



The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists

Excellence in Women's Health



2016–2017

ANNUAL REPORT



The College's Vision is:

Excellence in women's health – to be the leading authority in women's health in Australia and New Zealand.

This year's annual report takes '**leading the way in women's health**' as its theme.



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President's report



Prof Steve Robson
President

It is with pleasure that I present the RANZCOG Annual Report for the 2016–17 financial year for the information of the College membership and other interested parties.



This report comes six months into the term of the Tenth RANZCOG Council and covers what has been a year of challenges and achievements for our College. The College continues to broaden its horizons as a professional body, and to use its strengths to position itself as the key provider of trustworthy advice on all aspects of women's health.

Transvaginal mesh

Transvaginal mesh has been an important issue for the College and many of its Fellows over the past year. In New Zealand, recommendations arising from the Government Health Select Committee Inquiry into mesh, presented in mid-2016, included the establishment of a nationwide mesh register and standardised reporting of adverse outcomes. In Australia, a Senate Committee has been conducting an Inquiry into the use of transvaginal mesh. The College made a submission to the Senate, with the support of many Fellows. The College also worked with Medibank Private to obtain data regarding long-term re-operation rates following use of transvaginal mesh. The College made its submission and other information and resources in relation to pelvic mesh available on its website for its members and other interested parties to access. It is expected that the College will be asked to appear before the Inquiry in the near future.

Maternity framework

Australia and New Zealand are two of the safest places in the world to give birth and to be born and collaboration between all those who provide maternity care is critically important. Over the first half of 2017, the Queensland Government Health Department, in conjunction with Deloitte, attempted to develop a National Framework for Maternity Care in Australia. Following significant concerns raised with the project, however, in particular with regard to the consultation process, the project was ultimately discontinued.

In parallel with this process, the College has been working on developing a framework for maternity care for all Australians that is safe, inclusive, fair

and effective – with the health of women and their babies at the centre of planning. *Maternity Care in Australia: A framework for a healthy new generation of Australians* will be a single inclusive document that articulates a cohesive, evidence-based view of how the College feels maternity care should be provided. The framework document is being developed in consultation with important providers of maternity care, including the specialist colleges of anaesthetists, psychiatrists, rural and remote medicine, general practitioners, pathologists and many more, and deals with all aspects of care, from pre-pregnancy health through to the postnatal period.

Migrant and refugee women

The College partnered with the Migration Council Australia, with funding from the Commonwealth Government, to establish a Migrant Women's Health Initiative to develop resources and strategies to address barriers to accessing care for migrants and refugees from culturally and linguistically diverse backgrounds. The Migrant Women's Health Initiative Working Group has representation from each of the relevant medical colleges, the Australian Medical Association, nurse and midwife associations, multicultural community groups and Government and was convened to drive the direction of the Initiative and oversee its projects. The Working Group has been meeting regularly to produce guidance.

Private practice

While the situation in New Zealand is different, the health of the private sector in Australia is of fundamental importance to women, as a very large proportion of clinical activity in the speciality of obstetrics and gynaecology in Australia occurs in the private sector. The College is aware of a number of potential threats to private practice, including: changes to the uptake of private health insurance; possible changes to medical indemnity schemes; and, compliance with revalidation requirements. The College supports its members in private practice and has taken a number of steps to address concerns regarding

the viability of private practice and highlight ways in which the College can provide assistance. Fellows were surveyed about how the College could potentially assist those in private practice and it was pleasing to note that 36 per cent of Fellows in active private practice participated in the survey. The results of the survey reflected that members in private practice are supportive of the College undertaking a political advocacy role and implementing better support infrastructure for those Fellows who work in private practice.

Clinical variation

Clinical variation is the phenomenon of different rates of treatment – typically surgery – in different regions that is not explained by differences in the prevalence of disease. The Atlas of Clinical Variation, developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC), documents the varying uptake of a number of key procedures and treatments across Australia. While there are many reasons for such variation, procedures that have considerable variation should definitely lead to further analysis. The College has been working with the ACSQHC regularly to review current data and plan future data collections. It is anticipated that the data will assist the College in being able to help its members in their management of patients.

Summary

I have had the privilege of working with a wonderful group of enthusiastic colleagues, not only on College Council and the Board but also in the regional committees. Our Chief Executive Officer, Ms Alana Killen, and the staff of College House and our regional offices are savvy and skilled.

The work of the RANZCOG Board, Council, its committees and all of our pro bono workforce is integral to the healthy function of our speciality as a thriving and innovative discipline. I anticipate another year working with all the many members who contribute so much, and demonstrate commitment, enthusiasm and productivity.



CEO's report



Alana Killen
CEO

It is with great pleasure that I present the CEO's Report for the 2016–17 financial year. This report highlights some of the many activities and achievements throughout the past year.



New classes of membership

To support the many practitioners involved in the delivery of women's healthcare in both Australia and New Zealand, the College has broadened its categories of membership to establish three additional affiliate classes:

Trainee Affiliate

Trainees who have been accepted to the FRANZCOG Training Program may now be admitted as members. As the future of the specialty, the College welcomes our FRANZCOG Trainees as members of the College.

Midwife Affiliate

Midwives who hold general midwifery registration with the Nursing and Midwifery Board of Australia or a practising certificate with the Midwifery Council of New Zealand may now be admitted as members of the College. Midwife Affiliates will receive electronic access to relevant College publications and resources offered through CLIMATE eLearning.

Prevocational Affiliate

Students studying medicine at universities in Australia and New Zealand and prevocational doctors resident and practising in Australia and New Zealand may now be admitted as members of the College. Members of the Pre-Vocational Obstetrics & Gynaecology Society – Australia & New Zealand (PVOGS) will be automatically provided with complimentary Prevocational Affiliate membership with the College.

Engagement and consultations

As one of our key objectives, the RANZCOG Strategic Plan identifies increased engagement with our stakeholders, including members, partners, the community and government at all levels across both Australia and New Zealand. One way to engage broadly with stakeholders is through the provision of submissions to inform various public consultation projects. To increase member engagement, the College has introduced a process whereby members can contribute feedback when submissions are being developed or when RANZCOG is asked to comment on the documents of others. Members are now able to provide feedback to the College via the RANZCOG website, which ensures that our submissions are as inclusive as possible. In the past year, the College has prepared submissions in response to 46 consultations.

Governance matters

Last November, the College adopted a revised Constitution to establish three-year terms of office for the RANZCOG Board and Council, and aligned maximum terms of office of two three-year terms. The revised terms of office will apply to Board Members and Councillors declared elected in 2018. A review of the governance structure of the College has also commenced to ensure that the governance framework provides clarity regarding authority and responsibilities, as well as a timely and organised approach to decision-making.

Health Workforce Planning

Workforce planning has been an important issue for the College this past year, with the National Medical Training Advisory Network (NMTAN) – the body that advises Health Ministers on issues relating to planning, distribution and coordination of medical training – examining the supply and demand of the medical workforce. NMTAN are progressively working through demand and supply modelling for the various specialties and work on obstetrics and gynaecology commenced in early 2017. RANZCOG is participating in the process and will provide data to the Workforce Data, Analysis and Planning Section of the Department of Health.

There have also been extensive discussions regarding the needs of the rural workforce, with data provided by the Department of Health indicating that the distribution of the workforce remains a challenge. With the development of a National Health Workforce Strategy identified as a priority, the College is involved in discussions around rural training and services.

Specialist Training Program

The Specialist Training Program (STP) seeks to extend vocational training for specialist registrars into settings outside traditional metropolitan teaching hospitals, including regional, rural and remote and private facilities. The program aims to improve the quality of the future specialist workforce by providing registrars with exposure to a broader range of healthcare settings, as well as funding for specific educational projects. Following a review of the program, which included extensive consultation with colleges and other stakeholders, the Government determined that it would continue its investment in the STP, noting strong

stakeholder support for this initiative. Funding Agreements with specialist medical colleges will be for three years from 2018, providing greater certainty for colleges and training settings.

This year, RANZCOG applied for STP funding to develop resources and run workshops relating to Respectful Workplaces and Mentoring. The resources will be available via the College's online learning platform (CLIMATE eLearning) and workshops will be implemented across Australia in the second half of the year.

Training welfare support

In recognition that the training environment is stressful and trainees are under a lot of pressure, the College is establishing a Training Support Unit (TSU) to prioritise the well-being of our trainees. The TSU will be initially staffed by a Trainee Liaison Officer with a view to expanding this in future to also provide greater support for Training Supervisors.

The College conducted a trainee survey to identify potential barriers to success, with survey results highlighting that mental wellbeing was an area that needed to be better addressed. In response, the College reinforced its commitment to providing more meaningful support to its trainees, including the implementation of this Unit. In conjunction with the TSU, the College will be initiating partnerships with corporate mental healthcare providers in Australia and New Zealand to enable trainees to access confidential online, over-the-phone or face-to-face support when they need it.

Once again, I take this opportunity to thank the RANZCOG Board, Council and College staff for their ongoing support and dedicated commitment to the College and the mission and values for which it stands.



EDUCATION AND TRAINING

In January 2017 the College welcomed Dr Brendan Grabau as the new Director of Education and Training. Over past year the Directorate has seen a variety of initiatives implemented across all areas of education and training.

Training

National Selection

Trainee Selection for the FRANZCOG Training Program continues to evolve, with the ongoing inclusion of feedback from clinical training sites in the form of Institutional References.

Situational Judgement Testing (SJTs) has continued as a trial in 2016 and 2017. All applicants undertook the testing in New Zealand and various venues around Australia. This will place the College in a position to evaluate the data collected and review the reliability of the testing for future selection cycles.

A total of 108 applicants were successful in selection to the FRANZCOG training program and commenced their training in 2017. The below table shows the number of Year 1 trainees who commenced in each state/region:

VIC	NSW/ACT	QLD	SA/NT	WA	TAS	NZ	Total
27	33	17	4	8	2	17	108





There are currently 673 registered trainees working towards Fellowship.

VIC	NSW/ACT	QLD	SA/NT	WA	TAS	NZ
167	195	114	37	40	13	107

FRANZCOG

In the period August 2016 to July 2017, a total of 80 trainees successfully completed training and were elevated to Fellowship.

The final phase of the online portfolio system for FRANZCOG trainees has begun. All trainees are now recording training information and assessments online via the my.ranzcog portal.

The Commonwealth Government of Health has confirmed that it will be continuing its contract with the College regarding the Specialist Training Program (STP) funding of posts in provincial areas for the next three years. There are currently 32 posts that will be undergoing review in the coming year to ensure they meet the operational framework outlined for the program.

In addition to the STP, the Commonwealth Department of Health has launched a new funding scheme: the Integrated Rural Training Pipeline (STP-IRTP). This involves the creation of 100 new training posts during 2017–18, across participating Colleges. These new training posts target RA 2-5 areas and are designed to enable a trainee to complete the majority of their Fellowship training within a rural region, with only limited metropolitan rotations where necessary. Two RANZCOG training posts have secured funding via this pathway: Mackay and Dubbo.

CWH, DRANZCOG and DRANZCOG Advanced

Interest in the Certificate and Diploma programs continues, with the following number of trainees undertaking training and assessment as at June 2017:

Training program	No
CWH	174
CHW/DRANZCOG	391
CWH/DRANZCOG/ DRANZCOG Advanced	157
DRANZCOG/DRANZCOG Advanced (CWH completed)	11
DRANZCOG Advanced	58
Total	81



Assessment

It's been a busy year in the Examinations Department, with 717 candidates being assessed through delivery of 23 written and oral examinations across all RANZCOG training programs; FRANZCOG, Diploma, Certificate of Women's Health, and the five Subspecialties.

In April 2017, the DRANZCOG Advanced Oral examination ran for the first time in with a new format (ten stations using a global scoring method).

Subspecialties

The College continues to offer five subspecialty training programs for certification:

- Gynaecological Oncology (CGO)
- Maternal Fetal Health (CMFM)
- Obstetrical and Gynaecological Ultrasound (COGU)
- Reproductive Endocrinology and Infertility (CREI)
- Urogynaecology (CU)

Key metrics relating to subspecialties for the 2016–17 period are as follows:

Subspecialty	Current trainees (As at July 2017)	Certified (July 2016 – July 2017)	Total certified (As at July 2017)
CGO	13	5	61
CMFM	34	2	62
COGU	11	1	44
CREI	26	2	74
CU	10	4	39
TOTAL	94	14	280

Continuing Professional Development

All Fellows have now moved from the paper-based CPD system to the CPD Online platform. In January 2017 the number of Fellows randomly selected for verification checks increased from 5 per cent to 10 per cent. All Certificants and Diplomates commenced a new CPD triennium in 2017.

Education

Online modules about sexual assault have been developed. These are designed to assist RANZCOG Trainees, Fellows and Diplomates in understanding the prevalence of sexual assault and the importance of providing appropriate care to survivors of sexual assault.

A Women's Health Cultural Competency scenario has been developed and is being delivered via online modules. These modules support clinicians to better care for Aboriginal and Torres Strait Islander women.

A series of videos have been developed to assist trainees in the development of various knot-tying techniques used in surgery.





The Basic Obstetric Skills workshop and workshop manual have been launched. This compulsory workshop was developed to support trainees' skills development in their first year of training.

The Research Skills workshops continue to run with increased numbers of FRANZCOG trainees attending. This optional workshop has been designed to support trainees with their compulsory research project.

Specialist International Medical Graduates

The Specialist International Medical Graduate (SIMG) Assessment Committee oversees the processes for the assessment of SIMGs and the training or oversight of SIMGs accepted onto the pathway to Fellowship in Australia and New Zealand.

The following program developments and activities were undertaken in the SIMG area in the past 12 months:

- Implementation of changes to the Regulations, policy and processes to allow for SIMGs to elect one of three pathways to Fellowship: the Generalist, Academic or Subspecialist pathway.
- Updates to the Regulations, policy and processes to achieve compliance with the Medical Board of Australia's Good Practice Guidelines for the specialist IMG assessment process.
- The Network of College IMG Managers (NCIM) meeting was hosted by RANZCOG in November 2016
- Deloitte conducted a review of the College's performance in the assessment of SIMGs on behalf of the Medical Board of Australia in August 2017

Country	Applications received	Interviews conducted	Outcome		
			SC	PC	NC
Australia	36	33	11	6	16
New Zealand	-	6	5	1*	-

SC Substantial Comparable

PC Partially comparable

NC Not comparable

*Limited to obstetrics

A total of 67 SIMGs were undertaking training or oversight requirements in Australia, and five entered the pathway as Educational Affiliates in New Zealand.

Twenty-nine SIMGs who completed their training or oversight requirements were elevated to Fellowship, including six from New Zealand.

Thirty-four International Medical Graduates (IMGs) applied to the College and were approved to undertake training in obstetrics and gynaecology in Short-Term Training positions in Australian hospitals.



PRACTICE AND ADVOCACY

Women's Health Committee

The Women's Health Committee (WHC) advocates for women's health on behalf of the College's Fellowship. It develops clinical advice on issues relating to many aspects of women's healthcare and is responsible for the ongoing revision of the College's suite of statements and guidelines. During the reporting period, more than 30 existing statements on a range of O&G topics were revised, in addition to the publication of new statements on late termination of pregnancy and routine pelvic examination. The WHC issued advice on emerging issues, such as: the Zika virus; delivery of chiropractic therapies to the unborn child; health of women seeking asylum, refugees and women held in detention; influenza vaccination during pregnancy; and the use of mesh for the surgical treatment of vaginal prolapse and urinary incontinence. Clinical expert input was provided to consultations, Federal and jurisdictional government committees and other external organisations. A suite of RANZCOG Patient Information Pamphlets was developed and published, with 27 different pregnancy and gynaecology topics now available.



Patient Information Pamphlets

New RANZCOG Patient Information Pamphlets were launched at the ASM in October 2016. This comprehensive suite of information was created to support clinicians and patients in the area of informed consent. Developed by subject matter experts and reviewed by a working party, Women's Health Committee, consumer representatives and College House staff, the information is up-to-date and aligned with the College's statements and guidelines.

During the reporting period, 29 pamphlets were published on the College website and available for purchase through the online print store. Members of the College have the option of purchasing pamphlets in bulk hard copy, downloading as a pdf to either print or forward to patients as an e-copy and co-branding the pamphlets with their practice logo or details.

Topics currently available include:

- Amniocentesis
- Antenatal Care & Routine Tests in Pregnancy
- Anxiety & Depression during pregnancy and following birth
- Asherman Syndrome
- Breech Presentation at the End of your Pregnancy
- Caesarean Section
- Chorionic Villus Sampling
- Chronic Pelvic Pain

- Endometriosis
- Exercise in pregnancy
- First few weeks following childbirth
- GBS
- Hysteroscopy
- Induction of Labour
- Instrument-assisted delivery
- Labour and Birth
- Laparoscopy
- Menopause
- Monitoring the Baby's Heart Rate in Labour
- Optimising your health prior to pregnancy
- Pain relief in childbirth
- Puerperal Neuralgia
- Red Blood Cell Alloimmunisation
- Travelling during Pregnancy
- VBAC

A further 15 pamphlets are currently in various stages of development and a RANZCOG Pregnancy & Childbirth information pack that incorporates 18 of the pamphlets in a folder will soon be available for clinicians to give to pregnant women in their care.





Global Health Unit

For more than 20 years, RANZCOG has focused on advocacy, collaboration and assistance through education, training and volunteering, to improve women's health in the Pacific region. RANZCOG continues to collaborate extensively with other organisations to optimise assistance to these countries.

Examples of successful collaborations are the Pacific Midwifery Leadership Fellowship program, funded by DFAT Australia Awards, to support leadership development of senior Pacific midwives; the CPD Program for Pacific Associate Members, which currently supports 51 O&G specialists in the Pacific by providing improved access to skill development, knowledge and networking; and collaboration between RANZCOG and the Pacific Society for Reproductive Health, the Fiji Obstetrics and Gynaecology Society and the Papua New Guinea Obstetrics and Gynaecology Society.

RANZCOG Programs

PRactical Obstetric Multi Professional Training (PROMPT)

The PROMPT Train the Trainer (T3) program in Australia and New Zealand is delivered by RANZCOG under license from the PROMPT Maternity Foundation (PMF) UK. The program has run in New Zealand since 2005 and Australia since 2011.

PROMPT is a multi-professional emergency obstetric training program that teaches clinicians how to better handle obstetric emergencies through improved communication, teamwork and situational awareness with the goal of improving outcomes for mothers and babies.

During the 2016–17 period, the RANZCOG Australian PROMPT Faculty delivered six Train the Trainer Courses, involving 133 attendees from 35 hospitals across Australia. The program reached a milestone during this period, with each state and territory now having at least one facility trained in the program. There are 127 facilities trained in program delivery throughout Australia and 27 in New Zealand.





Fetal Surveillance Education Program (FSEP)

During the reporting period, 300 FSEP workshops were delivered, involving 7379 participants. In addition, participants attended university sessions. Detailed review of the program and ongoing external analyses of the assessment tool, participant performance and

the clinical educators' performance ensures that the program is robust and informs future development of the program.

The OFSEP (Online Fetal Surveillance Education Program) remains available as a free online resource to the public. The OFSEPlus (Online Fetal Surveillance Education Program Plus) is freely available to those with access to the myRANZCOG portal; however, payment is required for other users. More than 1530 users have enrolled in OFSEPlus and 891 have completed the program.

The second edition of the FSEP book *Assessing fetal wellbeing: a practical guide* was published in September 2016. As of 30 June 2017, 1371 books have been sold. The e-book version was launched in July 2017 and is available through Amazon, GooglePlay, iTunes and Kobo.

Demand for the FSEP mobile app continues, with approximately 5000 sales since its release in February 2014. The app is sold through iTunes and GooglePlay. Other resources such as the RANZCOG IFS Clinical Guideline and FSEP teaching and assessment tools continue to be sold through the FSEP Online Store.





Nuchal Translucency Ultrasound Education and Monitoring Program (NTUEMP)

The NTUEMP administers the certification process and performs annual audit for all operators performing the Nuchal Translucency scan, using the Fetal Medicine Foundation (FMF) software, for the calculation of risk of Down Syndrome in Australia. The program also provides education in the form of the Nuchal Translucency Online Learning Program (NTOLP), Uterine Artery Pulsatility Index (UAPI), Ductus Venosus (DV) and NT Teleconference Tutorials.

Audit

The NT Program performs annual audit for all certified operators in Australia. In total, 1518 operators from 460 centres were audited.

Education

Course Type	Number of Participants
NTOLP	200
DV	83
UAPI	134
Teleconference Tutorials	47
Total	464

Certification

Certification type	Number of Applications Processed
NT	142
NB	53
UAPI	29
DV	2
Total	226

Since 2002, the Nuchal Translucency audit report has focused on the percentage of NT measurements above the 50th percentile with respect to the Fetal Medicine Foundation (FMF) reference curve. A new reporting process was implemented in January 2017, to provide more detailed operator feedback and to align with the FMF audit reporting.

Cervical Quality Improvement Program (C-QulP)

The C-QulP aims to improve the care of women who are referred for colposcopy and treatment of screen-detected abnormalities. As the program encompasses quality measures of the entire cervical management pathway, the name of the program was changed from Colposcopy Quality Improvement Program to Cervical Quality Improvement Program. The acronym, however, remains the same.

RANZCOG has updated the existing Colposcopy Online Learning Program (COLP) to align with the renewed National Cervical Screening Program (NCSP). The update was funded by the Commonwealth Department of Health.



RANZCOG Foundation

The RANZCOG Foundation supports the wide-ranging philanthropic activities of the College in the area of women's health. In 2016–17, as well as supporting Aboriginal and Torres Strait Islander and Pacific O&G Trainees to attend RANZCOG Annual Scientific Meetings, the RANZCOG Foundation has worked with various organisations to facilitate funding for cutting-edge research by promising early-career researchers from Australia and New Zealand.

Interest in the RANZCOG Foundation research and travel scholarships continues to be high, with 33 applications being received for the nine research scholarships and six travel awards offered for application between April and June of 2017. The recipients of RANZCOG Foundation scholarships, fellowships and grants commencing in 2017 are listed below.

Global Health Pacific Research Scholarships 2017

Recipient: Dr John Bolnga

Institution: Modilin General Hospital, Madang Province, Papua New Guinea

Project: 'Safety and efficacy of oral misoprostol for the induction of labour in Papua New Guinean women': low dose regimen versus standard treatment regimen. A randomized controlled trial. (ISRCTN 10107246)

Recipient: Dr Nancy Hamura

Institution: Port Moresby General Hospital, Papua New Guinea

Project: 'Factors influencing initiation of antenatal care of pregnant women at Port Moresby General Hospital.'

Glyn White Research Fellowship, 2017–18

Recipient: Dr Kirsten Palmer

Institution: Monash University

Project: 'Targeting placental specific sFLT-1: enhancing the prediction and diagnosis of pre-eclampsia'

Luke Proposch Perinatal Research Scholarship, 2017

Recipient: Dr Thomas Cade

Institution: Royal Women's Hospital, Melbourne

Project: 'New criteria for the diagnosis of gestational diabetes: A maternal and neonatal health outcome and economic analysis in a large tertiary level maternity centre'

Mary Elizabeth Courier Research Scholarship, 2017–18

Recipient: Dr Rachael Rodgers

Institution: University of New South Wales

Project: 'The administration of anti-Müllerian hormone to protect the ovaries during chemotherapy'

A total of
49

individual donations

were received from Fellows in
Australia and New Zealand



Just over
\$12,000

in donations was received in total
from individuals (Aus and NZ)
(Fellows and the public)



Norman Beischer Clinical Research Scholarship, 2017–18

Recipient: Dr Monica Zen

Institution: Westmead Hospital

Project: 'The impacts of kidney disease in pregnancy'

RANZCOG Fellows' Clinical Research Scholarship, 2017

Recipient: Dr Tanya Nippita

Institution: Kolling Institute

Project: 'Probiotics for women with preterm prelabour rupture of membranes (PPROM) to delay preterm birth: a randomised controlled trial'

RANZCOG NSW Regional Committee Trainee Research Grant, 2017

Recipient: Dr Sarika Gupta

Institution: University of Sydney

Project: 'Investigating the impact of community contraceptive implant provision on maternal morbidity and mortality on Karkar Island, Papua New Guinea'

RANZCOG NSW Regional Committee Trainee Research Grant, 2017

Recipient: Dr Jason Phung

Institution: Hunter Medical Research Institute

Project: 'Understanding myometrial transition in term and preterm labour to guide tocolysis'

Taylor Hammond Research Scholarship, 2017

Recipient: Dr Charlotte Oyston

Institution: University of Auckland

Project: 'The placental transcriptome in severe early onset fetal growth restriction: effect of sildenafil citrate'

UroGynaecological Society of Australasia (UGSA) Research Scholarship, 2017

Recipient: Dr Lin Li Ow

Institution: Monash Health

Project: 'Mini sling or Retropubic sling in women with Intrinsic Sphincter Deficiency – a RCT study (Mini RISD)'

ASGO International Travelling Fellowship, 2017

Recipient: Dr Nirmala Kampan

Institution: Royal Women's Hospital, Melbourne



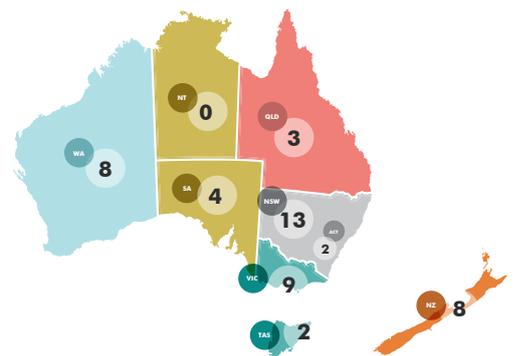
Avg \$ amt
of donations
from Fellows was
\$178⁷⁸

NSW

had the
highest
number

of individual
donations
from Fellows

(13)



RANZCOG Foundation Research Scholarships & Fellowships Continuing in 2017

The following projects also continue to be funded in 2017.

Arthur Wilson Memorial Scholarship, 2016–2017

Recipient: Dr LuFee Wong

Institution: Monash IVF and Monash Ultrasound for Women

Project: 'Reproducibility of three-dimensional ultrasound of the junctional zone in myometrial pathology and their correlation with pregnancy rates'

Fotheringham Research Scholarship, 2016–2017

Recipient: Dr Ryan Hodges

Institution: The Ritchie Centre, Hudson Institute, Monash University

Project: 'Fetal therapy for congenital diaphragmatic hernia: a global partnership to translate surgical and cellular innovation'

the highest individual donation made was



\$5,000 AUD

a grant of **\$30,000** AUD



was also received from

The William Angliss (Victoria) Charitable Fund

to support the **Glyn White Research Fellowship**



\$4,000 AUD

was also received in donations from

the public



MEMBERSHIP AND MARKETING

Membership

A dedicated Membership team has been established as part of the Membership and Marketing directorate. This team is responsible for providing a centralised service for all general membership enquiries and ensuring customer service is of a consistently high standard. They are also responsible for exploring opportunities to increase and improve member engagement.

Member database

The development of a new database, myRANZCOG, has allowed the membership team to utilise one source for all member data. The member data records were thoroughly cleansed prior to transitioning from RADAR to myRANZCOG and the membership team have employed new internal processes in order to maintain data integrity.

In consultation with the myRANZCOG developers, a new and streamlined process for annual renewal was established for the 2017–18 renewal campaign. This has allowed Fellows to complete the three-step renewal process in one place.

Annual Scientific Meeting

The 2016 Annual Scientific Meeting (ASM) was held at the Crown Perth Convention Centre in Perth, Western Australia on Sunday 16 to Wednesday 19 October 2016.





The theme of the meeting was 'East meets West', which was graphically depicted by the taijitu, the Chinese symbol for the concept of ying yang, to reflect the commonalities and differences within the speciality. Taijitu also represented the interface between the mind and body, the individual and the team, local and global health. The meeting presented an opportunity for delegates to come together, network and share their knowledge not only of obstetrics and gynaecology, but also of broader issues shaping and affecting women's health and wellbeing.

The 2016 Organising Committee and Secretariat put together a highly successful scientific meeting with the program covering a huge variety of issues, including professionalism, ethics, simulation and team work, global health and cutting-edge research.

Marketing

The College's marketing team is responsible for RANZCOG's many publications, websites and apps as well as the fortnightly e-newsletter, Collegiate, and social media accounts. In addition, the team is also responsible for public relations and promoting the College's events.



O&G Magazine

The College's quarterly flagship CPD and membership magazine has benefited from a comprehensive redesign this year. Equally, the College has committed to creating custom graphics to enrich the clinical articles and aid understanding and learning.



ANZJOG

As of February, *ANZJOG* is now printed in full colour and has a new layout and font. The new-look Journal has been very well received, with feedback that it is easier to read. The introduction of a new section, Current Controversies, has gained a lot of attention and is attracting a growing number of letters to the editor. The success of the Journal is steadily increasing in what has been Prof de Costa's first full year in the role, and this is reflected in the increasingly high media coverage that papers published *ANZJOG* now receive. A new partnership with Scimex (Science Media Exchange) has also secured a strong relationship with the media, and this continues to grow.

RANZCOG website

A new website was launched in October 2016. The site was built in dynamic HTML, to be fully mobile responsive, and features an intuitive design.

Since launch, the site has continued to evolve with advanced features – such as the 'locate an O&G doctor' search that pulls data directly from the membership database – improving the functionality available to members, stakeholders and the public.





Social media

Communicating using methods that are accessible and relevant to our membership and the public remains a priority of the College. For this reason, RANZCOG continues to invest in, and grow, its social media presence. Over the last year, the social media strategy has focused on developing campaign content to engage, inform and advocate for women and their children. A number of key social media campaigns have contributed to a growth in online following and engagement, while also increasing the visibility of RANZCOG in the community. In April, a week-long campaign promoting the safety of the influenza vaccination for women during pregnancy reached more than 7000 viewers. For Mother's Day, the College highlighted inequities that Aboriginal and Torres Strait Islander mothers experience during pregnancy and appealed to members and the public to show their support for Closing the Gap in Indigenous health by signing the Big Mother's Day card. More than 420 individuals signed their name in support of this project.

Social sharing functionalities have been built into primary College platforms, such as the College website and forthcoming dedicated O&G Magazine website. The potential for increased integration and promotion of College events and properties through these mediums is incredibly exciting and will provide another dimension to the way RANZCOG uses social media.

Media

This year was a big year for the College in terms of media visibility, particularly around the concentrated reporting of issues associated with transvaginal mesh. The media landscape can at times be very volatile and ensuring that the College provides the appropriate support and training for media spokespersons remains a high priority. Media expert and journalist Julia Medew was engaged to facilitate media training workshops early in the financial year and has since delivered two sessions. These workshops were attended by Fellows from across Australia including sub-specialists and generalists. Participants have reported extremely positive feedback and we are currently exploring how to run these training sessions in the regions.

There has been an increase in *ANZJOG* articles and research in the media with the advent of SCIMEX, a research media portal for journalists and the media. The College will be working more closely with Wiley, SCIMEX and *ANZJOG* authors to better promote research through mainstream media outlets as well as via social media.



NEW ZEALAND

The New Zealand Branch of RANZCOG advocates for women's health within New Zealand. As well as meeting its collegial obligations in training, accreditation and outreach to members, the New Zealand Committee maintains strong working relationships with other colleges, women's organisations, senior politicians and health officials in order to promote equitable access for all women to health services.

He Hono Wāhine, a subcommittee of the NZ Committee, worked hard to assist the NZ membership to meet its commitment to work in partnership with Māori. The commitment is explicitly provided for in the Treaty of Waitangi, reinforced by the laws of the land and written into the MCNZ's requirements. He Hono Wāhine is developing cultural competence training for NZ members, reaching out to Māori Fellows and trainees within the College and supporting research on Māori women's health.





'It takes a village to raise a child' – the pukeko, native to New Zealand, leads the way: pukeko chicks are raised by all pukeko within a social group, with all adult pukeko contributing to care of the young.

Leaders in training...

Virtual reality simulation is an exciting development in surgical training as it provides the opportunity for trainees to practise and improve procedures from basic skills to complex surgery, without any stress on patients. Our three-day LapSim course is very popular with New Zealand trainees. The hands-on program guarantees each trainee a minimum of five hours on the LapSim over the two days. This workshop has been hugely successful and the trainees frequently rate it as one of the top training courses they have attended.

...peer review

Practice visits aim to identify the strengths and assess relative risks within a practice that if modified may lead to improved patient satisfaction and outcomes as well as a reduction in medico-legal issues for the Fellow concerned. The project provides an excellent opportunity for Fellows to gain support and feedback from colleagues who understand the context and challenges of working in practice.

The visits are designed to provide a confidential review by two of the Fellow's peers. The process incorporates interviews with the multidisciplinary team the Fellow works with, as well as a review of the clinical work load, case mix, record keeping, facilities and observing the Fellow in theatre and in a patient consultation. The

practice visit process is a protected quality assurance activity under a formal notice obtained by RANZCOG from the NZ Minister of Health protecting the confidentiality of the process, with the objective of encouraging Fellows to participate fully and frankly in the practice visit process. More than 150 voluntary practice visits have been conducted since the program was developed in 2003. Feedback from Fellows who have participated has been unanimously positive.

...and communication

We are leading the way by working inclusively and collaboratively with members and stakeholders to improve health outcomes for all New Zealand women and their babies. Specifically we:

- Keep our members informed about College matters and women's health issues through our newsletter, website and hui
- Contribute to health policy through the writing of submissions and active involvement on external working groups, taskforces and committees
- Provide outreach programs and tuakana-teina for members
- provide research and communication/presentation opportunities to support members learning about Māori women's health
- Fund research into women's health through grants from the Mercia Barnes Trust and provide opportunities for recipients to share their findings
- Communicate with our members regularly and respond to ideas to better improve women's health outcomes



REGIONS

Regional Committees monitor and respond to local matters of interest to obstetricians and gynaecologists. Each committee establishes a regional Training and Accreditation Committee, which delivers the FRANZCOG Training program. Committee members engage with stakeholders from the government, community and health sectors on issues relevant to obstetrics and gynaecology within the region.

Regional Committees plan Regional Scientific Meetings, Annual Scientific Meetings when they are held in their region, as well as education courses for members. Committees also make recommendations to the Board and Council on local initiatives that require College funding.



New South Wales

The NSW Regional Committee has 18 members:

- Eight elected members
- One elected Provincial Fellow representative
- One Ex Officio Board member
- Four Ex Officio Councillors
- The NSW Training and Accreditation Committee Chair
- One Diplomate representative
- Two Trainee representatives

The committee membership is as follows:

Dr Sue Valmadre	Chair
Dr Sean Seeho	Deputy Chair
Dr Joanne Ludlow	Honorary Treasurer
Dr Robyn Lloyd	Honorary Secretary
Dr Vijay Roach	Ex Officio Board Member
Dr Naim Arrage	College Councillor – Ex Officio
Dr Tanya Nippita	College Councillor – Ex Officio
Dr Louis Izzo	College Councillor – Ex Officio
A/Prof Janet Vaughan	College Councillor – Ex Officio
A/Prof Greg Jenkins	NSW Training Accreditation Committee Chair
Dr Kenneth Apen	Provincial Representative
Dr Celina Rappaport	Diplomate Representative
Dr Elizabeth Luxford	NSW Trainee Representative
Dr Sarah Chwah	NSW Trainee Representative
Dr Talat Uppal	Committee Member
Dr Emma Inglis	Committee Member
Dr Karen Mizia	Committee Member
Dr Jyothi Marry	Committee Member

Advocacy activities

The NSW Regional Committee continued to represent RANZCOG as follows:

- RANZCOG Representative attended the NSW Health JMO Wellbeing and Support Forum
- Committee members attended the AMA (NSW) Careers Day and Sydney University Postgraduate Evening
- RANZCOG Representative attended the Medical Board of Australia Stakeholder Forum on Revalidation
- RANZCOG Representative joined the NSW Health Get Healthy in Pregnancy Clinical Governance Committee
- RANZCOG Representative joined the Australian Council on Healthcare Standards (ACHS)
- RANZCOG Representative attended the Women's Electoral Lobby Roundtable
- RANZCOG Representative continued membership of CHASM (Audit of Surgical Mortality)
- College Representatives attended various Hospital selection panels

Education activities (for trainees)

- Two FRANZCOG Oral Examination courses
- Two FRANZCOG Written Revision Courses
- DRANZCOG Revision Course
- CWH Practical Skills Workshop
- FSEP Workshops
- Research Project Workshop
- Orientation Evening for Year 1 Trainees
- Three Trainee Education Days
-

CPD Activities (for Fellows)

- Three Fellow Education Evenings
- Two Luncheon Meetings for Senior O&Gs



Regional Scientific Meeting

At the Qld/NSW Regional Scientific Meeting hosted by Queensland, the Christopher Kohlenberg Memorial Medal was won by Dr Samuel Daniels and the Crown Street Medal was won by Dr Georgina Davis. Dr Davis also won the Crown Street Medal in 2012, which is unprecedented in the history of the Medal.

Scholarships and Grants

Various awards were funded by the NSW Investment Funds:

- Two NSW Regional Committee Research Grants of \$10,000 each were established effective from the 2017 calendar year to support research in obstetrics and gynaecology by a NSW Trainee and a NSW Fellow. These Grants are administered by the RANZCOG Foundation. The inaugural winners were Dr S Gupta and Dr J Phung
- RANZCOG NSW Pacific Scholarship valued at \$3,000 to attend the RANZCOG 2016 Annual Scientific Meeting in Perth was awarded to Dr Malts Wai from Papua New Guinea.
- Four Trainee Registrations totalling \$5,000 for the PSANZ IMPACT NETWORK Workshop for perinatal clinical trials (Dr Monique Atkinson, Dr Jodi Ryan, Dr Nicla Lui and Dr Jason Phung)

New Zealand

The NZ Committee has 14 members:

- Board and Council members: Dr Ian Page (Chair NZ Committee); Dr John Tait; Dr Gillian Gibson; Dr Celia Devenish (Deputy Chair); and Dr Craig Skidmore (Hon Treasurer)
- Two elected members: Prof Lesley McCowan (Hon Secretary) and Dr Emma Jackson
- Chair He Hono Wahine: Dr Leigh Duncan
- Chair NZ Training Accreditation Committee: Dr Sarah Tout
- Co-opted academic: Dr Helen Paterson
- Co-opted private practice: Dr Dereck Souter
- Two community representatives: Ms Joanne Morris and Ms Sarah Free
- Trainee representative: Dr Hayley Smith

Advocacy activities

The Committee continued to support measures that widen access to timely, effective contraception, particularly those measures that assist young women and those living in deprived areas. As a direct result of a visit made by Committee members in February 2017 to the Minister of Health, a program was set up through the government's budget process to provide free long-acting reversible contraception (LARC) to low-income women.

Throughout the year, the Committee progressed a number of women's health topics, often in collaboration with like-minded organisations. In the maternity area, it continued to work with the NZ College of Midwives to ensure that the care provided to pregnant women and their babies is seamless and collaborative. The Committee maintained close links with the Ministry of Health, National Maternity Monitoring Group (NMMG) and, wherever possible, progressed recommendations arising from the annual report of the Perinatal and Maternal Mortality Review Committee (PMMRC). In the gynaecology area, it contributed to a number of projects, including the development of pelvic pain and endometriosis clinical pathways.

Education activities

As well as the mandated RANZCOG training courses, the NZ TAC put on a number of successful training activities including regular LapSim courses, mock OSCEs and anatomy workshops. In order to meet the College's ultrasound requirements, NZTAC collaborates with the University of Auckland School of Radiology. Thanks are due to Professor Peter Stone for his unswerving commitment to leading and teaching on this program.

CPD activities

As well as offering regular Fellowship updates in line with College objectives to ensure the educational needs and interests of Fellows are met, in May 2017 the NZ Committee ran an event to welcome early career Fellows to the College. It is planned to make this an annual event because it is seen as part of the Committee's responsibility for outreach to Fellows and an effective way to bring new energy and commitment into the organisation.



Queensland

The QLD Regional Committee has 14 members:

- Five elected members
- One elected Provincial Fellow representative
- One co-opted members
- One Ex Officio Board member
- Two Ex Officio Councillors
- The QLD Training & Accreditation Committee Chair
- One Diplomate representative
- Two trainee representatives

The Committee membership is as follows:

Dr Carol Breeze	Chair
Prof David Ellwood	Deputy Chair
Dr Tal Jacobson	Hon Secretary & Councillor representing Qld
Dr Ben Bopp	Hon Treasurer & RANZCOG Board Member
Dr Kelvin Larwood	Committee Member
Dr Christopher Price	Committee Member
Dr Thangeswaran Rudra	Committee Member
Assoc Prof Ted Weaver	Chair, Qld Training Accreditation Committee
Dr Kathleen Braniff	Provincial Fellow Representative
Dr Will Milford	Councillor Representing Queensland
Dr Kathy Saba	Co-opted Member
Dr Grace Neely	Co-opted Member Diplomate Representative
Dr Rebecca Ryder	Trainee Representative
Dr Christopher Arthur	Trainee Representative

QLD would like to thank the following members who will not be returning to the Regional Committee for the next term:

Professor David Ellwood
 Dr Kelvin Larwood
 Dr Christopher Price
 Dr Kathleen Braniff
 Dr Kathy Saba
 Associate Professor Ted Weaver (leaving as TAC Chair, but will remain

as a member)

QLD Training & Accreditation Committee

The QLD Training & Accreditation Committee has 19 members, including two trainee representatives. The Committee membership is as follows:

Assoc Prof Ted Weaver	Chair
Dr Mayooraan Veerasingham	Committee Member
Dr Elize Bolten	Committee Member
Dr Kathleen Braniff	Committee Member
Dr Paul Conaghan	Committee Member
Dr Louis Macpherson	Committee Member
Dr Mano Haran	Committee Member
Dr Greet Hoet	Committee Member
Dr Huba Brezovsky	Committee Member
Dr Graeme Jackson	Committee Member
Dr Johannes de Kock	Committee Member
Dr Piratheepan Kandasamy	Committee Member
Dr Lee Minuzzo	Committee Member
Dr Mahilal Ratnapala	Committee Member
Dr Luke Waldrip	Committee Member
Dr Dirk Ludwig	Committee Member
Dr Rebecca Wright	Committee Member
Dr Rebecca Ryder	Trainee Representative
Dr Christopher Arthur	Trainee Representative

Advocacy activities

The Qld Fellows continued to represent RANZCOG on a range of external committees and activities, including:

- Specialist Workforce Summit
- Qld Committee of Medical Specialist Colleges (QCoMSC)
- Qld Health VLAD Committee
- Queensland Regional & Remote Medical Workforce Whitepaper
- Queensland Maternal and Perinatal Quality Council
- Maternity Framework Steering Party Report
- Domestic and Family Violence Implementation Council

Education activities

- Four Registrar Education Days
- Perineal Repair Workshop
- Urinary Incontinence Workshop
- Two Trial OSCEs
- First-Year Trainees orientation evening



- FRANZCOG Revision Course
- DRANZCOG Revision Course

CPD activities

- Fellows Evening
- QLD/NSW Regional Scientific Meeting
- Examiners at Trial OSCE

Regional Scientific Meeting

Queensland was pleased to host the Regional Scientific Meeting this year in Cairns. The program offered a diverse range of tantalising Obstetric and Gynaecological topics from tropical diseases in pregnancy to the introduction of the new HPV screening program along with what was an entertaining interactive session concerning obstetric dilemmas. Alongside the two-day program were four workshops – Training Supervisor, C-QULP, Perineal Repair and Diplomates Day – all of which were well attended. The meeting was attended by 115 Fellows, trainees, diplomates, midwives and other health professionals. There were three medals presented for best abstracts, these were rewarded to the following:

- Sam Daniels – Christopher Kohlenberg Memorial Medal
- Georgina Davis – Crown Street Medal
- Jessica Little – Qld Regional Committee Medal

South Australia/Northern Territory

The SA/NT Regional Committee has 10 members:

- Three elected members
- One elected Northern Territory/Provincial Fellow representative
- Two co-opted members
- One Ex Officio Board member
- Two Ex Officio Councillors
- One Trainee representative

The committee membership is as follows:

Dr Roy Watson	Chair & College Councillor – Ex Officio
Dr Amita Singla	Honorary Treasurer
Dr Ray Yoong	Honorary Secretary
Prof Ian Symonds	Ex Officio Board Member
Assoc Prof Rosalie Grivell	College Councillor – Ex Officio
Dr Jane Thorn	Northern Territory/Provincial Representative
Dr Ellen Raghoudi	SA/NT RANZCOG Trainee Representative
Dr Martin Ritossa	Committee Member
Dr Mojgan Vatani	Committee Member
Dr Jane Zhang	Committee Member

SA/NT Fellows continued to represent RANZCOG on a range of external committees, including:

- SA Committee of College Chairs
- AMA Committee of College Chairs
- SA Audit of Peri-operative Mortality
- SA IMET Medical Colleges Committee





Advocacy activities

- December 2016 – Meeting with Hon Stephen Wade, South Australian Shadow Minister for Health and Wellbeing.
- February 2017 – Meeting with Spiro Karanikos-Mimis, Ministerial Adviser, Hon. Jack Snelling MP, Minister for Health South Australia. The SA/NT Regional Chair, RANZCOG Director Membership and Marketing and the SA/NT Executive Officer attended meetings with South Australian politicians in order to promote the College's recent national restructure and our role and relevance in the South Australia as well as discuss local women's health issues.
- March 2017 – South Australian Combined Colleges Careers Evening.
- April 2017 – Provided financial support to Insight Birthing Kit Foundation Australia for their Birthing Kits Workshop, designed for the use of women who give birth at home in remote regions of developing countries. Our support aim is to help transform the lives of many women and newborns.

Education activities

- September 2016 – Communications Workshop
- February 2017 – Induction evening for first-year FRANZCOG Trainees

- May 2017 – DRANZCOG Pre Exam and GP Refresher Course
- CPD Activities (for Fellows)
- June 2017 – SA/NT Birth Masterclass
- April 2017 – SA/NT & WA Regional Scientific Meeting

Regional Scientific Meeting

This year the combined SA/NT & WA regions' annual scientific meeting 'Shades of Red' was held at the Novotel Barossa Valley Resort, in the Barossa Valley South Australia from the 7–9 April 2017. Attracting 130 O&G delegates from across Australia.

The meeting key topics included haemostasis and massive bleeding in women's health, the uterus – friend or foe, medical education, heavy menstrual bleeding and perinatal mental health. In addition, a neonatal workshop was held on Friday 7 April, which was well attended.

The free communications sessions attracted 27 delegates who presented on the latest research across diverse topics relating to women's health. Congratulations to Dr Aishah Yasin, winner of the O'Loughlin Medal, Dr Edwina Coghlan winner of the Tony McCartney Prize and Dr Rebecca Moses and Dr Laura Slade, winners of the SA/NT Regional State Committee Prize.



Sponsorship is a crucial component of our meetings and we embrace the opportunity to engage with supportive organisations who advocate for women's health. We are grateful to Clinpath Laboratories, Roche, Besins Healthcare, Repromed Fertility Specialists, Avant, Bayer Australia, Boston Scientific, Cryosite, Endotherapeutics, Ferring Pharmaceuticals, General Electric and High Tech Laser Australia.

The Evaluation Feedback Summary reflected a highly successful meeting.

Scholarship and Grants

The SA/NT Regional Committee funds several initiatives to support the next generation of O&G practitioners:

- Dr Aishah Yasin received the John O'Loughlin Prize for the best oral presentation at the 2017 WA/SA/NT Regional Committee meeting.
- Dr Paula Ao received the Pacific Scholarship, which enabled her to attend the Perth Annual Scientific Meeting.

Tasmania

The Tasmania Regional Committee (TRC) thanks outgoing members of the committee; Dr Tania Hingston, Dr Kirsten Connan and Dr Alex Frain. The committee members as of 30 June 2017 are:

Chair	Dr Emily Hooper
Honorary Treasurer and Tas TAC Chair	A/Prof Amanda Dennis
Councillor	Dr Frank O'Keeffe
Diplomate Representative	Dr Vanessa Hewson
Trainee Representative	Dr Kate Mitchell

TRC Representation/Expert Advice to External Bodies

Representation continues on various external committees and bodies by Tasmanian members, including University of Tasmania Medical Advisory Committee, Tasmanian Perinatal Mortality and Morbidity Committee (TPMMC) and the Tasmanian Audit of Surgical Mortality.

Combined Victorian/Tasmanian Regional Scientific Meeting

The highlight of the calendar was the RANZCOG 2017 Victorian/Tasmanian/Provincial Fellows Scientific Meeting, which was held at the Albury Entertainment Centre, Albury, New South Wales, from Thursday 6 to Sunday 9 April 2017. The theme of the Scientific Meeting was 'The Generalist — Back to the Future'. The meeting provided an interesting program, including: practical workshops, instructive sessions, and scientific research and college project activities.

The program was developed to focus on the demands placed on Generalist O&Gs and GP Diplomates.

Tasmanian Annual Dinner

The Tasmanian Annual Dinner was held at the Hotel Grand Chancellor, Hobart on Saturday 24th June. This provided an opportunity for Tasmanian members to hear about the expansion of maternal-fetal medicine services in Tasmania.

Scholarship and Awards

J F Correy Prize awarded to the UTAS Medical Student with the highest mark in the Obstetrics MCQ exam at the end of 6th Year.

On behalf of the TRC, we wish to thank all members for their continued support of College and Regional activities



Victoria

Following this year's College Council Elections, the Victoria Regional Committee (VRC) includes some new members, as well as retaining the valued input of returning Ex Officio members. Dr Alison Fung continues in the role of Chair. The VRC thanks outgoing members of the committee: Dr Michael Rasmussen, Dr Rupert Sherwood and Dr Emily Price. The committee members as of 30 June 2017:

Chair	Dr Alison Fung
Honorary Secretary	Dr Charlotte Elder
Honorary Treasurer	Dr Meredith Tassone
Member	Dr Rachael Knight
Member (Co-opted)	Dr Owen Stock
Member (Co-opted)	Dr Alon Talmor
Member	Dr Anthony Woodward
Immediate Past-President	Professor Michael Permezel
Councillor, Victoria	Dr John Regan
Councillor, Victoria	Dr Joseph Sgroi
Councillor, Victoria	Dr Bernadette White
Chair, TAC	Dr Kym Jansen
Provincial Fellow	Dr Angelika Borozdina
Diplomate Representative	Dr Sally Hyden
Trainee Representative	Dr Patricia Vosdoganes
Trainee Representative	Dr Amelia Ryan

VRC Representation/Expert Advice to External Bodies

This year the VRC has been approached by various external bodies for representation/expert advice and the committee is thankful to those who provide their valuable input and time into participating in these activities. Some of external committees/bodies that Victorian members have been involved in over the past year include:

- AMA Victoria
- Ambulance Victoria
- Australian Medical Students Association National Convention

- Australian National Breastfeeding Strategy
- Australian Volunteers International
- Department of Health and Human Services
- Family and Community Development Committee
- Ministerial Advisory Committee on Surgical Services (MACSS)
- Monash University Medical Students Society (MUMMS)
- National Association of Specialist Obstetricians and Gynaecologists (NASOG)
- Safer Care Victoria
- Victorian Audit of Surgical Mortality (VASM)
- Victorian Department of Health
- Victorian Health Complaints Commissioner Advisory Council

Combined Victorian/Tasmanian Regional Scientific Meeting

The highlight of the calendar was the RANZCOG 2017 Victorian/Tasmanian/Provincial Fellows Scientific Meeting, which was held at the Meeting was held at the Albury Entertainment Centre, Albury, New South Wales, from 6 to 9 April 2017. The theme of the Scientific Meeting was 'The Generalist — Back to the Future'. The meeting provided an interesting program, including: practical workshops, instructive sessions, and scientific research and college project activities. The program was developed to focus on the demands placed on Generalist O&G and GP Diplomate.

Education activities

Certificate of Women's Health/Diploma Trainees

- Certificate of Women's Health
- DRANZCOG Written Examination Revision Course

FRANZCOG Trainees

- Fetal Surveillance
- Basic Obstetric Skills (conducted by ITP's)
- Foundations of Surgery
- FRANZCOG Written Examination Revision Course
- FRANZCOG Oral Examination Trial examinations
- 1st and 3rd Trimester Ultrasound



- Research Skills Workshop
- Orientation Session (Level 1 trainees only)
- Trainee Research Awards and Annual Symposium

Diplomates and Fellows

- Diplomates Day
- Training Supervisor workshop
- Fetal Surveillance Refresher
- Doctors Wellness and Wellbeing
- Annual Education Symposium

Scholarships and Grants

The Victorian Regional Committee funds several initiatives to support the next generation of O&G practitioners:

- Miriam O'Connor Travelling Scholarship to provide support to trainees wishing to undertake training in a limited-resource setting country
- Two Pacific Scholarships allowing doctors from the Pacific to attend the Victorian DRANZCOG Revision Course

On behalf of the VRC, we wish to thank all members for their continued support of College and Regional activities

Western Australia

The WA Regional Committee has 13 members:

- Four elected members
- One elected Provincial Fellow representative
- Two co-opted members
- One Ex Officio Board member
- Two Ex Officio Councillors
- The WA Training and Accreditation Committee Chair
- One Diplomat representative
- One Trainee representative.

The committee membership is as follows:

Dr Robyn Leake	Chair
Dr Jason Chin	Honorary Treasurer
Dr Liza Fowler	Honorary Secretary
Prof Yee Leung	Ex Officio Board Member
Dr Kristy Milward	College Councillor – Ex Officio
Dr Scott White	College Councillor – Ex Officio
Dr Louise Farrell	WA Training and Accreditation Committee Chair
Dr Sritharan Guruparan	Provincial Representative
Dr Julia Marcello	Diplomat Representative
Dr Fiona Langdon	WA/RANZCOG Trainee Representative
Dr Tamara Walters	Committee Member
Dr Aseel Alkiaat	Committee Member
Dr Patty Edge	Committee Member

WA farewelled Mrs Janet Davidson OAM JP, who served as Executive Officer for 13 years. We thank Janet for her dedicated service to the College.

WA Fellows continued to represent RANZCOG on a range of external committees, including:

- Anaesthetic Mortality Committee
- Maternal Mortality Committee
- Perinatal and Infant Mortality Committee
- Australia and New Zealand Audit of Surgical Mortality WA
- Reproductive Technology Council
- Womens and Newborns Health Network
- Clinical Senate of WA
- Doctors Health Advisory Service WA





Education activities

- Workshops
 - Research Skills Workshop (April)
 - Foundations of Surgery (May)
- Induction evening for first-year FRANZCOG Trainees

Annual Scientific Meeting

Perth played host to RANZCOG's Annual Scientific Meeting in October 2016, drawing more than 700 O&G delegates from across Australia, New Zealand and the Pacific. Specialists, trainees and medical professionals participated in three days of sessions, covering topics such as ethics, teamwork, clinical conundrums and cutting-edge research. Renowned national and international speakers presented on topics of clinical and scientific interest. Sincere thanks go to convenor A/Prof Paul McGurgan, the ASM organising committee and everyone who helped to make the meeting such a success.

Scholarships and Grants

The WA Regional Committee funds several initiatives to support the next generation of O&G practitioners:

- Dr Edwina Coghlan received the Tony McCartney Prize for the best oral presentation at the 2017 WA/SA/NT Regional Scientific Meeting.

- Dr Jack Siwainao from the Solomon Islands received the Pacific Scholarship, which enabled him to attend the Perth Annual Scientific Meeting.
- The Committee is represented on the Jean Murray-Jones Bequest Oversight Committee, which awarded Dr Han Shin Lee a scholarship to undertake further studies in Toronto, Canada.



Treasurer's report



Dr Ben Bopp
Treasurer

It is my pleasure to present this report on the financial performance of the College for 2017. I would like to acknowledge and thank RANZCOG Councillors, members of the Finance, Audit and Risk Management Committee and RANZCOG staff, particularly Alana Killen, CEO, and Paul Stathis, Director of Corporate Services, for their work and commitment to ensuring the ongoing success of the College.



The annual financial statements of the College have been reviewed by the College's external auditors, BDO East Coast Partnership and RANZCOG Board.

Statement of Profit or Loss and Other Comprehensive Income

The College has had another very successful year and is well placed to fund and support future strategic initiatives. The 2017 consolidated surplus is \$678,164 which is consistent with the 2016 surplus of \$600,564 and reflects a steady and sustainable operating model.

Key revenue streams were subscriptions and services fees of \$13,131,366 and government grants of \$6,966,967.

The core expenses were on personnel for \$9,156,480, member services for \$7,053,722 and travel and accommodation for \$1,605,059. It is worth highlighting that travel and accommodation is directly associated with revenue-generating activities from workshops and examinations and the co-ordination of committee meetings.

College investments held with Crestone Wealth Management and Pitcher Partners continued to provide positive returns of around 9% despite some market volatility early in the year. Dividends and interest from investments totalled \$668,855 in

2017, compared to \$554,541 in 2016, and this significant increase was due to the strategic reallocation of funds to more suitable options in line with the College investments policy.

Statement of Financial Position

RANZCOG continues to be in a strong and secure financial position with net assets of the College increasing by 6% to \$22,853,001 in 2017.

College investments at 30 June 2017 were valued at \$10,965,378 which is an increase of 21% from \$9,042,192 at 30 June 2016. Investments managed by the College as Trustee on behalf of various trusts had a value \$3,438,497 at 30 June 2017.

The development of the College membership database (myRANZCOG) is almost complete and work to date is represented as an intangible asset with a net value of \$1,739,488 at 30 June 2017 after adjusting for annual amortisation charges.

Statement of Cash Flows

The College continues to be highly liquid with total cash holdings of \$4,081,312 at the end of 2017. The net operating deficit of \$2,340,936 is mainly due to surplus

cash previously held in term deposits transferred to higher earning investments and the timing of receipts for annual subscriptions which were received in early July 2017.

In summary

The College continues to maintain a strong balance sheet and is financially well positioned to meet its ongoing commitments and to continue investing in technology and solutions that improve services to Fellows and trainees



FINANCIAL REPORTS 2017

Your directors present this report on the company for the financial year ended 30 June 2017.

Directors

The names of each person who has been a director during the year and to the date of this report are:

- Dr B R Bopp (appointed November 2016)
- Dr C J Devenish (appointed November 2016)
- Dr Y C Leung (appointed November 2016)
- Professor J M H Permezel (retired November 2016)
- Dr M G Ritossa (retired November 2016)
- Dr V J Roach
- Professor S J Robson
- Professor I M Symonds
- Dr J D Tait
- Dr S J Tout (retired November 2016)

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Principal Activities

The principal activity of the company during the financial year were:

- Promoting and encouraging the study, research and advancement of the science and practice of obstetrics and gynaecology.
- Promoting excellence in healthcare services for women and their families and cultivating and encouraging high principles of practice, ethics and professional integrity in relation to obstetric and gynaecological practice, education, training and research.
- Determining and maintaining professional standards for the practice of obstetrics and gynaecology in Australia and New Zealand.
- Conducting and supporting programs of training and education leading to the issue of a certificate, diploma or other certification attesting to the attainment/maintenance of appropriate

levels of skills, knowledge and competencies commensurate with specialist and sub-specialist practice in obstetrics and gynaecology in Australia and New Zealand.

- Ensuring college members undertake continuous professional improvement and participate in effective, ongoing professional development activities.

Short-term and Long-term Objectives

The company's short-term objectives are to:

- Increase membership participation rates; Identify potential alignment with stakeholder groups; Ensure information is managed effectively; Establish a risk management program; Develop an IT strategy; Develop leadership capability and effectiveness; Establish succession planning process; Raise awareness of the College's position regarding women's health; Develop marketing strategy and plan; Improve trainee procedural training; and, Optimise prevocational training; Develop CPD strategic plan – specifically as it pertains to re-validation.

The company's long-term objectives are to:

- Create strong engagement with our key stakeholders, including members, partners, the community and government; Harness our knowledge, infrastructure and systems to build a strong, sustainable organisation; Build strong community awareness of RANZCOG's purpose and develop advocacy capability; and, Ensure our programs continue to meet the needs of our community and offer quality and diversity.

Strategies

To achieve its stated objectives, the company has adopted the following strategies:

- Develop an engagement plan;
- Develop a communications plan;
- Annual member engagement surveys;

- Engagement level metrics;
- Development of a centralised database;
- Network drive project;
- Develop a RANZCOG Leadership Framework;
- Develop a useful performance appraisal framework;
- Create a brand strategy;
- Develop series of patient information resources;
- Rebuild website;
- Create audit tool;
- Develop an Education Strategy;
- Develop a plan for improving access to procedural training; and,
- Develop and implement e-portfolio for trainees.

Key Performance Measures

The company measures its own performance through the use of both quantitative and qualitative benchmarks. The benchmarks are used by the directors to assess the financial sustainability of the company and whether the company's short-term and long-term objectives are being achieved.

Information on Directors

Dr B R Bopp Treasurer
Qualifications MBBS FRANZCOG
Experience: RANZCOG Councillor 2010–2016; RANZCOG Board Member 2016–current
Special Responsibilities: College Finances, Specialist IMG Assessments

Dr C J Devenish Board Member
Qualifications FRCOG FRANZCOG
Experience: RANZCOG Councillor 2012–2016; RANZCOG Board Member 2016–current
Special Responsibilities: Subspecialties

Dr Y C Leung Board Member
Qualifications MBBS FRANZCOG CGO
Experience: RANZCOG Councillor 2010–2016; RANZCOG Board Member 2016–current
Special Responsibilities: RANZCOG Statements and Guidelines, Women's Health Committee

Professor J M H Permezel President
Qualifications MD MRCP(UK) FRCOG FRANZCOG
Experience: RANZCOG Councillor 2000–2006; RANZCOG Board Member 2006–2016
Special Responsibilities: Governance, Legal, Standards

Dr M G Ritossa Treasurer
Qualifications MBBS FRANZCOG
Experience: RANZCOG Councillor 2006–2012; RANZCOG Board Member 2012–2016
Special Responsibilities: College Finances, RANZCOG Foundation

Dr V J Roach Vice-President
Qualifications MBBS MRCP FRCOG FRANZCOG
Experience: RANZCOG Councillor 2010–2012; RANZCOG Board Member 2012–current
Special Responsibilities: Training and Accreditation, Selection

Professor S J Robson President
Qualifications MPH MMed MD FRCOG FACOG FRANZCOG
Experience: RANZCOG Councillor 2007–2010; RANZCOG Board Member 2010–current
Special Responsibilities: Governance, Legal, Standards, Global Health

Dr J D Tait Vice President
Qualifications MBBS FRCOG FRANZCOG

Experience: RANZCOG Councillor 2010–2014; RANZCOG Board Member 2014–current
Special Responsibilities: Continuing Professional Development & Revalidation, RANZCOG Foundation

Professor I M Symonds Board Member
Qualifications MMedSci MD FRCOG FRANZCOG
Experience: RANZCOG Councillor 2008–2014; RANZCOG Board Member 2014–current
Special Responsibilities: Education and Assessment

Dr S J Tout Board Member
Qualifications MB ChB FRCOG FRANZCOG
Experience: RANZCOG Councillor 2008–2012; RANZCOG Board Member 2012–2016
Special Responsibilities: Training and Accreditation, Selection

Note: the special responsibilities detailed reflect those relating to the directorship position most recently held by the individual director.

Meetings of Directors

During the financial year, seven meetings of directors were held. Attendances by each director were as follows:

	Number eligible to attend	Number attended
Dr B R Bopp	4	4
Dr C J Devenish	4	4
Dr Y C Leung	4	4
Professor J M H Permezel	2	2
Dr M G Ritossa	2	2
Dr V J Roach	6	6
Professor S J Robson	6	6
Professor I M Symonds	6	6
Dr J D Tait	6	6
Dr S J Tout	2	2

Indemnification of Officer or Auditor

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 officer or auditor of the company

Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2017 has been received and can be found on page 38 of this report.

This directors' report is signed in accordance with a resolution of the Board of Directors.

(Signature area)

Director:
Dr Benjamin Bopp
Treasurer

Chief Executive Officer:
Alana Killen
Company Secretary

Dated this 6th day of November 2017



DECLARATION OF INDEPENDENCE BY JAMES MOONEY TO THE DIRECTORS OF THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

As lead auditor of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists for the year ended 30 June 2017, I declare that, to the best of my knowledge and belief, there have been:

1. No contraventions of the auditor independence requirements of the *Corporations Act 2001* in relation to the audit; and
2. No contraventions of any applicable code of professional conduct in relation to the audit.



James Mooney
Partner

BDO East Coast Partnership
Melbourne, 6 November 2017



STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2017

	Note	2017	2016
		\$	\$
Revenue			
Subscription and services	2	13,131,366	12,600,262
Grants and donations	2	6,983,398	6,937,414
Other income	2	1,334,017	1,406,212
Employee benefits expense		(9,156,480)	(9,028,200)
Depreciation and amortisation expense		(261,009)	(186,429)
Member services expense		(7,053,722)	(7,106,310)
Travel and accommodation expense		(1,605,059)	(1,421,845)
Occupancy expense		(626,736)	(717,857)
Other expenses		(2,042,885)	(1,856,665)
Foreign exchange gain (loss)		(24,726)	(26,018)
Profit before income tax		678,164	600,564
Income tax expense		-	-
Profit for the year		678,164	600,564
Other comprehensive income			
Items that will not be reclassified subsequently to profit or loss:			
Revaluation of freehold land	9	90,000	(300,000)
Items that may be reclassified subsequently to profit or loss:			
Currency translation adjustment		46,727	84,784
Unrealised gain (loss) on investments		387,047	(329,619)
Other comprehensive income for the year		523,774	(544,835)
Total comprehensive income for the year		1,201,938	55,729

The accompanying notes form part of these financial statements.



STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2017

	Note	2017	2016
		\$	\$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	4,081,312	5,363,819
Trade and other receivables	5	909,184	792,153
Other financial assets	6	4,197,841	8,290,004
TOTAL CURRENT ASSETS		9,188,337	14,445,976
NON-CURRENT ASSETS			
Intangible assets	8	1,739,488	993,969
Property, plant and equipment	9	11,945,187	11,981,175
Other financial assets	6	13,407,559	11,254,366
TOTAL NON-CURRENT ASSETS		27,092,234	24,229,510
TOTAL ASSETS		36,280,571	38,675,486
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	10	1,473,493	2,729,350
Deferred revenue	11	7,542,085	10,012,362
Due to Trust	12	3,438,497	3,222,789
Employee related provisions	13	894,850	979,431
TOTAL CURRENT LIABILITIES		13,348,925	16,943,932
NON-CURRENT LIABILITIES			
Employee related provisions	13	78,645	80,491
TOTAL NON-CURRENT LIABILITIES		78,645	80,491
TOTAL LIABILITIES		13,427,570	17,024,423
NET ASSETS		22,853,001	21,651,063
EQUITY			
Retained earnings		18,546,839	17,868,675
Accumulated other comprehensive income			
Foreign currency translation reserve		48,328	1,601
Asset revaluation reserve		3,694,042	3,604,042
Financial asset revaluation reserve		563,792	176,745
TOTAL EQUITY		22,853,001	21,651,063

The accompanying notes form part of these financial statements.



STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2017

	Retained Earnings	Other Comprehensive Income			Total
		Foreign Currency Translation Reserve	Assets Revaluation Reserve	Financial Asset Revaluation Reserve	
	\$	\$	\$	\$	\$
Balance at 1 July 2015					
Comprehensive income	17,268,111	(83,183)	3,904,042	506,364	21,595,334
Profit for the year	600,564	-	-	-	600,564
Other comprehensive income for the year:					
- Foreign currency translation reserve adjustments		84,784	-	-	84,784
- Loss on revaluation of land and buildings	-	-	(300,000)	-	(300,000)
- Net fair value loss on available-for-sale financial assets	-	-	-	(329,619)	(329,619)
Total other comprehensive income	-	1,601	3,604,042	176,745	3,782,388
Total comprehensive for the year					
Balance at 30 June 2016	17,868,675	1,601	3,604,042	176,745	21,651,063
Balance at 1 July 2016					
Comprehensive income	17,868,675	1,601	3,604,042	176,745	21,651,063
Profit for the year	678,164	-	-	-	678,164
Other comprehensive income for the year:					
- Foreign currency translation reserve adjustments	-	46,727	-	-	46,727
- Gain on revaluation of land and buildings	-	-	90,000	-	90,000
- Fair value gain on investments in equity securities	-	-	-	387,047	387,047
Total other comprehensive income	-	48,328	3,694,042	563,792	4,306,162
Total comprehensive income for the year					
Balance at 30 June 2017	18,546,839	48,328	3,694,042	563,792	22,853,001



STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2017

	2017	2016
	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts from members	18,765,751	21,337,235
Payments to suppliers and employees	(21,190,710)	(20,837,613)
Interest received	84,023	45,151
Net cash (used in) / provided by operating activities	<u>(2,340,936)</u>	<u>544,773</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds / (payments) for investments	1,938,970	(993,801)
Payment for development of internally developed software	(880,541)	(833,169)
Purchase for property, plant and equipment	-	(117,114)
Proceeds from disposal of property, plant and equipment	-	8,575
Net cash provided by / (used in) investing activities	<u>1,058,429</u>	<u>(1,935,509)</u>
Net decrease in cash held	<u>(1,282,507)</u>	<u>(1,390,736)</u>
Cash and cash equivalents at beginning of financial year	5,363,819	6,754,555
Cash and cash equivalents at end of financial year	<u>4,081,312</u>	<u>5,363,819</u>

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The accompanying notes form part of these financial statements.



NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Preparation

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists applies Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: *Application of Tiers of Australian Accounting Standards* and AASB 2010-2: *Amendments to Australian Accounting Standards* arising from Reduced Disclosure Requirements.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the *Australian Charities and Not-for-profit Commission Act 2012*. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

The financial statements were authorised for issue on 16 October 2017 by the directors of the company.

Accounting Policies

a. Revenue

Non-reciprocal grant revenue is recognised in profit or loss when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the state of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in profit or loss.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customer. If revenue in relation to rendering of services cannot be measured reliably, then the stage of completion of the services is used to determine the appropriate level of revenue to be recognised in the period. If the outcome cannot be reliably measured, then revenue is recognised to the extent of expenses recognised that are recoverable.

Member fees and subscriptions are payable annually in advance. Revenue is recognised upon the receipt of the annual fees that are attributable to the current financial year.

All revenue is stated net of the amount of goods and services tax.

b. Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and any impairment losses.

Freehold property

Freehold land and buildings are shown at their fair value based on periodic valuations by external independent valuers, less subsequent depreciation for buildings.

In periods when the freehold land and buildings are not subject to an independent valuation, the directors conduct directors' valuations to ensure the carrying amount for the land and buildings is not materially different to the fair value.



Increases in the carrying amount arising on revaluation of land and buildings are recognised in other comprehensive income and accumulated in the revaluation surplus in equity. Revaluation decreases that offset previous increases of the same class of assets shall be recognised in other comprehensive income under the heading of revaluation surplus. All other decreases are recognised in profit or loss.

Any accumulated depreciation at the date of the revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Freehold land and buildings that have been contributed at no cost, or for nominal cost, are initially recognised and measured at the fair value of the asset at the date it is acquired.

Plant and equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(e) for details of impairment).

Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, but excluding freehold land, is depreciated on a straight line basis over the asset's useful life to the entity commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Office furniture and equipment	25–33%
Furniture and fittings	20%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

c. Leases

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset (but not the legal ownership) are transferred to the entity, are classified as finance leases.

Finance leases are capitalised, recognising an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values.

Leased assets are depreciated on a straight-line basis over their estimated useful lives where it is likely that the entity will obtain ownership of the asset. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are recognised as expenses on a straight-line basis over the lease term.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

d. Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the company commits itself to either purchase or sell the asset (i.e. trade date accounting is adopted). Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified "at fair value through profit or loss" in which case transaction costs are recognised immediately as expenses in profit or loss.

Classification and subsequent measurement

Financial instruments are subsequently measured at fair value [refer to Note 1(o)], amortised cost using the effective interest method, or cost.

Amortised cost is calculated as the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the effective interest method.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying amount with a consequential recognition of an income or expense item in profit or loss.



(i) Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

(ii) Available-for-sale investments

Available-for-sale investments are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

They are subsequently measured at fair value with any re-measurements other than impairment losses and foreign exchange gains and losses recognised in other comprehensive income. When the financial asset is derecognised, the cumulative gain or loss pertaining to that asset previously recognised in other comprehensive income is reclassified into profit or loss.

Available-for-sale financial assets are classified as non-current assets when they are not expected to be sold within 12 months after the end of the reporting period. All other available-for-sale financial assets are classified as current assets.

(iii) Financial liabilities

Non-derivative financial liabilities other than financial guarantees are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

Impairment

At the end of each reporting period, the company assesses whether there is objective evidence that a financial asset has been impaired. A financial asset (or a group of financial assets) is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events (a "loss event") having occurred, which has an impact on the estimated future cash flows of the financial asset(s).

In the case of available-for-sale financial assets, a significant or prolonged decline in the market value of the instrument is considered to constitute a loss event. Impairment losses are recognised in profit or loss immediately. Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified to profit or loss at this point.

In the case of financial assets carried at amortised cost, loss events may include: indications that the debtors or a group of debtors are experiencing significant financial difficulty, default or delinquency

in interest or principal payments; indications that they will enter bankruptcy or other financial reorganisation; and changes in arrears or economic conditions that correlate with defaults.

For financial assets carried at amortised cost (including loans and receivables), a separate allowance account is used to reduce the carrying amount of financial assets impaired by credit losses. After having taken all possible measures of recovery, if management establishes that the carrying amount cannot be recovered by any means, at that point the written-off amounts are charged to the allowance account or the carrying amount of impaired financial assets is reduced directly if no impairment amount was previously recognised in the allowance account.

When the terms of financial assets that would otherwise have been past due or impaired have been renegotiated, the company recognises the impairment for such financial assets by taking into account the original terms as if the terms have not been renegotiated so that the loss events that have occurred are duly considered.

Derecognition

Financial assets are derecognised when the contractual rights to receipt of cash flows expire or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised when the related obligations are discharged, cancelled or have expired. The difference between the carrying amount of the financial liability, which is extinguished or transferred to another party, and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

e. Impairment of Assets

At the end of each reporting period, the entity assesses whether there is any indication that an asset may be impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in profit or loss, unless the asset is carried at a revalued amount in accordance with another Standard (e.g. in accordance with the revaluation model in AASB 116: Property, Plant and Equipment). Any impairment loss of a revalued asset is treated as a revaluation decrease in accordance with that other Standard.

Where it is not possible to estimate the recoverable amount of an individual asset, the entity estimates the recoverable amount of the cash-generating unit to which the asset belongs.

f. Employee Benefits**Short-term employee benefits**

Provision is made for the company's obligation for short-term



employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are entitled to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries, annual leave and long service leave. Based on past experience, the company does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the company does not have an unconditional right to defer settlement of these amounts in the event employees wish to use their leave entitlements. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The company's obligations for short-term employee benefits such as wages, salaries, annual leave and long service leave are recognised as part of current employee related provisions in the statement of financial position.

Other long-term employee benefits

The company classifies employees' long service leave entitlements as other long-term employee benefits when they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the company's obligation for other long-term employee benefits, which are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates that approximate the terms of the obligations. Upon the re-measurement of obligations for other long-term employee benefits, the net change in the obligation is recognised in profit or loss classified under employee benefits expense.

The company's obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where the company does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current liabilities.

Retirement benefit obligations

Defined contribution superannuation benefits

All employees of the company receive defined contribution superannuation entitlements, for which the company pays the fixed superannuation guarantee contribution (currently 10% of the employee's average ordinary salary) to the employee's superannuation fund of choice. All contributions in respect of employees' defined contribution entitlements are recognised as an expense when they become payable. The company's obligation with respect to employees' defined contribution entitlements is limited to its obligation for any unpaid superannuation guarantee

contributions at the end of the reporting period. All obligations for unpaid superannuation guarantee contributions are measured at the (undiscounted) amounts expected to be paid when the obligation is settled and are presented as current liabilities in the company's statement of financial position.

g. Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less.

h. Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO) and the New Zealand Inland Revenue Department (NZIRD), as applicable.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO and NZIRD is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO and NZIRD are presented as operating cash flows included in receipts from customers or payments to suppliers.

i. Income Tax

No provision for income tax has been raised as the entity is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997*.

j. Intangibles

Software

Software is initially recognised at cost. It has a useful life of 10 years and is carried at cost less any accumulated amortisation and impairment losses. It is assessed annually for impairment.

k. Provisions

Provisions are recognised when the entity has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.



l. Foreign Currency

The financial statements are presented in Australian dollars which is the entity's functional and presentational currency. Foreign currency transactions are translated into Australian dollars using the average exchange rate for the financial year. Foreign currency monetary assets and liabilities are translated into Australian dollars at the rate of exchange prevailing at the end of the reporting period. Foreign exchange gains and losses resulting from the settlement of foreign currency transactions and from the transactions at financial year-end exchange rates of monetary assets and liabilities denominated in foreign currency are taken to profit and loss and other comprehensive income.

m. Trade and Other Payables

Trade and other payables represent the liabilities for goods and services received by the company during the reporting period that remain unpaid at the end of the reporting period. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

n. Critical Accounting Estimates and Judgements

In the application of accounting policies, management is required to make judgements, estimates and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources. The estimated and associated assumptions are based on historical experience and best available current information which is believed to be reasonable under the circumstance, the results of which form the basis of making the judgments. Actual results may differ from these estimates. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

Key estimates and judgements

(i) Valuation of freehold land and buildings

The value of freehold land and buildings is based on fair value, being the amounts for which the assets could be exchanged between willing parties in an arm's length transaction. The critical assumptions adopted in determining the valuation included the location of the land and buildings, the current strong demand for land and buildings in the area and recent sales data for similar properties.

At 30 June 2017, management has performed a review of valuation on freehold land and buildings. This review includes an assessment of the reasonableness of existing valuations as well as the procurement of updated independent valuations on certain properties. The directors have reviewed the key assumptions adopted by the valuers

and believe the carrying amount of the land correctly reflects the fair value less costs of disposal at 30 June 2017.

o. Fair Value of Assets and Liabilities

The company measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

"Fair value" is the price the company would receive to sell an asset or would have to pay to transfer a liability in an orderly (i.e. unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from the principal market for the asset or liability (i.e. the market with the greatest volume and level of activity for the asset or liability). In the absence of such a market, market information is extracted from the most advantageous market available to the entity at the end of the reporting period (i.e. the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

The fair value of liabilities and the entity's own equity instruments (if any) may be valued, where there is no observable market price in relation to the transfer of such financial instrument, by reference to observable market information where such instruments are held as assets. Where this information is not available, other valuation techniques are adopted and, where significant, are detailed in the respective note to the financial statements.



NOTE 2: REVENUE AND OTHER INCOME

	2017	2016
	\$	\$
Subscription and services revenue		
– Subscription fees	5,482,646	5,314,720
– Training Registration fees	3,309,693	2,903,906
– Examination fees	1,123,055	964,755
– Elevation, Assessment and other fees	507,504	530,186
– Meeting and function revenue	362,213	844,744
– Workshop and course income	2,346,255	2,041,951
	<u>13,131,366</u>	<u>12,600,262</u>
Grants and donation revenue		
– Grant monies expended	6,966,967	6,880,458
– Donations received	16,431	56,957
	<u>6,983,398</u>	<u>6,937,414</u>
Other income		
– Commercial Mailing & Advertising	250,029	338,356
– Dividends & Interest	668,855	554,541
– Miscellaneous Income	415,133	513,315
Total other income	<u>1,334,017</u>	<u>1,406,212</u>
Total revenue and other income	<u><u>21,448,781</u></u>	<u><u>20,943,888</u></u>

NOTE 3: EXPENDITURE

	2017	2016
	\$	\$
Contributions to defined contribution superannuation funds	660,764	640,948
Bad and doubtful debts	11,700	47,607
Rental expense on operating leases	321,914	298,106

NOTE 4: CASH AND CASH EQUIVALENTS

	2017	2016
	\$	\$
CURRENT		
Cash at bank	4,080,812	5,363,319
Cash on hand	500	500
	<u>4,081,312</u>	<u>5,363,819</u>



NOTE 5: TRADE AND OTHER RECEIVABLES

	2017	2016
	\$	\$
CURRENT		
Trade receivables	699,821	627,548
Other receivables	209,363	164,605
	<u>909,184</u>	<u>792,153</u>

NOTE 6: OTHER FINANCIAL ASSETS

	2017	2016
	\$	\$
CURRENT		
Short term Deposit	4,197,841	8,290,004
	<u>4,197,841</u>	<u>8,290,004</u>
NON CURRENT		
Domestic Cash	2,206,316	1,319,374
Domestic Fixed Interest	3,261,063	2,431,270
Domestic Property	842,410	720,835
Domestic Equity	4,443,793	4,927,323
International Fixed Interest	319,233	109,033
International Property	76,380	102,589
International Equity	2,258,363	1,643,942
	<u>13,407,559</u>	<u>11,254,366</u>

NOTE 7: FAIR VALUE MEASUREMENTS

The following valuation hierarchy is used for disclosure of the inputs to valuation used to measure fair value. This hierarchy prioritises the inputs into three broad levels as follows:

Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities.

Level 2 inputs are quoted prices for similar assets and liabilities in active markets or inputs that are observable for the asset or liability, either directly or indirectly through market corroboration, for substantially the full term of the financial instrument.

Level 3 inputs are unobservable inputs based on our own assumptions used to measure assets and liabilities at fair value.

A financial asset's or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement. The following table represents the Company's fair value hierarchy for its financial assets and liabilities required to be measured on a recurring basis:

	Basis of Fair Value Measurements			
	Balance	Quoted Prices in Active Markets for Identical Items (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Observable Inputs (Level 3)
Balance as of 30 June 2017:				
Short-term Deposits	4,197,841	4,197,841		
Investment Portfolios	13,407,559	13,407,559	-	
Buildings on Freehold Land	11,740,000	-	-	11,740,000

The current use of all controlled assets is considered their highest and best use. There have been no transfers between levels of the hierarchy during the year.



NOTE 8: INTANGIBLE ASSETS

	2017	2016
	\$	\$
Software	1,890,157	1,009,616
Less: Accumulated amortisation	(150,669)	(15,647)
Net carrying amount	<u>1,739,488</u>	<u>993,969</u>

NOTE 9: PROPERTY, PLANT AND EQUIPMENT

	2017	2016
	\$	\$
Land and Buildings	11,740,000	11,650,000
Office Equipment	884,830	884,830
Furniture and Fixtures	28,275	28,275
	<u>12,653,105</u>	<u>12,563,105</u>
Less: Accumulated depreciation	(707,918)	(581,930)
Total	<u>11,945,187</u>	<u>11,981,175</u>

Movements in Carrying Amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Land and Buildings	Office Equipment	Furniture and Fixtures	Total
	\$	\$	\$	\$
2016				
Balance at the beginning of the year	11,950,000	379,328	14,089	12,343,417
Additions	-	106,314	10,800	117,114
Disposals	-	(1,075)	(7,500)	(8,575)
Fair value adjustments	(300,000)	-	-	(300,000)
Depreciation expense	-	(168,880)	(1,901)	(170,781)
Carrying amount at the end of the year	<u>11,650,000</u>	<u>315,687</u>	<u>15,488</u>	<u>11,981,175</u>
2017				
Balance at the beginning of the year	11,650,000	315,687	15,488	11,981,175
Additions	-	-	-	-
Disposals	-	-	-	-
Fair value adjustments	90,000	-	-	90,000
Depreciation expense	-	(122,220)	(3,768)	(125,988)
Carrying amount at the end of the year	<u>11,740,000</u>	<u>193,467</u>	<u>11,720</u>	<u>11,945,187</u>



Asset Revaluations

The value of freehold land and buildings is based on fair value, being the amounts for which the assets could be exchanged between willing parties in an arm's length transaction. The critical assumptions adopted in determining the valuation included the location of the land and buildings, the current strong demand for land and buildings in the area and recent sales data for similar properties.

At 30 June 2017, management has performed a review of valuation on freehold land and buildings. This review includes an assessment of the reasonableness of existing valuations as well as the procurement of updated independent valuations on certain properties. The directors have reviewed the key assumptions adopted by the valuers and believe the carrying amount of the land correctly reflects the fair value less costs of disposal at 30 June 2017.

NOTE 10: TRADE AND OTHER PAYABLES

	2017	2016
	\$	\$
CURRENT		
Accounts payables	732,651	1,170,630
General accruals	423,922	1,489,543
GST payable (net)	316,920	69,177
	1,473,493	2,729,350

NOTE 11: DEFERRED REVENUE

	2017	2016
	\$	\$
CURRENT		
Members Subscriptions in Advance	4,946,513	5,095,464
Grants Received in Advance	2,563,572	4,881,898
Memorial Funds Held	32,000	35,000
	7,542,085	10,012,362

NOTE 12: DUE TO TRUSTS

The College acts as trustee to various trust funds, whose monies have been donated to the College with the intention to benefit the furtherance of the profession and College. The monies held in trust are to be invested into perpetuity. Any income earned by the funds is first to be utilised to pay all costs and expenses of and incidental to their management. The remainder income is to be utilised to achieve the specific purpose for which the applicable fund was established. Movements in due to trust relate to income earned on investments and expenditures to fund trust activities and management.

	2017	2016
	\$	\$
NON-CURRENT		
Due to trust	3,438,497	3,222,789
Total Due to trust	3,438,497	3,222,789



NOTE 13: PROVISIONS

	2017	2016
	\$	\$
CURRENT		
Provision for employee benefits: annual leave	475,440	469,461
Provision for employee benefits: long service leave	419,410	509,970
	<u>894,850</u>	<u>979,431</u>
NON-CURRENT		
Provision for employee benefits: long service leave	78,645	80,491
	<u>78,645</u>	<u>80,491</u>
Total Provisions	<u>973,495</u>	<u>1,059,922</u>

NOTE 14: RESERVES

a. Asset Reserve

The revaluation reserve records the revaluations of non-current assets.

b. Financial Assets Reserve

The financial assets reserve records revaluation increments and decrements (that do not represent impairment write-downs) that relate to financial assets that are classified as available-for-sale.

c. Foreign Currency Translation Reserve

The foreign currency translation reserve records the foreign exchange gains and losses resulting from the translation at the exchange rate at financial year-end of monetary assets and liabilities denominated in foreign currencies.

NOTE 15: CAPITAL AND LEASING COMMITMENTS

	2017	2016
	\$	\$
Operating Lease Commitments		
Non-cancellable operating leases contracted for but not recognised in the financial statements		
Payable – minimum lease payments:		
– not later than 12 months	238,095	141,482
– later than 12 months but not later than five years	111,033	156,634
	<u>349,128</u>	<u>298,116</u>

The property lease commitments are non-cancellable operating leases contracted for but not capitalised in the financial statements with a five-year term. Increase in lease commitments may occur in line with the consumer price index (CPI).

NOTE 16: CONTINGENT LIABILITIES

The directors are not aware of any contingent liabilities at balance date or at the date of this report (2016: none).



NOTE 17: RELATED PARTY TRANSACTIONS

Other related parties include close family members of key management personnel and entities that are controlled or jointly controlled by those key management personnel individually or collectively with their close family members.

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated.

NOTE 18: KEY MANAGEMENT PERSONNEL COMPENSATION

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any director (whether executive or otherwise) of that entity is considered key management personnel (KMP). KMP include the Chief Executive Officer, Director of Membership and Marketing, Director of Corporate Services, Director of Education and Training and the Director of Practice and Advocacy.

The totals of paid to KMP of the company during the year are as follows:

	2017	2016
	\$	\$
KMP compensation	1,136,219	1,036,774

NOTE 19: FINANCIAL RISK MANAGEMENT

The company's financial instruments consist mainly of deposits with banks, local money market instruments, short-term investments, accounts receivable and payable, and leases.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 139: *Financial Instruments: Recognition and Measurement* as detailed in the accounting policies to these financial statements, are as follows:

	2017	2016
	\$	\$
Financial assets		
Cash and cash equivalents	4,081,312	5,363,819
Receivables	909,184	792,153
Financial assets available for sale	17,605,400	19,544,372
Total financial assets	22,595,896	25,700,344
Financial liabilities		
Financial liabilities at amortised cost:		
–	1,473,493	1,627,187
trade and other payables		
Total financial liabilities	1,473,493	1,627,187

Refer to Note 1 for detailed disclosures regarding the fair value measurement of the company's financial assets and financial liabilities.



NOTE 20: SUBSEQUENT EVENTS

No matters or circumstances have arisen since the end of the financial year that significantly affected or may significantly affect the operations of the company, the results of those operations or the state of affairs of the company in future financial years.

NOTE 21: COMPANY DETAILS

The registered office of this Company is:

254 Albert Street

East Melbourne VIC 3002



DIRECTORS' DECLARATION

In accordance with a resolution of the directors of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the directors of the company declare that:

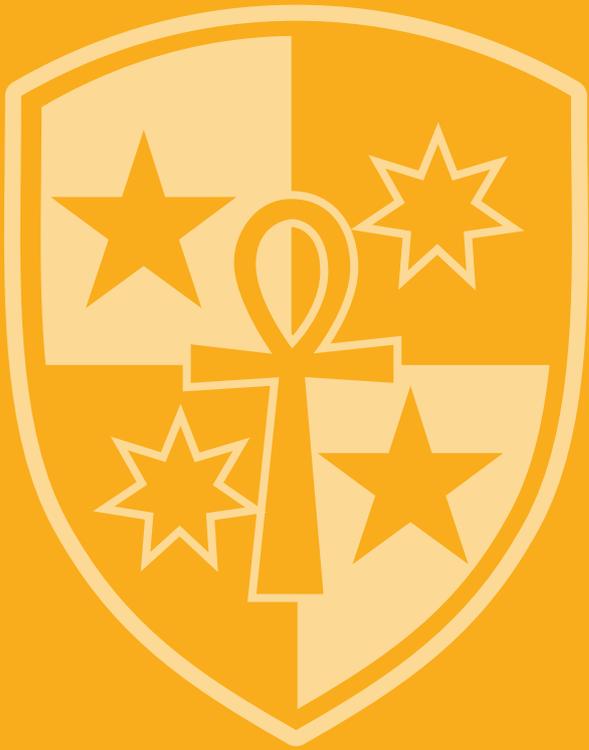
1. The financial statements and notes, as set out on pages 6 to 23, are in accordance with the *Australian Charities and Not-for-profit Commission Act 2012* and:
 - a. comply with Australian Accounting Standards – Reduced Disclosure Requirements; and
 - b. give a true and fair view of the financial position of the company as at 30 June 2017 and of its performance for the year ended on that date.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Director:
Dr Benjamin Bopp
Treasurer

Chief Executive Officer:
Alana Killen
Company Secretary

Dated this 6th day of November 2017





**The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists**

Excellence in Women's Health

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