I’d like to thank you for the opportunity to address College Council today. It’s a privilege to be afforded this invitation.

As this is my first presentation, and as a way of introducing myself, I thought I’d give you a brief rundown of how I came to be in this position of Chair of the South Australian State Committee.

As a medical student, I found most surgeons intimidating, somewhat arrogant and didn’t feel that they portrayed the type of doctor that I would like to aspire to be. I certainly wasn’t considering being a specialist surgeon. I don’t believe I had any contact with the College during this time.

As a graduate, I knew that I enjoyed procedural work, so, as part of my rural general practice training, I undertook terms in Emergency Medicine, Anaesthetics and ICU and completed a 12 month Diploma of Obstetrics. During this time a surgical registrar colleague suggested that I investigate doing some surgical training in the UK, so after 2 years of very enjoyable work in Taunton, Somerset, I returned to the Clare Valley as a Rural GP Surgeon. But not for long.
My wise wife informed me that we needed to go back to town and do surgical training ‘properly’ and if I didn’t do it soon, I would be too old to consider it later and would forever regret not having given it a go.

This was when I had my first contact with the College—the fees and paperwork of primary exams and basic training.

Fast forward 6 years, during which time I was fortunate enough to be able to develop relationships with a couple of excellent mentors, and I graduated as a Fellow of the Royal Australasian College of Surgeons. I received a college tie. A friend of mine commented that at last I had received something free from the College—I said it was the most expensive tie I had ever bought!

I certainly didn’t see myself being involved in College affairs. I didn’t even really know exactly what it was that the College did. My only real exposure to the College in the next few years was organising the annual Surgeons versus Physicians Golf Day!

Now, after 19 years of practice as a general surgeon in a combination of rural and metropolitan settings, I’m still learning what the College does!
Whilst acting as a training supervisor and examiner, an invitation to join the State Committee to provide insight into the medico-political issues of my local health network, at that time being ravaged by an ill-informed and cost-cutting government, led to my first real taste of the College ‘machine’ and with it the realisation that, as in a lot of organisations, most of the work is done by only a few. At that time I certainly didn’t see myself as filling the role of Chair at anytime in the future.

But, as is often the case, one thing led to another and I was nominated and then elected-unopposed-as the 39th Chair of the South Australian State Committee. As you can see, I was not actively ‘engaged’ by the College at any time and it was more by good luck than good management that I became involved. I hope that experiences along my journey so far will provide me with the wisdom to address the issues that arise during my two year term as Chair.

As I begin my role in the Chair, I feel that there are two pressing issues facing our State Committee and South Australian Fellowship. Firstly, the looming relocation of the home of the South Australian Fellowship. And secondly, an ongoing, real concern about the South Australian Fellowship’s perception of and involvement with the College.
I would like to show you how I think that we may be able to ‘kill two birds with one stone’ and that the solution to the first of these issues may hold the key to solving the other.

The South Australian State Committee and Fellows have been based in a college-owned heritage building on the edge of the Adelaide parklands for the last 20 years. It has served the Fellowship well despite a few shortcomings. A levy was raised on all SA Fellows to enable the initial purchase of the building. Many Fellows do not want to sell the building.

The College has decided to divest itself of property in all states, other than Victoria, and, as the building was reaching a point where some relatively expensive renovations would be required, we have been asked to look at the possibility of relocating. In the process we will investigate the feasibility of co-locating with RAAS - (The Research, Audit and Academic Surgery Division)-who are currently based in a separate building nearby.

A shortage of suitable available options to lease is just one of the problems facing the State Committee as the end of 2020 deadline looms.

What does the ideal base for the South Australian State Committee and Fellowship look like?
Is there a way that this move could lead to a positive outcome for the South Australian Fellowship and by extrapolation, the College as a whole?

If we now look at the issue of our Fellow’s perception of, and involvement with, the College, it has become apparent, at least anecdotally, that there is a sense of dis-connectedness, bordering on irrelevance, of The College amongst many of the Fellowship. In my discussions with a cross-section of Fellows, some sentiments expressed include “What does the College do for me?” “Why should I give up my valuable free time to be involved with the College?” “What do they do with all the money I pay them?” “I belong because I have to get my CPD.”

We have found it increasingly difficult to get the Fellowship to attend our courses, events and functions, held in various locations around the city, to the point where the viability of some of those events is in question. The percentage of our Fellows voting in both State and National College elections appears to be at an embarrassingly (unsatisfactory) low figure.
There exists a sense of apathy towards the College, especially amongst those in the middle part of their careers—that time when surgeons are often at their most productive. This, in turn, deprives the College of a significant amount of their greatest asset—the contributions of Fellows’ skill, knowledge and wisdom refined by experience.

Why is it that our Fellows seem not to want to associate with and contribute to the College? After all, a Fellowship is a group of people that are supposed to come together with a common purpose to achieve shared goals. Our College’s values speak to service, integrity, respect, compassion and collaboration.

How can we foster these in our Fellowship?

Is it that many Fellows don’t actually appreciate what it is that the College does?

Is it that Fellows feel a lack of engagement or consultation from the College?

Do the Fellows see involvement with the College as a poor return on investment?

How can we attract our Fellows earlier and get them to buy-in to the College’s vision and willingly contribute towards helping to achieve its goals?

Is this problem real or only imagined?
Does it really matter if the Fellows aren’t interested or involved?
Do we as a College need to change?
As I stand here today, I realise that I am ‘preaching to the converted’. You are all involved and realise the importance of the College. But will the next generation of surgeons be prepared to carry the College into the future? How will we attract them and stimulate them out of their apathy?
Despite not yet having access to Level 1 evidence on which to base my suppositions, I do wonder if we as a College may need to focus more on nurturing ‘The Fellowship’ as opposed to just awarding ‘A Fellowship’?

In South Australia we have decided to undertake a survey of the Fellowship to establish some ‘data’ on which to make some informed decisions regarding this issue. I cannot find a record of the last time that our Fellowship was asked for their opinions on how they relate to, and what they see as, the role of the College. This means that it is at least 25 years since we undertook this type of information gathering exercise and probably quite a bit longer, if ever at all. Doubters may say that we will only get a very small response to such a survey. If this eventuates, it will, in itself, give us some very strong insight into our Fellows’ attitudes.
Returning to the relocation of our base in South Australia, I see this as an excellent opportunity to reinvigorate the State’s Fellowship. A move to new, fit-for-purpose, environmentally sustainable premises with ease of access and flexibility of use, that enable us to hold meetings, training sessions, courses, seminars and perhaps even examinations in the one place, in addition to being a welcoming focal point that encourages Fellows to meet, even on an ad hoc or social basis, may go some way to re-igniting their interest and sense of belonging. Conversely, if we allow the home of the College in South Australia to be tucked away in a fourth storey cubbyhole in a disused Government office block in the centre of the CBD, this will almost definitely increase the disconnect of the Fellowship with the College. Our region has the need for a base that Fellows identify with, feel connected to, attend frequently and also represents the College in South Australia. It should be used regularly to involve all Fellows in a wide range of activities and would also be a factor in the early attraction to the College of medical students and trainees. With this development would come an increase in Fellow’s service and collaboration-two of our Colleges five core values. I feel we should look at the new base as a multi-purpose ‘Centre for education and engagement’. We have an opportunity to ‘kill two birds with one stone’ by developing a felicitous new base for the South Australian Fellowship.
If we sit back and wait for Fellows to ‘fall into’ College involvement as I did, we will surely ‘miss the boat’ and be left ‘under manned’ and ‘over burdened’.

From where I sit as the new Chair, in South Australia there are many things being done well, a few that could be done better and some that aren’t even being attempted.

I trust that you, as our College Council, will enable me and the State Committee to re-invigorate our Fellowship and help us to achieve our common purpose—the provision of surgical excellence for the state of South Australia and the ongoing support of our South Australian surgical community.