Surgery". Two keynote international speakers will participate in the meeting, as well as an esteemed cohort of local and national speakers. In an exciting development, GSA will combine the Friday program of the ASM with the Australian and New Zealand Hepatic, Pancreatic & Biliary Association (ANZHPBA), to deliver an attractive program that will appeal to members of both organisations.

The 2015 GSA Trainees' Days will focus on Trauma Surgery (May, Perth) and Vascular & Transplantation Surgery (September, Cairns). Three commercial MOSES programs are scheduled to be held in Melbourne, Perth, and Cairns in 2015.

The SET Transition Project will necessitate significant changes to the online Selection Application in 2015, and the Board will continue to monitor any financial impact from the SET Transition, including potential short-term reductions in SET Program and Selection revenue in the 2015 and 2016 training years.

In 2015, GSA will introduce an online application for Hospital Accreditations. The application will be launched to coincide with the inspection of 41 Hospitals in Victoria as part of the Quinquennial Hospital Accreditation process. GSA will also continue to accredit hospitals participating in the PFET Program in Transplantation Surgery.

Further development of the TMS database will occur in 2015 due to the SET Transition Project. Existing regional education activities will continue across Australia. The GSA webcast program will continue in 2015, with approximately 110 sessions to be recorded, and the 2015 GSA ASM and Trainees' Days in Perth and Cairns will also be recorded.



**Dr Michael Donovan, FRACS**  
President

# 2014 SUCCESS

## 2014 Annual Report

INDICATOR	TARGET	2014 RESULT
Membership	Membership increase > 5% p.a.	62 new Members = 7% overall increase
Membership	New Membership amongst Fellows > 10 years post FRACS > 25%	63 new General Surgical Fellows in 2014; 33 of these joined GSA (52%)
Website Services	Increased logins to Members area of GSA website	2014: 2,247 individual logins 2013: 1,362 individual logins
Selected Trainees	Retention > 90%	93% retention (1% withdrawn, 6% dismissed, 2 personal, 5 transfers to another specialty)
SAT SET Attendance	80% of Supervisors	92 General Surgery Supervisors completed SAT SET (68%)
Fellowship Examination Pass Rate	80% by second attempt	Overall pass rate: 73% Of those that passed, 85% (61) passed within two attempts  Trainee pass rate: 75% IMG pass rate: 60%
CPD Compliance	100% compliance with existing RACS CPD	100% of GSA members compliant for 2013 CPD Program
GSA ASM	50% growth of practising Surgeons at GSA ASM in 3 years	2014 ASM: 52% of delegates were surgeons 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	Two Pacific Island Travel Grants awarded John Ham, Noel Newton, CICD/ISDS Research Prize, GSA Poster Prize awarded
Performance and 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 6.5% under budget
Compliance	Lodgement of Statutory Accounts four months after EOFY	Form 388 lodged with ASIC on 3 April 2014 ACNC Submission lodged 27 June 2014

# TREASURER'S REPORT

## 2014 Annual Report



I am pleased to present this Treasurer's Report, which highlights the financial position for General Surgeons Australia (GSA). The 2014 financial year saw continued sound operational performance achieved through our core business activities, although the return on investments was not as strong as in the previous financial year.

Our corpus of funds has increased, which will allow ongoing funding of scholarships, research, and travel grants, a key objective under the 2012-2015 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 AND LOSS AND OTHER COMPREHENSIVE INCOME

Total operating revenue (excluding investment returns) was \$2,513,292 in 2014, compared to \$2,444,707 in 2013. Total expenditure in 2014 was \$2,215,348, compared to \$2,131,217 in 2013. The overall surplus for 2014 was \$446,238 (2013: \$511,746), which was due primarily to the surplus from the 2014 GSA Annual Scientific Meeting (ASM), Selection revenue, and Courses.

#### *Key Revenue and Expenditure Items for 2014*

- Partnering Agreement income was \$1,373,976 in 2014 (2013: \$1,323,960)
- The surplus for the 2014 GSA ASM was \$25,965 (2013: \$51,740)
- The return on investments for 2014 was \$148,386 (2013: \$198,256)
- Personnel costs remained the dominant expense and included an annual salary increase of 3.45%

### STATEMENT OF FINANCIAL POSITION

Key movements in assets included a 4.1% increase in cash and cash equivalents, and an increase of 35% on investments in 2014. Current liabilities decreased by \$33,853, due in part to redundancy payments resulting from the restructure of the Queensland administrative support model.

### STATEMENT OF CASH FLOWS

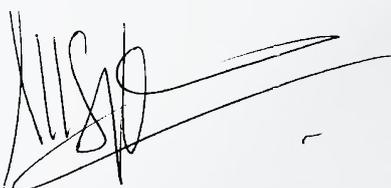
In 2014, the Statement of Cash Flows indicated a net cash inflow from operating activities of \$328,276 (2013: \$359,907), and a net increase in cash held of \$23,901 (2013: \$141,519).

### 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 2014, which is available for download from the GSA website.

### DIRECTOR'S DECLARATION

The directors of General Surgeons Australia declare that the summarised financial report set out on pages 10- 12 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 2014.

A handwritten signature in black ink, appearing to read 'A Sayed-Hassen', with a long horizontal flourish extending to the right.

**Mr A Sayed-Hassen, FRACS**  
Treasurer



# FINANCIAL SUMMARY

2014 Annual Report

## STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

For the year ended  
31 December 2014

REVENUE	NOTES	2014 \$	2013 \$
Members' subscriptions		146,738	138,256
Advertising income		3,425	1,810
Administration income		455	-
GSA Trainees' Day - May 2013		-	10,030
GSA Trainees' Day - May 2014		13,880	-
Partnering Agreement income		1,373,976	1,323,960
IMG Services income		39,125	1,125
Hospital Inspection income		146,100	128,700
Selection income		270,254	245,145
Regional Training Courses income		175,702	118,234
MOSES income		45,700	34,940
Post Fellowship Education & Training income		840	-
2013 GSA ASM surplus		-	138
2013 GSA ASM income		-	400,702
2014 GSA ASM income		270,772	41,818
2015 GSA ASM income		11,727	-
Event Management income		14,500	-
Merchandise		200	315
Cost of Sales - GSA Ties		(102)	(466)
		2,513,292	2,444,707
Other revenue - interest	2	45,098	35,564
Income on investments	2	103,288	162,692
		2,661,678	2,642,963
<b>Expenses from Commercial Activities</b>			
• RACS ASC 2015		(7,000)	-
• RACS ASC 2014		(4,073)	(9,207)
• RACS ASC 2013		-	(1,524)
• 2016 GSA ASM		(3,062)	-
• 2015 GSA ASM		(14,126)	(5,284)
• 2014 GSA ASM		(270,026)	(27,002)
• 2013 GSA ASM		-	(348,962)
• Event Management services		(4,230)	-
• GSA Trainees Days - 2014		(63,154)	-
• GSA Trainees Days - 2013		-	(24,994)
• MOSES		(59,426)	(50,198)
• Selection		(117,643)	(97,149)
• Regional Training Courses		(112,843)	(97,039)
• Research & Travel Grants		(7,195)	(29,031)
• PSA Education Grants		(6,600)	(5,400)
• GSA Awards		(7,301)	-
Employee benefits expense	3	(856,365)	(828,815)
Administrative expense		(637,864)	(573,692)
Finance costs		(14,562)	(13,170)
External professional services expense		(20,533)	(9,055)
Depreciation expense	3	(9,346)	(10,695)
<b>Surplus for the year</b>		<b>446,328</b>	<b>511,746</b>
Other comprehensive income		-	-
<b>Total comprehensive income for the years</b>		<b>446,328</b>	<b>511,746</b>

# FINANCIAL SUMMARY

2014 Annual Report

## STATEMENT OF FINANCIAL POSITION

For the year ended  
31 December 2014

	NOTES	2014 \$	2013 \$
CURRENT ASSETS			
Cash and cash equivalents	4	606,143	582,242
Trade and other receivables	5	18,808	16,906
Financial assets at fair value through profit and loss	8	1,558,171	1,154,883
Inventories	6	4,873	4,975
<b>TOTAL CURRENT ASSETS</b>		<b>2,187,995</b>	<b>1,759,006</b>
NON CURRENT ASSETS			
Plant and equipment	7	9,060	14,031
<b>TOTAL NON CURRENT ASSETS</b>		<b>9,060</b>	<b>14,031</b>
<b>TOTAL ASSETS</b>		<b>2,197,055</b>	<b>1,773,037</b>
CURRENT LIABILITIES			
Trade and other payables	9	19,977	49,173
Provision for employee entitlements	10	78,832	83,489
<b>TOTAL CURRENT LIABILITIES</b>		<b>98,809</b>	<b>132,662</b>
NON CURRENT LIABILITIES			
Provision for employee entitlements	10	68,346	56,803
<b>TOTAL NON CURRENT LIABILITIES</b>		<b>68,346</b>	<b>56,803</b>
<b>TOTAL LIABILITIES</b>		<b>167,155</b>	<b>189,465</b>
<b>NET ASSETS</b>		<b>2,029,900</b>	<b>1,583,572</b>
MEMBERS' FUNDS			
Accumulated surplus		2,029,900	1,583,572
<b>TOTAL MEMBERS' FUNDS</b>		<b>2,029,900</b>	<b>1,583,572</b>

# FINANCIAL SUMMARY

2014 Annual Report

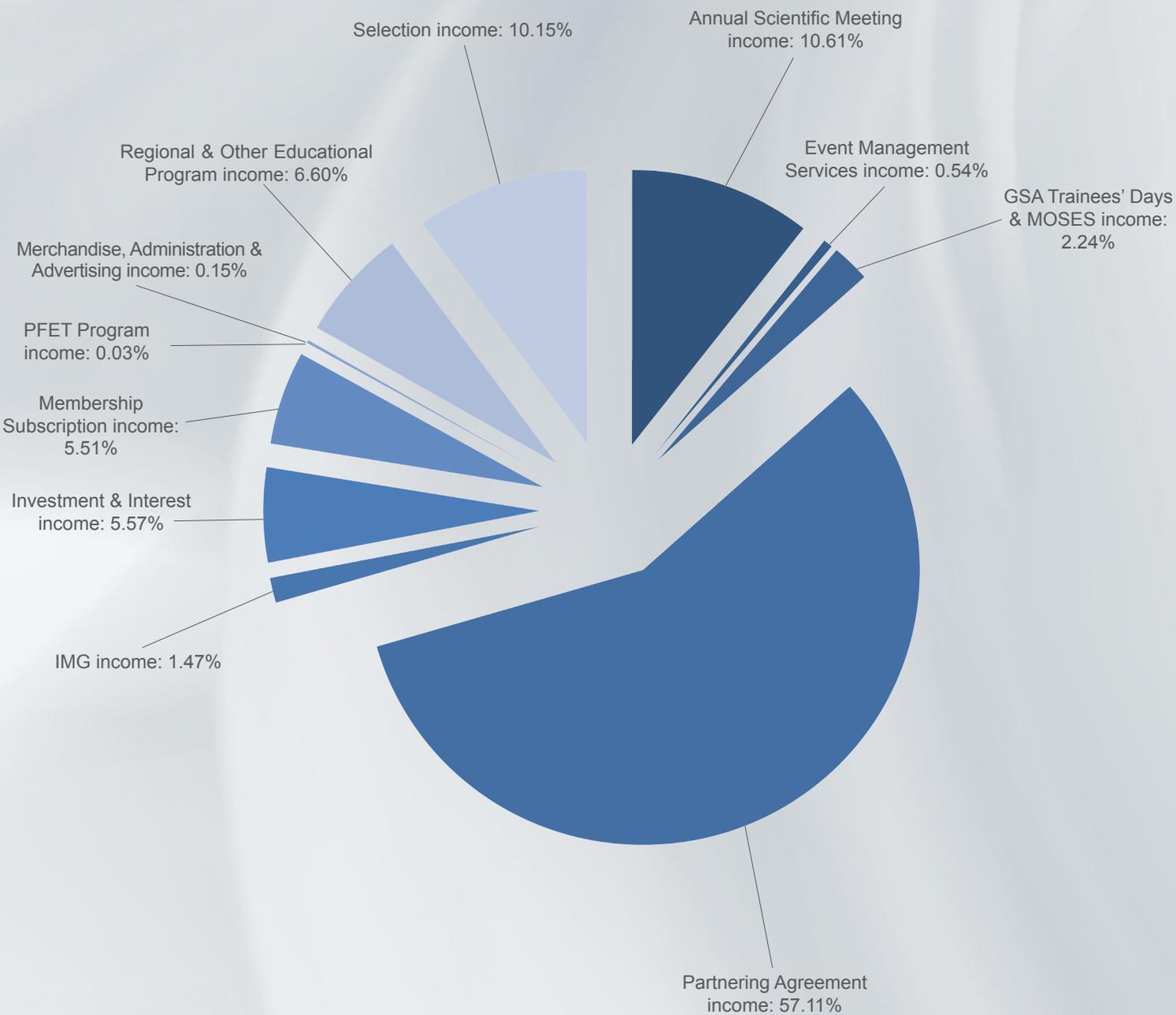
## STATEMENT OF CASH FLOWS

For the year ended  
31 December 2014

	NOTES	2014 \$	2013 \$
Cash flows from operating activities			
• Receipts from members and customers		2,211,387	2,249,441
• Payments to suppliers and employees		(1,913,647)	(1,911,928)
• Interest received		45,098	35,564
• Interest expense		(14,562)	(13,170)
Net cash provided by operating activities	13b	328,276	359,907
Cash flows from investing activities			
• Payment for plant and equipment		(4,375)	(18,388)
• Payment for investments		(300,000)	(200,000)
Net cash used in investing activities		(304,375)	(218,388)
Net increase in cash held		23,901	141,519
Cash and cash equivalents at the beginning of the year		582,242	440,723
Cash and cash equivalents at the end of the year	13a	<b>606,143</b>	<b>582,242</b>

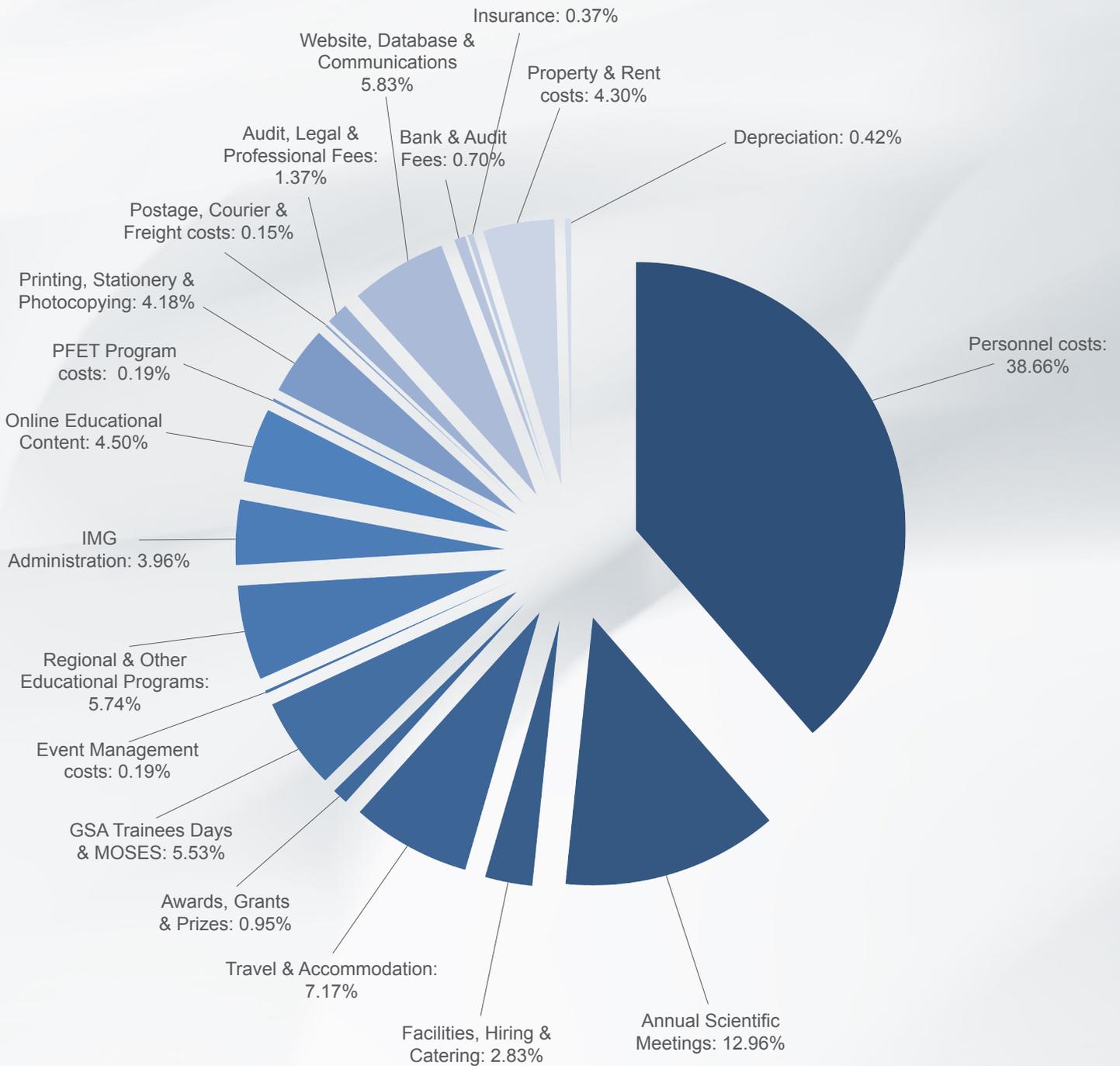
# TOTAL REVENUE

2014 | \$2,661,678



# TOTAL EXPENDITURE

2014 | \$2,215,348



# BOARD OF DIRECTORS

## 2014 Annual Report



**MR MICHAEL PETER DONOVAN, MBBS, FRACS  
PRESIDENT**

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 at Nambour Hospital 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. Coopted GSA ASC Brisbane 2010 Representative from 2007-2010. GSA Secretary/Treasurer June 2010-June 2012. GSA Vice President June 2012-May 2014. President since May 2014. Elected May 2010.



**MR TREVOR GRAHAM COLLINSON, B ARCH (HONS), BM BS, MS, FRACS  
VICE PRESIDENT**

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. 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. Vice President since May 2014. Elected May 2012.



**MR AKHTAR SAYED-HASSEN MBChB, BA, FRCS, FRACS  
TREASURER**

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. Treasurer since June 2012. Elected May 2012.



**MR GRAEME JOHN CAMPBELL, MBBS, FRACS  
DIRECTOR**

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

## 2014 Annual Report



**PROF MICHAEL ROBERT COX, MBBS, MS, FRACS  
DIRECTOR**

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 June 2012-May 2014. Elected January 2006.



**MR W GAMINI  
PREMARATNE, FRACS  
DIRECTOR**

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. External Examiner for MD Part 1 & 2 Examination, Postgraduate Institute of Medicine, University of Colombo, Sri Lanka since 1994. Member of RACS Queensland Regional Subcommittee of the Board in General Surgery from 2005-2013. Elected May 2012.



**MR ALAN CHARLES SAUNDER, MBBS, FRACS,  
DIRECTOR**

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; 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 since February 2012. Elected May 2009.



**PROF RICHARD CLIVE  
TURNER, MBBS, B Med SC,  
PhD, FRACS  
DIRECTOR**

General surgeon with sub-specialist interests in Rural, Trauma, Upper GI/HPB, Obesity, Colorectal and 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 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 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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