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USANZ COMMITTEES 2010

**Board of Directors**

**President:** David Malouf  
**Past-President:** Patrick Bary  
**Vice-President:** Stephen Ruthven  
**Honorary Secretary:** Patrick Bary  
**Honorary Treasurer:** Patrick Bary  
**VIC:** Helen O’Connell  
**NSW:** David Malouf  
**SA:** John Miller  
**WA:** Paul McRae  
**NZ:** Patrick Bary  
**TAS:** Stephen Brough  
**Northern/QLD:** David Winkle  
**Chair, TA&E:** John Miller  
**Chair, ANZAU:** Paul Kovac  
**Rep on RACS Council:** Helen O’Connell  
**Chair, Policy:** Andrew Brooks  
**External Director:** Alex Malley  
**Chief Executive Officer:** Michael Nugara

**Special Advisory Groups (SAGs)**

Sanjeev Bandi (Andrology)  
Simon Bariol (Endourology)  
Samantha Pillay (Female urology)  
Peter Gilling (Male lower urinary tract)  
Mark Frydenberg (Genitourinary oncology)  
David Winkle (Paediatric urology)  
Stephen Mark (Reconstructive urology)

**Australasian Urological Foundation**

Michael Rochford, Chairman  
William Lynch, Secretary/Treasurer  
Patrick R Bary  
Stephen Ruthven  
Adrian Porter  
Michael Nugara, Chief Executive Officer *(ex-officio)*

**Scientific Advisory Committee**

Z Stan Wisniewski, Chairman  
Damien Bolton  
Peter Davidson  
Robert ‘Frank’ Gardiner  
David Eisinger  
Andrew Kennedy-Smith

**TA&E/Board of Urology**

John Miller, Chairperson  
Prem Rashid, Deputy Chair & NSW TA&E Chairperson  
Lachlan Dodds, VIC TA&E Chairperson  
Mark Lloyd, SA TA&E Chairperson  
Andre Westenberg, NZ TA&E Chairperson  
Peter Mactaggart, Northern Section TA&E Chairperson  
Jerard Ghossein, WA TA&E Chairperson  
(retired June 2010)  
Melvyn Kuan, WA TA&E Chairperson  
(commenced June 2010)  
Stephen Mark, Senior Examiner  
David Malouf, President, USANZ  
Helen O’Connell, Urology Representative, RACS Council  
Daniel Spernat, Trainee Representative  
Alexandra Hockings, Trainee Representative  
Anita Clarke, IMG Representative (co-opted)  
Paul Anderson, Urology Representative, Surgical Sciences & Clinical Examinations Committee (co-opted)  
Michael Nugara, CEO, USANZ *(ex-officio)*
Vision
The Society’s vision is to continue to work for its community to ensure the best access to the quality urological care its members provide.

Mission
The Urological Society of Australia and New Zealand is committed to clinical excellence, education, the promotion of research and the dissemination of information on urological topics for the benefit of the community.

Values
- Excellence in professional standards
- Ethical standards of the highest order
- Patient safety
January 2011

To all Members

Your Board of Directors has pleasure in submitting its report for the year ending 31 December 2010.

David Malouf
President
Urological Society of Australia and New Zealand
ANNUAL REPORTS

President’s report

David Malouf

It is my pleasure to present the President’s Report for 2010-2011. The year has been a successful one for USANZ in many domains, with developments and achievements both within and external to the organisation.

2010 represented the first full year of operation under the revised constitution. This restructuring has served USANZ well with a smaller Board of Directors providing strategic direction. I would like to acknowledge the contribution of each of the Directors for their considerable input through quarterly Board meetings and numerous teleconferences throughout the year. Mr Alex Malley continues to serve USANZ in his capacity as an external director and I am grateful for the insight, corporate wisdom and enthusiasm which he provides. All the Directors devote a considerable amount of time in an altruistic manner and are responsible for the progress USANZ has made over the past few years. The new 2 year term for the President means that the Past-President, the President and the Vice-President can function as a leadership group with a 6 year corporate memory. This is an asset to the organisation and I am personally grateful for the support that Pat Bary and Steve Ruthven have provided to me during my term. Whilst individuals are being named, I would also like to publically acknowledge the commitment of John Miller who has completed 2 of his 3 years as Chair of the Board of Urology. John continues to do a superb job and it will surprise many to learn that there are now 145 trainees under the supervision of the Board and its many TA and E representatives, all of whom devote time and energy towards training our future colleagues.

The implementation of the RACS Code of Conduct and the interaction with Medical Industry documents as official USANZ policy in early 2010 was well received by both the membership and our industry partners. This action ensured that all members of USANZ operated under the same clearly defined professional code. As the medical profession comes under increasing scrutiny from external parties USANZ can be confident that the organisation and its members continue to conduct themselves in a manner which is professional and ethical.

Raising the public profile of USANZ as an authority in our domain has been a key objective for the current Board of Directors. Feedback from the membership in the past has identified this as an area where USANZ was under-represented. This issue was addressed during the formulation of the 2009-2011 Strategic Plan with defined brand and media initiatives to implement. The brand strategy was detailed at each of the Section Meetings in the latter half of 2010 and the USANZ logo and the proposal for a new name were well received.

The resources invested in developing a media strategy and in the engagement of a media consultant have returned dividends. USANZ is now actively sought out by media organisations for comment on urological issues. USANZ provides commentary and position statements through media releases and subsequent interviews in the electronic and print media. By acting proactively in this manner USANZ is positioned as a thought leader in our domain and is able to exert influence to ensure that the interests of our patients and our members are protected.

Another key focus for USANZ over the period 2009-2011 was to develop and enhance relationships with groups sharing common areas of interest. Positive outcomes for both organisations can be achieved through strategic alliances. Over the past 12 months the new relationship with BJUI has seen USANZ acquire an official journal, an Australasian Editor, support for an extra international speaker at the ASM and, coinciding with the Christchurch ASM, the first BJUI Australia and New Zealand Supplement will be released. With BAUS USANZ has worked to address the barriers which have to date restricted the ready exchange of trainees and fellows. Collaboration with the EAU has seen joint symposia in the Asian region with the European School of Urology, the Asian School of Urology and USANZ. Education initiatives have been established with the Urological Association of Asia, and the ever successful Trainee’s Week held in Brisbane in November 2010 hosted trainees from BAUS, the EAU and the UAA who actively participated side by side Australian and New Zealand trainees.

Closer to home USANZ has secured a Memorandum of Understanding with the Prostate Cancer Foundation of Australia. This is undoubtedly an excellent outcome for both organisations and the goodwill and initiative demonstrated by National Chairman Graeme Johnson and National Deputy Chairman David Sandoe warrant special mention. The common ground between both organisations has been evident for many years, and through mutual recognition of each party’s strengths a working relationship has resulted which will enhance public awareness, further quality research and promote prostate cancer issues in policy making circles.

The Sections have all conducted successful Section
Meetings in the latter part of 2010 and whilst each Section has a distinctive flavour the common thread is the participation of the trainees and Fellows in the academic and collegial senses. I would like to thank each of the local Convenors and indeed the Section membership for the hospitality extended to Clare and myself during our visits.

The Annual Scientific Meeting remains the principal CPD event for the Society and final preparations are being made for what should be a memorable meeting in Christchurch. From the Darwin ASM in 2012 onwards there will be a substantial change in the format of the ASM to maintain its relevance to the membership in an environment of increasingly sub-specialised practice. The concept of “mini-ASMs” will be realised, and the SAGs will have increased responsibility for the scientific content of their section of the meeting. The 2012 ASM will be the first step towards this model, with full implementation planned for 2013 and beyond. Parallel sub-speciality programs under the one roof should enhance the attractiveness of the meeting to both Fellows and our industry partners. It is also likely that the location will prove attractive to our urological colleagues in Asia, giving the meeting a truly international flavour. The ASM remains a key revenue stream for USANZ, and the ongoing success of the event is critical to the future activity of the organisation. Whilst these changes occur, it is paramount that the social fabric of the ASM is preserved, as the co-existence of science and conviviality remains the key difference between the USANZ ASM and all other international urological events.

None of the work USANZ does would be possible without the dedicated efforts of the staff in the USANZ office at Edgecliff. We are fortunate to have a team of committed professionals who ensure that the activity of the Society continues regardless of how many hours we spend in theatre. Michael Nugara has excelled in the role of CEO, and has been responsible for getting many of the projects initiated by the Board “over the line”. I am very grateful for his counsel over the past 18 months.

I wish the incoming President, Dr Stephen Ruthven, all the best for his term. Steve is thoughtful and insightful, and his contributions to the Board of Directors, the Court of the Examiners and to TA and E Boards prior to this leave me very confident USANZ is in good hands.

Finally let me say thank you for the honour and the privilege of having served as your President for the past 2 years. USANZ is a vibrant and progressive organisation and is highly regarded by other professional groups both locally and internationally. Australian and New Zealand urologists are well regarded for both for their training and ability as well as for their professionalism. With the ongoing support of its membership USANZ will continue to develop and thrive in an ever changing environment.

As I complete this report the last votes for the Vice-President’s position will be arriving, and I trust that the contest for the position is a positive reflection on the enthusiasm that exists for our professional body.

Chief Executive Officer’s report

Michael Nugara

2010 has seen the continued implementation of the current Strategic Plan. Two of the key initiatives this year have been the development of the USANZ media presence and brand. Whilst the appointment of the USANZ media advisor was effective in 2009, the impact of their work has been evident in 2010 as we have seen an increase in website activity as well as direct media enquiries. The awareness of USANZ amongst the various media organisations has developed significantly and is attributable to the outstanding work of David Malouf and our media advisor.

The USANZ brand development project has been a major undertaking this year. I would like to extend my thanks to members who have participated in this project to date, including those who attended the workshops conducted during the 2010 Annual Scientific Meeting (ASM). The success of this project is heavily reliant on member input and the project steering committee has been very pleased with the enthusiasm displayed by members.

By now, members will be aware of the proposed name change and revised coat of arms. Members will be asked to vote on a special resolution at the Annual General Meeting on 24 February where the Board of Directors is recommending the Society change its name to the Urological Surgeons Association of Australia and New Zealand.

The proposed changes were first presented to members at the various Section meetings in 2010 where David Malouf and I were very pleased with the overwhelming support from the membership for the new name and revised coat of arms. In January 2011 members will receive documentation regarding the proposed changes for the purposes of informing members who may not have attended their respective Section meeting and subsequently missed the presentation.

The project will continue into 2011, the steering committee is currently developing a revised website which will be more user friendly and incorporate the proposed visual identity.
2010 was a challenging year with regard to attracting sponsorship. With an increasing number of meetings all competing for a share of the limited sponsorship funds available from pharmaceutical and instrument companies, there was a substantial reduction in sponsorship to USANZ. The ASM experienced the most significant reduction and this trend has continued for the 2011 ASM. The ASM remains the USANZ “flagship” event and the sustainability of this meeting is vital from a financial perspective but also from collegiate and reputational perspectives. It is anticipated that changes to the ASM structure to be phased in from the 2012 meeting will address this concern.

Despite the reduction in sponsorship revenue, the 2010 ASM in Perth was a great success. I would like to extend my thanks to the Convenor, Andrew Tan and the Scientific Coordinator, Jeff Thavaseelan as well as the other members of the organising committee. Their tireless efforts ensured high quality scientific content and a social program that was well planned and received. This meeting saw the introduction of a public forum to the program. With further development, this forum will be a valuable means of increasing community awareness of urological matters.

This year USANZ commissioned an online payment facility. This facility was used for the NSW and Northern Section meetings. Valuable feedback was obtained from this initial implementation resulting in enhancements to the facility, which are currently in progress. This facility is available to all Sections and streamlines the registration and payment processes for meetings.

Other efficiency gains will be achieved with regard to the process for updating member information in the USANZ database. It is anticipated that the online updating facility will be implemented in time for the preparation of the 2011 Member handbook.

The affinity program with the MDO, Avant, was introduced this year giving members the opportunity to compare their current MDO benefits with those offered by Avant. USANZ is investigating other potential affinity partners with the objective of increasing the value of membership to USANZ.

During the last quarter of 2010 USANZ renewed the service agreement with the Australasian Society of Cardiac and Thoracic Surgeons (ASCTS). The first two years of this agreement has been very successful for both organisations and USANZ will continue to benefit from this revenue stream for the new term.

During 2010 the USANZ staff and members contributed across several areas:

**Continuing Professional Development**
- USANZ managed several workshops during the year, in particular, the Best Practice Workshop in Urological Oncology. The number of events planned for 2011 will again be consistent with 2010.
- Coordination and provision of administrative support to SAGs.
- Coordination of audits throughout the year in support of SAGs.

Thanks go to SAG contributors for their efforts this year.

**Education and Training**
- Trainee Week was a great success again this year. Thanks to Peter Mactaggart for convening an excellent meeting and to all the other members who contributed to this event.
- The SET Selection process was improved through the engagement of consultants to conduct an interviewer training workshop and develop a SET Urology interview guide.
- The provision of support and advice to the Board of Urology.
- Ongoing support and advice to trainees and IMGS to ensure compliance with training requirements.

**Membership and Communication**
- We continue to improve the USANZ newsletter and ENews, the brand development project will further enhance these important communication mediums.
- The utilisation of the USANZ website continues to grow and the overall number of site visitors is also increasing. We anticipate this trend will continue as the USANZ brand strategy is implemented.

As David Malouf’s term as President concludes at the 2011 ASM, I would like to acknowledge David’s outstanding contribution to the success of USANZ over the last two years. David’s term commenced at a time when USANZ had set itself some challenging objectives as part of the strategic plan. David’s unwavering commitment to achieving the objectives has placed USANZ in an unprecedented position of strength.

Amongst some of the achievements, we now have a media presence and the development of our public profile has progressed significantly. This will be further
enhanced by the brand project. David’s work in developing strategic relationships has positioned USANZ where it can further consolidate its standing, both domestically and internationally.

It has been a pleasure for me to work with David during his term and I would like to express my thanks for his support, guidance and insights which have greatly assisted me in executing my responsibilities. I would also like to thank the Board of Directors, the Board of Urology and members of working committees, who have given their time and expertise most generously.

I also wish to acknowledge the contribution by my colleagues Wendy Frazer, Vaughan Parkinson, Deborah Klein, Nick Danes, Brenda Mattick and Louise Reeson. Their individual efforts are appreciated by all.

**Secretary’s report**

Stephen Ruthven (Acting Secretary)

The Board of Directors of the Society met during 2010 as follows:

- **21 February** – Perth ASM
- **2 May** – USANZ office
- **22 August** – USANZ office
- **14 November** – USANZ office

There are 11 Directors that make up the Board of Directors. The President, Vice President, Past President, RACS representative and the ANZAUS representative are elected by the membership.

The Policy Chair is nominated by the membership and elected by the Board of Directors. There are two external positions on the Board of Directors; one of these positions is currently vacant.

The Board of Directors approved a new “sub category” of membership under Corresponding Member called Corresponding Member–UAA (CO-UAA).

**Membership**

Since the last Annual Report, the following changes have occurred:

**Full Member**

Ahmad Al-Samerraaii
Nicholas Buchan
Michael Chong
Eric Chung
David Dangerfield

Mark Forbes
Dennis Gyomber
Chi Can Huynh
Said Jaboub
Akshay Kothari
Dominic Lee
Kenny Low
David Sofield
Clair Whelan

**Full Member Overseas**

David Nicol

**Corresponding Member**

Chongwon Bak
Dr Dirk Drent
Timmy Tingnee

**Full Member Senior**

Graham Sinclair
Russell Mcilroy
George Janiszewski
Keith Kaye
Ronald Hill
Jeremy Walton
Christopher Switajewski
Z Stan Wisniewski

**Associate Member – Urological**

Balasubramanian Indrajit

**Provisional Member**

Declan Murphy

**Resignations**

Christopher Chapple
Rosemary Ryall
Bruce Hosken
Bruce Blyth
Treasurer’s report
Stephen Ruthven (Acting Treasurer)

USANZ commenced 2010 with the expectation that it would be a very difficult year. We were still experiencing fallout from the global financial crisis and sponsorship revenues were forecast to decline. The forecast proved to be correct. However, with improved investment income returns, and reductions in expenditures, the net result was satisfactory and slightly better than the 2009 result.

Operations
USANZ generated an operating surplus of $583,117.00. This is an improvement on last year’s operating performance of $547,268.16. This result was achieved through a better than expected surplus from the 2010 ASM and other activities including the Best Practice Workshop in Urological Oncology and investment income. In addition, costs were contained, relative to changes in sponsorship and registration revenues.

The 2010 ASM returned a surplus of $443,139.31. Whilst this surplus was $112,533.05 less than the 2009 ASM, it is a very good result in light of the significant reduction in ASM sponsorship revenues compared to 2009. It should also be noted that costs were well managed to offset the reduced revenue.

Two key components of the 2009 – 2011 Strategic Plan, brand development and media, have contributed to the expenditure in 2010. These costs were offset by reductions in other expenditure, in particular, Section expenses.

Education and operations expenditures
The significant increase in Education and Operations expenditures in 2010 is principally attributable to the Society’s event management of the Best Practice Workshop in Urological Oncology. The holding of this event also contributed to the revenue flow to the Society.

Office and administration costs
The reduction in Office and Administration costs is attributable to a decrease in the Provision for bad and doubtful debts and depreciation expense. There were also increases in administrative and utility costs.

Financial position
During the course of 2010 USANZ maintained a vigilant cash management strategy. Non interest bearing bank accounts are funded when required so that residual cash is transferred to interest bearing bank accounts and market linked investments. As at 31 December 2010 our cash interest bearing assets were $5,899,026.12 compared to $5,558,914.45 at the same time last year. This represents an increase of $340,111.67 in interest bearing funds over the fiscal year. The proportion of interest bearing funds increased from 83.5% to 91.3% of cash assets.

Total assets were down 1.11% from $7,794,942.29 to $7,708,513.61 over the year. Receivables were down by 75.4% over the year reflecting a consistent application of credit policy and a better collection rate of outstanding receivables over that period.

Factored into the numbers above is our market linked investment currently valued at $699,464.19.

Cash flow
Net cash from operating activities has decreased from $625,245.20 in 2009 to $83,275.30 in 2010. The net cash flow from operating activities in 2010 was principally used to retire event and current liabilities in the Society’s balance sheet. Interest earnings have increased from $207,090.56 in 2009 to $250,077.15 in 2010.

Overall
Members should be pleased with the 2010 performance and accountability of the USANZ management team. The challenge to attract financial support from the industry will only increase in future.

This was compounded in the latter part of 2010 by pharmaceutical companies who acknowledged that the sale of LHRH medications had slowed and this development was likely to have implications for future sponsorship commitments.

USANZ is forecasting revenue streams to decline in 2011. However, investment income is expected to increase marginally and member subscriptions will be adjusted to account for the consumer price index.

Cost growth is expected to be in line with the CPI in overall terms.

I would like to take this opportunity to acknowledge Michael Nugara, Vaughan Parkinson and Nick Danes for their contribution during 2010.
The Urological Society of Australia and New Zealand
ACN: 000 069 376

Financial Report
For the Year Ended 31 December 2010
The Urological Society of Australia and New Zealand
ACN: 000 083 375

Directors Report

Your directors present their report on The Urological Society of Australia and New Zealand (the Society) for the financial year ended 31 December 2010.

The names of the directors in office at any time during or since the end of the year are:

Patrick Berry  Andrew Brooks
Paul Kovac      Stephen Brough
David Malbui   John Miller
Paul McRae     Stephen Ruthven
David Winkle   Alexander Malley
* David Cook    Helen O'Connell

* Alternate Director to Helen O'Connell at May 2010 meeting

The profit of the Society for the financial year was $583,117.00 ($547,266.16 - 2009)

The Society is exempt from payment of income tax under section 23(e) of the Income Tax Assessment Act.

The principal activities of the Society during the year were the advancement of the science of urology through the promotion and finance of research in urology and the bringing together of urologists of Australia and New Zealand to cultivate and maintain the highest principles of urological practice and ethics.

The Society is also responsible for the selection, training and assessment of urology registrars according to the Memorandum of Understanding with the Royal Australasian College of Surgeons.

No significant change in the nature of these activities occurred during this year.

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

The Society expects to maintain the present status and level of operations and hence there are no likely developments for reporting.

The Society's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory:

During the year the Society has paid insurance premiums for Directors' Liability.

No person has applied for leave of Court to bring proceedings on behalf of the Society or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings.

The Society was not a party to any such proceedings during the year.

Auditor’s Independence Declaration

A copy of the auditor’s independence declaration as required under section 307C of the Corporations Act 2001 is set out on the following page.

Signed in accordance with a resolution of the Board of Directors.

On behalf of the Board of Directors:

[Signature]

President

dated 21 January 2011
AUDITOR'S INDEPENDENCE DECLARATION
THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND


I declare that, to the best of my knowledge and belief, during the year ended 31 December 2010, there have been:

(i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Graeme Green FCA
Registered Company Auditor
No. 15169

Dated 21 January, 2011
The Urological Society of Australia and New Zealand
ACN: 000 069 376

Directors' Declaration

The directors of the company declare that:

1. The financial statements and notes are in accordance with the Corporations Act 2001:
   (a) comply with Accounting Standards and the Corporations Regulations 2001; and
   (b) give a true and fair view of the company's financial position as at 31 December 2010 and of its performance for the year ended on that date of the company.

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.

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

..............................
President

dated 21 January 2011
The Urological Society of Australia and New Zealand  
ACN: 000 069 376

Statement of Comprehensive Income  
For the Year Ended 31 December 2010

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<tr>
<td>Operating Revenue</td>
<td>3,597,144.61</td>
<td>3,655,616.24</td>
</tr>
<tr>
<td>Revenue Other</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Total Revenue</td>
<td>3,597,144.61</td>
<td>3,655,616.24</td>
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Less:
Office and Administration Costs | (617,020.55) | (650,152.92) |
Meetings and Workshops | (1,084,129.59) | (1,200,970.01) |
Section Expenses | (353,654.35) | (400,628.13) |
Education and Operations Expenditure | (786,573.51) | (691,023.13) |
Other Expenses | (180,649.25) | (98,375.59) |
Total Expenses | (3,014,027.61) | (3,111,348.08) |

Surplus for the period | 583,117.00 | 547,268.16 |

The accompanying notes form part of these financial statements.
The Urological Society of Australia and New Zealand  
ACN: 000 069 376  

Statement of Financial Position  
As At 31 December 2010

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<tr>
<th>note</th>
<th>2010</th>
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<td>Other</td>
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<td>NON-CURRENT ASSETS</td>
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<td>Land and Buildings</td>
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<td>Plant &amp; Equipment</td>
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<td>TOTAL NON-CURRENT ASSETS</td>
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</tr>
<tr>
<td>NET ASSETS</td>
<td></td>
<td>6,477,699.11</td>
</tr>
<tr>
<td>EQUITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained Surpluses</td>
<td></td>
<td>6,477,699.11</td>
</tr>
<tr>
<td>TOTAL EQUITY</td>
<td></td>
<td>6,477,699.11</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
The Urological Society of Australia and New Zealand
ACN: 009 669 376

Statement of Changes in Equity
For the Year Ended 31 December 2010

<table>
<thead>
<tr>
<th>Note</th>
<th>Retained Surpluses</th>
<th>Revaluation Surplus</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5,548,825.47</td>
<td>-</td>
<td>5,548,825.47</td>
</tr>
<tr>
<td>12</td>
<td>547,268.19</td>
<td>-</td>
<td>547,268.19</td>
</tr>
<tr>
<td></td>
<td>(201,511.52)</td>
<td></td>
<td>(201,511.52)</td>
</tr>
<tr>
<td></td>
<td>5,894,582.11</td>
<td>-</td>
<td>5,894,582.11</td>
</tr>
<tr>
<td></td>
<td>583,117.00</td>
<td>583,117.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6,477,699.11</td>
<td>-</td>
<td>6,477,699.11</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
## Statement of Cash Flows
For the Year Ended 31 December 2010

<table>
<thead>
<tr>
<th>Cash Flows from Operating Activities</th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceeds from Operations</td>
<td>1,666,330.91</td>
<td>1,050,265.30</td>
</tr>
<tr>
<td>Proceeds for ASM's</td>
<td>1,674,280.01</td>
<td>1,947,398.04</td>
</tr>
<tr>
<td>Proceeds for Section Activities</td>
<td>485,851.91</td>
<td>594,828.59</td>
</tr>
<tr>
<td>Interest received</td>
<td>250,077.15</td>
<td>207,090.56</td>
</tr>
<tr>
<td>Payments to Suppliers</td>
<td>(2,066,030.44)</td>
<td>(1,493,826.57)</td>
</tr>
<tr>
<td>Payments for ASM's</td>
<td>(1,594,570.89)</td>
<td>(1,338,756.21)</td>
</tr>
<tr>
<td>Payments for Sections</td>
<td>(353,664.35)</td>
<td>(351,774.81)</td>
</tr>
<tr>
<td><strong>Net cash provided from operating activities</strong></td>
<td><strong>83,275.30</strong></td>
<td><strong>625,245.20</strong></td>
</tr>
</tbody>
</table>

## Cash flows Investing Activities

<table>
<thead>
<tr>
<th>Property Plant &amp; Equipment</th>
<th>(8,120.80)</th>
<th>(31,850.31)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net cash provided from Investing Activities</strong></td>
<td><strong>(8,120.80)</strong></td>
<td><strong>(31,850.31)</strong></td>
</tr>
</tbody>
</table>

## Cash flows Financing Activities

<table>
<thead>
<tr>
<th>Net Proceeds from receipt of funds in trust</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net cash provided from Financing Activities</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net Increase / (Decrease) in cash held</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>75,154.70</td>
<td>593,395.19</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash held at the Beginning of the Financial Year</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,920,681.19</td>
<td>5,920,681.19</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash held at the end of the financial year</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,995,835.89</td>
<td>5,920,681.19</td>
<td></td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
Note 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a) Basis of Preparation

The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values or, except where stated, current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets. The accounting policies have been consistently applied, unless otherwise stated.

The report is presented in Australian dollars.

b) Statement of Compliance

The financial report is a general purpose financial report that has been prepared in accordance with the Accounting Standards and Australian Accounting Interpretations. 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.

Compliance with Australian Accounting Standards ensures that the financial statements and notes also comply with the International Financial Reporting Standards.

The Urological Society of Australia and New Zealand is limited by guarantee, incorporated and domiciled in Australia.

The financial statements were authorised by the Board of Directors on the 21st January 2011.

c) Consolidation of State Sections

State Sections revenues and expenses for the year have been reported as revenue and expenses of the Society.

d) Income Tax

The Society is exempt from paying income tax. No provision is made for income tax expense nor are there any deferred tax assets or deferred tax liabilities to be disclosed or accounted for.

e) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST except:

- where the GST incurred on purchases of goods and services is not recoverable from the taxation authority, in which case the GST is recognised as part of the cost of acquisition of the asset or as part of the expense item as applicable,
- receivables and payables are stated inclusive of GST.

The net amount of GST recoverable from, or payable to, the taxation authority is included as part of receivables or payables in the balance sheet.

Cash flows are included in the cash flow statement on a gross basis and GST component of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the taxation authority.
The Urological Society of Australia and New Zealand
ACN: 000 069 376

Notes to the Financial Statements
For the Year Ended 31 December 2010

f) Foreign Currency

All foreign currency transactions are shown in Australian dollars.

Foreign Currency Transactions

Transactions in foreign currencies are recorded in Australian dollars at the exchange rates ruling at the date of the transaction. Monetary assets and liabilities denominated in foreign currency are retranslated at the rate of exchange ruling at the balance sheet date.

Exchange differences are recognised in surplus and loss in the period in which they occur.

g) Revenue

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the Society and that it can be reliably measured.

Member Fees and Subscriptions

The subscription year runs from 1 January to 31 December. Subscriptions are payable annually and are recognised when notices are forwarded to members.

Interest

Recognised as interest accrues, taking into account the yield on the financial asset.

Income from Investments

Revenue recognised when the income is earned. Unrealised increments or decrements in the Society's portfolio of investment assets (Note 5) are included in the Company's statement of comprehensive income each year.

Grants

Revenue is recognised when control of the contribution or right to receive the contribution is received.

h) Receivables

Receivables are recognised and carried at original invoice amount less any allowance for any uncollectible amounts. An estimate for doubtful debts is made when collection of the full amount is no longer probable. Bad debts are written off when identified.

i) Property, Plant and Equipment

All classes of assets are stated at cost less accumulated depreciation and any impairment. Depreciation is calculated on a straight-line basis over the estimated useful life of the assets (excluding freehold land) as follows:

- Buildings - 50 years
- Strata title - 50 years
- Property, plant and equipment - 3–13 years
- Information technology assets - 3 years
- Library books - 5 years

Impairment

The carrying values of property, plant and equipment are reviewed for impairment when events or changes in circumstances indicate the carrying value may not be recoverable. If such an indication exists and where carrying values exceed the recoverable amount, the asset is written down to the recoverable amount. Recoverable amount is the greater of fair value less costs to sell and value in use.

As a not-for-profit entity whose future economic benefits of an asset (or class of asset) are not primarily dependent on the asset's ability to generate cash flows and it would be replaced if the Society was deprived of it, value in use is the depreciated replacement cost.

Land and Buildings

Valuations are obtained every three years. They reflect independent assessments of the open market value of land and buildings based on existing use.
The Urological Society of Australia and New Zealand
ACN: 000 069 376

Notes to the Financial Statements
For the Year Ended 31 December 2010

j) Financial Assets

Recognition
Financial instruments are initially measured at cost on trade date, which includes transaction costs, when the related contractual rights or obligations exist. Subsequent to initial recognition these instruments are measured as set out below.

Financial assets at fair value through profit and loss
A financial asset is classified in this category if acquired principally for the purpose of selling in the short term or if so designated by management. Derivatives are also categorised as held for trading unless they are designated as hedges. Realised and unrealised gains and losses arising from changes in the fair value of these assets are included in the statement of comprehensive income in the period in which they arise.

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 stated at amortised cost using the effective interest rate method.

Hard-to-maturity investments
These investments have fixed maturities, and it is the company’s intention to hold these investments to maturity. Any held-to-maturity investments held by the company are stated at amortised cost using the effective interest rate method.

Available-for-sale financial assets—Investments (Note 6)
Available-for-sale financial assets include any financial assets not included in the above categories. Available-for-sale financial assets are reflected at fair value. Unrealised gains and losses arising from changes in fair value are taken to the statement of comprehensive income.

Financial liabilities
Non-derivative financial liabilities are recognised at amortised cost, comprising original debt less principle payments and amortisation.

Derivative instruments

Nature

Fair value
Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value of all unlisted securities, including recent arms’ length transactions, reference to similar instruments and pricing.

Impairment
At each reporting date, the entity assess whether there is objective evidence that a financial instrument has been impaired. In each case of available-for-sale financial instruments a prolonged decline in value of the instrument is considered to determine whether an impairment has arisen.

Impairment losses are recognised in the income statement.

k) Employee benefits

Employee benefits expected to be settled within one year have been measured at the amounts expected to be paid. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits only where this amount is materially different from the current measured value.

Annual Leave
The provision for annual leave represents the amount which the Society has a present obligation to pay resulting from employees’ services provided up to balance date. The provision has been calculated at the amounts expected to be paid when the liability is settled and includes on-costs.
The Urological Society of Australia and New Zealand
ACN: 000 069 376

Notes to the Financial Statements
For the Year Ended 31 December 2010

Long Service Leave
The liability for employee benefits for long service leave represents estimated future cash
outflows to be made by the employer resulting from employees' services provided up to the
balance date.
In determining the liability for employee benefits, account has been taken of future increases
in wage and salary rates, and the Society’s experience with staff departures.

l) Provisions
Provisions are recognised when the company 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.

m) Cash and cash equivalents
Cash and cash equivalents includes cash on hand, deposits held at call with banks.

n) Comparative figures
Where necessary comparatives have been reclassified to ensure consistent presentation
with the current year.

o) Critical accounting estimates and judgements
The directors evaluate estimates and judgements incorporated into the financial report based
on historical knowledge and best available current information. Estimates assume a
reasonable expectation of future events and are based on current trends and economic data,
obtained both externally and within the company.

p) New Accounting Standards for application in future periods
The AASB has issued new, revised and amended Standards and Interpretations that have
mandatory application dates for future reporting periods. The Company does not expect
them to have any material effect on the Company’s financial statements and will not be
adopting them before the mandatory application dates.

q) New Accounting Standards adopted in financial year
In September 2007 the Australian Accounting Standards Board revised AASB 101 and as a
result, there have been changes to the presentation and disclosure of certain information
within the financial statements. Below is an overview of the key changes and the impact on
the company’s financial statements.

Terminology changes – The revised version of AASB 101 contains a number of terminology
changes, including the amendment of the names of the primary financial statements.

Reporting changes in equity – The revised AASB 101 requires all changes in equity arising
from transactions with owners in their capacity as owners to be presented separately from
non-owner changes in equity. Owner changes in equity are to be presented in the statement
of changes in equity, with non-owner changes in equity presented in the statement of
comprehensive income. The previous version of AASB 101 required that owner changes in
equity and other comprehensive income be presented in the statement of changes in equity.
q) New Accounting Standards adopted in financial year-cont.

Statement of comprehensive income – The revised AASB 101 requires all income and expenses to be presented in either one statement, the statement of comprehensive income, or two statements, a separate income statement and a statement of comprehensive income. The previous version of AASB 101 required only the presentation of a single income statement.
## Notes to the Financial Statements
### For the Year Ended 31 December 2010

### Note 2 - REVENUE

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Activities</td>
<td>1,387,777.39</td>
<td>1,088,593.74</td>
</tr>
<tr>
<td>ASM Revenues</td>
<td>1,507,268.86</td>
<td>1,770,361.95</td>
</tr>
<tr>
<td>Section Revenues</td>
<td>467,118.04</td>
<td>563,552.08</td>
</tr>
<tr>
<td>Investment Income</td>
<td>254,882.32</td>
<td>210,108.57</td>
</tr>
<tr>
<td>Total Operating Revenue</td>
<td>3,597,144.51</td>
<td>3,058,616.34</td>
</tr>
</tbody>
</table>

### Note 3 - SURPLUS AND ACCUMULATED FUNDS

Significant expenditure items explaining the financial performance:

<table>
<thead>
<tr>
<th>Expenditure Items</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meetings and Workshops</td>
<td>1,084,129.55</td>
<td>1,200,870.01</td>
</tr>
<tr>
<td>Section Expenses</td>
<td>383,664.35</td>
<td>460,626.13</td>
</tr>
<tr>
<td>Office and administration costs</td>
<td>617,020.95</td>
<td>563,152.92</td>
</tr>
<tr>
<td>Education and Operations Expenditure</td>
<td>796,573.51</td>
<td>915,023.12</td>
</tr>
<tr>
<td>Other expenses</td>
<td>186,649.25</td>
<td>98,375.89</td>
</tr>
<tr>
<td>Total expenditure</td>
<td>3,014,027.81</td>
<td>3,111,348.08</td>
</tr>
</tbody>
</table>

Significant items explaining the financial performance:

The surplus for the year to 31 December 2010 includes current year Section activity surpluses of $114,061.89 (2009 - $102,728.95)

The surplus for the year to 31 December 2010 includes the 2009 ASM Surplus of $443,139.31 (2009 - $255,372.30)

### Note 4 - CASH AND CASH EQUIVALENTS

<table>
<thead>
<tr>
<th>Item</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on Hand and at Bank</td>
<td>3,263,855.89</td>
<td>3,188,681.19</td>
</tr>
<tr>
<td>Term Deposits</td>
<td>2,732,000.00</td>
<td>2,732,000.00</td>
</tr>
<tr>
<td></td>
<td>5,995,855.89</td>
<td>5,920,681.19</td>
</tr>
</tbody>
</table>

The effective interest rate on short-term bank deposits was 6.2% (2009 - 4.3%)

These deposits have an average maturity of 212 days.

### Note 5 - RECEIVABLES

<table>
<thead>
<tr>
<th>Item</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Receivable</td>
<td>50,069.89</td>
<td>203,261.71</td>
</tr>
<tr>
<td>No collateral is held over our accounts receivable</td>
<td>50,069.89</td>
<td>203,261.71</td>
</tr>
</tbody>
</table>

### Note 6 - INVESTMENTS

<table>
<thead>
<tr>
<th>Item</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Westpac (BT) managed portfolio</td>
<td>696,464.13</td>
<td>696,626.47</td>
</tr>
<tr>
<td>Perpetual Monthly Income Fund</td>
<td>26,054.78</td>
<td>25,624.43</td>
</tr>
<tr>
<td></td>
<td>722,518.91</td>
<td>722,250.90</td>
</tr>
</tbody>
</table>

### Note 7 - OTHER CURRENT ASSETS

<table>
<thead>
<tr>
<th>Item</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASM advance</td>
<td>51,628.52</td>
<td>76,604.82</td>
</tr>
<tr>
<td>Prepayments</td>
<td>61,681.97</td>
<td>51,607.95</td>
</tr>
<tr>
<td>Other receivables</td>
<td>51,104.00</td>
<td>23,828.55</td>
</tr>
<tr>
<td>ASCTS Reimburseables</td>
<td>457.21</td>
<td>(5,340.23)</td>
</tr>
<tr>
<td>Sundry debtors and deposits</td>
<td>1,780.00</td>
<td>1,780.00</td>
</tr>
<tr>
<td>GST Receivable/Payable</td>
<td>8,068.88</td>
<td>8,180.11</td>
</tr>
<tr>
<td></td>
<td>126,756.38</td>
<td>157,531.30</td>
</tr>
</tbody>
</table>
Notes to the Financial Statements
For the Year Ended 31 December 2010

Note 8 - PROPERTY, PLANT AND EQUIPMENT

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plant and Equipment - at cost</td>
<td>209,855.57</td>
<td>201,734.97</td>
</tr>
<tr>
<td>Accumulated Depreciation</td>
<td>(173,594.47)</td>
<td>(160,330.81)</td>
</tr>
<tr>
<td>Written Down Value</td>
<td>38,261.10</td>
<td>41,404.16</td>
</tr>
<tr>
<td>Building - at cost</td>
<td>609,738.29</td>
<td>609,738.29</td>
</tr>
<tr>
<td>Renovations - at cost</td>
<td>218,851.72</td>
<td>218,851.72</td>
</tr>
<tr>
<td>Accumulated Depreciation</td>
<td>(57,560.37)</td>
<td>(50,669.98)</td>
</tr>
<tr>
<td>Written Down Value</td>
<td>771,009.64</td>
<td>777,823.03</td>
</tr>
</tbody>
</table>

An independent valuation of $790,000 for the Building and associated renovations was provided on 25/12/07.

Note 8a - MOVEMENT IN CARRYING AMOUNTS

<table>
<thead>
<tr>
<th>Plant &amp; Equipment</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at beginning of the year</td>
<td>41,404.16</td>
<td>27,423.89</td>
</tr>
<tr>
<td>Additions</td>
<td>8,120.60</td>
<td>31,650.01</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(13,263.06)</td>
<td>(17,669.74)</td>
</tr>
<tr>
<td>Carrying amount at end of the year</td>
<td>36,261.10</td>
<td>41,404.16</td>
</tr>
<tr>
<td>Building</td>
<td>777,823.03</td>
<td>784,826.55</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(6,723.39)</td>
<td>(7,003.93)</td>
</tr>
<tr>
<td>Carrying amount at end of the year</td>
<td>771,009.64</td>
<td>777,823.03</td>
</tr>
</tbody>
</table>

Note 9 - PAYABLES

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sundry creditors and accruals</td>
<td>544,636.04</td>
<td>668,560.88</td>
</tr>
<tr>
<td>PAYE Tax Payable</td>
<td>-</td>
<td>8,052.13</td>
</tr>
<tr>
<td>Superannuation Payable</td>
<td>-</td>
<td>14,735.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>544,636.04</strong></td>
<td><strong>675,347.01</strong></td>
</tr>
</tbody>
</table>

Note 10 - PROVISIONS

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Leave</td>
<td>41,904.00</td>
<td>30,660.62</td>
</tr>
<tr>
<td>Long Service Leave</td>
<td>7,928.00</td>
<td>6,225.15</td>
</tr>
<tr>
<td>Doubtful Debts</td>
<td>28,569.20</td>
<td>45,822.80</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>78,401.20</strong></td>
<td><strong>82,708.57</strong></td>
</tr>
</tbody>
</table>
Notes to the Financial Statements
For the Year Ended 31 December 2010

Note 11 - OTHER CURRENT LIABILITIES

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASM 2007</td>
<td>-</td>
<td>112,782.78</td>
</tr>
<tr>
<td>ASM 2010</td>
<td>-</td>
<td>906,811.81</td>
</tr>
<tr>
<td>ASM 2011</td>
<td>576,144.26</td>
<td></td>
</tr>
<tr>
<td>Unearned Income</td>
<td>26,633.00</td>
<td>26,633.00</td>
</tr>
<tr>
<td></td>
<td>637,777.26</td>
<td>1,138,227.80</td>
</tr>
</tbody>
</table>

Note 12 - ANZACS Restatement

The integration of the State Sections' net assets and transactional activity into the Society's accounts was noted in the 2007 Annual Report.

At that time, ANZACS was treated as any other State Section and duly integrated into the accounts of the Society.

The Society is a "not for profit" tax exempt legal entity.

ANZACS is a separate "for profit" legal entity. It is therefore not appropriate to include ANZACS as a State Section of USANZ and integrate its net assets and transactional activity into the Society's books of account.

This restatement does not affect the profit performance of the Society for the 12 months ended 31 December 2010.

Note 13 - COMMITMENTS FOR EXPENDITURE

The Society has commitment for expenditure and costs in relation to the running of the ASM in February 2011. The Directors believe the 2011 ASM may return a surplus.

The company has commitment for the payment of annual grants each year.

Note 14 - CONTINGENT LIABILITIES

No contingent liabilities exist as at the date of this report.

Note 15 - EVENTS SUBSEQUENT TO REPORTING DATE

No event has occurred after the reporting date that would materially affect the results or state of affairs of the company as of 31 December 2010.
The Urological Society of Australia and New Zealand
ACN: 039 619 374

Notes to the Financial Statements
For the Year Ended 31 December 2010

Names of directors who held office at any time during the year:

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patrick Barry</td>
<td>Andrew Brooks</td>
</tr>
<tr>
<td>Paul Kovac</td>
<td>Stephen Brough</td>
</tr>
<tr>
<td>David Malhot</td>
<td>John Miller</td>
</tr>
<tr>
<td>Paul McLean</td>
<td>Stephen Ruthven</td>
</tr>
<tr>
<td>David Winkle</td>
<td>Alexander Malley</td>
</tr>
<tr>
<td>&quot;David Cook&quot;</td>
<td>Helen O'Connell</td>
</tr>
</tbody>
</table>

* Alternate Director to Helen O'Connell at May 2010 meeting

Key Management Personnel:
Michael Nutera, Chief Executive

Remuneration of Directors:
Directors provide their services on a voluntary basis. The President does not receive an annual allowance, but is reimbursed reasonable travel and other costs associated with his role and duties as President.

The Board Chair does not receive an annual allowance but is reimbursed reasonable travel and other costs associated with his role and duties as Board Chair.

Other Directors are reimbursed for out of pocket expenses associated with their role and duties as a Director.

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Short-term benefits</td>
<td>183,229.00</td>
<td>192,925.00</td>
</tr>
<tr>
<td>Termination benefits</td>
<td>-</td>
<td>40,608.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>183,229.00</strong></td>
<td><strong>233,533.00</strong></td>
</tr>
</tbody>
</table>

Note 17 - REMUNERATION OF AUDITORS

<table>
<thead>
<tr>
<th>Audit services</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9,500.00</td>
<td>9,500.00</td>
<td>9,000.00</td>
</tr>
</tbody>
</table>
Note 18 - CASH FLOW INFORMATION

(a) Reconciliation of Cash
Cash at the end of the financial year as shown in the Statements of Cash Flows is reconciled to the related items in the balance sheet as follows:

<table>
<thead>
<tr>
<th>Item</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash in Hand</td>
<td>436.20</td>
<td>362.90</td>
</tr>
<tr>
<td>Cash at Bank</td>
<td>5,095,309.89</td>
<td>5,820,318.25</td>
</tr>
<tr>
<td></td>
<td>5,995,336.09</td>
<td>5,922,681.15</td>
</tr>
</tbody>
</table>

(b) Reconciliation of Cash Flow and Surplus for the period:

<table>
<thead>
<tr>
<th>Item</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus for the period</td>
<td>583,117.00</td>
<td>547,268.16</td>
</tr>
<tr>
<td>Non cash flows in operating profit</td>
<td>18,967.05</td>
<td>24,873.27</td>
</tr>
<tr>
<td>Depreciation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes in assets and liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease / (increase) in receivables</td>
<td>153,162.02</td>
<td>(124,668.01)</td>
</tr>
<tr>
<td>Decrease / (increase) in other assets</td>
<td>(3,475.09)</td>
<td>52,764.30</td>
</tr>
<tr>
<td>(Decrease) / increase in accounts payable</td>
<td>(134,767.07)</td>
<td>(166,515.50)</td>
</tr>
<tr>
<td>(Decrease) / increase in other liabilities</td>
<td>(534,767.71)</td>
<td>284,652.98</td>
</tr>
<tr>
<td>Net cash flows from operating activities</td>
<td>83,275.30</td>
<td>625,245.20</td>
</tr>
</tbody>
</table>

Note 19 - FINANCIAL RISK MANAGEMENT

The Society’s financial investments consist of deposits with banks, short term deposits, local money market instruments, managed fund investments, accounts receivable and payable. The directors overall risk strategy seeks to assist the Society’s meet its professional objectives whilst minimising potential adverse effects on financial performance. The Society’s main risks are interest rate and credit risk.

Interest Rate Risk

The company’s exposure to interest rate risk, which is the risk that a financial instrument’s value will fluctuate as a result of changes in market interest rates. Based on current interest bearing deposits the Society’s sensitivity to a 1% movement in interest rates is approximately $50,000 per annum. The effective weighted average interest rate on these financial assets and liabilities is as follows:

<table>
<thead>
<tr>
<th>Financial Assets</th>
<th>2010 Interest Bearing</th>
<th>Non Interest Bearing</th>
<th>2009 Interest Bearing</th>
<th>Non Interest Bearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petty Cash Account</td>
<td>22,373.24</td>
<td></td>
<td>328,257.01</td>
<td></td>
</tr>
<tr>
<td>CMA Investment Option</td>
<td>424,447.82</td>
<td>74,000.33</td>
<td>616,463.06</td>
<td>33,146.83</td>
</tr>
<tr>
<td>Symposium Account</td>
<td>1,794,577.76</td>
<td></td>
<td>1,440,640.81</td>
<td></td>
</tr>
<tr>
<td>Max-Direct Account</td>
<td>948,000.74</td>
<td></td>
<td>798,610.35</td>
<td></td>
</tr>
<tr>
<td>Term Deposit</td>
<td>2,000,000.00</td>
<td></td>
<td>2,000,000.00</td>
<td></td>
</tr>
<tr>
<td>Term Deposit</td>
<td>500,000.00</td>
<td></td>
<td>500,000.00</td>
<td></td>
</tr>
<tr>
<td>Term Deposit</td>
<td>232,000.00</td>
<td></td>
<td>232,000.00</td>
<td></td>
</tr>
<tr>
<td>Cash on Hand</td>
<td>362.90</td>
<td></td>
<td>352.90</td>
<td></td>
</tr>
<tr>
<td>Investments</td>
<td>726,468.91</td>
<td></td>
<td>694,250.90</td>
<td></td>
</tr>
<tr>
<td>Receivables</td>
<td>56,059.69</td>
<td></td>
<td>203,251.71</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6,899,026.12</td>
<td>877,266.07</td>
<td>5,855,614.48</td>
<td>1,269,289.38</td>
</tr>
</tbody>
</table>
## Notes to the Financial Statements
### For the Year Ended 31 December 2010

### Note 19 - FINANCIAL INSTRUMENTS (Cont)

<table>
<thead>
<tr>
<th></th>
<th>2010 Interest Bearing</th>
<th>2009 Interest Bearing</th>
<th>Non Interest Bearing</th>
<th>Non Interest Bearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Accounts</td>
<td>544,650.04</td>
<td>544,650.04</td>
<td>-</td>
<td>148,755.01</td>
</tr>
<tr>
<td>Payables</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>148,755.01</td>
</tr>
</tbody>
</table>

### Credit Risk

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets is the carrying amount of those assets, net of any provisions for doubtful debts, as disclosed in the balance sheet and notes to the financial statements.

### Net Fair Values

The financial assets and liabilities that are readily traded in a quoted market are valued at the quoted market bid price at balance date. For other financial assets and liabilities that are not readily traded their fair values are material in line with carrying values.

### Note 20 - MEETINGS OF OFFICERS

<table>
<thead>
<tr>
<th>Director's Name</th>
<th>Number of Meetings Eligible to Attend</th>
<th>Number Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patrick Barry</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Helen O'Connell</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Paul Kovac</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>David Molloy</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Paul McRae</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>David Winkle</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Andrew Brooks</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Stephen Drough</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>John Miller</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Stephen Ruthven</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Alex Malley</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>*David Cock</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

*Alternate for Helen O'Connell at May 2010 meeting

### Note 21 - COMPANY DETAILS

The registered office and principal place of business of the Society is:

Suite 512, Eastpoint
180 Ocean Street
Edgecliff, NSW 2027
INDEPENDENT AUDITOR’S REPORT TO THE MEMBERS OF
THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND


I have audited the accompanying financial report of The Urological Society of Australia and New Zealand (the company) which comprises the balance sheet as at 31 December 2010 and the income statement, statement of recognised income and expense, statement of cash flow for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the directors’ declaration.

Directors’ Responsibility for the Financial Report

The directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the financial reporting requirements of the company’s constitution. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances. In Note 1, the directors also state, in accordance with Accounting Standard AASB 101 “Presentation of Financial Statements” that compliance with the Australian equivalents to International Financial Reporting Standards (IFRS) ensures that the financial report, comprising the financial statements and notes, complies with IFRS.

Auditor’s Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

Liability limited by a scheme approved under Professional Standards Legislation
GRAEME GREEN  FCA  
CHARTERED ACCOUNTANT

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

In conducting my audit, I have complied with the independence requirements of Australian professional ethical pronouncements and the Corporations Act, 2001.

Auditor’s opinion:

In my opinion:

The financial report of The Urological Society of Australia and New Zealand is in accordance with the Corporations Act, 2001 including:

(i) giving a true and fair view of company’s financial position as at 31 December 2010 and of its performance for the year ended on that date; and

(ii) complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Regulations, 2001.

Graeme Green FCA
Registered Company Auditor
No. 15169

Dated 21 January, 2011

Liability limited by a scheme approved under Professional Standards Legislation
TA&E/Board of Urology

John Miller

The past year has once again been a period of significant demand on the Board of Urology. Issues surrounding the SET Programme continued to provide challenges which consumed much time and energy.

At this time, I would particularly like to acknowledge the substantial and valuable contributions of the members of the Board of Urology, other office bearers and USANZ personnel:

John Miller, Chairperson
Prem Rashid, Deputy Chair & NSW TA&E Chairperson
Lachlan Dodds, VIC TA&E Chairperson
Mark Lloyd, SA TA&E Chairperson
Andre Westenberg, NZ TA&E Chairperson
Peter Mactaggart, Northern Section TA&E Chairperson
Jerard Ghossein, WA TA&E Chairperson (retired June 2010)
Melvyn Kuan, WA TA&E Chairperson (commenced June 2010)
Stephen Mark, Senior Examiner
David Malouf, President, USANZ
Helen O’Connell, Urology Representative, RACS Council
Daniel Spernat, Trainee Representative
Alexandra Hockings, Trainee Representative
Michael Nugara, CEO, USANZ (ex-officio)

Co-opted members

Anita Clarke, Urology Representative, IMG Assessment and Management
Paul Anderson, Urology Representative, Surgical Sciences and Clinical Examinations Committee
Lydia Johns Putra, Urology Representative, Anatomy Committee
Jeremy Grummet, Urology Representative, Clinical Examinations Committee

SET1/SET2 co-ordinators

James Wong (NSW), Shomik Sengupta (VIC), Greg Malone (QLD), Frank Kueppers (NZ)

Support personnel

Deborah Klein, Education and Training Manager, USANZ
Wendy Frazer, CPD Manager, USANZ (NSW Training Programme)
Tiffany Lee, Executive Officer, Victorian Section (VIC Training Programme)

I am extremely grateful for the tireless support of these dedicated individuals and other USANZ members who have played an active role in the education and training of future urologists.

In February 2011, we will welcome Rodney Studd (NZ) and Richard Grills (VIC) who will replace Andre Westenberg and Lachlan Dodds. I would like to sincerely thank Andre and Lachlan for their commitment and support during their term in office. I would also like to acknowledge the contribution of Daniel Spernat, Trainee Representative and wish him well in his final year of training.

Board of Urology composition

In 2010, the Board of Urology formalised the role of Deputy Chair for Sectional TA&E Committees and the Board of Urology for a 2 year term. In NSW and Victoria, the Deputy Chair has a defined role and responsibility, thereby easing the workload for the TA&E Chairperson.

The establishment of this role facilitates a succession pathway as the Deputy Chairperson is earmarked to take over when the respective Chairperson’s tenure ends. It also allows for a more even distribution of the workload between the Chair and their Deputy. This structure can be seen to mirror the changes to the positions of USANZ President and Vice-President where 2 year terms are now considered the norm.

Trainees

At the end of 2010, there were 123 trainees participating in the SET Programme in Urology. The distribution was as follows:

<table>
<thead>
<tr>
<th>SET 1</th>
<th>SET 2</th>
<th>SET 3</th>
<th>SET 4</th>
<th>SET 5</th>
<th>SET 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>19</td>
<td>20</td>
<td>23</td>
<td>20</td>
<td>20</td>
</tr>
</tbody>
</table>

Interruption/deferred: 8

Examination results

In 2010, a number of trainees and IMGs passed the Fellowship Examination and the Board would like to congratulate the following on their success:

NSW: Ding Guo, Richard Haddad, Nicholas Mcleod, Daniel Spernat, Albert Tiu, Manuel Yuhico
NZ: Ashani Fernando, Andrew Lienert
QLD: Ahmad Ali, Robert Coleman, Jacob Gleeson, Jon Paul Meyer, Jason Paterdis, Antonio Vega Vega, Ailsa Wilson
SA: Jason Lee
VIC: Conrad Bishop, Matthew Harper, Darren Katz, Jonathan Lewin, David Pan, Benjamin Thomas, Matthew Threadgate
WA: Matthew Brown, Dickon Hayne
Urology continued to have a high pass rate in the Fellowship examination and this is a tribute to the candidates, their supervisors and the training programme.

Admissions to Fellowship

The Board wishes to congratulate the following USANZ members and International Medical Graduates who completed their training/assessment in 2010 and received their FRACS (Urol):

<table>
<thead>
<tr>
<th>NSW</th>
<th>Mohan Arianagayam, Hin Fan (Rex) Chan, Eric Chung, Chi Can Huynh, Dominic Lee, Lisa Osgood, Manuel Yuhico</th>
</tr>
</thead>
<tbody>
<tr>
<td>NZ</td>
<td>Eva Fong</td>
</tr>
<tr>
<td>QLD</td>
<td>Nicholas Buchan, Kenny Low</td>
</tr>
<tr>
<td>SA</td>
<td>Michael Chong</td>
</tr>
<tr>
<td>VIC</td>
<td>Justin Chee</td>
</tr>
<tr>
<td>WA</td>
<td>Sunny Lee, Dickon Hayne</td>
</tr>
</tbody>
</table>

SET selection

The SET Programme in Urology remains an attractive career option with the Board of Urology assessing 109 applications for selection in 2011.

All applications were assessed by the Board and referee reports were collected via the College online system. There were 63 applicants who met the minimum standard and were shortlisted for interview.

The SET Urology interviews were held in Sydney in late June and all urology interviewers participated in an interviewer training course prior to the interviews.

The Board of Urology was of the opinion that involvement of experts in selection and the interview process was paramount to the success of the selection process.

On this basis, the Board entered into a contractual arrangement with SHL, a global business, providing behavioural and ability assessment tools and services. SHL had played an integral role in the selection process for the Board of Plastic Surgery over the last 2 years.

SHL worked with the Board of Urology to develop the SET Urology interviews and the Interviewer Training Workshops.

The Board appointed the following new trainees who will commence in 2011:

<table>
<thead>
<tr>
<th></th>
<th>SET1</th>
<th>SET2</th>
<th>SET3</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW</td>
<td>Jennifer Shoobridge, Helen Nicholson, Heath Liddell, Stephen Strahan, Mark Mossain, Jonathan Chambers</td>
<td>Avi Raman, James Thompson</td>
<td>Ian Smith</td>
</tr>
<tr>
<td>NZ</td>
<td>Jason Du, Louise Barlass, Michael Vincent</td>
<td>Pawan Singhal</td>
<td></td>
</tr>
<tr>
<td>QLD</td>
<td>Akbar Ashrafi, Ano Navaratnam, Timothy Smith</td>
<td>Prem Rathore, Devang Desai</td>
<td>Ian McKenzie</td>
</tr>
<tr>
<td>SA</td>
<td>Courtney West</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>Andrew Cronin, Matthew Lin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WA</td>
<td>Stuart Downie, Jennifer Kong</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Board of Urology also appointed the following trainees, who have deferred commencing clinical training: Paul Davis, Dixon Woon, Weranja Ranasinghe

Review of Surgical Education and Training Programme

The College held a 2 day workshop in late April to review the SET programme, identifying ongoing issues that might exist and exploring areas for future development.

All Specialty Boards agreed that the philosophy of the SET programme was to define one collegiate body for the selection, training, education and assessment of surgeons across all specialties. However, the accelerated introduction in 2008 resulted in limited time available to discuss and outline problems and even less time for the development and testing of policies, processes and tools.

Following the workshop, the Board of Urology formulated broad outline documentation on modifications to the SET programme. This included an overview of curriculum and assessment for early SET, mid SET and late SET as well as outlines of the syllabus for the new specialty specific examinations.
Definition of Achieved/Expected Competency at Various SET Levels

The SET programme was introduced with the intention of replacing time based training with competency based training. To facilitate this, the Board of Urology has been working on defining the various skills and knowledge base required of a fully trained Urologist. This is not an easy task and once finalised, will allow the assessment of trainees at various SET levels and assist in their progression through the programme. It should also enable trainees to develop their skills at various rates. Other training programmes including those from Canada, UK and USA have been examined and compared to our own for this purpose.

As part of this process, an internet based survey was distributed to all USANZ members regarding SET1/2, the need for ‘surgery in general’ training, and the ability of our trainees to gain such skills within Urology units.

Specialty specific examinations

During 2010, RACS determined that the Surgical Sciences Examination (Generic) should be undertaken in early SET (SET 1-2) and the Surgical Sciences Examination (Specialty Specific) undertaken in Mid SET (SET3-4).

This second examination is due to commence with the 2012 SET intake. In preparation the Board of Urology has asked key members of the USANZ with interests in Anatomy, Pathology and Physiology to review the curriculum and develop the examination methodology and content with the first Speciality Specific examination anticipated in 2015.

Exam eligibility criteria

Since the introduction of the SET programme, the experience and knowledge base of trainees presenting for the fellowship examination has altered and at times has been inadequate.

The Board of Urology together with the Senior Examiner has developed comprehensive criteria to assist surgical trainers in determining exam readiness.

Curriculum development and review

In collaboration with the College and the Urology Court of Examiners, the Board of Urology has flagged the need for a review of the SET Urology Curriculum review.

A Curriculum Review Committee has been proposed with relevant key individuals being approached to participate. It is anticipated that this review will be completed within 12 months.

SET 6 – Senior registrar year

The introduction of the SET programme has necessitated more stringent governance of all aspects of training. As such, the Board of Urology has undertaken a rigorous assessment and review of the SET6 (final year) and a more streamlined, efficient and robust process is being implemented.

The Board of Urology has been encouraged by the response from trainees, trainers and the jurisdictions regarding the proposed changes.

The Board has identified and will be accrediting approximately 20 SET6 posts within Australia and New Zealand for trainees to occupy from 2012 onwards. Trainees will be provided with a list of accredited posts and will be required to apply directly with institutions to secure employment.

Allocation of General Surgical Posts for SET Urology Trainees

The Board of Urology has continued discussions with the College and the Board in General Surgery regarding the allocation of general surgical posts to SET Urology trainees. We are now permitted to co-accredit posts already identified and accredited for General Surgery.

Each Section has been asked to identify possible posts for SET 1-2 accreditation including those on Urology Units.

Once accredited, the Board will negotiate with the Board in General Surgery and the jurisdictions regarding allocation of trainees for 2012 and subsequent years.

In addition, the Board has continued to identify and accredit urology ‘managed’ posts suitable for SET1/SET2 urology trainees.

In 2011, we will place SET Urology trainees in the following ‘urology’ managed posts:
**Hospital Inspections**

The Board of Urology undertook the following training post accreditation inspections during 2010:

<table>
<thead>
<tr>
<th>State</th>
<th>Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW</td>
<td>St Vincents, Hornsby/Kuringai, The Tweed Hospital, Wagga, Campbelltown</td>
</tr>
<tr>
<td>NZ</td>
<td>Palmerston North, Wellington</td>
</tr>
<tr>
<td>SA</td>
<td>Royal Adelaide</td>
</tr>
<tr>
<td>VIC</td>
<td>Box Hill, Western, Launceston, The Northern, Ballarat, Frankston</td>
</tr>
</tbody>
</table>

All posts except for Frankston received continued accreditation.

**Training in private sector**

It has been recognised by the College that the current situation where the majority of surgical training occurs in the public health system is not sustainable in the long-term and will not address the significant increase in medical graduates over the coming years. Whilst a significant percentage of surgery is undertaken in the private sector, this sector’s contribution to training is very low. Understandably Surgeons, Private Hospital Administrators, Health Insurance Funds and trainees are interested in how this great untapped training resource can be utilised without compromising patient or other stake holders. The Board of Urology participated in a workshop during 2010, comprising leaders in the surgical community to look at the challenges of training in the private sector and to discuss appropriate training models.

**Skills and education workshops**

In 2010, the Board of Urology conducted 2 substantial workshops for trainees.

The Introductory Skills Workshop, for SET 2 trainees about to enter their first year of clinical urology training, was conducted in early December at the Sydney Clinical Skills and Simulation Centre at Royal North Shore Hospital. I would like to extend my sincere gratitude to the following USANZ members for their time and expertise:

- Simon Bariol, Michael Wines, James Wong, Richard Ferguson, Clair Whelan, Rex Chan, Venu Chalasani, Kris Rasiah, Ken Vaux, Howard Lau, Steven Sowter

Trainee Week was held in Brisbane in late November. Our sincere gratitude is extended to Peter MacTaggart and his colleagues for providing an educationally stimulating programme. Highlights included the practice exams and vivas, an extensive uropathology session, an interactive programme focussing on leadership and case discussions facilitated by senior trainees. As part of an ongoing reciprocal arrangement with the European Association of Urology, the Urological Association of Asia and the British Association of Urological Surgeons (BAUS), USANZ hosted Dr Job Taylor (UK), Dr Oliver Kayes (UK), Dr Philip Charlesworth (UK), Dr Tricia Kuo (Singapore), Dr Juergen Kramer (Germany), Dr Pawan Chalise (Nepal).

We received complimentary feedback from our overseas guests regarding the programme and the hospitality extended by USANZ and the trainees.

**Trainee Forum**

In order to move forward with the SET programme, the Board of Urology has acknowledged that communication with trainees is paramount. For many years, trainee representation on the Board has been from the middle training years (AST 2/3 or SET 4/5). With the introduction of SET, the Board has recognised the need to increase representation by trainees in the early SET years. A Trainee Forum has been proposed, comprising representatives from all SET levels and sections. The Chair and Deputy Chair of the Trainee Forum will then take on the role of trainee representatives on the Board of Urology. The structure of the Trainee Forum is similar to the structure recommended by Royal Australasian College of Surgeons Trainee Association (RACSTA) and is endorsed by College Council.

**International medical graduates**

This area continues to be a challenging aspect for the Board of Urology and all surgical specialties. The College has defined policies which are still in evolution and overseen by the Australian Medical Council (AMC). Input into assessment of applicants, recommendations, supervision and post accreditation for clinical oversight continues to be a major and time consuming role for the Board of Urology and our representative, Dr Anita Clarke. Her work and contribution is greatly appreciated by all the members of the Board of Urology. The comparability of various training programs and examinations continues to create great debate. Potential biases (both for and against) can occur in the assessment of comparability and in clinical assessments. The role of the clinical supervisor is critical, especially for those involved in remote supervision or area of need (AON) positions in Australia.

**Support for supervisors**

During 2010, the Board witnessed an increasing amount of pressure and demand placed on those involved in the supervision, education and training of our registrars.
The SET Programme has required increased governance and accountability in both education and assessment. To this end, considerable time and effort has been spent in ensuring that assessments of trainee competence and progress is objective and based on evidence. All supervisors have been encouraged to provide regular and frank feedback on progress and performance and to include examples of trainee actions or behaviours to substantiate their assessments.

The SAT-SET course continues to be available to assist Supervisors and Trainers in their role and the College has recently developed a new professional development module for supervisors and trainers entitled ‘Keeping Trainees on Track’ which focuses on feedback and goal setting.

Continuing Professional Development
Pat Bary

The RACS PDSB meeting was held in Melbourne on 26 October. This is a summary of the meeting:
The Code of conduct review is in progress. In particular there was discussion about advertising and also the situation where fellows have a vested interest in premises or equipment that they use.

The CPD programme is being changed to involve 3.5% of fellows per year but with less stringent verification requirements.

Fellowship pledge – finalised for council ratification. Health Services Commissioner for Victoria has written to RACS asking for “expressions of interest” from college fellows to be on a panel to give opinions about complaints and disputes. PDSB members felt it would be better that RACS guides the direction of enquiry so the opinion can be given by whomever RACS feels is the best qualified.

Younger Fellows’ Booklet – this has been revised with mention of thanks to Don Moss for his initial generation of the booklet.

The Academy of Surgical Educators has finalised criteria for membership and for faculty membership. The document dictates tenure, which was questioned at the meeting. It seems inappropriate that a younger fellow may have tenure for nine years as dictated then not be able to remain in the ASE following that. This will be changed.

Communications – a working party has been looking at methods of communication with members, colleagues and public by various organisations.

AusAID accreditation – RACS is applying to be an AusAID accredited NGO which will allow RACS to get access to the accredited NGO funding stream for international activities in the future. I wish to speak more about this in the meeting.

Differential fees – the orthopaedic surgeons are concerned that a consultation deemed orthopaedic generates a much smaller fee than a consultation deemed neurosurgical!

Royal Australasian College of Surgeons
Helen E. O’Connell

Surgical Leaders’ Forum October Council – Workforce Planning
David Malouf, Michael Nugara and I represented USANZ at the Leaders Forum preceding the recent Council meeting. Workforce planning was the focus with presentations by Professor Des Gorman, Chairman of Health Workforce NZ and Director of Access Economics, Ms Lynne Pezzullo. RACS is currently developing the next Census questionnaire to provide workforce data.

There is also an intention to go beyond statistics and existing trends to determine Australia and NZ’s surgical workforce future requirements. Some of the data presented include that 43% of the total NZ workforce and 75% of the rural workforce is trained internationally. 25% of NZ surgeons are not vocationally registered. 33% of NZ graduates ultimately work outside NZ. Both Australia and NZ are under attack by WHO for the number of international medical graduates drawn from other nations to fulfil workforce needs.

Of interest to trainees and trainers alike was the observation, possibly politically incorrect, that reduction in working hours has not led to the improved safety that was promised. The impact of increasing the frequency of handovers and potentially associated loss of continuity may be responsible for this observation. “Safe” or shorter working hours for trainees does seem to serve lifestyle needs of trainees with the potential cost to trainers being felt in the trend to “upward delegation” of overnight and emergency tasks. These trends and the push in certain areas for Nurse practitioners to be doing procedural work did not seem to be helping morale.

Workshops in Private Sector Training have been held by RACS in Australia and NZ. There are 53 posts currently in the private sector versus 1263 in public, arguably a small percentage given that 67% and 50% of surgery is done in the private sector in Australia and NZ respectively. Whilst most elements of the health industry and
government are in favour of private sector training and regard it as inevitable there has been relatively little growth. Incentives for training in private being considered include CPD incentives and changes to the MBS code to reflect time spent in training juniors.

The desired future surgical workforce is to be “fit for purpose, sustainable and linked to a whole of health workforce, whole of sector view”. The relationship of the GDP to health sector spending is a factor into this discussion. Health anxiety drives consumption and the need for health services. The US budget is currently using 17% of its GDP on health and the increase has not been associated with improved performance on measurable health indicators.

Whilst an ageing population is predicted, workforce requirements may be altered by discussions between health workers and the elderly about decisions to not be treated. Finally Health Workforce NZ and Access Economics have expressed interest in working with the College on our workforce needs, though Health Workforce Australia has been regarded as “lukewarm” in its response to RACS invitation to work collaboratively.

AOA due diligence
The College and AOA (not NZOA) have been in discussions about their future arrangements.

Major differences have arisen in the areas of selection of trainees into the training program, approval by RACS of a spinal surgical Post Fellowship Training program devised by Neurosurgical Society Australasia, and disputes over IMG selection. Several meetings have been held to work through the differences and the new CEO for the AOA will be carrying out a due diligence exercise to facilitate future recommendations.

Appeals, dismissal policies & activities
An appropriate appeals process is required to provide a fair opportunity to objectively and internally dispute contentious decisions involving members of the College (and Specialty Societies). The appeals process and underlying policy was formulated during the College era when it was revising all of its processes to comply with ACCC requirements. Review of the process was required as it has become one that was potentially unfair particularly to the extremely valuable training force, the training Boards and the Surgical trainers represented by them. The dismissals policy has been revised and approved by the October Council. The appeals policy has also been revised and will be submitted to the February Council. These changes will rectify loop holes that may have been used to advantage by appellants, such as the timing of presentation of supporting materials. Grounds for dismissal will not necessarily involve one major misdemeanor but could result from a consistent pattern of less than major misdemeanors.

New masters degrees
To complement the developments within the Academy of Surgical Educators, a Master of Surgical Education course is to be commenced at Monash University in Melbourne. A Masters course has also been developed in Adelaide to assist trainees to further their pre-surgical education entitled a Master of Surgical Science. There is currently no formal training for this very large and possibly growing group of young doctors interested in surgery who previously was under the College umbrella of BST training.

The tendency for RACS (and the Specialty Societies) to collaborate with Universities to outsource elements of training we cannot or choose not to devise ourselves but which are essential to the direction of excellent education of surgeons and trainees is expected to grow. In the ensuing year we will see the evolution of an exciting collaboration between Urology and the University of Sydney.

Convocation and the College Pledge
New FRACS recipients now recite the Pledge at their Convocation. At each Convocation ceremony it always seems a great opportunity for new (and old!) surgeons to reflect upon their journey to that point and celebrate publicly the qualification for which they have worked so hard and sacrificed so much. Is it appropriate to have no public celebration of our graduates’ success?

The pledge is currently: “I pledge to always act in best interests of my patients, respecting their autonomy and rights. I undertake to improve my knowledge and skills, evaluate and reflect on my performance. I agree to continue learning and teaching for the benefit of my patients, my colleagues and the community. I will be respectful of my colleagues, and readily offer them my assistance and support. I will abide by the Code of Conduct of this College and will never allow consideration of financial reward, career advancement or reputation to compromise my judgment or the care I provide. I accept the responsibility and challenge of being a surgeon and a Fellow of the Royal Australasian College of Surgeons.”
ANNUAL SCIENTIFIC MEETINGS

Perth 2010

Andrew Tan

The global financial crisis, long travel times, an already crowded Urology meeting calendar, the most isolated capital city on earth and cutbacks to trade sponsorship of medical meetings — none of these deterred the nearly 700 registrants who attended the USANZ meeting at the Perth Convention Centre in February last year. The meeting opened with a memorable performance of Swan Lake by the WA youth ballet. Admiral Christopher Barrie AC RANR gave the Harry Harris oration — a sobering overview of the challenges to leadership in a dangerous world.

The meeting was packed with scientific content, covering the areas of Oncology, Laparoscopy and robotics, Reconstruction, female urology and paediatrics all showcased across interactive plenary sessions, panel discussions, live surgery and workshops. The Great Robotic Prostatectomy debate was certainly a highlight. The invited guests provided a stellar contribution to the meeting — we are most grateful to Ian Thompson, Jeff Caddedu, Roger Dmochowski, Tony Stone and Aivar Bracka for their valuable time. The meeting introduced for the first time named lectures in honour of the close links we are continuing to foster with the European, British, American and Asian Urological Associations. The social occasions were memorable and showcased the beautiful city of Perth perfectly.

I would like to extend my thanks to Jeff Thavaseelan, scientific program coordinator, for his enormous contribution to the event. The event organizers are to be congratulated as are the audiovisual team in putting together a seamless event, especially given the complexity of the interactive sessions. However as always it was the efforts of our society members which really provided the backbone of the meeting and ensured that the high quality reputation that our annual meeting enjoys has remained intact.

Christchurch 2011

Jane MacDonald

The Christchurch meeting opens on Feb 20th and our plans are in place with only a few details to organize. Exhibition sponsorship has again been less plentiful than in years gone by. This reflects the new era and is unlikely to change in the near future. Smaller specialty meetings continue to compete with us for delegates.

It’s important therefore that we maximize our drawcard which is the collegiality of our society and provision of a special experience that reflects the local venue. We have rolled the sports day, welcome function and scientific sessions on the Monday into one and will hold our signature day at Flock Hill High Country Station.

With the theme of collegiality in mind we have eliminated the convenors’ dinner and transferred those funds to this Big day Out which is a day that can be enjoyed by everybody.

The rest of the conference is shaping up well. I have found the organisation is easier and more effective by having co-convenors, namely Mark Fraundorfer (Flock Hill convenor) and Peter Davidson (science convenor). Our nursing committee has also been invaluable. We asked the SAG leaders to engage in the organisation and sponsorship of workshops and some in particular have been enthusiastic. Thanks for that.

We would like to put together notes on the conference organisation process to hand on to the next convenor. We have unnecessarily reinvented the wheel over a few issues and a short handbook would be useful.

The Christchurch earthquake in September thankfully has not disrupted any plans. We are impressed with the input and enthusiasm from our speakers from an early stage. The Christchurch summer is here and we are keen to get underway.

SECTION REPORTS

New South Wales

Fin McNeil

The section has continued in the path of re-invigorated education, championed by Henry Woo, with mid week educational meetings. The first meeting in February, on advanced prostate cancer with Snuffy Myers, was made possible by the generosity of St Vincent’s Cancer Institute. The unusual insights are available on a DVD through the Society’s Office.

The mid-year meeting (in July) was presented as separate afternoon and evening sessions. The afternoon session examined the competing methods of radical prostatectomy for those members who missed it in Perth. Phil Stricker, Celi Varol and Howard Lau presented the cases for Robotic, conventional laparoscopic and open operations to the delight and education of the audience. For the evening session, Daniel Moon, Justin Vass and Tom Shannon presented the challenges for laparoscopic surgery in 2010.
The third session for the year, in September, looked at the current concepts for emergencies in Urological Surgery. This was lead by Mary Langcake, the director of Emergency Surgery at St George Hospital, ably supported by Grahame Smith, Venu Chalasani and James Wong.

These meetings have enjoyed steadily increasing support with attendances of 20-45 members, but the Annual Meeting is still poorly attended by consultants, even when held an hour’s drive from Sydney. Members should be reminded that one of the prime functions of the annual meeting is supporting and developing our registrars in the task of presenting research (in a non-threatening environment).

The social dimension of the Section Annual Meeting remains a valuable distinction between Australian meetings and most other urological societies. This continues to draw favourable comment from our overseas visitors. It is also another aspect of the meetings appreciated by our registrars. The section was clear in its opinion at the AGM that the social dimension of our meetings should continue.

The implications of the mandatory reporting component of the National Registration enabling legislation have been considered by the Section Executive and legal advice obtained from the Society solicitors with particular reference to the Office holders for the Section. This advice has been very helpful and has cleared the way for the Executive to continue its work unencumbered.

The Cancer Institute has asked the Urology network of the ACI (Agency for Clinical Innovation, the new name for the GMCT) for input on the proposed guidelines for MDTs in NSW. The Section has decided, at its AGM, to consult the Federal body of USANZ with a view to achieving nationally consistent guidelines. The Section is very mindful of the risks of creating proscriptive and unworkable guidelines and believes careful consideration is needed before offering this advice.

Mohamed Khadra has taken over as Chair of the section and already has an exciting meeting planned for the centre of Sydney in November 2011. I would also like to congratulate James Wong on his election as the Vice Chairman of the Section and look forward to his contribution to the Society in this role.

Finally, our congratulations to Ding Guo, Richard Haddad, Nick McLeod, Dan Spernat, and Albert Tiu on passing the Part II exam of the FRACS.

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**New Zealand**

**Mark Fraundorfer**

Having taken over from Peter Davidson as Chair of the New Zealand Section in 2010 I wish to acknowledge the effort he put in and the many changes he implemented during his tenure. The Section’s communications have been refined and a number of accounts that were set up for various sectional meetings have been amalgamated and are managed by the Royal Australasian College of Surgeons New Zealand office.

The New Zealand Section of the College is also focussing on making its annual meeting of interest to all the specialty groups and this year the focus was rural and acute services, and was well attended by a wide range of specialists. The subject of the meeting to be held in Queenstown on 18 & 19 August 2011 will be Quality and Safety.

The Sectional meeting in 2010 was convened by Andy Malcolm and held in Nelson on the 11 & 12 November. Invited guests were Phillip Stricker, Samantha Pillay and Christopher Dechet (University of Utah), and sessions focussed on Prostate Cancer, Incontinence and Laparoscopy. David Malouf and Michael Nugara presented on topical Society matters including branding. The best Trainee paper was delivered by Homi Zargar. The meeting was well attended, of a high standard and honoured Russell McIlroy who officially retired in 2010 after many years of service to the profession, our Society and the community.

The 2011 Sectional meeting will be convened by Glen Devcich and held in the Waikato Stadium, Hamilton, 12 – 14 October, when the Rugby World Cup will be nearing its climax, no doubt a Wallaby-France final. Andre Westenberg will retire as Chairman of the T.E. & A.C. and hand over to Rod Studd of Wellington. Andre has put many hours of time and effort into this role which is greatly appreciated.

The Annual Scientific meeting of USANZ will be held in Christchurch 20 – 25 February. Jane MacDonald and the organising committee have put together an excellent scientific and social programme and we look forward to meeting many of you there.

The Section is formalising the links with our radiation and medical oncologists in a Genito-urinary cancer group which will meet annually, usually just prior to the sectional meeting. Other matters of ongoing activity are the tension between the New Zealand Medical Council and the College (and the Specialist Societies) in dealing with the vexed question of what level of assessment
is appropriate when granting Practicing Certificates for International Medical Graduates, and renewing and strengthening our ties with the Prostate Cancer Foundation of New Zealand.

Finally it is my honour to thank Pat Bary, past President of USANZ, who retires from the Board at the February ASM. He has represented the New Zealand section with distinction and made a major contribution to the Society as a whole.

**Northern**

David Winkle

The Northern Section of the Society welcomed those trainees who were successful in the second part examination in 2010. We also welcomed a number of international medical graduates who have been successful in passing the second part exams and gaining fellowship to the Australian College of Surgeons.

The Annual Scientific Meeting of the Northern Section was held at Q1 at Surfers Paradise. That was a well attended meeting and we welcomed David Malouf and Michael Nugara.

The first day of the meeting allowed presentations by Registrars on a variety of topics, allowing group discussion of common, although often neglected, topics in urology. In keeping with the view that there was a significant amount to be learned from resources locally, our guest was Associate Professor Chris Maher, a urogynaecologist practising in Brisbane. Chris enjoys a national and international reputation. He provided an excellent presentation on current management of prolapse surgery using mesh. Chris was also able to moderate with discussions in terms of female urology relating to painful bladder syndrome, urethral strictures in females and urethral diverticulum.

On the final day of the meeting, the topic of urological manpower was addressed with senior staff from Q Health presenting their view of what was required with respect to the provision of services based on community numbers and geography of our large state. Overall a useful and appropriate discussion, given the community expectations with respect to medical manpower and the issues which will arise in relation to the large number of medical graduates about to begin their careers.

The Northern Section encompasses all Queensland urologists and some from northern New South Wales and we look forward to including all members in our activities for 2011.

**Tasmania**

Stephen Brough

The Tasmanian Section meeting this year was convened by Michael Monsour and held in the historical environs of the Launceston Club. The sessions were attended by local urologists and registrars. David Malouf and Michael Nugara were kind enough to fly down from Sydney and address members on the 2009-2011 USANZ strategic plan and the rebranding process respectively. There was enthusiastic support for the new logo.

In the scientific session, papers were read on local urological practice to include LDR brachytherapy, open radical prostatectomy, cystectomy, lithotripsy and vasectomy. There was also a report from BAUS 2010, a case series of 5 urachal anomalies treated by one urologist in 15 months (!) and a stirring tribute to the life of Douglas Stephens by Robbie Roberts.

The main Section meeting in 2011 will be in November and is planned at Barnbougle on the beautiful North coast of Tasmania. Ian Middleton will be the convenor.

**Australasian Urological Foundation**

Michael J. Rochford

The year 2010 saw a period of consolidation for the foundation.

The financial position of the Foundation had been affected by the Global Financial Crisis in 2008 and 2009. The reported deficit was approximately $180,000 in a funds pool of over $2.4 million. This deficit has been considerably reduced during 2010 due to recovery of our investment in property funds. With the rising interest rates the income from cash investments has already dramatically improved.

Other income is from donations from members of the Society. In 2010 donations from the medical companies for the research grants were not forthcoming.

**Scholarships, awards and grants**

There were no research grants made during 2010. The Foundation has awarded a Scholarship for a Trainee to complete a PhD as part of his urological Training. The Scholarship is for $25,000 per year for three years subject to annual review.

Dr. Vela has completed his PhD at the end of 2008. A new award has been made to Dr. Morgan Pokorny to which commenced in 2009. This award had been renewed for the second year. Again this project is in
conjunction with the University of Queensland. A grant of $1000 is paid to those Registrars who have attended the CLEAR COURSE in 2010 and have applied Foundation for reimbursement.

**Foundation speaker at 2011 ASM**

For 2011 the Foundation will sponsor a guest speaker for the 2011 ASM in Christchurch. This sponsorship will go to Dr. Bernard Bochner of New York.

The Foundation is also looking into a more extensive and more flexible form of travel grant. Such travel grants will be available to all urological members of the society.

The Financial Statement to 31st December 2010 will be prepared in early 2011 and may not be available for presentation at the AGM in Christchurch.

The board would like to thank all members who make donations to the Foundation, which is for the benefit of all members of the Society. We also wish to thank the Executive of the Urological Society for providing management and secretarial services. In particular we thank Louise Reason and Michael Nugara for their ongoing help and assistance during 2010.

During 2010 the chairman of the Scientific Committee Stan Wisniewski found he was unable to continue in this role for personal reasons. On his advice the board is reconsidering the method of evaluating future applications for research grants.

The Foundation is also looking for a change in direction. For 2011 it will continue the fund the CLEAR course or its new replacement for our trainees.

During the year we had the resignation of Russell McIlroy as a director of the Foundation. We thank him for his many years as a director and also for his help during his years on the executive of the society.

This year will also see me stepping down as Chairman and as a Director of the Foundation. It has been an eventful fifteen years but it is now time for a new guard to take the Foundation into the future. I am very grateful for having had the opportunity to be associated with aspects of the world of urology.

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**USANZ PRIZES & AWARDS**

**Keith Kirkland Prize**  
*(including a Karl Storz Travelling Fellowship)*  
James Huang

**Villis Marshall Research Prize**  
*(including a Karl Storz Travelling Fellowship)*  
Benjamin Namdarian

**BAUS Trophy**
Lewis Chan

**Alban Gee Poster Prize**
Sandra Hallamore

**AMS Travelling Fellowship**
Jimmy Lam

**Society Medal**
Rodney Syme  
Lawrie Hayden
AGENDA FOR THE 64th ANNUAL GENERAL MEETING

UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

Agenda for the 64th Annual General Meeting of the Urological Society of Australia and New Zealand, to be held at 4.20pm on Thursday 24 February 2011 at the Christchurch Convention Centre, New Zealand

1. Present
2. Apologies
3. Minutes of the 63rd Annual General Meeting held at 4.30pm on Wednesday 24 February 2010 at the Perth Convention and Exhibition Centre, Western Australia
4. Business arising from the minutes
5. President’s report
6. Report of the Chief Executive
7. Secretary’s report
8. Treasurer’s report
9. Annual reports of the Society
9.1 TA&E/Board of Urology (J Miller)
9.2 Continuing Professional Development Committee (P Bary)
9.3 Royal Australasian College of Surgeons (A Brooks)
9.4 Annual Scientific Meeting 2010 (A Tan)
9.5 Annual Scientific Meeting 2011 (J Macdonald)
9.6 Annual Scientific Meeting 2012 (H Woo)
9.7 Australasian Urological Foundation (M Rochford)
10. General business
10.1 Industry Sponsored Travel Assistance
Minutes of the 63rd Annual General Meeting

Minutes of the 63rd Annual General Meeting of the Urological Society of Australia and New Zealand, held at 4.30pm on Wednesday 24 February 2010 at the Perth Convention and Exhibition Centre, WA.

1. Present
D Malouf (President, Chair); S Ruthven (Vice President); P Bary (Honorary Treasurer); P Gilling; P Davidson; A Wang; J Yin; P Anderson; D Winkle; S Philip; P Mactaggart; D Murphy; M Vaughan; R Forsythe; G Sinclair; B Wines; D Ellis; D Elder; D Splatt; F Gardiner; P Mortensen; J Brennan; P Kearns; P Kovac; T Shannon; P Rashid; F Macneil; S Wisniewski; M Fraundorfer; A Tan; S Pillay; J Miller; P Sprott; S Clarke; J Thavaseelan; A Brooks.

In attendance
M Nugara (CEO); N Danes (Operations and Compliance Manager); V Parkinson (Commercial Manager); L Reeson (Communication Manager - Minutes)

2. Apologies
J Boulton; L Shaw; L Thompson; D Delaney; M Koya; V Chalasani; G Coombes; R Watson; A Gallagher; D Moss; D Steele; L Hayden; P Heathcote; A Wood; A Richards; A Stapleton; S Bario; N Gordon; D Foreman; R Davies; D Gunter; Z Herzberg; R Smart; K Braslis; M Monsour; D Roberts; Jo Bolt; Mi Wines; S Wienstein; K Morretti.

Proxies: Nil

Welcome: The Chairman declared the meeting opened at 4.49pm

Quorum
“No business shall be transacted at any general meeting unless a quorum of members is present in person which shall not be less than 5% of all Full Members of the USANZ.”

There being greater than the requisite 5% of all Full Members present, the meeting was declared quorate. (As at 24 February 2010, the number of Full Members of USANZ totalled 439. Therefore at least 22 members were required to be present to achieve a quorum).

Eligibility to Vote
All current financial Full members and Fellows of the Society are eligible to vote at the Urological Society of Australia and New Zealand’s Annual General Meeting.

Provisional members are eligible to vote except on changes to the Society’s Articles of Association.

Declaration of Conflict of Interest
“Any member who has a direct or indirect pecuniary or non-pecuniary interest in a matter being considered, or about to be considered at the Annual General Meeting shall, as soon as practicable after the relevant facts come to the member’s knowledge, disclose the nature of that interest.

The Chair must cause the declaration to be recorded in the Minutes of the meeting. A member who has a conflict of interest in a matter must not be present during any deliberations by on the matter and is not entitled to vote on the matter.”

3. Minutes from the previous Annual General Meeting: 62nd Annual General Meeting, Gold Coast Convention Centre, Queensland, Wednesday 12 March 2009

Resolution:
That the minutes of the 62nd Annual General Meeting held at the Gold Coast Convention Centre,
Queensland on Wednesday 12 March 2009, be approved as a true and accurate record of the meeting.

Moved: D Malouf Seconded: F Gardiner CARRIED

4. Business Arising from the Minutes
Nil

5. President’s Report

Resolution:
That the President’s report be taken as read.

Moved: Mark Fraundorfer Seconded: P Rashid CARRIED

Discussion:
It has been brought to the attention of USANZ that some pharmaceutical companies have recently offered members of USANZ travel sponsorships to the AUA and EAU on a direct and individual basis. These sponsorships have been offered despite repeated dialogue between USANZ and industry, where USANZ requested that such sponsorships be awarded through USANZ.

The President advised that the Board of Directors will draft a comprehensive policy to develop a register of compliance and support for the RACS Code of Conduct with regard to interactions with the medical industry.

6. Report of Chief Executive Officer

Resolution:
That the Chief Executive Officer’s report be taken as read.

Moved: S Wisniewski Seconded: Andrew Tan CARRIED

7. Secretary’s report

Resolution:
That the Secretary’s report be taken as read.

Moved: F Gardiner Seconded: F Macneil CARRIED

Discussion:
The Treasurer explained that the following action will be taken with regard to members who have outstanding membership fees as at 30 April 2010, for the 2009 year (bad debts):

- That relevant members will be sent a letter of advice of their outstanding debt by registered post
- That the letter will be followed up with a phone call from the CEO
- The members to be advised that non-payment will result in them ceasing to be a member and that a reinstatement fee will be applied
- The members to be advised that notification will appear on the USANZ website that they are no longer a member.

Stan Wisniewski: How many members does this apply to, and what is the total sum this amounts to?

The Secretary advised the total sum outstanding for bad debts amounts to approximately $50,000 and was payable by approximately 40 members.
8. Treasurer’s report

Resolution:
That the Treasurer’s report be taken as read.

Moved: Mark Fraundorfer      Seconded: S Wisniewski     CARRIED

Discussion:
P Sprott: Why has the number of USANZ office staff expanded during a time of fiscal downturn?

The CEO explained that the staff headcount had increased by one, the Chief Operating Officer’s position. This position is cost neutral to the organisation and is paid for by the agreement whereby USANZ provides administrative services to ASCTS.

9. Annual Reports of the Society

9.1 TA&E/Board of Urology
Report taken as read

Resolution:
That the Board of Urology report be taken as read.

Moved: F Gardiner      Seconded: P Gilling     CARRIED

Discussion:
The Board Chair explained some matters surrounding SET 6 year. There are no changes to the length of training and the Board Chair will be writing to trainees in due course.

The Board Chair advised of the introduction of the Surgical Specialties exam, which will most likely be sat in SET 4.

There is a potential change to the length of term of Board Chair position. The Board of Urology feels it appropriate to appoint a Deputy Board Chair, to provide a succession plan.

This will require a constitutional change in order to be implemented.

Funding of fees for inspections of posts will need to be funded by the Sections.

Resolution:
That the reports in items 9.2-9.7 below be taken as read.

Moved: Jessica Yin      Seconded: P Rashid     CARRIED

9.2 Continuing Professional Development Committee
Report taken as read

9.3 Royal Australasian College of Surgeons
Report taken as read

9.4 Annual Scientific Meeting 2011

9.5 Annual Scientific Meeting 2010
Report taken as read
9.6 Annual Scientific Meeting 2009
Report taken as read

9.7 Australasian Urological Foundation
Report taken as read

10. General Business

P Sprott: Why was no notification issued to members regarding the change of the Presidents’ term from one to two years?

The President advised it was in the Constitution, but recognised as 2009 was the first year of the new two year term, it could have been better conveyed to members.

11. Other Business

The President thanked the ASM Convenors, Board of Directors, the Board of Urology and the USANZ office staff for all their work during the past 12 months.

Frank Gardiner reiterated the President’s acknowledgements.

The President welcomed Helen O’Connell back to the Board of Directors, in her capacity as RACS Council Representative, after a year’s leave of absence. The President advised that as Helen O’Connell is also the Victorian representative on the Board and as such, David Cook would be retiring as a Director. The President thanked David for his valuable contributions during his two year term. The President also acknowledged Andrew Brooks for his contributions as RACS Council Representative in 2009, and welcomed Andrew in his new role as Policy Chair. The President also noted that Alex Malley had accepted one of the external director positions on the Board of Directors, and that there was a shortlist of candidates for the second external director position.

There being no further business the chairman declared the meeting closed at 5.16pm.

Minutes prepared by:
Louise Reeson
Communication Manager
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