



UROLOGICAL SOCIETY
OF AUSTRALIA
AND NEW ZEALAND



2025
ANNUAL REPORT

USANZ recognises Aboriginal and Torres Strait Island people as the traditional landowners of Australia and the Māori as the tangata whenua (people of the land) of Aotearoa New Zealand and respects their continuing connection to culture, land, waterways, community and whānau/family.

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PART ONE

GOVERNANCE



1. PRESIDENT'S REPORT

Damien Bolton

To all members, on behalf of the Board of Directors I am pleased to submit the following report on the Society's activities for the year ending 31 December 2025.

It has been a privilege to undertake the role of USANZ President in 2025. The breadth of issues in which our organisation has been involved during this time has come as a surprise to me, despite having been an active member for close to 30 years.

What I viewed as the most significant issues for the future strength of USANZ that were dealt with in 2025 were those to do with the finalisation of the Aotearoa New Zealand Society of Urologists (ANZSU) with formalisation of its association under the broader umbrella of USANZ, and secondly, the Australian Federal Government's Working Groups on SIMG accreditation and on Interventional Radiology.

The ratification of the constitution of ANZSU, and the subsequent completion and signing of the Memorandum of Understanding with USANZ, represent the finalisation of a framework that will allow stronger and more efficient representation of our society in its binational status. Mark Fraundorfer was elected as the first president of ANZSU. This achievement reflects the work undertaken over some years, and, in particular, I would like to acknowledge the efforts of Helen O'Connell and Prem Rashid towards this substantive outcome.

USANZ and RACS have been the organisations which have effectively taken responsibility for urological training in Australia and Aotearoa New Zealand over the lifetime of our specialty. As such, the significance of the status of RACS and the Board of Urology as the primary arbiters of surgical standards is a foundational issue for our Society. The collaborative nature of our association with RACS in formulating a response to potential changes to this arrangement (now deferred for the foreseeable future) was gratifying.

USANZ also undertook a heavy workload with RACS in producing a detailed response to the Australian Federal Government's Working Groups on SIMG accreditation and on Interventional Radiology. An initial proposal under consideration would have had the potential to significantly impact established patterns of referral and care. A strong response was able to be provided, with justification of the value of maintaining current

pathways to ensure provision of high standards of care and the efficiencies that have developed in the Australian health care system over decades. I am grateful to all those members who expressed an individual view to this working group using the link provided in our organisation report.

We also took on similar work with RACS regarding policies on Outreach Surgery in Remote, Rural and Regional areas of Australia and Aotearoa New Zealand, and in relation to advocating for maintenance of the key governance role of the medical colleges.

Wherever we can, USANZ must be assertive of its position, yet error-free and able to produce valid justification that makes it logical for other agencies to support what we advocate. We have done this to the best of our ability this year.

Perth ASM

Due to the enormous efforts of the convenors Shane La Bianca and Trenton Barrett, as well as the USANZ committee led by CEO Michael Nugara and Conference Manager Anna Tartakovskaia, this meeting achieved outstanding academic and financial success. The ASM remains our key single initiative for the year, and its success depends upon the right formula of engagement and high academic standards. It is with great confidence that I look forward to the 2026 event being convened at such a high standard by Renu Eapen and Devang Desai.

Organisation Financial Update

We have become used to financial updates from multiple organisations, and it was with pleasure that we were able to introduce this standard to USANZ in 2025. Whilst an accurate assessment of performance is still best measured year on year, it was important to inform members that we had a strong first 6 months with a profitable ASM. Many members will be aware of the financial issues that some other medical groups have faced over the last 5 years, but USANZ remains financially solid with a conservatively managed investment portfolio.

Registration as a Charity

Changes in the regulation of not-for-profits required USANZ to review its taxation status and, based on legal advice, the Board decided to pursue registration as a charity with the Australian Charities and Not-for-profits Commission (ACNC).

PRESIDENT'S REPORT

Registration as a charity will also seek to satisfy the requirements of a specific category within the Income Tax Assessment Act 1997 (Cth) in relation to income tax exemption.

Many members will have heard a briefing on these changes at the various section meetings in 2025. The next step is for USANZ members to consider proposed amendments to the USANZ Constitution which will serve the Society better in the future. The Special Resolution, Explanatory Memorandum and a mark-up of the proposed changes are published in this annual report with the 2026 AGM papers.

Strategic Plan and Annual Reporting

Our deliberations about becoming a charity focused our planning efforts around USANZ's main purposes: the advancement of health, the advancement of urological science and the advancement of education. We have been developing an updated strategic plan which better articulates how our activities meet these purposes, and how USANZ exists for the benefit of the wider community. We will promote it to members once finalised. By way of preview, this Annual Report includes a report of our activity during the year under each of the new strategic pillars.

Media Strategy

It will be evident to all who are engaged with the media that there are numerous groups who seek to assert their views on matters to do with urologic health care. It is vital that public health literacy is informed by urological expertise and it is apparent that if you are not setting the agenda in this space, your opinion is heard only in reaction to those who act pre-emptively. Accordingly, the Board of Directors approved an initial increase in our engagement with a media advisory company so that USANZ could promote an average of one campaign per month. Campaigns will focus on informing the public of common urological conditions and providing information to the public on how to monitor for symptoms or seek treatment. We initiated this in the second half of 2025, with extensive media engagement on topics of prostate cancer, LUTS and urinary stone disease. We have developed a further schedule for the first half of 2026, with detailed metrics of outcomes being kept so that we can determine our influence vis-à-vis other groups active in this area.

Trainee Week

A highlight for me this year was to be present and speak on the first day of Trainee Week in Sydney. The success and established status of this event is a tribute to the hard work of successive convenors and chairs of the Board of Urology, together with the USANZ team led by Deborah Klein. The program developed this year by Scott Leslie was remarkable for its ambition and standard, and I greatly admire the way this event was presented under his guidance.

As many members would be aware there are delegates to Trainee Week from multiple other urologic societies worldwide, given the near unique format of this meeting. That I received feedback from visiting urologists in training from Europe, Africa and Asia about the benefit they perceived from their attendance reflects its high standard.

Selection, Training and Examinations

Although Trainee Week stood out, the efforts of all who contribute to the training process for those looking to enter and then complete SET in urology deserve profound admiration and recognition. Our process in regard to such training is one of the hallmarks of your Society, and something rare in terms of the scale and objectivity with which it is undertaken. It is hard to overstate the effort that Lydia Johns Putra has dedicated to her role as Chair of the Board of Urology over the past 2 years, and on behalf of all members, I offer her my thanks. Rick Catterwell is as experienced and capable a person as could be imagined to be taking on this role, and we welcome him to this critical post.

The role of the examiners and the training supervisors in every training hospital in every section of USANZ is frequently under-recognised. The USANZ members who patiently and objectively perform these roles are demonstrative of the generous and collegiate nature of our Society, which sets the standard for the way future urologists practice for decades to come.

ANZAUS activity

I must acknowledge the constant efforts of Troy Gianduzzo in his role as ANZAUS chair. Whenever there have been issues to do with item numbers and new technology advocacy that are best responded to, separately to USANZ, Troy has been

unrelenting in his determination to push through. Much of the open rapport USANZ currently has with the federal Department of Health in Canberra has come about via this engagement by ANZAUS. It is only within my term as president that I have really come to understand the precise benefits that ensue from having ANZAUS as a separate entity to work to advance health outcomes by improving access to care, and I owe a debt of gratitude to both Troy and this organisation for their assistance to USANZ, its members, and the wider community.

Australian Pelvic Floor Procedure Registry

This valuable resource, established by the Federal Government and managed by Monash University to improve the quality of care and increase the safety and awareness of patients undergoing pelvic floor procedures continues to grow. The data collected enables APFPR to track the long-term safety and performance of these procedures and establish best practice for patient outcomes. I welcome the greater involvement of all urologists who practice in this area of surgery. Jessica Yin and Ailsa Wilson Edwards have worked hard as the USANZ nominated members on the steering committee, and I am truly grateful for their efforts. Ailsa Wilson Edwards will be joined by Anthony Kiosoglous in this role in 2026, and we aim to try and promote further engagement by USANZ members with this project.

Specialty Advisory Groups

Our process for ensuring objective assessment of issues that are put to USANZ involves the engagement of the SAG leaders at an early stage in their evaluation. Clearly, no urologist can be optimally informed on every subspecialty area of Urology, and the SAGs serve to generate the opinions and information that drive our policy positions. I am grateful to all our SAG leaders and deputy leaders for the assistance they have provided.

USANZ Board of Directors

The members of the Board of Directors of USANZ assume a particular responsibility for the governance of organisation, and I am constantly impressed by the thoughtful consideration that is provided on every issue. They have been continually available and unstinting in their ambition to see USANZ grow and prosper, and I feel very fortunate to work alongside them.

USANZ staff

My final words of thanks go to acknowledge the people in our office who ensure that the wheels of USANZ continue to turn smoothly on behalf of its members and to fulfil its purposes. The successful operation of our organisation reflects their commitment to our shared aims, and we are all lucky to be supported by such a capable team.

2. CEO'S REPORT

Michael Nugara

Looking back at the activities of USANZ during 2025, it was another very busy year. The annual Activity Report highlights the enormous amount of work carried out by USANZ staff, Directors and many members who selflessly give their time to progress the work we do to optimise urological health in our communities.

Advocacy

During the year, USANZ has been very active advocating with governments and government agencies on various MSAC submissions, MBS item numbers, as well as providing advice on issues related to the urological profession. Our work in the media increased this year as we implemented a media plan to build awareness in the community of urological conditions. The plan includes a different urological topic each month and provides the public with information on a broad range of urological conditions in addition to those that have traditionally attracted the most publicity. USANZ has engaged a media advisor on a continuing basis to facilitate the campaign into 2026.

USANZ was particularly proactive in raising awareness of the potential consequences associated with the expedited pathway for overseas-trained urologists practicing in Australia. The government has paused activity on this initiative, and USANZ will continue to monitor developments to ensure high standards of surgical practice are maintained.

The Diversity, Equity and Inclusion (DEI) committee, chaired by Ashani Couchman, held its first DEI session at the 2025 ASM. The session focused on diversity of identity, professional backgrounds, and career transitions and pathways. The session was well attended, and work on the 2026 ASM session is progressing. One initiative to engage with underrepresented groups within urology was to invite First Nations and Māori interns/registrars to compete for complimentary ASM registrations. In addition, USANZ invited medical students in Australia and Aotearoa New Zealand to compete in a related essay competition to win complimentary ASM registrations.

The annual meeting of SWANZU (Surgical Women in Australian and New Zealand Urology) was held in Perth during the ASM. The meeting was a great success, providing a platform to support female urologists and address barriers to women pursuing urology as a career.

Urological Science

After a 15-year break, the ASM returned to the Perth Convention Centre. With more than 800 attendees (including industry), it was encouraging to see support for this west coast venue. The organising committee developed an outstanding scientific program that continued the tradition of presenting world-class urological science. I acknowledge the enormous effort by the Convenor, Shane La Bianca and Scientific Committee Chair, Trenton Barrett, in developing the program, as well as the many members who gave their time to share their knowledge and expertise in delivering it. The organising committee was well supported by the USANZ Conference Manager, Anna Tartakovskaia, who led the planning process in the preceding 15 months.

In the pursuit of advancing education, one of the benefits of membership is free subscriptions to BJUI Knowledge and EAU membership, which provides members with educational resources to assist with CPD as well as staying up to date with the latest global developments in urology.

The BJUI USANZ Supplement, published twice yearly, is a USANZ-tailored journal. Nathan Lawrentschuk's term as editor concluded in 2025, his successors are Matthew Roberts and Marlon Perera, who will share the role. We thank Nathan for his commitment and welcome the leadership of Matthew and Marlon in continuing to publish stimulating content in this online publication.

USANZ held a joint symposium with the EAU during their congress in Madrid in March, as well as the BAUS – BJUI – USANZ Symposium at the AUA in May. USANZ also partnered with the SIU to hold a joint symposium at their congress in Edinburgh in October. The interest and attendance at these symposiums continue to be strong, providing an international platform to highlight advances in

the treatment of urological conditions. We look forward to the respective joint symposiums at the EAU, AUA and SIU meetings in 2026.

Trainee Week continued its outstanding reputation with another highly successful event convened by Scott Leslie in Sydney in November. The stimulating educational program was well received by our trainees as well as the international attendees (from the EAU, UAA, BAUS and CUA), further strengthening the global profile of this event. The USANZ Education and Training Manager, Deborah Klein and Training Administrator, Jennifer Hislop, ably supported Scott.

Urological Standards

The critical role of our Special Advisory Groups (SAGs) continued during the year, addressing scientific issues in the public domain and leading the development of Society submissions to government agencies and other parties. Further information on the submissions can be found in the Activity Report. The SAGs also played a key role in the development of the media campaign plan, where they nominated urological conditions that will be highlighted each month.

The ARPI (Androgen Receptor Pathway Inhibitors) Prescribing Guide was launched in 2025 to provide guidance on this important patient management role. The Guide also includes a link to the Society's website to steer members through the associated HPOS process further. An updated version of the Guide, incorporating further enhancements will be launched at the 2026 ASM. I recognise the work of Weranja Ranasinghe and Joseph Ischia, who led the development of the Guide and the updated version to be launched in 2026. The Guide will be circulated in hard copy (as a desktop resource) after the ASM and will also be available online on the USANZ website.

The Board of Urology (BoU), under the leadership of Lydia Johns Putra, continued their work in delivering the Royal Australasian College of Surgeons (RACS) urology training program. Renewal of the Service Agreement between USANZ and RACS for the delivery of training

has been deferred, with the existing agreement continuing in the interim. We await further advice from RACS on the proposed new terms.

Strong Governance

Members would be aware that USANZ is seeking to be registered as a charity with the ACNC. This has implications for the organisation's objects and values. USANZ is seeking to update its constitution, including to update its purposes. This follows changes to the regulation of not-for-profit organisations like USANZ. Information on this was presented at the Section Meetings and is also included in the 2026 Annual General Meeting (AGM) agenda. The Constitutional Amendments will be put to a vote at the AGM, and are required before USANZ can apply to the ACNC for charitable status.

Establishing the Aotearoa New Zealand Society of Urology (ANZSU) was a key achievement in 2025, including the execution of the memorandum of understanding between USANZ and ANZSU. This project was several years in the making, and establishing ANZSU recognises the need for an Aotearoa New Zealand-focused entity to lead improvements and continued delivery of urological services. Mark Fraundorfer and Leanne Shaw were instrumental in progressing the establishment of ANZSU, and I also acknowledge the very significant contribution by USANZ Policy and Membership Manager, Madeleine Bennison, for her leadership and commitment to this project.

The strength of USANZ continues to grow, and a key part of this strength is the highly committed team in the USANZ office. 2025 was another very challenging year on several fronts, yet the staff continued to serve the Society. I wish to express my sincere thanks to each of you for your respective contributions to the success of USANZ: Madeleine Bennison, Nick Danes, Danielle Provera, Deborah Klein, Anna Tartakovskaia, Rebekah Ward, Jennifer Hislop, Jonathon Street, Katie Cook and Samantha Roberts. I would also like to acknowledge the work of Nigel Finch and his team at Saki Partners.

3. USANZ PURPOSE VISION AND VALUES

Purpose

The purpose of USANZ is to operate as a charitable institution for the principal purposes of:

- the advancement of health; and
- the advancement of urological science; and
- the advancement of education.

Vision

Optimising Urological Health in our Communities

Values

We are guided by the principles of:

- **Respect:** Our interactions are professional, courteous, timely and thoughtful.
- **Collaboration:** We work together to deliver outcomes aligned to our purpose.
- **Integrity:** We work ethically, honestly and transparently together.
- **Compassion:** We develop an understanding of individual circumstances – we care.
- **Service:** All that we do is fit for purpose.
- **Accountability:** We take responsibility for doing what we say we will.

4. USANZ PEOPLE

4.1 USANZ Board of Directors 2025

Damien Bolton: President

Ashani Couchman: Vice-President, South Australia/Northern Territory Section Representative

Helen O'Connell AO: Past-President, Honorary Secretary, Honorary Treasurer

Peter Burke: Northern Section Representative

Richard Cetti: Tasmanian Section Representative

Peter Chin: New South Wales Section Representative

William (Bernie) Delaney OAM: External Director

Mark Fraundauer: AoNZ Section Representative

Mark Frydenberg AM: Victorian Section Representative, RACS Urology Specialty Representative

Troy Gianduzzo: Chair, ANZAUS

Lydia Johns Putra: Chair, Board of Urology

Shane La Bianca: Western Australian Section Representative



Damien Bolton



Ashani Couchman



Helen O'Connell AO



Peter Burke



Richard Cetti



Peter Chin



Bernie Delaney OAM



Mark Fraundauer



Mark Frydenberg AM



Troy Gianduzzo



Lydia Johns Putra



Shane La Bianca



Michael Nugara
CEO

4.2 USANZ Board Committees

Audit, Risk and Finance Committee (ARFC)

Helen O'Connell AO: Chair/USANZ Honorary Treasurer

Shane La Bianca: USANZ Director

William (Bernie) Delaney OAM: External Director

Michael Nugara: Management Team (CEO)

Nigel Finch: Management Team (Finance Manager)

Nick Danes: Management Team: (COO)

Diversity & Inclusion Committee

Ashani Couchman: Chair and USANZ Board Representative

Jared White: Aotearoa New Zealand Section Representative

Deanne Soares: Committee Member

Nadya York: Committee Member

Michael Nugara: Management Team (CEO)

Danielle Provera: Management Team (Gov Support)

People & Culture Committee

Ashani Couchman: Chair and Vice-President

Bernie Delaney: Board Representative

Peter Burke: Board Representative

Society Awards Nominations Committee

Helen O'Connell AO: Chair/USANZ Past-President

Ashani Couchman: USANZ Vice-President

Mark Fraundauer: AoNZ Representative

Daniel Christidis Scholarship and Dennis Arnold Prize Committee

Helen O'Connell AO: Chair/USANZ Past-President

Mark Fraundauer: AoNZ Representative

Rick Catterwell: Board of Urology Deputy Chair

4.3 USANZ STAFF

Michael Nugara: Chief Executive Officer

Madeleine Bennison: Membership and Policy Manager

Nick Danes: Chief Operating Officer (USANZ and ANZSCTS)

Jennifer Hislop: Senior Training Administrator

Deborah Klein: Education and Training Manager

Danielle Provera: Governance Support Officer

Jonathon Street: Communications Manager

Anna Tartakovskaia: Conference Manager

Katie Cook: Accounts Officer (part-time)

Samantha Roberts: Communications Coordinator (part-time)

Rebekah Ward: Communications Coordinator (part-time)

FULL TIME STAFF 2025: **8.6**

FULL TIME STAFF 2024: **8.4**

5. SECRETARY'S REPORT

Helen O'Connell AO

Membership Movements

Under the Constitution, USANZ is required to publicise to all members the election of any new member to any member class. The changes that have occurred in this reporting period are set out below. Further data on the number of members and workforce data are reported in the Activity Report under 'Capacity Building' on [page 53](#).

Admitted as Full Members

Darius Ashrafi
 Emma Clarebrough
 Peter Donato
 Martin Elmes (reinstatement)
 Hamish Green
 Sean Heywood
 Richard Hoffmann
 Arveen Kalapara
 Sheshang Kamath
 Ajanthan Loganathan
 Jane MacDonald (reinstatement)
 Shannon McGrath
 Brayden March
 Alexander Nesbitt
 Simeon Ngweso
 Matt Nobbs
 Tatenda Nzenza
 Michael O'Halloran
 Alfin Okullo
 Claire Pascoe
 Sachinka Ranasinghe
 Duncan Self
 Sophie Tissot
 Flavio Vasconcelos Ordones
 Lodewikus (Wikus) Vermeulen

Associate Members

Matthew Alberto
 Alexis White

Trainee Members

Bharti Arora
 Gerard Bray
 Benjamin Buckland
 Ashan Canagasingham
 Joanne Ehemann
 William Harrison
 Jianliang (Lawrence) Liu
 Samuel McDiarmid
 Kale Munien
 Cindy Nguyen
 Katherine Ong
 Sachin Perera
 Kapilan Ravichandran
 Jeremy Saad
 Ramesh Shanmugasundaram
 Jaspreet Singh
 Ivan Thia
 Amandeep Virk
 Jennifer Xu

Cessation of Membership

Peter Aslan
 Simon Bariol
 Borjana Barth
 Jerard Ghossein
 Hamish Green
 Hamidreza Baghani Aval (CO)
 Heath Liddell
 Richard McMullin
 Janelle Munns
 Yohei Omori (CO)
 Jon-Paul Meyer
 John Pisco
 Nicholas Rukin
 Ian Smith

Deaths

Russell McIlroy
 Richard Marsden
 Donald Murphy
 John Saalfeld
 Edward Smith
 John Taylor
 Alexander Wood

6. TREASURER'S REPORT

Helen O'Connell AO

The 2025 revenue from operations was \$5.585 million (2024: \$5.355 million) which included interest income and distributions on the Society's investments in Exchange Traded Funds (ETFs), of \$614,357. The total investment income represents approximately 11% of total revenue. The 2025 ASM generated a surplus of \$392,660.

This year we are pleased to report an operating surplus of \$251,134 (2024 \$235,817).

Investment Performance

At the end of 2025, the value of ETFs exceeded \$9.7 million (around 50% of the Society's financial assets) and during the year the Society recognised an unrealised gain of \$713,504 on those investments. Additionally, the Society earned \$273,291 in investment income on the ETFs by way of dividend reinvestment.

The Society's real estate investment (comprising the Edgecliff office) has an estimated market value of \$2.050 million.

Other Comprehensive Income

Other Comprehensive Income (OCI) includes revenues, expenses, gains and losses that have yet to be realised. In 2025, the surplus for the year was \$251,134 and the OCI was \$713,504 attributable to the FY25 unrealised gain on the ETF investments.

The total Surplus and Other Comprehensive Income for 2025 was \$964,638.

Financial Position

Net assets increased by \$964,638 to \$17.023 million during the year.

Total liabilities increased by \$141,564 to \$2.397 million. Overall, the Society's balance sheet remains extremely robust with working capital of \$5.548 million (equivalent to 32% of total equity) and the Society has no debt.

Cash Flow

Net cash decreased throughout the year by \$140,744 and the cash balance as at 31 December 2025 was \$6.630 million.

Future Outlook

The Board-approved 2026 budget anticipates a surplus of \$34,293. The material changes in the 2026 budget include two major events being run in 2026 (ASM2026 and FUS/PPCS2026) compared to just one in 2025 (ASM2025).

I would like to take this opportunity to acknowledge the work of my fellow Audit Risk and Finance Committee members, Shane La Bianca and Bernie Delaney supported by Nick Danes, Nigel Finch and Michael Nugara.

THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND
ACN: 000 069 376

FINANCIAL REPORT
FOR THE YEAR ENDED 31 DECEMBER 2025



THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

ACN: 000 069 376

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 2025.

The names of the Company's directors in office during the year and until the date of this report are set out below. Directors were in office for this entire period, unless otherwise stated.

Damien Bolton	
Helen O'Connell	
Lydia Johns Putra	
Mark Frydenberg	
Mark Robert Fraundorfer	(Appointed: 1 March 2025)
Muthuthantrige Ashani Couchman	
Peter Burke	
Peter Chin	(Appointed: 1 March 2025)
Prem Rashid	(Resigned: 1 March 2025)
Shane Edward Di Gregorio La Bianca	
Troy Gianduzzo	
William James Bernard Delaney	
Richard Cetti	

Principal activities

The principal activities of the Society during the year were the advancement of urological science, health and education and the bringing together of urologists of Australia and New Zealand to cultivate and maintain the highest standards of urological care.

The Society is also responsible for the selection, training and assessment of urology registrars according to the Collaboration Agreement with the Royal Australasian College of Surgeons (RACS).

There have been no significant changes in the nature of these activities during the year.

Operating and financial review

The surplus of the Society for the financial year was \$964,638 (2024: \$1,792,554).

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

There have been no significant changes in the nature of these activities during the year.

Dividends

The Society is a not-for-profit entity limited by guarantee and is therefore prohibited from declaring any dividends.

THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

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DIRECTORS' REPORT

Significant changes in the state of affairs

There have been no significant changes in the state of affairs of the Society during the financial year ended 31 December 2025.

Events after the reporting date

No event has occurred after the reporting date that would materially affect the results or state of affairs of the Society at 31 December 2025.

Likely developments and expected results

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

Environmental regulation and performance

The Society is not subject to any particular or significant environmental regulation under laws of the Commonwealth or of a State or Territory.

Indemnification and insurance of directors and officers

During the year the Society has paid insurance premiums for directors' liability.

Directors' meetings

The number of meetings of directors held during the financial year ended 31 December 2025 and the number of meetings attended by each director were as follows:

Director's name	Board Meetings Attended	Eligible Meetings	Circular Resolutions Voting	Eligible Circular Resolutions	Committee Meetings Attended	Eligible Committee Meetings
Damien Bolton	5	5	10	10	-	-
Helen O'Connell	4	5	9	10	3	4
Lydia Johns Putra	5	5	9	10	-	-
Mark Frydenberg	3	5	10	10	-	-
Mark Fraundorfer	3	3	8	9	-	-
Ashani Couchman	5	5	8	10	-	-
Peter Burke	4	5	9	10	-	-
Peter Chin	3	3	6	9	-	-
Prem Rashid	2	2	1	1	1	1
Shane La Bianca	4	5	10	10	2	4
Troy Gianduzzo	5	5	7	10	-	-
William James						
Bernard Delaney	4	5	10	10	4	4
Richard Cetti	5	5	7	10	-	-

THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

ACN: 000 069 376

DIRECTORS' REPORT

Proceedings on behalf of the Society

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

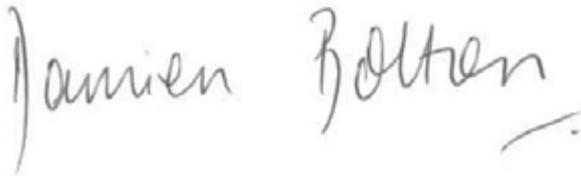
The Society was not a party to any such proceedings during the year.

Auditor's independence

The directors have received a declaration from the auditor of the Society. This has been included on page 22.

Signed in accordance with a resolution of the directors.

On behalf of the Board of Directors:

A handwritten signature in black ink that reads "Damien Bolton". The signature is written in a cursive style with a horizontal line under the name.

President, USANZ
7 February 2026

THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND
ACN: 000 069 376

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 31 DECEMBER 2025

	Note	<u>2025</u> \$	<u>2024</u> \$
Revenue and other income	4	5,585,843	5,355,118
Audit fees	16	22,000	18,500
Consultants		378,227	305,430
Depreciation expense	9	56,389	58,682
Employment		1,759,190	1,684,807
Financial		95,958	69,513
Grants and awards		71,187	60,786
Legal fees		132,205	83,235
Meetings and events		1,409,970	1,453,743
Member benefits		122,231	144,551
Office and IT		167,688	176,241
Premises		39,559	28,204
Travel and accommodation		284,414	219,274
Venue and catering costs		795,691	816,335
Total expenses		<u>5,334,709</u>	<u>5,119,301</u>
Surplus for the year		<u>251,134</u>	<u>235,817</u>
Other comprehensive income		713,504	1,556,737
Total comprehensive income for the year		<u>964,638</u>	<u>1,792,554</u>

The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes.

THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND
ACN: 000 069 376

STATEMENT OF FINANCIAL POSITION
AS AT 31 DECEMBER 2025

	Note	2025	2024
		\$	\$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	6	6,630,364	6,771,108
Trade and other receivables	7	173,972	54,818
Prepayments		747,460	684,559
TOTAL CURRENT ASSETS		7,551,796	7,510,485
NON-CURRENT ASSETS			
Other non-current assets		100,000	-
Investments	8	9,705,837	8,699,577
Property, plant and equipment	9	2,063,618	2,104,987
TOTAL NON-CURRENT ASSETS		11,869,455	10,804,564
TOTAL ASSETS		19,421,251	18,315,049
CURRENT LIABILITIES			
Trade and other payables	10	275,560	403,134
Employee benefit liabilities	11	460,938	401,976
Unearned income		1,266,326	1,080,992
TOTAL CURRENT LIABILITIES		2,002,824	1,886,102
NON-CURRENT LIABILITIES			
Employee benefit liabilities	11	294,504	269,662
D Arnold urological research prize		100,000	100,000
TOTAL NON CURRENT LIABILITIES		394,504	369,662
TOTAL LIABILITIES		2,397,328	2,255,764
NET ASSETS		17,023,923	16,059,285
EQUITY			
Building revaluation reserve		1,122,759	1,122,759
ETF revaluation reserve		2,925,023	2,211,519
Retained surpluses		12,976,141	12,725,007
TOTAL EQUITY		17,023,923	16,059,285

The above statement of financial position should be read in conjunction with the accompanying notes.

THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND
ACN: 000 069 376

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 31 DECEMBER 2025

	Building revaluation reserve	ETF revaluation reserve	Retained surpluses	Total
	\$	\$	\$	\$
At 31 December 2023	797,759	979,782	12,489,190	14,266,731
Surplus for the year	-	-	235,817	235,817
Other comprehensive income	325,000	1,231,737	-	1,556,737
Total comprehensive income for the year	<u>325,000</u>	<u>1,231,737</u>	<u>235,817</u>	<u>1,792,554</u>
At 31 December 2024	<u>1,122,759</u>	<u>2,211,519</u>	<u>12,725,007</u>	<u>16,059,285</u>
Surplus for the year	-	-	251,134	251,134
Other comprehensive income	-	713,504	-	713,504
Total comprehensive income for the year	<u>-</u>	<u>713,504</u>	<u>251,134</u>	<u>964,638</u>
At 31 December 2025	<u>1,122,759</u>	<u>2,925,023</u>	<u>12,976,141</u>	<u>17,023,923</u>

The above statement of changes in equity should be read in conjunction with the accompanying notes.

THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND
ACN: 000 069 376

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2025

	Note	<u>2025</u>	<u>2024</u>
		\$	\$
Cash flows from operating activities			
Proceeds from operations		2,184,648	2,396,938
Proceeds from events		1,677,071	1,818,774
Proceeds from section activities		744,908	667,865
Investment income received		340,436	244,634
Grants income		145,705	-
Payments to suppliers		<u>(5,199,657)</u>	<u>(5,045,118)</u>
Net cash (used in)/provided from operating activities		<u>(106,889)</u>	<u>83,093</u>
Cash flows from investing activities			
(Purchase of)/proceeds from investment		(18,835)	10,492
Purchase of property, plant and equipment	9	<u>(15,020)</u>	<u>-</u>
Net cash (used in)/provided from investing activities		<u>(33,855)</u>	<u>10,492</u>
Cash flows from financing activities			
Proceeds from redemption of investments		<u>-</u>	<u>-</u>
Net cash provided from financing activities		<u>-</u>	<u>-</u>
Net increase in cash held		(140,744)	93,585
Cash at the beginning of financial year		<u>6,771,108</u>	<u>6,677,523</u>
Cash at the end of financial year	6	<u><u>6,630,364</u></u>	<u><u>6,771,108</u></u>

The above statement of cash flows should be read in conjunction with the accompanying notes.

THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND
ACN: 000 069 376

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2025

Note 1: Corporate information

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

The registered office and principal place of business of the Society is Suite 512 Eastpoint, 180 Ocean Street, Edgecliff NSW 2027.

The nature of the operations and principal activities of the Society are described in the directors' report.

The financial statements were authorised for issue by the directors of the Society on 7 Feb 2026.

Note 2: Summary of material accounting policies

Note 2.1: Basis of preparation

The financial statements are general purpose financial statements that have been prepared in accordance with *Australian Accounting Standards - Simplified Disclosure Requirements* of the *Australian Accounting Standards Board (AASB)*. The Society is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

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

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

Note 2.2: Changes in accounting policies and disclosures

New and amended standards and interpretations

During the current year there were no new or revised Australian Accounting Standards issued which had applicability for the Society.

THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND
ACN: 000 069 376

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2025

Note 2: Summary of material accounting policies (continued)

Note 2.3: Material accounting policies

a) 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 to be disclosed or accounted for.

b) 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 statement of financial position.

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

Commitments and contingencies are disclosed net of the amount of GST.

c) 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 reporting date.

Exchange differences are recognised in the statement of comprehensive income in the period in which they occur.

THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND
ACN: 000 069 376

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2025

Note 2: Summary of material accounting policies (continued)

Note 2.3: Material accounting policies (continued)

d) Revenue and other income

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the Society and which 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 in the applicable membership year.

Interest

Recognised as interest accrues, using the effective interest method which for floating rate financial assets is the rate inherent in the instrument.

Income from investments

Revenue recognised when the income is earned. Unrealised increments or decrements in the Society's portfolio of investment assets (Note 8) are included in the Society's statement of comprehensive income each year.

Grants

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

e) Cash and cash equivalents

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

f) Trade and other receivables

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

THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND
ACN: 000 069 376

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2025

Note 2: Summary of material accounting policies (continued)

Note 2.3: Material accounting policies (continued)

g) Property, plant and equipment

All classes of assets are stated at cost less accumulated depreciation and any impairment.

Depreciation is calculated on either a straight-line or diminishing values 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 to 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.

Land and buildings

Land and buildings are based on directors valuation or the independent valuations obtained every three years. They reflect independent assessments of the open market value of land and buildings based on existing use. Refer to Note 9 for details of the independent valuation current for the term of these financial statements.

h) 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.

Equity instruments

At initial recognition, as long as the equity instrument is not held for training or not a contingent consideration recognised by the acquirer in a business combination to which a *AASB 3 – Business Combinations* applies, the entity made an irrevocable election to measure any subsequent changes in fair value of the equity instruments in other comprehensive income, while the dividend revenue received on underlying equity instruments will still be recognised profit or loss.

THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND
ACN: 000 069 376

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2025

Note 2: Summary of material accounting policies (continued)

Note 2.3: Material accounting policies (continued)

h) Financial assets (continued)

Financial assets

A financial asset that meets the following conditions is subsequently measured at fair value through other comprehensive income:

- The contractual terms within the financial asset give rise to cashflows that are solely payments of principal and interest on the principal amount outstanding on specified dates; and
- The business model for managing the financial asset comprises both contractual cashflows collection and the selling of the financial asset.

Fair value

Fair value is determined based on current bid prices for all quoted investments.

Derecognition

Derecognition refers to the removal of a previously recognised financial asset or financial liability from the statement of financial position.

Derecognition of financial assets

A financial asset is derecognised when the holders contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

i) Employee benefit liabilities

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.

Short term employee benefits

The provision for annual leave and time in lieu 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 superannuation.

THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND
ACN: 000 069 376

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2025

Note 2: Summary of material accounting policies (continued)

Note 2.3: Material accounting policies (continued)

i) Employee benefit liabilities (continued)

Long term employee benefits

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.

j) Reserves

ETF revaluation reserve

The Society has created an ETF reserve to separately disclose the unrealised gains arising from the Exchange Traded Funds investments (refer Note 9).

The movement will be disclosed in other comprehensive income section of the statement of profit and loss and other comprehensive income and transferred to the ETF revaluation reserve each year.

The increment amounted to \$713,504 for the year ended 31 December 2025 (2024: \$1,231,737).

Building revaluation reserve

The Society has created an Building reserve to separately disclose the unrealised gains arising from the Edgecliff Building (refer Note 8).

The movement will be disclosed in the Building revaluation reserve each year.

There were no movements for the year ended 31 December 2025 (2024: \$325,000).

Note 3: 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 Society.

THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND
ACN: 000 069 376

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2025

	<u>2025</u>	<u>2024</u>
	\$	\$
Note 4: Revenue and other income		
Revenue		
Operating activities	2,403,802	2,390,490
Event revenues	1,677,071	1,818,774
Section revenues	744,908	667,865
Total	<u>4,825,781</u>	<u>4,877,129</u>
Other income		
Dividends received	273,921	233,355
Investment income received	340,436	244,634
Non-government grants	145,705	-
Total	<u>760,061</u>	<u>477,989</u>
Total revenue and other income	<u>5,585,843</u>	<u>5,355,118</u>
Note 5: Surplus and accumulated funds		
The 2025 ASM event generated a surplus of \$392,660 (2024: \$449,256).		
Note 6: Cash and cash equivalents		
Cash on hand and at bank	874,465	1,561,997
Term deposits and notice of withdrawal accounts	5,755,899	5,209,111
	<u>6,630,364</u>	<u>6,771,108</u>
The effective interest rate on short-term bank deposits was 5.08% (2024 3.64%).		
Note 7: Trade and other receivables		
Accounts receivable	17,946	-
Investment income receivable	156,026	54,818
	<u>173,972</u>	<u>54,818</u>
There were no provision for doubtful debts for the year ended 31 December 2025 (2024: \$1,839).		
Note 8: Investments		
Exchange traded funds (Note 19)	<u>9,705,837</u>	<u>8,699,577</u>

THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND
ACN: 000 069 376

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2025

Note 9: Property, plant and equipment

	Building	Plant and equipment	Total
	\$	\$	\$
At 1 January 2025	1,899,561	205,426	2,104,987
Additions	-	15,020	15,020
Depreciation expense	(4,914)	(51,475)	(56,389)
At 31 December 2025	1,894,647	168,971	2,063,618
		2025	2024
		\$	\$

Note 10: Trade and other payables

Trade payable	153,765	335,859
Accrued expenses	56,400	65,989
Other payables	65,395	1,286
	275,560	403,134

Note 11: Employee benefit liabilities**Current**

Short-term employee benefits	460,938	401,976
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Non-current

Long-term employee benefits	294,504	269,662
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Note 12: Commitments

The Society has no capital commitments as at 31 December 2025.

Note 13: Contingent liabilities

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

Note 14: Events after the reporting date

No event has occurred after the reporting date that would materially affect the results or state of affairs of the Society at 31 December 2025.

THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND
ACN: 000 069 376

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2025

Note 15: Related party transactions

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 the role and duties as President.

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

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

There were no related party relationships, transactions or outstanding balances for the year ended 31 December 2025.

	<u>2025</u>	<u>2024</u>
Note 16: Remuneration of auditors	\$	\$
Auditing the financial statements	<u>22,000</u>	<u>18,500</u>

Note 17: Key management personnel compensation

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the Society, directly or indirectly, including any director (whether executive or otherwise) of the Society, are considered Key Management Personnel.

The aggregate compensation made to members of Key Management Personnel of the Society is set out below:

	<u>2025</u>	<u>2024</u>
	\$	\$
Short-term employee benefits	965,870	921,831
Long-term employee benefits	18,177	16,412
	<u>984,047</u>	<u>938,242</u>

THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND
ACN: 000 069 376

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2025

Note 18: Members' guarantee

The Society is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the Society is wound up, the constitution states that each member (other than an Honorary member) is required to contribute a maximum of \$500 towards meeting any outstanding obligations of the Society.

At 31 December 2025, the number of members (other than Honorary members) was 760 (December 2024: 760).

Note 19: Financial risk management

In common with all other businesses, the Society is exposed to risks arising from its use of financial instruments. This note describes the Society's objectives, policies and processes for managing those risks, as well as the methods used to measure them. Further quantitative information in respect of these risks is presented throughout the financial statements. There have been no substantive changes in the Society's exposure to financial instrument risks, its objectives, policies and processes for managing those risks, or the methods used to measure them from previous periods, unless otherwise stated in this note.

The Board has overall responsibility for determining the Society's risk management objectives and policies and, while retaining ultimate responsibility for them, has delegated authority for designing and operating processes that ensure their effective implementation to the Society's finance function.

The Society's risk management policies and objectives are designed to minimize the potential impacts of these risks where such impacts may be material. The Board receives quarterly financial reports, through which it reviews the effectiveness of the processes in place and the appropriateness of the objectives and policies it has set. The Board's overall objective is to establish policies that reduce risk as far as possible without unduly affecting the Society's operations.

Financial instruments

The Society's financial instruments consist of deposits with banks, short-term deposits, ETF investments, and accounts receivable and payable. The directors' overall risk strategy is designed to help the Society achieve its stated objectives while minimizing potential adverse effects on financial performance. The Society's main risks are interest rate and credit risk.

THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND
ACN: 000 069 376

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2025

Note 19: Financial risk management (continued)

		<u>2025</u>	<u>2025</u>	<u>2024</u>	<u>2024</u>
		\$	\$	\$	\$
		Interest bearing	Non-interest bearing	Interest bearing	Non-interest bearing
<i>Financial assets</i>					
	Rate				
Cash at call	1.35%	276,728	597,737	769,949	792,048
Term deposit more than 90 days	4.92%	5,255,899	-	5,209,111	-
ETF investments		9,705,837	-	8,699,577	-
Receivables (Note 7)		173,972	-	-	54,818
		<u>15,238,464</u>	<u>771,709</u>	<u>14,678,637</u>	<u>846,866</u>
<i>Financial liabilities</i>					
Business credit cards	19.96%	9,063	-	6,220	-
Payables (Note 10)		-	266,497	-	396,914
		<u>9,063</u>	<u>266,497</u>	<u>6,220</u>	<u>396,914</u>

THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND
ACN: 000 069 376

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2025

Note 19: Financial risk management (continued)

Sensitivity analysis

The following table illustrate sensitivities to the Society's exposure to changes in interest rates. The table indicates the impact on how profit and equity values reported at balance date would have been affected by a change in the relevant risk variable that management considers to be reasonably possible. The sensitivities assume that the movement in a particular variable are independent of other variables.

	<u>2025</u>	<u>2024</u>
	\$	\$
Interest rate sensitivity calculated at +/- 1.0%		
Change to profit	+/- 67,007	+/- 67,243
Change to equity	+/- 67,007	+/- 67,243

Credit risk

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

Net fair values

Financial assets and liabilities that are readily traded in a quoted market are valued at the quoted market bid price at the balance date, while the fair values of other financial assets and liabilities that are not readily traded are materially in line with their carrying values.

THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

ACN: 000 069 376

DIRECTORS' REPORT

The directors of the Society declare that:

- 1) The financial statements as set out on pages 4 to 19 are in accordance with the *Corporations Act 2001* and:
 - a) comply with *Australian Accounting Standards – Simplified Disclosures*;
 - b) give a true and fair view of the Society's financial position as at 31 December 2025 and of its performance for the year ended on that date;
 - c) the Society disclosure statement is true and correct, and;
- 2) In the directors' opinion there are reasonable grounds to believe that the Society will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Directors:



President, USANZ
7 February 2026

GRAEME GREEN FCA
CHARTERED ACCOUNTANT

ABN 77 823 539 909

GPO Box 4566 Sydney NSW 2001
Telephone: (02) 9231 6166
Facsimile: (02) 9231 6155
Mobile: 0419 236 495
Email : gmga@graemegreen.com.au

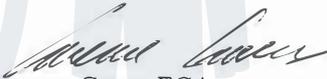
Suite 807, 109 Pitt Street, Sydney

**AUDITOR'S INDEPENDENCE DECLARATION
THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND**

Auditor's Independence Declaration under Section 307C of the Corporations Act 2001.

I declare that, to the best of my knowledge and belief, during the year ended 31 December 2025, 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 7 February, 2026

Liability limited by a scheme approved under Professional Standards Legislation

GRAEME GREEN FCA
 CHARTERED ACCOUNTANT

ABN 77 823 539 909

GPO Box 4566 Sydney NSW 2001
 Telephone: (02) 9231 6166
 Facsimile: (02) 9231 6155
 Mobile: 0419 236 495
 Email: gmga@graemegreen.com.au

Suite 807, 109 Pitt Street, Sydney

THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND INDEPENDENT AUDITOR'S REPORT

To the Members of The Urological Society of Australia and New Zealand

Opinion

I have audited the financial report of The Urological Society of Australia and New Zealand ("the Society") which comprises the statement of financial position as at 31 December 2025, statement of profit and loss and other comprehensive income for the year then ended, statement of changes in equity, statement of cash flows, and notes to the financial statements, including a summary of significant accounting policies, and other explanatory notes and the directors' declaration for the Society.

In my opinion, the accompanying financial report of the Society is in accordance with the Corporation Act 2001, including

- (i) giving a true and fair view of the Society's financial position as at 31 December 2025 and its financial performance for the year then ended: and
- (ii) complying with Australian Accounting Standards – Simplified Disclosures, and the Corporations Regulations 2001.

Basis for Opinion

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. I am independent of the Society in accordance with the auditor independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* ("the Code") that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code.

I confirm that the independence declaration required by the Corporations Act 2001, which has been given to the directors of Urological Society of Australia and New Zealand, would be in the same terms if given to the directors as at the time of this auditor's report.

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

Information Other than the Financial Report and Auditor's Report Thereon

The directors of the Society are responsible for the other information which comprises the Directors Report.

My opinion on the financial report does not cover the Directors Report and accordingly I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial report, my responsibility is to read the Directors Report and, in doing so, consider whether the Directors Report is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

GRAEME GREEN FCA
CHARTERED ACCOUNTANT

Information Other than the Financial Report and Auditor's Report Thereon (cont.)

If based on the work I have performed, I conclude that the Directors Report has material misstatements, I am required to report that fact. I have nothing to report in this regard.

Responsibilities of the Directors of the Society for the Financial Report

The directors of the Society are responsible for the preparation and fair presentation of the financial report in accordance with the accounting policies described in Note 1 of the financial statements and for such internal control as the directors of the Society determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors of the Society are responsible for assessing the Society's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors of the Society either intend to liquidate the Society or to cease operations, or have no realistic alternative but to do so.

The directors of the Society are responsible for overseeing the Society's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 Society's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors of the Society.

GRAEME GREEN FCA CHARTERED ACCOUNTANT

Auditor's Responsibilities for the Audit of the Financial Report (cont.)

- Conclude on the appropriateness of the directors of the Society's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Society's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Society to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information and business activities within the Society to express an opinion on the financial report. I am responsible for the direction, supervision and performance of the audit. I remain solely responsible for my audit opinion.

I communicate with the directors of the Society regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.


Graeme Green
FCA
Registered Company Auditor
No. 15169

Dated: 7 February, 2026.

PART TWO

2025 ACTIVITY AGAINST STRATEGIC PILLARS



8. STRATEGIC PILLAR 1: UROLOGICAL STANDARDS

Promote world's best practice urological standards to improve health outcomes across Australia and New Zealand.

8.1 Surgical Education (SET) Program

USANZ and its members are committed to delivering the RACS Surgical Education and Training (SET) Program in Urology as an agent of the Royal Australasian College of Surgeons (RACS). Our goal is to ensure the SET Program is at a consistently high standard and delivered within safe and optimal environments that are compliant with accreditation standards. A detailed report from the Chair, Board of Urology can be found on [page 57](#).

Key Indicators SET Program

Key Indicator (#)	2025	2024
Total Trainees	109	110
New Trainees selected	17	19
Trainers	354	350
Training Supervisors	63	64
Trainees completed SET Program	19	18
Accredited Training Posts	103	103
Training Posts Inspected/Reviewed	2 inspected/ 22 reviewed	28 inspected/ 20 reviewed
Trainees who sat the Fellowship Examination	20	25
Trainees who passed Fellowship Examination	10	17

8.2 Specialist International Medical Graduates (SIMG)

USANZ and the RACS Board of Urology are committed to safeguarding the high standards of medical training and patient safety and recognise international medical specialists are necessary to fill patient demand for access to urological care, particularly in rural areas.

The Royal Australasian College of Surgeons (RACS) has full responsibility for assessing Specialist SIMGs seeking Fellowship in Australia and Aotearoa New Zealand. SIMGs are assessed against the standard of an Australian or Aotearoa New Zealand trained specialist commencing practice and are classified into three categories: Substantially Comparable; Partially Comparable; and Non-Comparable.

USANZ members play a critical role in ensuring SIMGs meet the rigorous standards required for safe, independent surgical practice. Members contribute on a pro-bono basis to the assessment process by reviewing training and experience, advising on scope of practice, and serving as RACS-approved supervisors during the mandated period of supervised practice. Supervisors of SIMGs are responsible for patient safety, monitoring clinical performance, providing feedback, and completing formal assessments and reports to confirm the SIMG's readiness for independent practice.

In 2024, the Federal Government proposed an expedited pathway to Fellowship for Specialist International Medical Graduates (SIMGs) as part of workforce reforms. USANZ and other surgical specialties strongly opposed applying this fast-track approach to surgery emphasising patient safety and the maintenance of surgical standards. In 2025, the Federal Government confirmed it does not plan to extend the expedited pathway to surgical specialists.

Key Indicators SIMGs

Key Indicator (#)	2025
SIMGs who applied to RACS for assessment	18
Applicants deemed not comparable	6
Applicants deemed partially comparable	8
Applicants deemed substantially comparable	4
SIMGs undertaking clinical assessment	2
SIMG Assessors (filled by USANZ members)	4
SIMGs who sat Fellowship Examination	1
SIMGs who passed Fellowship Examination	1

8.3 Patient Care Position Statements

- USANZ Position Statement to provide guidance on the role of **Theranostics in Advanced Prostate Cancer Management**
- USANZ Guidelines on the **Treatment of Urosepsis** to provide guidance to urologists, emergency rooms, and medical practitioners in the treatment of Urosepsis, a type of sepsis that begins in the urinary tract
- USANZ Prescribing Guide for use when considering prescribing: **Androgen Receptor Pathway Inhibitors (ARPIs) for Metastatic Hormone Sensitive Prostate Cancer**
- USANZ position statement on **Chronic Urinary Tract Infections (cUTI)** to provide guidance to urologists and other medical practitioners in the diagnosis of the cUTI condition
- Endorsed **Guidelines for the Management of Male Infertility**, published by Healthy Male

8.4 Facilitating access and promoting best-practice educational tools and research

- USANZ BJUI ANZ Supplement: a bi-annual publication of papers submitted by USANZ fellows and trainees. The Supplement is freely accessible. Members can access additional content, including archival copies.
- BJU International is one of the world's leading urology journals providing highest standard of research and clinical information for the urological community, promoting awareness of new advances and supporting best practice. The BJUI Journal provides preferential pricing to USANZ members.
- BJU International Compass is a fully open access online journal that believes every piece of research conducted in an ethically sound and rigorous scientific manner should be published. Publishes articles within the field of urology. BJUI Compass provides discounts on the fee charged to USANZ members when submitting an article.

8.5 Expert urological perspective on external committees and working groups

USANZ actively pursues positions on external committees and working groups as a strategy to ensure urological expertise contributes to standards of care, research and data interpretation.



USANZ Representative positions held during 2025

Committee / Board	Representative/s
Australasian Pelvic Floor Procedure Registry (APFPR) (Monash University)	Jessica Yin Ailsa Wilson Edwards
Australian Prescriber Stakeholder Network	Wenjie Zhong
BJUI Journal Editorial Committee	Nathan Lawrentschuk Devang Desai
Continence Health Australia Technical Reference Group	Vincent Tse
EAU Guidelines Committee	Matthew Roberts
International Journal of Urology (IJU) Editorial Board (USANZ Nominated UAA Member)	Eric Chung
RACS Board of Urology	Damien Bolton
RACS Surgical Oncology Section Committee	Weranja Ranasinghe
SIU Education Council	Shomik Sengupta
SIU Research Council	Ian Vela
PCOR-ANZ Steering Committee	Melvyn Kuan
SIU Scientific Council	Manish Patel
TGA Surgical Mesh Expert Working Group (Therapeutic Goods Administration)	Sandra Elmer
AMA (NSW & VIC) Societies Forums	Danielle Delaney Janice Cheng
RACS Surgical Leaders Forum	Damien Bolton
American Urological Association (AUA) International Member Committee	Damien Bolton
RACS - Australia & Aotearoa New Zealand Scholarship & Grant Committee (ANZSGC)	Marlon Perera
ANZJS Urology Editor	Manish Patel Amanda Chung Shomik Sengupta
Urological Association of Asia (UAA) Elected Council	Prem Rashid Helen O'Connell AO
RACS Professional Standards and Fellowship Services Committee (PSFSC)	Helen O'Connell AO
Societe International D'Urologie (SIU) National Society Delegate and Deputy Delegate	Manish Patel Paul Manohar

Non-USANZ roles filled by urologists during 2025

- BJUI Trustee
- BJUI Supplement Editors
- AUA Peer Review – Clinically Localised Prostate Cancer Guidelines
- AUA Abstract Reviewers

9. STRATEGIC PILLAR 2: UROLOGICAL SCIENCE

Pursuing and promoting advancement in urological science to optimise urological health outcomes in Australia and New Zealand.

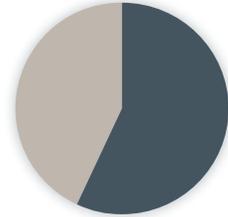
9.1 Scientific Meetings and Events

The provision of educational events is a core mechanism through which USANZ provides a platform to educate urology practitioners about scientific advances and issues concerning urological care.

In 2025, the total number of attendees (excluding sponsors and exhibitors) across all USANZ events was 2,099.

2025 Attendees

- USANZ Member 1,197
- Non-Member 902
- Total Attendees 2,099
(2024: 2,311)



2025 Annual Scientific Meeting (ASM)

The 2025 ASM was held in Perth from 1 to 4 March, attended by a broad range of urological clinicians, nurses and other health professionals. Refer to ASM Convenor Report on [page 45](#).

ASM Attendance

- USANZ Member 274
- Non-Member 347
- Total Attendees 621 (2024: 721)

Section Meetings

Section Meetings are important scientific forums that focus on local issues and provide an opportunity for trainees and non-member registrars, nurses and other health professionals to share and learn from experts in urology.

Section Meetings Attendance

- USANZ Member 306
- Non-Member 436
- Total Attendees 742 (2024: 755)

Attendance by Section

Section	Member	Non-Member	Total Attendees
NSW	73	53	126
Victorian	33	47	80
Tasmanian	18	63	81
Northern	66	50	116
Western Australian	24	29	53
Aotearoa New Zealand	61	169	230
South Australia/ Nthn Territory	31	25	56
Total	306	436	742

2025 Education & Training Meetings

● USANZ Member	532
● Non-Member	63
Total Attendees	595 (2024: 579)

Meetings by Course

Course	Member	Non-Member	Total Attendees
Induction Course	20	11	31
Cook Medical PCNL Course	20	0	20
Trainee Week	125	32	157
BSCI Anatomy & Prosthetics Workshop	19	0	19
NSW Education Program	111	0	111
VIC Education Program	149	0	149
QLD Education Program	57	0	57
WA Education Program	31	20	51
Total	532	63	595

2025 Meetings of Specialty Advisory Groups

Annual face-to-face meetings of the Specialty Advisory Groups are held at the ASM. These meetings are an important opportunity for discussion to identify issues related to the treatment of specific urological conditions and diseases. Recommendations from these meetings are reported to the Board to inform decision-making.

SAG Meetings at ASM

● USANZ Member	52
● Non-Member	0
Total Attendees	52 (2024: 66)

Meetings by SAG

	Total Attendees
Andrology	16
Endourology	5
FUSAG	12
GUSAG	7
Male LUTS	7
Paeds/Recon	5
Total	52

2025 Urodynamics Workshop

The Urodynamics Workshop was held at the Royal Adelaide Hospital over 1.5 days. The targeted workshop is aimed at upskilling members, nurses, registrars and other allied health practitioners.

Urodynamics Workshop Attendance

● USANZ Member	13
● Non-Member	44
Total Attendees	57

Multidisciplinary Care for Localised and Recurrent Prostate Cancer Meeting

Dr Matthew Cooperberg, Chief of Urology at San Fransico VA Medical Centre was the guest speaker at a dinner meeting held in Sydney, chaired by Manish Patel.

Meeting Attendance

● USANZ Member	20
● Non-Member	12
Total Attendees	32

9.2 Participation in international and local activities

USANZ actively seeks out opportunities for participation across a range of international and local activities to advance scientific knowledge and best practice standards that lead to improved health outcomes.

29 Calls for Expressions of Interest issued (2024: 29)

Speaking and other roles at international and local events:

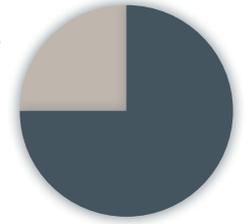
Events 2025	Speaker/ Presenter / Representative
Asian Joint Symposium Speaker at JUA 2025	Lih-Ming Wong
Co-Chair/Presenters at EAU25 Beyond Europe Program	Shomik Sengupta Manish Patel Lih-Ming Wong Jeremy Grummet Renu Eapen
UAA Lecturer at EAU	Gregory Jack
Movember – Meeting for Sexual Health and Wellbeing (Prostate Cancer Care)	Sanjeev Bandi Ross Calopedos Eric Chung
Astellas GP OAB Education Series	Stephanie Kotes Danielle Delaney Dominic Lee Anthony Kiosogilous Courtenay West
10th Nepal Association of Urological Surgeons UROCON 2025 in Nepal	Lodewikus Vermeulen
Australian Orthopaedic Association Emerging Leaders Forum 2025	Jason Du Jinna Yao
Korea Urological Association (KUA) 77th Annual Meeting in Seoul	Damien Bolton
Young Academic Urologist Group at EAU	Niranjana Sathianathan
ANZUP Best of GU Oncology Evening Symposium	Dixon Woon Shomik Sengupta
HKUA 30th Annual Scientific Meeting	Dixon Woon
UAA Young Leadership Forum 2025	Jonathan Kam
UAA International Faculty nominations	Peter Chin Wenjie Zhong
Joint Symposium SIU & USANZ session at SIU 2025	Sandra Elmer Joseph Ischia Ashani Couchman
AUA Reach Forum: Early Career Investigator Showcase	Ned Kinnear
Joint Program Presenter – BAUS, BJUI & USANZ at AUA 2025	Sumeet Reddy

9.3 Recognising scientific achievements and contribution to urological health

USANZ has a range of awards, grants, prizes and other mechanisms to promote and highlight scientific achievements and contributions to urological health and the Society. Recipients include both members and non-members. In 2025, the following forms of recognition were awarded.

2025 Awards & Recognitions

● USANZ Member	27
● Non-Member	9
Total Awards	36



Society Awards

The Society Awards were established as USANZ's highest honours bestowed on an individual. Each honour serves a different purpose. None of the honours is restricted by the country in which the person lives, to reflect the increasing travel and communication between urologists from other countries. Any of the honours can be awarded posthumously.

Name	For	2025 Recipient(s)
USANZ Fellow	The highest honour that the Society can bestow, and it is given to Full Members of the Society who have rendered distinguished service to the Society and the practice of urology	Prof Mohamed Khadra AO
USANZ Medal	A Society member who has given exceptional service and leadership to Society members in at least one aspect of the Society's work over a considerable number of years. The Society medal is always awarded for exceptional service	Dr John Miller Prof Eric Chung
Honorary Member	This category of membership is available to any person who has made a distinguished contribution to urology or the Society. It is highly unlikely this honour would be given to an Australasian urologist	Dr Makarand Khochikar

Scholarships & Grants

Name	For	2025 Recipient(s)
Daniel Christidis Scholarship	To assist a urological trainee or researcher to present their research at an international urological meeting	Dr Jennifer Xu
Boston Scientific Prosthetics Travelling Fellowship	A grant to offset the recipient's travel costs to the United States to attend educational facilities and the AUA Congress	Dr Marnique Basto

Annual Scientific Meeting Awards

Annual Scientific Meeting Awards are presented at the ASM to recognise and highlight urological achievements.

Name	For	2025 Recipient(s)
BAUS Trophy	The best scientific podium presentation	Prof Eric Chung
Platinum Trophy	The most innovative research presented at the meeting	Prof Eric Chung
Best Oncology Presentation	Part of an arrangement with the Australian and New Zealand Urogenital and Prostate (ANZUP) Cancer Trials Group for reciprocal entitlement for speakers at respective ASMs	Dr Jonathan Kam
Low-Arnold Award	The best podium or poster presentation in the field of Female or Functional Urology	Dr Johan Gani
Keith Kirkland Award	The best presentation by a SET Urology trainee for a study with research endpoints having a direct clinical impact related to individual patient care	Dr Liang Qu

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Villis Marshall Award	The best presentation by a SET Urology trainee undertaking full time research, or other studies performed by clinical trainees in which epidemiological, economic, or basic science/translational content are the primary outcomes examined	Dr Gavin Wei Dr Stuart Jackson (joint winners)
Alban Gee award	For the best oral presentation of an E-poster or a video presentation	Dr Jessica Wynn

SET Urology Program Awards and recognition

Training Awards comprise the awards and recognition related to activities that relate to the RACS Surgical Education and Training Program in Urology.

Name	For	2025 Recipient(s)
Frank Gardiner Training Award	Recognises outstanding academic achievement in the Surgical Sciences Examination in Urology (SSE Urol). Awarded to the SET Urology trainee who attained the highest score in each examination sitting	Dr Gerard Bray Dr Jaspreet Singh Dr Jennifer Xu
International Exchange Program	A collaboration between USANZ and the European Association of Urology, the Canadian Urological Association, and the Urological Association of Asia, offering unique opportunities for trainees in the second year of Advanced Stage to attend one of the prestigious international training meetings	Dr Michael Chen Dr Tzu-Hung Chen Dr Matthew Farag Dr Andrew Moe Dr Niranjana Sathianathan
AUA Residents Bowl	A team competition held annually at the American Urological Association (AUA) Annual Meeting, where urology residents test their knowledge across different subspecialties of urology, the history of the field, and recent research developments. One trainee is selected to represent USANZ as part of an AUA Section team	Dr Dale Wood
AUA Global Leadership Retreat	Held every two years during the AUA Annual Meeting, the retreat aims to inspire and connect future leaders in urology from around the world. One trainee is selected for participation	Dr Jordan Mann

Section Awards

Each Section has a range of mechanisms to award excellence in presentation, research or contributions to urology.

Section	Award Name	Recipient
New South Wales	George Schnitzler Award Chris Farrell Award for Best Registrar Presentation	Cameron Parkin Stuart Jackson
Northern	Frank Gardiner (Section) Award	Tayla Fay
AoNZ	JMO Presentation Award	Katie Mallalieu
South Australia / Northern Territory	St Paul's Ball for Best Presentation Best Presentation	Rowan David Darcy Noll (joint winner) Claris Oh (joint winner)
Tasmania	Robbie Roberts Prize	Henry Yen-cheng Pan
Victoria	Best Poster Presentation Peter Lawson Award Best Verbal Presentation	Yajat Dua Jiasian Teh Alice Thomson
Western Australia	England-Watson Prize	Claris Oh

10. STRATEGIC PILLAR 3: ADVOCACY

Positively advocating for better urological health across Australia and New Zealand.

10.1 Advocacy: Urological expertise towards better urological health outcomes

USANZ's advocacy focuses on ensuring urological expertise informs practice standards, public awareness of urological issues, and decision-making of government on public policy positions. Specialty Advisory Groups are critical to this work and USANZ thanks SAG Leaders and Deputy Leaders for their time and guidance.

USANZ also acknowledges ANZAUS for the collaborative efforts in relation to MBS and other listing matters that impact the out-of-pocket costs for patients and are a barrier to access to care. Both USANZ and ANZAUS work is included in the report below.

Submissions and other actions

USANZ provided urological expertise to a wide range of matters relating to the application of practice standards and clinical guidelines.

- Co-signed letter to Minister Butler for Prostate Cancer Foundation of Australia's submission seeking funding for 14 new PCFA Specialist Nurses
- Provided feedback regarding the Draft Australian Safety and Quality Medical Imaging Accreditation (ASQMIA) Scheme
- Letter to Practitioner Review Programme Benefits Integrity Division regarding the use of item numbers 36818 and 58715 concurrently
- Raised concerns with Department of Health regarding regulatory requirements of the Diagnostic Imaging Accreditation Scheme (DIAS) when applying for fully automated, hand-held ultrasound bladder scanners
- Responded to a member of the public regarding PSA prostate cancer testing
- Developed an article for American Urological Association (AUA) News on Outcome-Focused Insights from the Australasian Pelvic Floor Procedure Registry (Ailsa Wilson Edwards)
- Responded to a member of the public regarding the use of Pluvitco for MCRPC
- USANZ and members provided feedback on the Prostate Cancer Foundation of Australia (PCFA) draft 2025 Clinical Guidelines for Early Detection of Prostate Cancer
- Responded to a member of the public regarding prescribers of Uromune (MV140) vaccine in Western Australia
- Provided feedback to RACS on Robot Assisted Surgery Advisory Group Draft Terms of Reference
- Provided feedback to Te Pō Kerekere to 'He Whare Tipua Consultation Document,' Clinical Guidelines for the Care of People with IVSC in Aotearoa New Zealand
- Provided feedback to University of Sydney on CARI Kidney Stones Guidelines
- Submission to NSW Parliamentary Inquiry – Select Committee on Fertility Support and Assisted Reproductive Treatment
- Endorsed a letter for ANZUNS addressed to The Minister for Health and Aged Care on Safeguarding Genitourinary Cancer Care under the Forthcoming MBS Telehealth Reforms
- Co-branded a letter with RACS to the Vascular Interventional Radiology Working Group and the MBS Review Advisory Committee on recommendations to draft VIRWG report
- Provided feedback to AMA NSW on NSW Health Planned Surgery Access Policy Directive which will replace Elective Surgery Access Policy
- Raised concerns with Minister Butler highlighting the burden on patients and carers due to high proportion of NDIS continence applications being rejected without reason

MBS, MSAC and listing matters

One of the ways USANZ works to advance health is to provide urological expertise to government advisory committees. The key aims of this work is to ensure public policy and standards reflect best practice, having regard to out-of-pocket costs for patients, so that health care remains accessible.

- Provided feedback to MBS Review Advisory Committee on Vascular Interventional Radiology (VIR) Draft Report
- Letter of support for MSAC application for Optilume Urethral DCB

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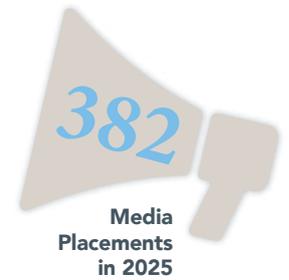
- Provided feedback to Australian Society of Plastic Surgeons on MASC application 1754 - Surgical procedures for gender affirmation in adults with gender incongruence
- Provided feedback to Department of Health and Aged Care on MSAC application 1794 - Irreversible Electroporation (IRE) for prostate tumour tissue in patients with prostate cancer
- Provided feedback to Department of Health on draft factsheet for MBS on Lutetium PSMA treatment for patients with metastatic castrate resistant prostate cancer
- Raised concerns with Department of Health MBS Policy and Reviews Branch regarding changes to MBS item numbers from 1 March 2025
- ANZAUS raised concerns with Department of Health MBS Policy and Review Branch regarding Co-claiming of subsequent attendance items with Group T8 surgical operations
- ANZAUS raised concerns with Department of Health MBS Policy and Reviews Branch Assistant Secretary regarding changes with respect to the 85% MBS Rebate Project and the removal of the 85% rebate for urological items in Tranche 1 of the project
- Provided feedback to Department of Health on the restrictions in place MBS item 61564
- ANZAUS raised concerns with Department of Health MBS Policy and Review Branch regarding Targeted Consultation – 85% MBS Rebate Project Tranche 2
- ANZAUS raised concerns with Department of Health MBS Policy and Review Branch regarding MBS item number for UroCuff
- ANZAUS sought clarification from Department of Health as to whether it is appropriate to claim item 36812 concurrently with item 18375 and 18379
- Raised concerns with MBS Pathology Services Section in relation to the Medicare changes to urine culture test item number 69333. Requested a re-assessment of the decision to exclude significant parts of the Australian population

Public awareness and the media

USANZ proactively engages with print, electronic and online media providers with the aims of highlighting key urological health conditions, promoting public health messages and improving health literacy in the community. Commentary on the individual issues is provided by the USANZ Leadership Group, leaders of Specialty Advisory Groups (SAGs) and other members.

Media Placements

The term media placement is used to describe publication of urological content in print, electronic and digital channels. Placements tracked include those generated by a USANZ media release or by a direct approach from a media outlet.



Topic	# Placements	USANZ Media Release Headline(s)	Sample Headlines
Prostate Cancer	207	Saliva test to screen for prostate cancer still years away from happening Urging Men Under 50 to Know Their Prostate Cancer Risk	UK prostate cancer research on saliva genetic testing met with mixed response from Australasian bodies 'Diagnosed by accident': prostate cancer on the rise in Australia When you should start getting tested for prostate cancer Joe Biden's Diagnosis Explained
Stones Disease	115	Stay Hydrated This Summer As Kidney Stone Season Arrives	Doctors urge Australians to hydrate as nation braces for summer kidney stone spike '100 out of 10 pain': the common summer health scourge Women share the agony of kidney stones
Bladder Cancer	41	Hailing new treatment for bladder cancer a success as it is rolled out in hospitals around the country	This deadly cancer is often mistaken for a UTI. But doctors are hopeful about a new treatment Increasingly lethal bladder cancer targeted by combination therapy
Testicular Cancer	12	Calling on all men to perform a sixty second check that could save their life	A 60-second check? Nuts if you don't
Other Campaigns: Male Infertility Urethral Strictures Nocturia	7		

11. STRATEGIC PILLAR 4: STRONG GOVERNANCE

Leadership of USANZ that creates and protects sustainable delivery of our purpose.

11.1 USANZ Committees and Advisory Groups

Board of Directors and Board Sub-committees

The Board of Directors is responsible for the governance of USANZ, leading and controlling USANZ by setting and overseeing its strategic direction. The Board and Board Subcommittees are set out earlier in this report.

The Board is assisted by many members who contribute on a pro-bono basis through several advisory committees and working groups.

Specialty Advisory Groups

Specialty Advisory Groups (SAG) provide advice on special interest areas to inform Board decision-making on a wide range of activities, including: reviewing and developing USANZ position statements; advising on new research, treatments or operating techniques; liaising with the media; and responding to requests from external organisations on matters relating to patient care.

SAG Leadership

Shannon Kim (Leader): Andrology

Gregory Jack (Leader), **Nadya York** (Deputy Leader): Endourology

Eva Fong (Leader), **Sandra Elmer** (Deputy Leader): Female Urology

Weranja Ranasinghe (Leader), **Dixon Woon** (Deputy Leader): Genitourinary Oncology

Henry Woo (Leader), **Giovanni Losco** (Deputy Leader): Male LUTS

Devang Desai (Leader): Paediatric and Reconstructive

Anita Clarke (Leader): SWANZU – Women in Urology

ASM Organising Committee

The ASM Organising and Scientific Committee develop the scientific program for the joint USANZ / Australia and New Zealand Urological Nurses Society (ANZUNS) Annual Scientific Meeting held in a different location each year. The 2025 meeting was held in Perth, WA and the Committee comprised:

Shane La Bianca: ASM Convenor

Trenton Barrett: ASM Scientific Committee Chair

Julie Sykes: ANZUNS Meeting Convenor

Jane Neve: ANZUNS Meeting Scientific Program Chair

2025 Section Leadership Roles

Some activities, particularly running Annual Section Scientific Meetings held around Australia and New Zealand, are carried out by USANZ Sections. Section Leadership roles are empowered to carry out activities related to these meetings including developing the scientific program to meet local needs or issues.

Mark Fraundauer: New Zealand Section Representative

Simon van Rij: New Zealand Section Meeting Convenor

Peter Burke: Northern Section Representative

Andrew Keller: Northern Section Meeting Convenor

Peter Chin: NSW Section Representative

Ray Stanton: NSW Section Meeting Convenor

Ashani Couchman: SA/NT Section Representative

Matthew Hong: SA/NT Section Chair and Meeting Co-Convenor

Sophie Plagakis: SA/NT Section Meeting Co-Convenor

Richard Cetti: Tasmanian Section Representative and Section Chair

Victor Ilie: Tasmanian Section Meeting Convenor

Mark Frydenberg: Victorian Section Representative

Janice Cheng: Victorian Section Chair

Janelle Brennan: Victorian Section Meeting Convenor

Shane La Bianca: WA Section Representative and Section Chair

Robert Goodwin: WA Section Meeting Convenor

11.2 RACS Board of Urology and BoU Committees

The Board of Urology falls under the jurisdiction of RACS and oversees the Surgical Education and Training (SET) program which educates and trains future urologists. USANZ members sit on these committees pro-bono and are critical to USANZ delivering the SET program as an agent of RACS.

2025 Board of Urology

Lydia Johns Putra: Chair, Board of Urology

Rick Catterwell: Deputy Chair, Board of Urology and Chair, SA Regional Training Committee

Scott Leslie: Chair, NSW/ACT Regional Training Committee

Adrian Clubb: Chair, QLD Regional Training Committee

Bradley Newell: Chair, VIC (incl TAS) Regional Training Committee

Kara McDermott: Chair, WA Regional Training Committee

Michael Holmes: Chair, AoNZ Regional Training Committee

Richard Grills: SIMG Representative

Christian Robinson: Trainee Representative

Nestor Lalak: Immediate Past Chair, Board of Urology

Damien Bolton: President, USANZ

Mark Frydenberg: Urology Representative, RACS Council

Greg Malone: Senior Examiner (retired September 2025)

Andrew Williams: Senior Examiner (commenced September 2025)

Giselle Bates: External Representative

Other BoU/RACS Working Groups and Committees

Regional Training Committees (comprising Training Supervisors)

Education Sub-Committee

Selection Sub-Committee

SIMG Sub-Committee

Training Post Accreditation Sub-Committee

Urology Trainee Forum

Please see the BOU Chair Report on [page 57](#) for details of BOU/RACS Working Groups and Committee members.

11.3 Governance projects

Other work at improving governance conducted during 2025 included the following.

New Zealand Autonomy Project & ANZSU

2025 saw the completion of the NZ Autonomy Project as the following milestones were achieved.

- The Aotearoa New Zealand Society of Urology (ANZSU) was incorporated in NZ in March 2025.
- A Cooperation Agreement between ANZSU and USANZ was signed in August 2025 and is now operating.

Changes to the USANZ Constitution passed at the USANZ 2024 AGM were lodged with ASIC and will take effect from 1 January 2026.

Sections Guidelines Project

Development of Section Guidelines progressed during 2025, with key highlights being:

- Standardisation of registration types for scientific meetings completed. This work provides greater clarity over member & non-member attendance and support
- **Section Guidelines (Part A)** formally adopted. Part A deals with governance arrangements and clarifies the duties and expectations of Section Office holders
- **Draft Section Awards & Recognition Policy** circulated to Sections for comment and trial during the 2025 meetings. Once finalised, this document will be an important corporate knowledge repository and resource for future meeting convenors and PCOs
- Work has commenced on **Section Guidelines (Part B)** which will address running annual meetings
- Reviewed USANZ Policy **Interest on Australian Sections' Balances**

Other governance projects and policies

- USANZ Privacy Framework: incorporating the Privacy Policy and Data Breach Response Plan reviewed
- USANZ Representation on External Committees Policy reviewed
- Equal Employment Opportunity, Discrimination, Bullying and Harassment, Grievance Policy reviewed in response to legislative changes
- Travel Policy reviewed
- Complaints About Member Policy reviewed

ACTIVITY REPORT

- Right to Disconnect Policy developed in response to legislative change (new)
- Terms of Reference for the People & Culture Committee developed (new)
- Guidelines for the administration of the Dennis Dean Arnold Prize developed (new)
- Commenced the process towards application for registration as a charity with the ACNC
- Implemented improvements to internal financial reporting and risk management
- Staff participated in a DiSC workshop focused on getting the best out of working relationships and improving effectiveness

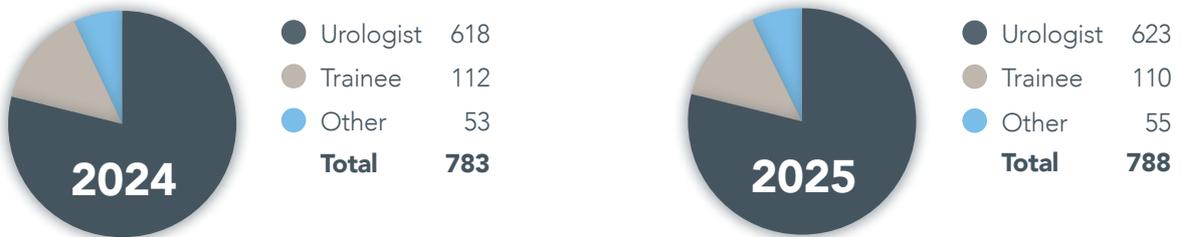


12. STRATEGIC PILLAR 5: CAPACITY BUILDING

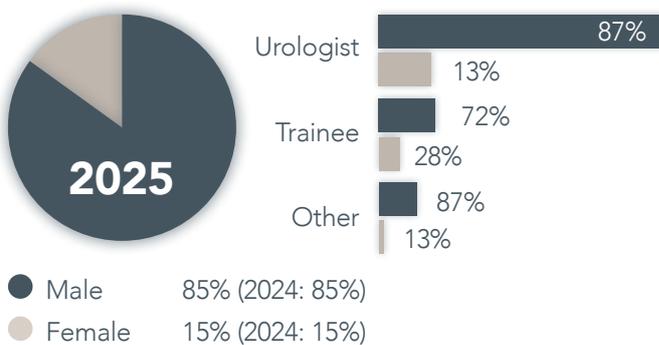
An organisation with a strong membership of urologists, supporting and enabling the profession to deliver urological services to the community.

12.1 USANZ Membership Snapshot 2025

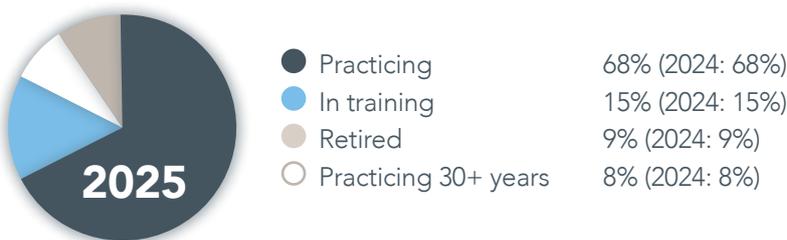
Membership by Classification



Membership by Gender and Classification



Workforce Snapshot Urologists and Trainees only



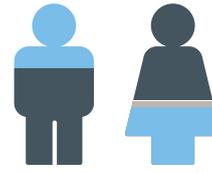
12.2 Gender representation and panel pledge

USANZ believes that a strong, diverse urological workforce will best meet the diverse needs of patients. To further this aim, the Society adopted the Panel Pledge and committed to increasing the visibility and contribution of women leaders in urology and set a target of 40% women, 40% male and 20% flexible (40/40/20 target) to provide a benchmark against which progress will be monitored.

The following tables represent the breakdowns of chairs and presenters at scientific meetings held during the year.

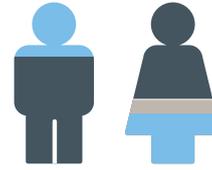
Roles at 2025 ASM

● Male	63%
● Female	37%
● Target	40%



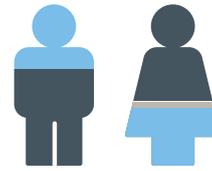
Roles at 2025 Section Meetings

● Male	71%
● Female	29%
● Target	40%



Roles at 2025 Trainee Week

● Male	62%
● Female	38%
● Target	40%



12.3 Satisfaction and engagement measures

UroNews and President’s Update

USANZ relies on UroNews (weekly update) and the President’s update about urological matters. In 2025 the following updates were communicated.

 **UroNews: Weekly Update**
50 issues

Average open rate **67%**
(2024: 67%, 2023: 67%)
Average click rate **29%**
(2024: 30%, 2023: 26%)

 **UroScope: President’s Update**
2 issues

Average open rate **79%**
(2024: 78%, 2023: 76%)

Social media engagement

Social media channels on BlueSky, X, Facebook, LinkedIn, and Instagram are key mechanisms for USANZ to engage with the public and other urological professionals. 2025 saw a spike in activity, primarily due to the addition of the BlueSky channel and the increase in media activity shared.

Summary of 2025 Social Media Activity

Engagement benchmark	2025	2024	% increase
Content posts	1432	787	82%
Impressions	478,082	247,951	93%
Engagements	25,121	12,310	104%
Content clicks	18,344	6,049	203%
Audience	11,404	10,553	8%

Legend

- **Content posts:** number of posts made by USANZ across all social media channels
- **Impressions:** number of USANZ posts that appear in our followers’ feeds
- **Engagements:** number of times a follower of a USANZ social media channel has interacted with our content by liking, sharing, or commenting
- **Content clicks:** number of times a follower has clicked the post to access additional information
- **Audience:** total number of followers

Promoting scientific news and achievement

USANZ seeks to actively promote scientific activity and achievements through its communications channels. In 2025, USANZ published **94** stories (2024: 88, 2023: 63).

Addressing Barriers to Participation

USANZ is committed to the principle that a diverse workforce leads to better patient care. In 2025 we continued to take steps to address barriers to participation in urological care.

- In 2025, a session titled ‘Beyond the Scope – reimagining DE&I in Urology’ was held at the 2025 ASM; the main themes were: Diversity of identity and lived experiences; and Diversity of professional backgrounds and diverse career transitions and pathways.
- The Vice-President and SWANZU Chair participated in a panel discussion and hosted a hands-on workshop on Urology & Catheterisation at UNSW Women in Surgery Symposium.

PART THREE

REPRESENTATIVE REPORTS



13. CHAIR, BOARD OF UROLOGY

Lydia Johns Putra

I am pleased to present the Board of Urology report to the USANZ membership.

The past year has brought significant change and increased regulatory scrutiny across surgical education and training programs, and the assessment of Specialist International Medical Graduates (SIMGs) in Australia and Aotearoa New Zealand. This scrutiny has reinforced the need for greater consistency, accountability, and transparency in the governance and delivery of the Surgical Education and Training (SET) Program in Urology. Regulators and accrediting bodies now require clear evidence that training programs and SIMG assessment processes meet national standards, prompting a shift toward more formalised structures and processes.

In response, the Board has focused on strengthening governance and aligning with evolving expectations. The introduction of the competency-based training program in 2024 has been a major milestone, bringing enhanced data collection, structured feedback, and rigorous assessment methods to ensure trainees achieve defined competencies. Similarly, changes to SIMG assessment have improved alignment with Australian Medical Council standards, ensuring fairness, transparency, and scope-sensitive evaluations that meet regulatory requirements. A continuing challenge for the Board is ensuring that assessment tools remain efficient, secure and sustainable.

We acknowledge that these reforms have been challenging for all stakeholders. However, they are essential to meet external requirements and uphold community confidence. As the organisation responsible for training future urologists, we remain committed to delivering a program that continues to produce highly skilled specialists who meet the highest standards of knowledge, safety and professionalism.

I want to acknowledge the commitment and hard work of the Board of Urology throughout 2025. This year presented many complex challenges, and the Board consistently worked collaboratively to reach clear and balanced decisions. At every level, Board members have shown professionalism, integrity and unwavering focus on supporting trainees and maintaining high standards in urological training across Australia and Aotearoa New Zealand.

Serving as Board Chair has been both fulfilling and personally rewarding, but it has also highlighted the challenges inherent in this role, particularly the time commitments and the responsibility of making decisions that may not satisfy all parties. Many issues are complex, with far-reaching consequences that require careful consideration beyond simply choosing the easiest option. I am proud of the progress we have made together and grateful for the dedication of all Board members whose commitment to addressing complex trainee and training post issues has been invaluable.

In early 2025, the Board welcomed Giselle Bates as its External Representative. Giselle brought over 25 years of experience as a commercial lawyer, with expertise in governance, compliance, risk management, and corporate advisory. Her appointment strengthened the Board's governance framework and ensured independent input into decision-making. Giselle's contributions have added significant value throughout the year, particularly in providing a structured, external perspective to Board discussions.

Scott Leslie, Bradley Newell and Adrian Clubb will conclude their tenures as Regional Training Chairs in 2026. Each has demonstrated exceptional dedication, bringing fairness, intelligence and compassion to their decision-making. Much of their work occurred behind the scenes, engaging with trainees and trainers to address complex issues under their remit. I extend my sincerest thanks to each of them.

On behalf of the Board, I would like to thank Mohan Arianayagam (NSW/ACT), Rohan Hall (VIC, including TAS), Garrath Evans (QLD), and Jonathan Cho (SA) for their service as Deputy Chairs of their respective Regional Training Committees in 2025. Their elevation to Chair roles in 2026 reflects their commitment and leadership, and we look forward to their continued contributions.

Nestor Lalak is also completing his term as Immediate Past Chair, having been Board Chair in 2022 and 2023. On behalf of the Board, I extend our thanks to him for his balanced perspectives and always considered opinions. I am personally grateful for the advice and support he has always provided me.

Christian Robinson served as Trainee Representative in 2025 with exceptional diligence and professionalism. He provided an effective link

CHAIR, BOARD OF UROLOGY REPORT

between the Board and trainees, ensuring open communication and transparency. Christian was a strong advocate and worked collaboratively with the Board to support ongoing improvements to the training program. The Board has benefited from his valuable contribution and wishes him well in the remainder of his training. We also welcome Bradley Reynolds from Western Australia as the incoming Trainee Representative and look forward to his input in the year ahead.

Michael Holmes, as Aotearoa New Zealand RTC Chair, has likewise been a valuable contributor to the Board over the past two years, and I thank him for his willingness to continue his commitment to the Board for a second term in this role. Michael has presented balanced views on many issues, and I hope he continues to do so.

I would like to formally acknowledge Richard Grills, whose tenure as SIMG Representative on the Board is concluding. Richard has made an exceptional contribution to the Board and to the SIMG assessment process over a significant number of years, bringing insight, professionalism, and a strong commitment to fairness and quality in the evaluation of internationally trained urologists. His involvement has been instrumental in shaping policies and processes that uphold the highest standards. Beyond his role as SIMG Representative, Richard has served the Board of Urology (including as Chair) and RACS in various capacities for more than 15 years, and his experience and dedication have been invaluable in guiding complex decisions and supporting the integrity of the training and assessment framework. I am personally grateful for his guidance and wisdom over my term. We extend our most heartfelt gratitude for his service and the lasting impact of his work.

We welcome Robert Forsyth, who is no stranger to the Board of Urology, as he takes over from Richard as the SIMG Representative. We look forward to Rob's contribution and continued focus on maintaining rigorous standards and supporting the integration of International Medical Graduates into our urological community.

I will soon hand over the role of Board Chair to Rick Catterwell. Rick will conclude his terms as Deputy Chair and RTC Chair for South Australia as part of the transition. His strong leadership and a deep understanding of the training framework have made him a trusted advisor and a steady, balanced

voice during challenging times. I thank him for his past contributions and his willingness to take on the role of Board Chair. I am confident he will lead the Board with integrity, foresight and kindness, supported by his colleagues as we navigate the next phase of change.

Thank you to all Training Supervisors and Trainers across Australia and Aotearoa New Zealand for your vital role in delivering one of the most rigorous and respected urological training programs globally. We appreciate your selfless commitment, with the greatest reward being the transfer of knowledge to the next generation. Our training program is founded on this work and cannot function without it. While training can be challenging, it remains a rewarding experience for all involved.

We acknowledge the dedication of Training Supervisors in upholding accreditation standards and addressing concerns promptly and professionally. Training is a voluntary responsibility that often demands significant time beyond clinical duties. Your dedication to mentoring, assessing, and guiding trainees not only strengthens the program but also secures the future of the specialty. The Board values your professionalism, adaptability, and collaborative approach.

I am grateful to the trainees for their professionalism and commitment to balancing their clinical and training responsibilities. SET training continues to present increasing challenges, and I remain inspired by their resilience and determination.

I want to extend my sincere thanks to the members of the Board's Sub-Committees for their time, expertise, and commitment throughout 2025. Each Sub-Committee has played a vital role in the management and operation of the training program. Their contributions have been essential to maintaining the integrity, quality, and ongoing improvement of urological training across Australia and Aotearoa New Zealand.

I express my gratitude to Damien Bolton and the USANZ Board of Directors for their support over the past two years, which has enabled the Board of Urology to carry out its work effectively. I also thank Michael Nugara and the USANZ staff, particularly Deborah Klein, whose tireless efforts as Education and Training Manager have been instrumental, as well as Jennifer Hislop, for her valuable contribution.

RACS

AMC Model Standards and Procedures for Accreditation

During 2025, the Australian Medical Council (AMC) worked closely with all specialist medical colleges to create a set of model standards for accrediting specialist medical training sites. The aim was to create a consistent, outcome-focused framework across Australia. The process focused on developing standards that are clear, consistent, and practical across diverse training environments. Through RACS, the Board of Urology provided feedback to ensure the standards reflected the needs in surgical training. Following consultation and refinement, the final standards were agreed upon and endorsed. The standards prioritise safe, supportive, and well-resourced training environments to enhance education quality and trainee wellbeing.

While the AMC has set the standards, implementation will be a shared responsibility among colleges, hospitals, and health departments. During 2026, the Board of Urology will work on integrating the new standards into the existing accreditation processes as part of broader national alignment efforts.

Refocus on SIMG Assessment and Alignment with AMC Standards

In 2025, the Royal Australasian College of Surgeons (RACS) undertook a significant review of its Specialist International Medical Graduate (SIMG) assessment processes to ensure closer alignment with Australian Medical Council (AMC) standards and Medical Board of Australia requirements. This review addressed previous inconsistencies in comparability assessments, and introduced revised regulations, including updated criteria for evaluating SIMGs at the level of a newly qualified Fellow, with consideration of scope of practice. As part of this reform, RACS implemented a reassessment process for candidates assessed between 2021 and 2024, applying a 'no disadvantage' principle to ensure fairness and transparency. These changes strengthen governance, enhance quality assurance, and reinforce public confidence in the integrity of SIMG pathways while supporting workforce needs across Australia. The SIMG Sub-Committee of the Board of Urology, chaired by Richard Grills and supported by members Paul Gilmore, Stuart Philip, and Rob Forsyth, played a vital role in overseeing the

assessment and monitoring of SIMG candidates, ensuring alignment with these updated policies and regulations.

Expedited Pathway - SIMGs

In early 2025, the Federal Health Minister proposed an expedited pathway to Fellowship for Specialist International Medical Graduates (SIMGs) as part of workforce reforms. The Board of Urology, along with other surgical specialties, strongly opposed applying this fast-track approach to surgery. The advocacy emphasised patient safety and maintaining surgical standards, reinforcing the importance of the existing comparability framework that ensures SIMGs meet the standard of a newly qualified Fellow before independent practice. Following this collective effort, the Government confirmed it does not plan to extend the expedited pathway to surgical specialties.

Training Program

Over the past two years, the competency-based training model has brought significant change to the training program. This model incorporates workplace-based assessments, structured feedback tools, and evaluation against ten Entrustable Professional Activities (EPAs), all designed to improve feedback quality and help trainees achieve clear, measurable outcomes. The success of these initiatives has relied heavily on the adaptability and engagement of Training Supervisors and Trainers, and we greatly appreciate the time, effort, and patience invested in integrating these processes. We also acknowledge the Education Sub-Committee, Kathryn McLeod (Chair), Briony Norris, Rob Forsyth, Nathalie Webb, Kevin Bax, Matt Roberts, and Matt Stanowski, for their invaluable role in implementing the new training program and providing ongoing guidance and support. Their work has been critical in ensuring practical implementation and making necessary adjustments as the program has evolved.

Trainees

Supporting the development of our trainees remains a rewarding priority. Our comprehensive and balanced training program provides the opportunities and resources needed for trainees to progress and perform at their best.

CHAIR, BOARD OF UROLOGY REPORT

At the end of 2025, 108 trainees were participating in the SET Program in Urology. The distribution was as follows:

SET Level/Stage	Male	Female	Total	% Female
Basic	15	4	19	21.1
Intermediate - 1	18	6	24	25
Intermediate - 2	15	6	21	28.6
Advanced - 1/ SET4	12	3	15	20
SET5	14	7	21	33.3
Interrupted	4	4	8	50
Total Trainees	78	30	108	27.8

We remain committed to supporting flexible training arrangements in recognition of growing trainee demand and community expectations. By accommodating flexible training requests wherever feasible, we aim to foster an inclusive, supportive, and adaptable environment that enables trainees to reach their full potential. This approach not only supports equity and trainee wellbeing but also contributes to workforce sustainability by retaining skilled trainees within the system. Offering flexible pathways also enhances the attractiveness of our training program to prospective applicants. These efforts align closely with the AMC's strategic priorities of promoting diversity, inclusion, and a sustainable medical workforce.

We want to congratulate the following who completed all components of the training program during 2025 and wish them well in their future urological career:

Amer Amin, Varun Bhoopathy, Michael Chen, Tzu-Hung (Allan) Chen, Matthew Farag, Bridget Heijkoop, Jessica Hunter, Jason Kim, James Macneil, Jordan Mann, Bashar Matti, Shannon McGrath, Andrew Moe, Simeon Ngweso, Niranjana Sathianathen, Brennan Timm, Sophie Tissot, Michelle Trigger, Dale Wood

Training Post Accreditation

In 2025, the Board inspected and reviewed multiple training posts to ensure they met standards for supervision, education, and trainee development. These assessments are essential to maintaining the integrity of the FRACS (Urol) qualification. Where we identified gaps, clear and actionable feedback was provided to support posts in meeting accreditation requirements.

These reviews help maintain safe, effective learning environments and strengthen urological training for future specialists. We extend our sincere thanks to the Training Post Accreditation Sub-Committee, chaired by Rick Catterwell and comprising Richard Grills, Rob Forsyth, Liam Wilson, Malcolm Lawson, Melvyn Kuan, and Christian Robinson, for their rigorous evaluation of training posts and commitment to upholding accreditation standards. We also thank the inspectors, Training Supervisors, Trainers, and trainees for their cooperation in making these inspections possible.

Examinations

In 2025, the written and clinical/viva components of the Fellowship Examination were decoupled to enhance fairness, reduce candidate stress, and optimise the use of resources. Under the revised structure, candidates who did not pass both written segments did not progress to the viva. Additionally, those who passed the written component but were unsuccessful overall are now exempt from retaking the written examination at the next sitting.

While this change has delivered clear benefits, it has also brought challenges such as curriculum alignment, examiner coordination, candidate support, and meeting tight marking timelines.

We would like to sincerely thank the members of the Urology Court of Examiners for their outstanding contribution. Their commitment, expertise, and the significant time they dedicate to this role are essential to the integrity and success of our examination process. We also extend our gratitude to Greg Malone for his exceptional leadership during his tenure as Senior Examiner. His guidance was instrumental in ensuring a smooth transition to the decoupled examination format. We look forward to working with Andrew Williams, who assumed this vital role in September.

We also extend our appreciation to all USANZ members who supported Fellowship Exam candidates throughout their preparation. Their encouragement, guidance, and willingness to share their own experiences have played a vital role in their success. This spirit of collaboration within our community continues to be a cornerstone of excellence in our training program.

We are delighted to congratulate the following trainees and SIMGs who successfully completed the Fellowship Examination in 2025, an outstanding accomplishment and a significant milestone in their surgical careers: Amer Amin,

Bishoy Hanna, Sheshang Kamath, Mo Li, James Macneil, Bashar Matti, Andrew Moe, Cameron Parkin, Bradley Reynolds, Andrew Silagy, and Jiasian The.

This achievement is built on strong foundations, supported early in training by the Surgical Sciences Examination (SSE) in Urology. While not a formal committee of the Board of Urology, the SSE in Urology Committee oversees this examination, ensuring the development of strong core knowledge essential for future practice. We extend our sincere thanks to Paul Gilmore for his tireless leadership as Chair over many years, and thank Nikhil Sapre, who will assume the role of Chair in 2026. We also thank members Bradley Newell, Fairleigh Reeves, and James Duthie for their dedicated contributions.

In 2025, 19 trainees successfully passed the Surgical Sciences Examination in Urology. The Frank Gardiner Award was presented to the highest-scoring candidates at each sitting, with joint recipients Jennifer Xu and Gerard Bray in June, and Jaspreet Singh in October.

Selection

In 2025, the Board of Urology implemented major reforms to strengthen fairness, transparency, and alignment with best practice in selection. Applicants may now make up to four attempts at selection, offering greater opportunity and aligning with other SET programs. The scoring system for professional development activities was refined to prioritise activities that demonstrated meaningful engagement and verifiable outcomes, while reducing reliance on online-only participation. Publication criteria were updated, extending the timeframe to five years and expanding accepted journals, while introducing impact factor thresholds to ensure quality. Points for presentations were limited to oral and poster presentations at major peer-reviewed meetings, excluding virtual and unmoderated posters. The Prizes, Awards and Leadership section was removed to improve objectivity, and the Board adopted the Australian Government's definition of rural origin to ensure consistency in assessing rural pathways.

The referee process transitioned from online referee reports to a more rigorous and structured process involving telephone interviews. Over three weeks, 186 interviews with consultant surgeon referees were conducted by more than 40 volunteer urologists, along with Board members and Selection Sub-Committee members. This

approach provided deeper, more balanced insights into candidate performance and readiness for training. We acknowledge the professionalism of referees, the commitment of the interviewers and extend special thanks to Deborah Klein for managing the complex logistics and ensuring a smooth process under tight timeframes.

We also extend our gratitude to the many urologists from Aotearoa New Zealand and Australia who volunteered their time to participate in the interviews, which were held in Sydney and Brisbane.

Of the 62 applications, 32 were shortlisted for interview, and we congratulate the following 17 doctors who were selected to commence clinical training in 2026:

Mohammadmehdi Adhami, David Armany, Arya Bahadori, Madeleine Bain, Tim Burns, Bodie Chislett, David Hennes, David Homewood, Anne Hong, Ali Hooshyari, Jodie McDonald, Georges Mehawed, Alice Nicol, Eden Park, Nishal Patel, Jessica Paynter, Samuel Sii

I extend my sincere thanks to Jacob Gleeson (Chair) and the members of the Selection Sub-Committee: Rohan Hall, Simon Van Rij, Kara McDermott, Aditya Sharma, Clair Whelan, and Ahmed Goolam, for their outstanding work throughout the 2025 selection process. Their leadership and collaboration in implementing key improvements ensured the process remained fair, transparent, and aligned with the Board's high standards. The Sub-Committee's commitment was critical in selecting the most suitable candidates for the limited positions available. We acknowledge Clair Whelan, who joined the Sub-Committee in early 2025 and made an immediate positive impact, and Ahmed Goolam, whose tenure concluded in June 2025. Ahmed's contributions were invaluable, particularly his efforts to ensure standardisation and his significant work on statistical analysis and interpretation of selection outcomes.

The Board recognises the competitive nature of selection and the significant investment made by applicants, and we acknowledge the disappointment felt by those who were unsuccessful, as well as their mentors. Continuous refinement of the process remains a priority to further strengthen its integrity and fairness for future applicants.

Trainee Week

Trainee Week, held in Sydney in November, remained the flagship event in the training calendar, delivering a dynamic program of education, networking, and collaboration. Convenor Dr Scott Leslie curated sessions combining core clinical content with emerging topics, including a standout panel discussion on Artificial Intelligence and its impact on medicine. The program featured contributions from USANZ NSW Section members, invited experts, and colleagues from Aotearoa New Zealand and Queensland, ensuring a rich exchange of knowledge. A key highlight was the uro-radiology session developed in partnership with ARGANZ, aligning content with the urology curriculum. This year also introduced Learning Labs, providing hands-on training that added practical value for delegates and industry partners.

It was a wonderful opportunity for the trainees to forge close relationships with their colleagues, as

well as trainees from the European Association of Urology (EAU), the Urological Association of Asia (UAA), the Canadian Urological Association (CUA) and the British Association of Urological Surgeons (BAUS) who attended as part of a reciprocal arrangement with these international associations. Each year, we are delighted to receive glowing feedback from international attendees on our training standards and teaching environment

Final Words

This is my final report as Board of Urology Chair. It has been a privilege to contribute to the training of future urologists and to work alongside others committed to upholding and improving surgical education standards, which has made my tenure even more meaningful. I am grateful for the support and valuable perspectives of all the Board members in navigating the challenges over the past two years.



14. SPECIALTY ELECTED COUNCILLOR TO RACS

Mark Frydenberg AM

It has been another eventful and challenging year for RACS. From a governance and financial viewpoint, things have stabilised, with a board now formally appointed and Council working to set standards and advise, but without the fiduciary responsibilities of a governing board. Certainly, RACS thanks all fellows, including USANZ members, for their support during this challenging transition time.

SIMG management has been another major issue during 2025. It appears that the AMC criteria for comparability and the standards set by our training boards and RACS did not align; this led to the re-evaluation of many SIMGs, expending enormous College resources as well as the significant effort by the SIMG representative of the BOU, Richard Grills. Richard must be congratulated and recognised for his tremendous achievements during his tenure on the Board. As many would know, AHPRA has initiated an expedited pathway for SIMGs who play an extremely valuable role in providing care, especially in rural and remote locations. Currently, this pathway is paused for surgeons due to a lack of comparability between training schemes; however, reform to the pathway to assist with SIMG registration will still need to occur.

Advocacy remained a major focus of RACS through 2025, with regular submissions to the Government, including several in support of USANZ. Rising indemnity premiums and the viability of some

private hospitals are challenging surgeons and influencing the viability of some forms of surgery within the private sector. There is a major argument being made to the Government, without clear backing evidence, about controlling excessive specialist fees, and that those fees are causing patients not to seek any care due to the poor access to outpatient services in public hospitals. RACS will continue to work with specialist societies to advocate for the profession as well as for the best interests of the community, which includes the ongoing viability of private practices in the face of higher running costs, and enhancing public services to improve access. Scope of practice also remains a topical issue, expanding the role of allied health and nursing, pharmacists and also between specialties who are not subject matter experts in urological or other surgical conditions. Undoubtedly, we face challenging times as the Government does not appear to be very supportive of Colleges. These have all been challenging, and RACS will continue to advocate on behalf of surgeons of all specialties.

I thank Henry Woo, as a fellow urologist, for his tireless contributions to Council, and all my fellow Councillors, who do their very best to promote the practice of surgery in Australia and AoNZ. I will finish my term as a RACS Councillor in May 2026, and it has been an honour serving urologists on the USANZ Board and RACS Council; I thank you for your support during my USANZ/RACS tenure.

15. ASM CONVENORS

2025 ASM Perth: Shane La Bianca

Bringing the ASM back to Perth after a long 15-year hiatus was a daunting challenge, and despite concerns regarding the financial impact of diminished sponsorship and reduced registrations from the other side of the country, in the end, it was a roaring success. USANZ 2024 in Adelaide, twelve months prior, had set the bar high, but, in the end, everyone, bar none, was very positive in their feedback on the scientific program. The strong local and international faculty represented all the sub-speciality areas and were clearly very happy to come to Perth and share their knowledge and expertise. In total, 621 delegates from all six continents attended in March 2025.

The Saturday workshops were oversubscribed, which is always an indication of the high standard of the presentations, and a credit to all the workshop leads who did a great job bringing together the science and practical experience for the various sub-speciality and special interest groups.

Once again, we welcomed our Korean colleagues to the ASM, and the conjoint KUA-USANZ workshop was a successful meeting of two distinct cultural but similar scientific communities. The scientific program itself was full of cutting-edge science, controversies in cancer management, and insightful commentaries from our visiting guests, representing all the major global urological societies.

We were privileged to invite Professor Bruce William Stanley Robinson, AM, FRCP, physician, researcher, philanthropist and humanitarian to deliver the Harry Harris Oration. Professor Robinson delivered an entertaining speech that focused on work-life balance, parenting and family, volunteer

work in SE Asia and responsibilities that health care professionals should consider as part of a 'giving back to society' concept. It was intense and thought-provoking, with many in the audience seeking him out afterwards at the welcome reception and thanking him for his insight and candour.

I am grateful to all those who contributed to the meeting's success—a special mention to Julie Sykes and Jan Neve, who convened a very successful ANZUNS program. We appreciate our nursing colleagues' role in delivering exceptional urological care, and we always welcome them to the ASM. I also want to warmly thank Trenton Barrett, the scientific convenor, who ensured everyone went home with a positive clinical experience, and for raising the profile of Andrology at the meeting. These meetings cannot go ahead without significant support from industry, whose contribution to Urology is very much appreciated and ought to be recognised.

Many thanks to Anna Tartakovskaia, USANZ Conference Manager, and Michael Nugara, USANZ CEO, for their tireless efforts in facilitating the meeting. I would also like to give special thanks to the DC Conference and Association Management team.

I am sure that Renu Eapen and Devang Desai will deliver a great meeting in Melbourne in 2026. Here's looking forward to gathering in the place that some call the cultural heart of Australia, sharing their hospitality, renewing old friendships and new, and sharing in a learning scientific environment.

I wish them every success for 2026.

2026 ASM – Melbourne: Renu Eapen

It has been a challenging year as we prepare for the 2026 USANZ ASM in Melbourne. Recent tragedies have rocked our community and caused profound sadness. We now look forward to coming together to celebrate scientific progress and education, united by our shared professional purpose and our commitment to care and respect.

The 2026 USANZ ASM will be held at the Melbourne Convention and Exhibition Centre from February 28 to March 3 and promises to be a key scientific event in the USANZ calendar. Despite competing with major international meetings such as ASCO GU, we have secured a dynamic and diverse international faculty, not to mention the fantastic local expertise, which is sure to educate and entertain. This year, we have had a record number of abstracts submitted and anticipate a record number of attendees.

Chair of the Scientific Committee, Devang Desai, has developed an outstanding program, with a great mixture of classic state-of-the-art lectures, plus some very lively debates and panel sessions.

Rear Admiral Katherine Richards AM CSC will deliver our Harry Harris Oration. After 36 years in the Royal Australian Navy, she is now the Chief Engineer of Engineers Australia. Having served as Head of Naval Engineering and Head of Nuclear-Powered Submarine Design at the Department of Defence, Rear Admiral Richards has a wealth of operational experience and strategic leadership across complex, high-stakes defence situations. We look forward to hearing her unique views on the challenges facing our nation and profession.

As always, I extend a huge thanks to the incredible Anna Tartakovskaia, USANZ Conference Manager and Michael Nugara, USANZ CEO, who work tirelessly to bring this meeting together every year. Thank you also to our team at DC Conference and Association Management. And of course, to Luke Mitchell and Felicity Petricola, ANZUNS convenor and scientific chair, who are organising a brilliant nurses' meeting in parallel.

On behalf of the organising committee, I look forward to welcoming you to the vibrant, bustling city of Melbourne for the 2026 USANZ Annual Scientific Meeting.

16. SECTION CHAIRS

16.1 NSW Section: Peter Chin

I am honoured to be the NSW section chair and representative on the USANZ Board of Directors. This year is the first time that the roles of Annual Meeting Convenor and Section Chair have been separated, with the aim of providing some continuity between the yearly changes to the meeting convenors and the Board of Directors. My role is to provide representation of NSW-specific interests on the Board and be the primary point of contact between the CEO and the NSW Section. I am pleased to provide the annual report from the NSW Annual Meeting.

Drs Ray Stanton and Edward Latif convened the NSW Annual Scientific Meeting at Oaks Cypress Lakes from 6 to 8 November 2025. DC Conference and Association Management provided logistical support. The meeting was very well attended, with 202 attendees experiencing a packed high quality scientific program.

Dr Matthew Cooperberg from San Francisco and Dr Rajesh Nair from the UK provided an international flavour and perspective of the latest Urological trends, techniques and technology occurring outside our borders. Ray and Ed also invited a large contingent of Australian urologists to provide their views and research, showcasing the many diverse areas in which Australian surgeons continue to lead and contribute on a global scale. I congratulate the convenors for inviting and showcasing many outstanding Australian urologists, including Amanda Chung, David Eisinger, Alice Grant, Joseph Ischia, Jonathan Kam, Helen O'Connell, Manish Patel, Anu Ranasinghe, Isaac Thangasamy and Clair Whelan. The program was also balanced by inviting Australian Radiation Oncologists, Pathologists, Medical Oncologists and a Cardio-Oncologist to present their work and opinions, which resulted in an amazing, insightful and thought-provoking lineup of presenters.

No meeting can occur without the partnership of industry sponsors. The NSW section is grateful for the support of the industry, which helped make the meeting a success. The Gold sponsor was Endotherapeutics, and the Silver sponsors were IPSEN and Olympus. The following organisations were Bronze sponsors: Ambu, Astellas, Boston Scientific, FujiFilm, Icon Cancer centre, Johnson &

Johnson, LifeHealthcare, Mayne Pharma, Medilaze Surgical, Profocal and Mundipharma. There were an additional 15 exhibitors who helped support the meeting and provide information on the latest technology and options in the wide world of urological care.

Medical sponsorship is under increasing scrutiny and guideline pressure, and it is a testament to Ray and Ed that so many companies were happy to sponsor this year's NSW meeting.

Awards and Achievements

Chris Farrell Award for Best Registrar Presentation – **Dr Stuart Jackson** for his presentation 'The Prostate Cancer eHealth Literacy Instrument (P-CeHLI): A new tool for digital health intervention design and tailored communication with patients'.

George Schnitzler Award for Best SET Urology Trainee of 2025 – **Dr Cameron Parkin**

Fin's Quiz Winner – **Dr Kieran Beattie**

NSW successful FRACS Urology exam candidates for 2025

Congratulations to the following trainees for passing the Fellowship exam in 2025: James Macneil, Amer Amin, Bashar Matti, Bishoy Hanna and Cameron Parkin. This result is a culmination of the first phase of urological training after a tremendous amount of study, sacrifice and commitment. We wish them well in the next phase of their Urological career as they find their place in hospitals, practices and the general urological community.

NSW Annual Scientific Meeting 2026

Drs Mark Louie-Johnsun and Helen Nicholson are next year's Meeting convenors. The 2026 NSW State meeting will be held in October.

The NSW section is strong and full of talented and committed members who are working towards the ongoing growth, advancement and provision of high-quality Urological care to our community. I look forward to working with and representing the members of the NSW section of USANZ as we move through 2026.

16.2 Northern Section: Peter Burke

The Northern Section held its 2025 Annual Meeting in Noosa, with strong support from our trade partners, urologists and trainees. We welcomed Dr Ben Thomas and A/Prof Marlon Perera as invited guest speakers and appreciated the contribution of Professor Helen O'Connell as the immediate Past-President of USANZ.

The meeting covered all topics of urological interest with a particular focus on contemporary urological practice and improving patient outcomes.

Safer and more effective treatments

Many presentations evaluated specific surgical techniques and technologies, which can tighten practice standards and reduce complications for patients. Examples include work on intravesical Botox injection angles to avoid bladder perforation, testicular detorsion using fluorescence angiography, and detailed benchmarking of robotic prostatectomy outcomes in a regional centre against national 'gold standard' data.

Better access to high quality care

Several projects focused on delivering advanced care closer to where patients live, which reduces travel burden and delays to treatment. The registrar led rural outreach clinic with consultant telementoring in Gympie and the regional robotic prostatectomy program both show that complex urologic services can be provided safely outside metropolitan hubs, supporting equity of access for regional patients.

Stronger safety and crisis management

There was quality improvement work on intra operative urology consultations and multidisciplinary simulation training for robotic surgery emergencies, as well as a 3D printed guard to prevent unsafe table movement during robotic procedures. These initiatives aim to prevent iatrogenic injuries and improve team performance in crises, which directly translates into safer operations for patients.

More evidence based, personalised decisions

Multiple systematic reviews and critical appraisals summarise evidence on topics like preoperative weight loss in obese surgical patients, urinary biomarkers for kidney injury, imaging strategies in bladder and prostate cancer, and newer therapies such as focal IRE and low intensity shockwave for

erectile dysfunction. By training clinicians to critically appraise and apply this evidence, the meeting supports more tailored, data driven decisions for individual patients rather than one size fits all care.

Innovation, education, and long term outcomes

The program emphasised trainee workshops, evaluation of simulation based education, and studies on long term outcomes after procedures such as urethroplasty, lymph node dissection, and cancer surgery. This focus on training and outcome tracking helps ensure the next generation of urologists are skilled, safety focused, and guided by long term patient results, ultimately improving patients' quality of life over time.

16.3 South Australia / Northern Territory Section: Ashani Couchman

Section meeting

The SA/NT section meeting was a great success. Dr Sophie Plagakis convened the day, which was well received by the 56 delegates (plus 37 sponsors) in attendance. The invited speakers included Dr Anthony Ta, Assoc. Prof Celi Varol, Dr Anthony Kiosoglous, Hon Chris Picton (Minister for Health and Wellbeing, SA), Mr Daniel Crips, Dr Teddy Teo (infectious diseases physician) and Kathryn Warr (physiotherapist). We look forward to the 2026 meeting to be convened by Dr Simon Harley and Dr Andrew Shepherd.

The section award recipients were:

- St Paul's Ball (for Best SET Urology Trainee Oral Presentation) – Dr Rowan David
- Best Presentation – Dr Claris Oh and Dr Darcy Noll (joint winners)

For next year's meeting, we will add a new award, 'Contribution to Urology', to be presented to someone deemed to have contributed significantly to Urology in our state, not necessarily a USANZ member.

SA-PCCOC

The SA/NT members approved \$30,000 funding for SA-PCCOC in 2025/2026. As a Section, we acknowledge the outstanding support it offers our trainees and service registrars with regards to research, and the audit facilities it provides. We will continue to consider how we can support this registry.

SECTION REPORTS

Training update

Following a period of Training Board review, there is renewed enthusiasm and engagement in the delivery of a robotic program for our trainees. We acknowledge that this is an important aspect of training and will be working with the local Regional Training Committee to deliver this module, with consideration given to increasing training positions available in South Australia.

We congratulate Dr Jessica Hunter, who completed her training in 2025 and wish her well for the adventures ahead. We welcome Dr Mo Li to South Australia for her final year of training.

In a departure from previous years, the SA-NT section has been working towards a more united approach to supporting our registrars and non-training registrars. The non-training registrar position interviews were undertaken in one sitting, with all Local Health Networks represented this year for the first time. This successful first endeavour will be refined in 2026 to allow all jobs to be advertised at the same time, interviews to be undertaken at the local Health Network, and a meeting to be conducted with all the Health Networks to match the candidates to the jobs advertised. This approach supports the ongoing commitment to support our non-training registrars and encourage development and support towards urology training in South Australia.

Office bearers – SA-NT

Dr Andrew Shepherd and Dr Simon Harley commence their terms as training supervisors at the Royal Adelaide Hospital and Queen Elizabeth Hospital, respectively, with Dr Jonathan Cho commencing his term as the chair of the SA regional training committee. Thank you to Dr Rick Catterwell, who has served as the Regional Training Committee chair with great dedication and integrity.

16.4 Tasmanian Section: Richard Cetti

The 2025 USANZ Tasmanian Section Meeting, convened by Dr Victor Illie in November, was a resounding success. The event delivered a robust multidisciplinary program that attracted a strong turnout of 84 delegates over 2 days and 24 sponsor organisations.

We were honoured to welcome Prof Philip Stricker as our guest speaker. His insightful presentations explored focal therapy and achieving optimal functional outcomes from radical robotic

prostatectomy - highly relevant topics given the introduction of Tasmania's first public robotic surgical platform.

The afternoon program featured expert discussions on developing a successful robotic business case, urology training, histopathology, and pelvic pain, offering valuable and diverse perspectives. This year also saw 32 submitted abstracts with 11 chosen for presentation. Congratulations to Dr Henry Pan, whose abstract- *'Assessing the feasibility and validity of a cross-specialty bleeding simulation model in robotic surgery - a pilot study'* - won the prestigious Robbie Roberts Prize. Dr Pan will receive up to \$2,500 to support his attendance at the USANZ 2026 ASM in Melbourne.

The Business Meeting, led by Prof Helen O'Connell, included the President's Address, which outlined key topics such as USANZ's transition to charitable status and the implications for the organisation's objects, values, and constitution. Updates were also provided on USANZ's strong financial position and its current advocacy activities. A special acknowledgment was given to USANZ staff for their dedicated work behind the scenes.

The Tasmanian Section continues its tradition of hosting an accredited Victorian trainee in Launceston each year, supported by Training Supervisor Dr Philip Tan. We are also pleased to announce that a SET Training Post at the Royal Hobart Hospital has been approved for 2026, with Dr Luke Gibson as SET Training Supervisor supervisor, further establishing Tasmania as a regional training hub, and strengthening North-South collaboration. These developments represent significant progress in improving the urological health of the state.

Further congratulations go to Dr Luke Gibson for being awarded the Boston Scientific Travelling Fellowship for 2026, and LGH Unaccredited Urology Registrar Dr Medhi Adhami on his successful SET application. He will commence in the Victorian program in 2026, and we look forward to welcoming him back in the future.

Looking ahead, 2026 will see the continued roll-out of the robotic surgery program in Launceston, with a Fellow post funded for 2027; pursuance of a robotic platform in Hobart; and the reinstatement of the Tasmanian Winter Meeting. The 2026 Section Meeting will be in November in Hobart, convened by Dr Nick Davies.

Finally, this year marks the retirement of Dr Stephen Brough from Launceston. Steve moved to Launceston in 2000, having trained in the UK and Brisbane, and has since served as Head of Unit, Deputy Director of Surgery at the LGH, SET Supervisor, and Tasmanian Section Representative on the USANZ Board. Over his 25-year tenure, the LGH Urology Unit has grown from two consultants and one non-accredited registrar to five consultants, one accredited registrar, two non-accredited registrars, and a clinical nurse consultant. Steve has played a pivotal role in driving best practice, with subspecialty interests in HoLEP and functional urology. His insightful contributions to MDT and ward rounds, calm leadership in challenging moments, and collegiality will be deeply missed by all.

16.5 Victorian Section: Janice Cheng

Major health sector developments in 2025

The incoming Health Service Plan Reform will result in the 76 health services across Victoria being amalgamated into 12 Health Service Networks. No doubt, details on how the networks can collaborate will be elucidated from 2026 onwards.

AHPRA matters discussed within the AMA include whether Victoria should pursue a co-regulatory model like NSW, as this could result in faster resolution timelines and independence of complaints compared to how AHPRA is currently structured. A co-regulatory system may be more likely to respond to doctors in a more proportionate and contextually aware manner.

Discussions are also currently underway regarding the creation of a statewide health information sharing platform (CareSyncExchange) between all the different public health services.

Changes to the Section Chair role

As of 2026, Victoria will combine the roles of the section representative and section chair. During this year's section meeting, members held a discussion around the protocol if the section representative/chair is also elected to be the president of the society. The members decided that in this case, the section would seek an alternative representative. Prof Helen O'Connell will raise this matter with the Board. Members also expressed support for the previous section meeting convenor to assist the following meeting's convenor with planning.

Victorian Section Meeting in Bendigo

Victorian Section members applauded A/Prof Janelle Brennan for the excellent meeting on 11 October 2025, for which Professor Henry Woo from Sydney was the invited keynote speaker. Dr Jiasian Teh received the Peter Lawson Award for Best SET Urology Trainee in Advanced 1. The Best Verbal Presentation Award went to Dr Alice Thomson for 'Scribe Smarter, Not Harder: How AI Scribes Stack Up Against Human Clinicians', and the Best Poster Presentation award to Dr Yajat Dua for 'Patients with High-Risk Features on Active Surveillance for Prostate Cancer'.

During the AGM held at the meeting, the point was raised that it may be more efficient to have USANZ, rather than RACS, involved in the running of the Victorian Section Meetings. A proposal was made that the Victorian section executive team should meet via Zoom three months prior to the Section Meeting, to discuss matters the convenor may wish to raise and discuss e.g., awards-related matters.

16.6 Western Australian Section: Shane La Bianca

2025 has been a busy year for WA Urology, with the very successful USANZ ASM held in Perth. The high number of retirements in 2024 resulted in the consensus that we have seen a significantly higher clinical workload and demand for each of our section members.

Positive developments over the year have been the increase in both public and private robotic surgery systems (Da Vinci) across the metropolitan area, with plans for a regional service (in Bunbury) in the pipeline. A total of 7 systems are now in place, providing greater access for patient cancer care in both sectors, and greater training opportunities for advanced surgical trainees.

PCOR continues to evolve, and the section is investigating opportunities to leverage our existing (histopathology) database with PCOR through collaboration between the public system and WAURO (see attached business meeting minutes).

I will continue as the WA Representative on the USANZ Board for a third year, beginning at the USANZ ASM in 2026. No other office holder changes occurred.

PART FOUR

AGM PAPERS



17. AGM AGENDA



UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

Agenda

The 79th Annual General Meeting of the Urological Society of Australia and New Zealand will be held at 4.15pm Australian Eastern Daylight Time (AEDT), Saturday 28 February 2026 in Meeting Room 219, Melbourne Convention and Exhibition Centre, Melbourne, Victoria, Australia.

1. Welcome
2. Present
3. Apologies
4. Proxies
5. Minutes of the 78th Annual General Meeting held at 4.15 pm on Saturday 1 March 2025 at Perth Convention Centre, Perth, Western Australia, Australia
6. Business arising from the minutes
7. President's Report
8. Chief Executive's Report
9. Secretary's Report
10. Treasurer's Report
11. Annual reports of the Society
 - 11.1 Board of Urology (Lydia Johns Putra)
 - 11.2 Royal Australasian College of Surgeons (Mark Frydenberg)
 - 11.3 Annual Scientific Meeting 2025 (Shane La Bianca)
 - 11.4 Annual Scientific Meeting 2026 (Renu Eapen)
12. Special Resolution to amend the USANZ Constitution

Notice is given that the following resolution is proposed as a Special Resolution for adoption at this AGM:

That the Constitution of The Urological Society of Australia and New Zealand Limited ACN 000 069 376 be modified as shown with mark-ups in the document enclosed with this notice of meeting marked Annexure A, with immediate effect.
13. General business
14. Meeting Close

18. MINUTES OF PREVIOUS AGM

Minutes of the 78th Annual General Meeting of the Urological Society of Australia and New Zealand held at 4.15 pm (AWST), Saturday 1 March 2025 in Meeting Room 2, Perth Convention Centre, Perth, Western Australia, Australia.

1 Welcome

Acknowledgement of Country

I would like to acknowledge Aboriginal and Torres Strait Island people including the Whadjuk Nyoongar people of Perth City as the traditional custodians of the land of where we meet today. We recognise and respect their cultural heritage, beliefs and relationship with the land and water. I would also like to pay my respect to Elders past and present.

Maori welcome

Haere mai ki te whare piki ora o Mahutonga tena kotou, tena kotou, tena kotou katoa. [Translated as "Welcome to this house as a meeting place of those who follow the Southern Cross – a generous and heartfelt welcome acknowledging the Maori as the tangata whenua (people of the land) of New Zealand and respect their continuing connection to culture, land waterways, community and whanau/family."]

2 Present

Our quorum for this meeting is 31 members. I have had confirmation that we have exceeded that so I will formally declare the meeting open.

Present

Paul Anderson, James Aspinall, Damien Bolton, Matthew Brown, Peter Burke, Richard Cetti, Michael Chamberlain, Vincent Chan, Kevin Chu, Amanda Chung, James Churchill, Ashani Couchman, Christo Creffier, Darren Foreman, Mark Fraundorfer, Mark Frydenberg, Troy Gianduzzo, Ahmed Goolam, Jeremy Grummet, Ding Guo, Dennis Gyomber, Tanya Ha, Rohan Hall, Kym Horsell, James Huang, Joseph Ischia, Lydia Johns Putra, Jonathan Kam, Mohamed Khadra, Nathan Lawrentschuk, Heath Liddell, Giovanni Losco, Christopher Love, Kenny Low, Mikhail Lozinskiy, William Lynch, Steve McCombie, Nicholas Mehan, Bradley Newell, Cindy Nguyen, Briony Norris, Helen O'Connell, Sarah O'Neill, Rupert Ouyang, Adam Pearce, Sophie Plagakis, Prem Rashid, Dhanika Samaranayake, Grahame Smith, Christopher Soliman, Philip Tan, Jeffrey Thavaseelan, Vincent Tse, Celi Varol, Arvind Vasudevan, Michael Vincent, Abby Walsh, Audrey Wang, Ailsa Wilson Edwards, Peter Wong, Henry Woo, Hin-Wai Yap, Alexander Yeates, Yuigi Yuminaga, Afiq Zainal Bahren

In attendance

Michael Nugara, Jonathon Street, Madeleine Bennison, Danielle Provera, Rebekah Ward, Nick Danes

By Invitation

Nigel Finch, Graeme Green

3 Apologies

Shiva Nair, Richard Grills, Peter Heathcote

4 Proxies

Peter Heathcote

5 Minutes from the previous Annual General Meeting

The Chair reported that the minutes of the previous meeting were published in the Annual Report with the AGM papers and requested members to submit any questions relating to business arising from the minutes.

Resolution 1:

To accept the Minutes of the 77th Annual General Meeting held on Saturday 24 February 2024 in Adelaide Australia as a face-to-face meeting, as a true and accurate record of the meeting.

MOVED: Ashani Couchman

SECONDED: Peter Burke

CARRIED

6 Business Arising from the Minutes

No questions were raised from the floor relating to business arising from the minutes.

7 President's Report

Helen O'Connell, President, spoke to her report:

The President paid tribute to USANZ Board of Directors and Leadership Group who work tirelessly fielding a number of issues daily on behalf of members.

The President welcomed Mark Fraundorfer and Peter Chin to the Board of Directors and thanked Prem Rashid who will be leaving the Board after six years of service with the Leadership Group.

The Aotearoa New Zealand Autonomy Project is coming to fruition, more will be said later in the meeting.

The President thanked the Special Advisory Groups Leaders who are leaving after their terms of service Darren Katz, Kamran Shoshtari, Eric Chung and Justin Chee. The President welcomed Weranja Ranasinghe, Dixon Woon, Shannon Kim, Devang Desai, Henry Woo and Giovanni Losco as Special Advisory Group Leaders and Deputy Leaders. The President also recognised the ongoing Leaders and Deputy Leaders Greg Jack, Nadya York, Eva Fong, Sandra Elmer and SWANZU Leader Anita Clarke.

There has been significant progress made on the Cystectomy Registry, we now have a unified database, more to come in the next 12 months.

There will be a reinvigoration of the Australasian Urological Foundation (AUF) with a greater view to scholarship offerings.

No questions were raised from the floor relating to the President's Report.

Resolution 2:

To accept the President's Report

MOVED: Henry Woo

SECONDED: Ailsa Wilson Edwards

CARRIED

8 Chief Executive Officer’s Report

Michael Nugara, CEO, spoke to his report:

Following the overwhelming support at the AGM 2024 to establish Aotearoa New Zealand Society of Urology (ANZSU), work has progressed throughout the year. ANZSU Constitution has been rewritten to align with USANZ Constitution. Amendments to ANZSU Constitution were approved late last year and we are in the final stages. Next step in the process is to draft a memorandum of understanding how ANZSU and USANZ will operate together.

Educational events in 2024, ASM 2024 lead by Michael Chong and Dixon Woon was a highly successful event with 960 delegates (total headcount including industry attendees). We partnered with our international organisations with joint symposiums at EAU, AUA and SIU. There were a number of speaking and representative opportunities available to members through the EOI processes during the year. The CEO encouraged members to apply for these opportunities.

Included in the Annual Report is the Member Activity Report. This report informs members of the various activities conducted by the Society during the year for and on behalf of members.

No questions were raised from the floor to the CEO Report.

Resolution 3:

To accept the Chief Executive Officer’s Report.

MOVED: James Aspinall

SECONDED: Troy Gianduzzo

CARRIED

9 Secretary’s Report

The Secretary Report was taken as read.

No questions were raised from the floor to the Secretary’s Report.

Resolution 4:

To accept the Secretary’s Report

MOVED: Richard Cetti

SECONDED: Mark Fraundorfer

CARRIED

10 Treasurer’s Report

Michael Nugara, CEO, spoke to his report:

Financial Statements for the full year to 31 December 2024 have been circulated to the membership. USANZ received unqualified audit clearance and returned an overall surplus of \$1,467,554.

It is important to note that this surplus includes unrealised gains on financial assets of \$1,231,737. A better indicator of overall operating performance of USANZ is to look at the operating result which shows a surplus of \$235,817. Revenue has increased marginally to \$5,355,117. Operating expenses have increased by 2%, some of the line items have reduced, however these were offset by increases in other areas like member benefits.

On the Balance Sheets, USANZ current assets are \$7,510,485 with current liabilities of \$1,886,102 with overall net assets of \$16,059,285. the Society is in a solid position to endure any adverse events that may impact USANZ in the future.

The CEO handed over to Prem Rashid, Treasurer and Secretary, to speak to the Society’s financial strategy.

The difficulty is trying to find balance in what USANZ holds in investments. The Board is committed to ensuring that the Society remains financially strong into the future. We have several potential threats for our revenue base. The Treasurer spoke to the Investment Portfolio with over \$13 million invested, \$8 million in exchanged traded funds and \$5 million in term deposits, which have both increased. USANZ has set an investment target of \$20 million, the reason for this is to lead to income of \$1 million a year to help USANZ reduce reliance on industry for support for our meetings and educational activities.

The Treasurer reminded the membership that there have been two “black swan” events (Christchurch Earthquake and COVID) in the last decade which has affected the balance sheet. The Strategic Plan of the Investment Committee and the Board is for USANZ to become part self-sufficient in the future which will protect USANZ for the next generation.

The President raised the potential risk of our tax exemption status being removed, following legislative changes targeting not for profit organisations. This is being investigated by staff.

Resolution 5:

To accept the Treasurer’s Report, which incorporates USANZ’s Financial Report for the year ended 31 December 2024.

MOVED: Mark Fraundorfer

SECONDED: Lydia Johns Putra

CARRIED

11 Annual Reports of the Society

- 11.1 Board of Urology (Lydia Johns Putra)
- 11.2 Continuing Professional Development (Prem Rashid)
- 11.3 Royal Australasian College of Surgeons (Mark Frydenberg)
- 11.4 Annual Scientific Meeting 2024 (Michael Chong)
- 11.5 Annual Scientific Meeting 2025 (Shane La Bianca)
- 11.6 Annual Scientific Meeting 2026 (Renu Eapen)

All reports were taken as read. No questions were raised from the floor to the Reports.

Resolution 6:

To accept the reports from the Board of Urology, Continuing Professional Development, the RACS Specialty Representative and Annual Scientific Meetings 2024, 2025 & 2026.

MOVED: James Aspinall

SECONDED: Briony Norris

CARRIED

12 General business

The President informed the attendees that Nathan Lawrentschuk had raised several questions regarding the financial stability of USANZ. The Board prepared a document ahead of this meeting responding to Nathan questions. The President invited Nathan to speak to the membership.

Nathan spoke to his PowerPoint presentation, "Critical Questions for USANZ Members".

Nathan's concerns related to whether USANZ is losing its focus.

Nathan stated that the membership is in decline and this decline will impact revenue. Secondly, attendance by full members at the ASM has been stagnant and engagement with this cohort stayed stagnant needs reassessment. USANZ has also involved itself in matters outside urology and it should "stay in its lane".

Nathan confirmed that the Board had provided an excellent response to his previously raised questions and from financial perspective everything is being done appropriately, however the Board response only provided four years of financial data.

From a financial position, USANZ is strong. Nathan congratulated the Investment Committee, the Board and staff on a good job. Nathan wanted the membership to consider the longer term and the trend of operating expenses increasing versus revenue. Nathan focused on wages, consultancy fees, legal fees and that the budget is anticipating a loss in 2025, suggesting perhaps that a restructure of the organisation is needed.

Nigel Finch, Finance Manager provided responses to questions raised by Nathan. Nigel disagreed with Nathan's comments that USANZ is in financial decline. Nigel stated that the data cited appeared to be selective. Nigel spoke to the Board approved 2025 budget which anticipates a loss of \$197,680, this does not include any gains on the investment portfolio.

Nigel provided some background to the RACS financial data where 52% of revenue goes to wages and 24% of revenues goes to contractors, IT and office expenses. In terms of USANZ 39% of revenues goes to wages, contractors, IT and office expenses. USANZ has a strong balance sheet with three asset classes of cash, ETFs and property at Edgecliff.

Nathan again acknowledged that the Investment Committee is doing a great job however his talk was focusing on operational revenue and expenses which will take us into a negative position and the operational profit has been going down for the last 10 years. Without cutting expenses or gaining revenue USANZ will be recording a loss into the future.

Nigel reminded the membership that the budget is an estimate and USANZ is debt free.

Questions were raised from the floor regarding operational expenses, inflation, core business and skills-based board.

The President advised the membership that the Board welcomes questions. The Audit, Risk and Finance Committee do a lot of work on members behalf. The President also added, as a Board we aim to stay focussed on health and urology representing the interests of the membership.

13 Close Meeting

The President closed the meeting by thanking Prem Rashid for his work on the Board of Directors and other senior positions held on behalf of USANZ. The President welcomed Ashani Couchman as Vice President and Damien Bolton as President.

The President thanked all members who attended the AGM and handed the room over to Troy Gianduzzo for the ANZAUS AGM.

USANZ AGM closed at 5:15pm

19. EXPLANATORY MEMORANDUM



Explanatory memorandum on proposed
USANZ constitutional changes, 2026 AGM

**Special resolution: Amendment of USANZ Constitution
Explanatory Memorandum**

Purpose of this ExMo

The purpose of this document is to set out the background to, and explain the rationale for, a resolution proposing the adoption of amendments to USANZ’s constitution.

The main amendments are proposed to support an application for charity registration by USANZ. There are some other amendments to ensure that the provisions for appointment of Sectional Representatives operate as intended.

Background

Changes in taxation laws have required USANZ to review its taxation status. To ensure that it is exempt from income tax, USANZ will now need to become registered as a charity with the Australian Charities and Not-for-profits Commission (ACNC). If it does not do this, it will need to pay income tax each year to the Australian Taxation Office (ATO).

Proposed changes

Clause		Reasons for amendment
Pre-Am	Post-Am	
USANZ Objects		
3	3	<p>To qualify for charity registration with the ACNC, the USANZ constitution must clearly show that USANZ is established for charitable purposes.</p> <p>Accordingly, it is proposed that a new objects clause will be inserted into clause 3, to replace the existing objects in clause 3.</p> <p>The existing objects clause has a long list containing approximately 20 objects. The first object is to “advance the science of urology”. Other objects include cultivating and maintaining the highest principles of urological practice and ethics, promoting the practice of urology, arranging for post-graduate training, promoting research, bringing together urologists for discussion, acquiring a library, taking disciplinary action against members, establishing Sections, holding real property, investing money, and promoting professional good feeling and friendly intercourse and relationships amongst the members.</p> <p>The new clause will make clear that USANZ exists to achieve the public-benefitting purposes of advancing urological science, advancing health, and advancing education. Associated changes will also be made to the USANZ strategic plan.</p> <p>You may notice that the new “objects” list of 3 objects is much shorter than the existing objects list in clause 3. In current-day constitution drafting practices for</p>



Clause		Reasons for amendment
Pre-Am	Post-Am	
		charities, it is important to make clear the distinction between “purposes” on the one hand, and “activities” or “powers” on the other. “Purposes” are the ultimate “ends” or “goals” that an organisation exists to achieve; these need to be clearly stated in the constitution. The “activities” or “powers” are the “means” by which the end purposes are achieved. The amended USANZ objects clause will focus on USANZ purposes, and will not list the powers or activities, as that is unnecessary and can lead to problems with interpretation.
Not-for-profit clauses		
4	4(a)-(f)	<p>Clause 4 contains the provisions that make USANZ a “not-for-profit”. In broad terms, it contains restrictions to ensure that USANZ’s assets are only used for USANZ’s objects and that profits are not paid to members.</p> <p>The existing clause 4 will be replaced with a new clause 4.</p> <p>The amended clause retains the main substance of the existing clause but makes some minor changes to provide greater clarity and guidance on what is and is not permitted.</p> <p>This change will bring the constitution into line with current not-for-profit drafting practices and will support the USANZ application for charity registration.</p> <p>The changes will also align the constitution processes for reimbursement of directors’ expenses with the requirements of section 150 of the <i>Corporations Act 2001</i>(Cth).</p>
8	8	<p>Clause 8 sets out what would happen to USANZ’s assets if it was wound-up in the future.</p> <p>The existing clause 8 already contains a requirement that prohibits USANZ from distributing its assets among its members if it is wound-up; this prohibition is retained.</p> <p>However, the wording of the existing clause 8 has been changed. The main change is to introduce a requirement that the assets would be distributed to another charity if USANZ were wound-up. This change is needed to support USANZ’s application for charity registration. There has also been some change to the wording to make the clause easier to read and understand.</p>
Governance requirements		
61	61	Each company registered with the ACNC is required to ensure that its directors comply with the ACNC Governance Standards. One of the ways that a company can show this is by including a reference to the ACNC Governance Standards in the

Clause		Reasons for amendment
Pre-Am	Post-Am	
		<p>constitution. This has now been inserted into clause 61.</p> <p>Similarly, the ability of a Board member to appoint a proxy to attend a Board meeting in his or her place has been removed from clause 61 as it could too easily lead to breach of the ACNC Governance Standards.</p>
64	64(a)-(f)	<p>A new set of rules for dealing with conflicts of interest has been inserted into clause 64. This clause now contains quite detailed procedures that deal with a range of situations. The change is needed to support USANZ's application for charity registration by ensuring that there are detailed procedures for dealing with conflicts of interest that align with the ACNC Governance Standards. Some clauses have been included to help directors manage these issues on a practical level.</p>
<p>Other grammatical and procedural changes made as a consequence of the above</p>		
2	2	<p>Clause 2 sets out a list of definitions. Some new definitions have been included, and others amended, to assist interpretation of the above-mentioned changes. These include:</p> <ul style="list-style-type: none"> a) A new definition of the ACNC Act has been inserted. This legislation applies to all registered charities. b) A definition of "Director" and "Officer" has been inserted, which is necessary for the provisions that deal with the ACNC Governance Standards (clauses 61 and 64). c) The definition of "Special Resolution" has been deleted because the term does not appear anywhere in the constitution. d) A definition of "Objects" has been included, so that in all places where that capitalised term is used in the constitution, it is clearly referring to the objects set out in clause 3.
9	9	<p>Clause 9 deals with the requirement that USANZ keep true accounts and have them audited each year. This clause has been amended to recognise that the ACNC legislation allows some charities to have their accounts reviewed rather than audited, based on size.</p>
11	11	<p>When a company becomes registered with the ACNC, certain parts of the <i>Corporations Act 2001</i> (Cth) become "switched off" and do not apply to that company for so long as it is registered with the ACNC. Clause 11 deals with this change.</p>
36	36	<p>A minor change in terminology from "officers" to "Directors" has been proposed for greater specificity and clarity.</p>

Clause		Reasons for amendment
Pre-Am	Post-Am	
63	63(f)	The existing Clause 63(f) states that a person ceases to be a director if they become prohibited by an order made under the <i>Corporations Act 2001</i> (Cth). This clause has now been amended to recognise that the ACNC Commissioner may also disqualify a person from being able to be appointed as a director.
68	68	A cross-reference has been inserted here to avoid potential inconsistency between clauses in determining how quorum is calculated; a director who cannot vote on a matter due to a conflict of interest will not be included in a quorum.
74, 75	74, 75	Clauses 74 and 75 deal with the requirement to provide financial reporting at the AGM and appoint an auditor as required under the <i>Corporations Act 2001</i> (Cth). These clauses have been amended to include reference to the ACNC legislation, as that legislation replaces some of the financial reporting and auditing requirements in the <i>Corporations Act 2001</i> (Cth) for registered charities.
76	76	The term “Officer” has been capitalised for consistency and clearer meaning.
Sectional Representative Appointments		
55(a)-(e)	55(a)-(b)	This clause has been re-worded to better reflect the intent and remove confusion about the appointment of Sectional Representatives. The intent is that: <ul style="list-style-type: none"> a) A person who becomes a director because they have been elected by members (as President, Vice-President, Past President/Honorary Treasurer/Honorary Secretary), or hold an office in another body (the Board of Urology, RACS or ANZAUS), should be the Sectional Representative for the USANZ Section that they belong too, as a matter of priority; and b) It should only be possible for the Board to appoint a person as a director to play the role of Sectional Representative if there is no-one from paragraph a) above that qualifies. This will help to minimise the overall size of the Board to maintain its effectiveness.
56	56	This clause deals with a situation where 2 people or more qualify for appointment as Sectional Representatives and the Board can choose from among them which to appoint. This process remains. The intention of this section has not changed. However, minor changes have been made to make the meaning clearer, and cross-references to the existing clause 55 have been changed to reflect the amendments to clause 55.

Clause		Reasons for amendment
Pre-Am	Post-Am	
57(d)	57(d)	<p>An amendment has been made to this section to:</p> <ul style="list-style-type: none"> - Remove confusion about how it interacts with clause 55; and - Ensure alignment with the <i>Corporations Act 2001</i> (Cth). <p>The effect of the changes to this clause are to:</p> <ul style="list-style-type: none"> - Ensure there is only one Sectional Representative at a time, by bringing an end to the directorship of a person appointed by the Board as Sectional Representative where a person appointed as director by the members (as President, Vice-President, Past President/Honorary Treasurer/Honorary Secretary), or as director by another body (such as the Board of Urology, RACS or ANZAUS) takes up a position as Sectional Representative for that USANZ Section. - Prevent the Board from doing something that has the effect of removing another person as Director where that is prohibited by section 203E of the <i>Corporations Act 2001</i> (Cth).
2	2	A definition of “Sectional Representative” has been included in the definition section.

20. MARK-UP VERSION OF THE CONSTITUTION

**Constitution
of
The Urological Society of Australia and New Zealand Limited
ACN 000 069 376**

[Last amended: 1 January 2026, based on resolution at 2024 AGM]

[track changes showing changes proposed for 2026 AGM but not yet adopted]

1. The name of the company is **THE UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND LIMITED (USANZ)**.

2. Definitions:

(a) **ACNC Act** means the *Australian Charities and Not-for-profits Commission Act 2012* (Cth) and includes any legislative instrument, regulation or subordinate legislation made under it;

~~(a)~~(b) **Act** means the *Corporations Act 2001* (Cth) or any statutory modification amendments or re-enactment thereof for the time being in force and any reference to a particular provision of the Act shall unless otherwise indicated in this Constitution be deemed to be a reference to that provision as amended or re-enacted or replaced from time to time;

~~(b)~~(c) **AoNZ Society** means the Aotearoa New Zealand society whose members comprise, whose members are the same as the members of the NZ Section;

~~(c)~~(d) **ANZAUS** means Australian and New Zealand Association of Urological Surgeons;

(e) **Director** means a person who is a director of USANZ;

~~(d)~~(f) **FRACS (Urol)** means the diploma of Fellowship of the Royal Australasian College of Surgeons in Urology;

(g) **Objects** means the purposes for which USANZ is established as set out in clause 3.

(h) **Officer** has the meaning given to that term in the Act.

~~(e)~~(i) **RACS** means the Royal Australasian College of Surgeons;

~~(f)~~(j) **Reside** has its normal meaning except where otherwise specified in the USANZ Membership Administration Policy;

- ~~(k)~~ **Section** means a section of USANZ in Australia or New Zealand organised geographically as more particularly determined by the Board of Directors;
- ~~(g)(l)~~ **Sectional Representative** means a Director who is the representative of a Section;
- ~~(h)~~ **Special Resolution** has the meaning assigned to it by the Act;
- ~~(i)(m)~~ **The Office** means the registered office for the time being of USANZ;
- ~~(j)(n)~~ **The Board of Directors** means the members for the time being of the Board of Directors hereby constituted;
- ~~(k)(o)~~ **The Register** means the Register of Members to be kept in pursuance of the Act;
- ~~(l)(p)~~ **USANZ Membership Administration Policy** means the policy of that name as adopted by the Board of Directors;
- ~~(m)(q)~~ **Vocational (Specialist) Registration** means Vocational (Specialist) Registration in the vocational scope of urology with the Medical Council of New Zealand, which is the class of registration in New Zealand which permits a person to be registered as a specialist urologist, whether they hold a FRACS (Urol) or not.
- ~~(n)(r)~~ **in writing** or **written** include every mode of representing or reproducing words in a visible form.

3. ~~USANZ is established as a charitable institution for the principal purposes of advancing urological science, advancing health and advancing education, and such other purposes as are incidental or ancillary to those, and in furtherance or in aid of those principal purposes. The objects for which USANZ is established are:~~

- ~~(a) To advance the science of urology.~~
- ~~(b) To cultivate and maintain the highest principles of urological practice and ethics.~~
- ~~(c) To promote the practice of urology by securing the improvement of hospitals and hospital methods.~~
- ~~(d) To arrange for post-graduate training in urology at universities, hospitals and elsewhere and to provide for the holding of classes lectures and meetings and other means of instructing members and others in the science of urology.~~
- ~~(e) To promote research in urology and in any other branch of science and learning for the purpose of improving the practice of urology.~~
- ~~(f) To bring together the urologists of Australia and New Zealand and other parts of the world for discussion and demonstration of urological subjects.~~
- ~~(g) To acquire by purchase, donation or otherwise a library of works relating to or~~

20. MARK-UP VERSION OF THE CONSTITUTION

~~having a bearing upon the science of urology, and to provide, establish, conduct and carry on reading, writing, debating, lecture, experimental and or demonstrating rooms or places with such conveniences as may be deemed desirable therefor.~~

- ~~(h) — To take disciplinary action by expulsion, suspension, censure or otherwise against members of USANZ in the interests of the members as a whole and the medical profession generally.~~
- ~~(i) — To establish Sections to conduct scientific activities in accordance with these objects.~~
- ~~(j) — To afford means of adjusting professional differences to which one or more members of USANZ may be a party or parties and to decide all questions of usage or courtesy in connection with matters relating to the practice of urology.~~
- ~~(k) — To promote professional good feeling and friendly intercourse and relationships amongst the members.~~
- ~~(l) — To undertake and execute any trusts the undertaking whereof may be calculated to advance the science or practice of urology and to contribute to or otherwise assist in charitable or benevolent institutions or undertakings.~~
- ~~(m) — To acquire and hold real and personal property by gift, devise, bequest, purchase, subscription or otherwise (but as regards land subject to the provisions of the Act) and to sell, exchange, lease, mortgage or otherwise deal with the same respectively and (subject to clause 4 hereof) to appropriate, distribute and spend the same and the rents, issues and profits, dividends and income thereof and every or any part or parts thereof and any moneys arising from the selling, exchanging, leasing, mortgaging, converting or otherwise dealing therewith as aforesaid.~~
- ~~(n) — In case USANZ shall take or hold any property which may be subject to any trusts USANZ shall only deal with the same in such manner as allowed by law having regard to such trusts.~~
- ~~(o) — To invest the moneys of USANZ not immediately required in such manner as may from time to time be determined.~~
- ~~(p) — To borrow raise and secure the repayment of money in such manner as the Board of Directors shall think fit and in particular by the issue of debentures charged upon all or any part or parts of the property or rights of USANZ both present or future.~~
- ~~(q) — In furtherance of the objects of USANZ to amalgamate or affiliate with any other society or association or concern having objects altogether or in part similar to~~

~~those of the USANZ provided that in the case of amalgamation such other association, society or concern shall prohibit the distribution of its income and property among its members to an extent at least as great as is imposed on USANZ under or by virtue of clause 4 hereof.~~

~~(r) — In furtherance of the objects of USANZ and subject to clause 4 hereof to carry on business as proprietors, printers and publishers of newspapers, journals, magazines, books and other literary works and undertakings and to establish competitions in respect of the contributions or information suitable for mention in any publication and to grant and offer prizes rewards and premiums of such a character and on such terms as may seem expedient.~~

~~(s) — To draw, make, accept, endorse, discount, execute and issue cheques, promissory notes, bills of exchange, debentures and other documents.~~

~~(t) — To appoint from time to time either with full or restricted powers of sub-delegation and either with or without remuneration (subject nevertheless to clause 4 hereof) agents, attorneys, local directors or other persons or corporations under power of attorney or otherwise within Australia and New Zealand or elsewhere for the purpose of carrying out all or any of the objects of USANZ and to revoke and cancel all or any of such appointments or sub-delegations.~~

~~(u) — To do all such other lawful things as are incidental or conducive to the attainment of the above objects including power for USANZ subject to the Act to accept gifts of money or property under conditions that the same shall be applied to any one or more of the objects of USANZ.~~

~~— Provided that USANZ shall not support with its funds any object or endeavour to impose on or procure to be observed by its members or others any regulation or restriction which if an object of the USANZ would make it a trade union.~~

AND IT IS HEREBY DECLARED that in the interpretation of this clause the meaning of any of the USANZ's objects shall not unless the context shall otherwise require be restricted by reference to any other object or by the juxtaposition of two or more objects and that in the event of any ambiguity this clause shall be construed in such a way as to widen and not to restrict the powers of USANZ.

4.

(a) The income and property of USANZ will only be applied towards the promotion of

the Objects.

- (b) No income or property of USANZ will be paid, transferred or distributed, directly or indirectly, by way of dividend, bonus or other profit distribution to any member of USANZ in their capacity as a member. However, nothing in this Constitution will prevent payment in good faith to a member:
- (i) for goods or services the member has provided or expenses the member has properly incurred at fair and reasonable rates or rates more favourable to USANZ in return for any services rendered or goods supplied in the ordinary and usual course of business to USANZ; or
 - (ii) of reasonable and proper rent for premises leased by any member to USANZ; or
 - (iii) if the payment or transfer is otherwise made by USANZ to the recipient in the course of USANZ carrying out its Objects.
- (c) No payment may be made to any Director other than the payment of out-of-pocket expenses incurred by the Director in the performance of any duty as Director where the amount payable is approved by the Board.
- (d) For the avoidance of doubt, the provisions of this clause 4 do not prevent, limit or restrict the indemnity provided by clause 76 or the taking out of an insurance policy.
- (+)(e) For the avoidance of doubt, the provisions of this clause 4 do not prohibit or limit the remuneration that may be paid to a person in their capacity as an employee of USANZ. However, no member of the Board of Directors USANZ may be appointed to any salaried office of USANZ or any office of USANZ paid by fees. The income and property of USANZ whencesoever derived shall be applied solely towards the promotion of the objects of USANZ as set forth in this Constitution and no portion thereof shall be paid or transferred directly or indirectly by way of dividend, bonus or otherwise by way of profit to the members of USANZ provided that nothing herein shall prevent the payment in good faith of remuneration to any officers or servants of USANZ or to any member in return for any services actually rendered to USANZ. No member of the Board of Directors or governing body of USANZ shall be appointed to any salaried office of USANZ or any office of USANZ paid by fees and no remuneration or other benefit in money or money's worth shall be given by USANZ to any member of the Board of Directors except re-payment of out-of-pocket expenses of USANZ. The preceding provisions of this clause shall not apply to prevent the gratuitous distribution among, or sale at a discount to, members of USANZ of any books or other publications whether published by USANZ or otherwise relating to all or any of its objects as set out above nor to prevent any member who may be a successful competitor or exhibitor at any competition or exhibition or examination held or promoted by USANZ under these objects or to the

~~cost of establishing or holding of which USANZ may have subscribed out of its income or property from receiving as such competitor or exhibitor a prize medal or other recognition which may under the regulations affecting the said competition exhibition or examination be awarded to that person.~~

~~4-5.~~ The place in New South Wales in which the registered office of USANZ is proposed to be situated is Sydney.

~~5-6.~~ The liability of the members is limited.

~~6-7.~~ Every member other than an Honorary Member undertakes to contribute to the assets of USANZ in the event of the same being wound up during the time that they are a member or within one year afterwards for payment of the debts and liabilities of USANZ contracted before the time at which they cease to be a member and of the costs charges and expenses of winding up the same and for the adjustment of the rights of the contributories amongst themselves such amount as may be required not exceeding the annual membership fee plus \$500.

~~8.~~

~~(a) Any surplus assets that remain after USANZ is wound up must, subject to clause 8(b)8(e):~~

~~(i) not be distributed to the members of USANZ; and~~

~~(ii) be distributed to one or more entities:~~

~~(A) established as a charitable institution, charitable fund or charitable trust, for purposes that are similar to or inclusive of the Objects; and~~

~~(B) that also prohibit the distribution of any surplus assets to their members to at least the same extent as USANZ.~~

~~(a)(b) The decision as to the charitable entity or entities to be given the surplus assets under clause 8(a)(ii)8(b) must be made by resolution of the members. If the members do not make this decision, USANZ may apply to the Supreme Court in the State of NSW or such other Court as may have or acquire jurisdiction in the matter to make this decision. If upon winding up or dissolution of USANZ there remains, after the satisfaction of all its debts and liabilities any money or property the same shall not be paid to, or distributed among, the members of USANZ but shall be given or transferred to some other institution or institutions having objects similar to the objects of USANZ and which shall prohibit the distribution of its or their income and property among its or their members to an extent at least as great as is imposed on USANZ under or by virtue of clause 4 hereof, such institution or institutions to be determined by the members of USANZ at or before the time of~~

~~dissolution and in default thereof by the Supreme Court of the State of New South Wales or such other Court as may have or acquire jurisdiction in the matter. If effect cannot be given to the above, then to some charitable object.~~

~~7-9.~~ True accounts shall be kept of the sums of money received and expended by the USANZ and the matters in respect of which such receipt and expenditure takes place and of the property credits and liabilities of USANZ and subject to any reasonable restrictions as to the time and manner of inspection that may be imposed in accordance with the Constitution of USANZ for the time being in force, the same shall be open to inspection of members. Once at least every year the accounts of USANZ shall be examined and the correctness of the balance sheet ascertained by one or more properly qualified Auditor or Auditors in the manner or to the extent required by law.

~~8-10.~~ No addition, alteration or amendment shall be made to the Constitution for the time being in force unless the same shall have been submitted to and approved by the Board of Directors.

~~9-11.~~ In this Constitution when any provision of the Act is referred to, the reference is to such provision as modified by any law for the time being in force. Unless expressly provided in this Constitution, and if so, only to that extent, the provisions of the Act that are expressed not to apply to the Company as a result of section 111L of that Act do not apply.

~~10-12.~~ This company (hereinafter called **USANZ**) for the purposes of registration but not by way of limitation is declared to consist of one hundred members.

~~11-13.~~ The Board of Directors may whenever the business of USANZ requires it register an increase of the members.

MEMBERSHIP

~~12-14.~~ The subscribers to this Constitution and such other persons as shall have agreed to be bound by this Constitution, shall be admitted to membership in accordance with the provisions of the Constitution, and none others, shall be members of USANZ and shall be entered in Register accordingly.

~~13-15.~~ Membership of USANZ shall be limited to persons who are or have been engaged in the practice of urology, or take a special interest in urology.

~~14-16.~~ There shall be the following classes of membership, the criteria for which are set out as follows:

(a) **FELLOW:**

Persons who:

- (i) are Full Members of USANZ; and
- (ii) have, in the opinion of the Board of Directors, rendered distinguished service to USANZ and the practice of urology.

(b) **FULL MEMBER:**

Persons who:

- (i) are registered medical practitioners who practise exclusively the specialty of urology; and
- (ii) either:
 - (A) Reside in Australia or New Zealand and hold a FRACS (Urol); or
 - (B) Reside in New Zealand and hold a Vocational (Specialist) Registration.

(c) **TRAINEE MEMBER:**

Persons who:

- (i) are registered medical practitioners;
- (ii) Reside in Australia or New Zealand; and
- (iii) have been formally accepted into the RACS specialty training program in Urology leading to the FRACS (Urol), and have not yet been awarded the FRACS (Urol).

Persons who fulfil the criteria for trainee membership automatically become Trainee Members as at the date they are formally accepted into the RACS specialty training program in Urology.

(d) **CORRESPONDING MEMBER:**

Persons who:

- (i) are practising urologists;
- (ii) are full members of another recognised Urological Association in a country other than Australia or New Zealand;
- (iii) Reside in a country other than Australia or New Zealand; and
- (iv) have an interest in urology in Australasia.

(e) **ASSOCIATE UROLOGICAL MEMBER:**

Persons who:

20. MARK-UP VERSION OF THE CONSTITUTION

- (i) are registered medical practitioners;
- (ii) Reside in Australia or New Zealand;
- (iii) do not fulfill the criteria for Full Membership but who, in the opinion of the Board of the Directors, have a recognised qualification or qualifications in urology; and
- (iv) have a medical practice which is at least two-thirds in the field of urology or who, at the time they retired (regardless of whether they maintain registration as a medical practitioner), had a medical practice which was at least two-thirds in the field of urology.

Note: Specialist International Medical Graduates (SIMGs), and those with Provisional Vocational (Specialist) Registration, will typically be placed in the Associate Urological Member category.

(f) **ASSOCIATE MEMBER:**

Persons who:

- (i) Reside in Australia or New Zealand; and
- (ii) are, or who were as at the time of their retirement:
 - (A) scientists who do not practice urology but who are actively interested in some phase or aspect of urology; or
 - (B) registered medical practitioners who are a member of an approved non-urological medical society in Australia or New Zealand and who have an interest in continuing education in urology.

(g) **HONORARY MEMBER:**

Persons who, in the opinion of the Board of Directors, have made a distinguished contribution to urology or USANZ.

15-17. Every application for membership or change of membership shall be accompanied or supported by such evidence as the Board of Directors may require to demonstrate that the applicant fulfills the criteria to be a member of the class to which they seek admission. The Board of Directors shall have the power to reject or suspend an application for any class of membership or change of membership without assigning any reason thereof.

- (a) An application for admission to any class of membership of USANZ (excluding Corresponding Members) must be signed by the applicant, and the admission of the applicant to membership must be proposed and then seconded by two members of USANZ, who shall be Full Members or Fellows of USANZ or a Full

Member and a Fellow of USANZ.

- (b) An application for admission to become a Corresponding Member must be signed by the applicant, and the admission of the applicant to membership must be:
- (i) proposed and then seconded by two members of USANZ who shall be Full Members or Fellows, or a Full Member and a Fellow; or
 - (ii) accompanied by a letter from an international urological association (other than Australia or New Zealand) recognised and approved by USANZ in its discretion, from time to time, endorsing the application and confirming the applicant's current membership category and membership status.

PROCEDURE OF BOARD OF DIRECTORS ON ELECTION OF A MEMBER

~~16-18.~~ Any resolution moved before the Board of Directors that an eligible person shall be elected as a Member shall be decided on a show of hands unless (before or on the declaration of the result of a show of hands) a poll is demanded by one member of the Board of Directors present in person or by proxy entitled to vote. Any such resolution shall fail if a majority of votes are not in favour of the resolution or if there be two adverse votes. The taking of a poll under this clause shall be regulated in the same manner as is provided by this Constitution in respect of a poll at a general meeting.

~~17-19.~~ Not less than three days prior to the meeting of the Board of Directors at which any proposed resolution mentioned in the preceding clause is to be put to the vote, the Honorary Secretary shall in writing notify the members of the Board of Directors of such proposed resolution and the date, time and place of the meeting.

ADMISSION TO MEMBERSHIP

~~18-20.~~ An applicant for membership of any class whose application has been refused shall not be entitled to re-apply for membership of the same or a higher class until after the expiration of twelve calendar months from the date of the refusal.

~~19-21.~~ Upon election to the membership, each Member shall commit to pay any entrance fee, annual subscription or any other fees that may be payable from time to time.

~~20-22.~~ The Honorary Secretary shall publicise to all members of USANZ the election of any new member to any class.

REGISTER OF MEMBERS

~~21-23.~~ There shall be kept in the office under the control of the Board of Directors a Register wherein shall be entered the name and address of each member and their class of membership.

ENTRANCE FEE AND SUBSCRIPTION

22-24. Members of every class shall be liable to pay such entrance fees annual subscriptions and fines for late payment of entrance fees or annual subscriptions as may from time to time have been determined in respect of each such class of members by the Board of Directors, and such fees subscriptions and fines shall be payable on such day or days as may be fixed by the Board of Directors.

23-25. The Board of Directors may exempt a member from the payment of the whole or a proportion of the subscription fixed by or under this Constitution for such period or periods as the Board of Directors shall think fit. A member who has been exempted from payment of the whole or a proportion of a subscription under this clause shall only have such limited rights under this Constitution (including limited or no right to vote and limited or no right to exercise all other rights and privileges attributable to that person's membership) for such period or periods as the Board of Directors shall think fit).

DISCIPLINARY ACTION AND CESSATION OF MEMBERSHIP

24-26. Any member may at any time resign their membership of USANZ by notice in writing to the Honorary Secretary, and thereupon they shall cease to be a member of USANZ subject however to the provisions of the Constitution and without prejudice to their liability to pay any amount accrued due to USANZ prior to them ceasing to be a member.

25-27. If a member of any class who at any time after they were elected a member of that class ceases to fulfil (other than by reason of retirement from practice) any of the criteria prescribed by this Constitution for members of such class, the Board of Directors may resolve that the person either ceases to be a Member or is transferred to a different membership class.

26-28. A member who has not paid any annual subscription and/or other fees or fines that may be applicable from time to time, will be dealt with in accordance with the USANZ Membership Administration Policy. A member who fails to pay any annual subscription and/or other fees or fines in accordance with the Membership Administration Policy will cease to be a member. Any member seeking re-election by the Board of Directors may be required to pay a re-election fee.

27-29. A person shall cease to be a member if:

- (a) that person dies;
- (b) in the case of a Trainee Member, that person withdraws from or otherwise ceases to be formally accepted by the RACS specialty training program in Urology;
- (c) that person is convicted of an indictable offence;
- (d) for classes of membership which require a person to be a registered medical

practitioner, that person ceases to be registered as a medical practitioner, except where that person has voluntarily ceased their registration, (as to which the opinion of the Board of Directors shall be conclusive) or where the Board of Directors consents to the cessation of registration either prior thereto or within three months thereafter; or

- (e) that person has failed to pay any annual subscription and/or other fees or fines and the USANZ Membership Administration Policy provides, in the circumstances, that their membership ceases.

~~28-30.~~ The Board of Directors shall have power to censure, suspend or expel any member who:

- (a) may be considered guilty of dishonourable or disgraceful conduct;
- (b) has failed to observe the Constitution;
- (c) brings USANZ into disrepute;
- (d) conducts affairs for or on behalf of USANZ:
 - (i) in breach of Board policy; or
 - (ii) beyond the delegation of authority granted by the Board; or
- (e) is guilty of conduct which, in the opinion of the Board of Directors, is detrimental to the interests of USANZ,

provided however that no suspension or expulsion shall be enforced and no censure passed unless a meeting of the Board of Directors be called for the purpose and two-thirds of the members of the Board of Directors present in person or by proxy agree to such decision and that the member concerned shall have first been notified of the matter alleged against that person, and given an opportunity of being heard in their own defence.

~~29-31.~~ Any member expelled from USANZ, or whose membership ceases, pursuant to a decision by the Board of Director under clause 30 shall not be eligible for re- election as a member for a period of at least twelve months and then only upon such terms and conditions as the Board of Directors may determine.

~~30-32.~~ The decision of the Board of Directors as to admission of members, election of Fellows, cessation of membership or exercise of the powers conferred upon the Board of Directors by clauses 18, 29, 30 and 31 shall be final.

~~34-33.~~ No person who for any reason ceases to be a member of USANZ shall be entitled to receive nor shall that person receive a refund of fees or subscriptions paid by them to USANZ on account of their membership.

GENERAL MEETINGS

32-34. A General Meeting (to be called the **Annual General Meeting**) of USANZ shall be in addition to any other meeting be held at least once in every calendar year at such time (not being more than 15 months after the holding of the last preceding Annual General Meeting) and place as the Board of Directors may determine. Every General Meeting of USANZ other than an Annual General meeting shall be called an **Extraordinary General Meeting**.

33-35. Twenty-one days' notice in writing specifying the place and the date and the hour of a General Meeting and in the case of special business and the general nature of such a business shall be given to the members in the manner provided for in this Constitution.

34-36. The business of an Annual General Meeting shall be to receive and consider reports of the Board of Directors and of the Auditors, to consider any statement of accounts and balance sheet submitted to the meeting, to endorse the appointment of ~~officers~~Directors in place of those retiring, and to transact any other business which under this Constitution ought to be transacted at an Annual General Meeting and any business which is brought under consideration by the report of the Board of Directors. All other business transacted at any Annual General Meeting and all business transacted at any Extraordinary General Meeting shall be deemed special.

35-37. 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 USANZ.

36-38. If within half an hour from the time appointed for the meeting a quorum of members is not present a meeting if convened upon the requisition of members shall be dissolved. In any other case the members present shall constitute a quorum.

37-39. The President (if any) of USANZ or, in the President's absence, the Past President and/or, in the Past President's absence, the Vice- President shall preside at all general meetings. If the President, the Past President and the Vice- President are absent from any General Meeting, the members present shall elect one of their number to be Chair and the Chair so elected shall continue in office until the conclusion of the meeting.

38-40. Every question submitted to a meeting excepting the election of the Board of Directors shall be decided in the first instance by a show of hands and in the case of an equality of votes the Chair shall both on a show of hands and on a poll have a casting vote in addition to the vote to which that person may be entitled to vote on a show of hands.

39-41. At any general meeting unless a poll is demanded by at least three members entitled to vote, a declaration by the Chair that a resolution has been carried or carried by a particular majority or lost or not carried by a particular majority and an entry to that effect in the

Minute Book shall be conclusive evidence of the fact without proof of the number and proportion of the votes recorded in favour of or against such resolution.

~~40-42.~~ If a poll is demanded as aforesaid it shall be taken in such manner and either by ballot or otherwise and at such time (not exceeding twenty-eight days from the meeting at which the same is demanded) and place as the Chair of the meeting directs; and the result of the poll shall be deemed to be a resolution of the meeting at which the poll was demanded.

~~41-43.~~ The Chair of a meeting may, with the consent of the meeting, adjourn the same from time to time and from place to place, but no business shall be transacted at an adjourned meeting other than the business unfinished at the meeting from which the adjournment took place. Notice of such adjourned meeting will be sent to members.

~~42-44.~~ An Extraordinary General Meeting may be convened by the Board of Directors or the President at any time and Extraordinary General Meetings may also be convened and held in accordance with the provisions of the Act.

~~43-45.~~ The accidental omission to give notice of a meeting to, or the non-receipt of notice of meeting by, any member shall not invalidate the proceedings at any meeting.

VOTES OF MEMBERS

~~44-46.~~ Every Fellow and Full Member who is entitled to vote shall have one vote and no member of any other membership class shall be entitled to vote.

- ~~45-47.~~ (a) Upon a poll, votes may be given either personally or by proxy but no person who is not a member of USANZ shall be appointed to act as a proxy and no member of USANZ shall be entitled as a proxy to vote upon any matter upon which that person is not a member entitled to vote.
- (b) The instrument appointing a proxy shall be deemed to confer authority to demand or join in demanding a poll.
- (c) The instrument appointing a proxy and the power of attorney (if any) under which it is signed or a certified copy of such power of attorney shall be deposited with the Honorary Secretary or the Chair of the meeting before the person named in such instrument purports to vote in respect thereof.
- (d) A vote given in accordance with the terms of the instrument of proxy shall be valid notwithstanding the previous death of the principal or revocation of the proxy in respect of which the vote is given provided no intimation in writing of the death or revocation shall have been received by the Honorary Secretary or by the Chair of the meeting before the vote is given.

- (e) Every instrument of proxy whether for a specified meeting or otherwise must be under the hand of the appointer or that person's attorney duly authorised in writing and may be in the form or to the effect following:-

The Urological Society of Australia and New Zealand I
being a member of the above mentioned USANZ hereby appoint
..... or failing that
person
..... as my proxy to
vote for me and on my behalf at the general meeting of USANZ to be held
on the
..... day of and at any adjournment thereof, as
witness my hand this day of 20.....

BOARD OF DIRECTORS

46-48. The Board of Directors of USANZ shall consist of:

- (a) President;
- (b) Vice- President;
- (c) Past President/Honorary Treasurer /Honorary Secretary;
- (d) President of the AoNZ Society;
- (e) ANZAUS Chair;
- (f) Board of Urology (**BoU**) Chair;
- (g) Specialty Elected RACS Councillor (**RACS Councillor**);
- (h) Sectional Representatives for each Section; and
- (i) Two external directors.

47-49. The first Board of Directors shall take office on 1 July 2009, and thereafter the Board of Directors shall take office at the Annual General Meeting.

- 48-50. (a) The Vice-President shall be elected from amongst the Full Members and Fellows by the members who are entitled to vote.
- (b) A person is only eligible to be Vice-President if they hold a FRACS (Urol).

49-51. The President, Vice-President and Past President/Honorary Treasurer/Honorary Secretary may hold office until no later than the Annual General Meeting two years after the Annual General Meeting at which they assumed office (or first held office if they assumed office before that Annual General Meeting).

- 50-52. (a) The position of President shall be filled by the person who held the position of

Vice-President immediately before the end of the former President's term.

- (b) Where the person holding the position of President vacates their position at the Annual General Meeting, the person holding the position of Vice-President immediately before the Annual General Meeting will become the new President at that Annual General Meeting.

~~54-53.~~ The position of Past President shall be filled by the person who at the Annual General Meeting vacates the office of President. The Past President shall also be the Honorary Treasurer of USANZ.

~~52-54.~~ Subject to compliance with the Act, the Past President will be an Honorary Secretary of USANZ. The Board of Directors may also appoint one or more other individual to be an Honorary Secretary of USANZ.

~~53-55. If:~~

- ~~(a) A person who is appointed as Director under any of clauses 48(a)- 48(c) or clauses 48(e) - 48(g), who is from a Section, will be the Sectional Representative for that Section unless:~~
 - ~~(i) another person who was appointed as a Director under any of clauses 48(a) – 48(c) or clauses 48(e) – 48(g) is already holding office as Sectional Representative for that Section; or~~
 - ~~(ii) another person is appointed as Sectional Representative for that Section under clause 56; or~~
 - ~~(iii) the person is the AoNZ Society President.~~
- ~~(b) A person will cease to be a Sectional Representative for a Section if they cease to hold office as Director, including in the circumstances set out in clause 57(d).~~
 - ~~(a) a person attains office under clauses 48(a)– 48(c) or 48(e)– 48(g);~~
 - ~~(b) that person is from a Section which does not have a representative at the time of attaining office; and~~
 - ~~(c) that person is not also the AoNZ Society President,~~

~~then that person:~~

 - ~~(d) at the same time as attaining office under clauses 48(a)– 48(c) or 48(e)– 48(g), and subject to clause 56, automatically attain the additional office of Sectional Representative for that Section; and~~
 - ~~(e) cease to be Sectional Representative at the same time as they cease to hold office under clauses 48(a)– 48(c) or 48(e)– 48(g).~~

~~54-56. Despite clause 55(d), if there is more than one person to whom both clauses 55(a) and 55(b) apply at any one time (that is, more than one person who has been appointed as~~

~~Director attained office~~ under clauses 48(a) - 48(c) or clauses 48(e) - 48(g), and those persons are from the same Section ~~and that Section -which~~ does not have a representative at the time ~~those persons were appointed of attaining office~~, then the Board of Directors will, having regard to roles and skills, appoint a Sectional Representative from among those persons to fill that vacancy.

~~55-57.~~ If, from time to time, there is no member of the Board of Directors who holds the office of Sectional Representative for any Section pursuant to clauses 55 or 56 then the Board of Directors will, having regard to roles and skills, appoint a Sectional Representative to fill that vacancy. The Board of Directors will appoint a person to be the Sectional Representative from among the Full Members of the applicable Section. A Sectional Representative appointed under this clause 57:

- (a) shall be appointed by the Board of Directors on or before 31 December every three years from amongst those candidates submitted by a Section to the President for a term of three years;
- (b) will take office at the Annual General Meeting the year following appointment under this clause;
- (c) must, every three years, vacate their office but may be reappointed subject to the provisions of this Constitution and the Board of Directors shall appoint a member to this office in accordance with this clause;
- (d) will cease to hold office as a Director have their term automatically terminated if another person becomes Sectional Representative for the same Section under clause 55(a) or clause 56, despite any other provision of this clause 57, but subject to section 203E of the Act~~55(d)~~; and
- (e) may only hold office for three consecutive terms.

~~56-58.~~ The Board of Directors may, from time to time, appoint two directors who are non-Members of USANZ on the basis of need and skills required at any given times (**external directors**). The external directors:

- (a) shall be appointed by the Board of Directors on or before 31 December every three years (subject to annual review of performance and review of the needs of USANZ in terms of roles and skills) for a term of three years;
- (b) will take office at the Annual General Meeting the year following appointment under this clause;
- (c) must, every three years, vacate their offices and the Board of Directors shall

appoint another member to this office in accordance with this clause; and

(d) may only hold office for two consecutive terms.

~~57-59.~~ Any casual vacancy occurring on the Board of Directors may be filled by the Board of Directors until the next Annual General Meeting, provided that any person so appointed meets the relevant criteria for the office of USANZ that is vacant and the person is willing to act on the Board of Directors.

POWERS AND DUTIES OF BOARD OF DIRECTORS

~~58-60.~~ The management and control of USANZ shall be vested in the Board of Directors. The Board of Directors may exercise all the powers of USANZ except any powers that the Act or this Constitution require to be exercised by USANZ in a general meeting (**Member Direction**) provided that:

- (a) The Member Direction is not inconsistent with the Act or this Constitution;
- (b) No Member Direction invalidates any prior act of the Board of Directors which would have been valid if the Member Direction had not been given.

~~61.~~ The Directors and Officers must comply with any duties imposed on them by law, to the extent they apply, which may include duties under the Act as well as duties under the ACNC Act. These may include the following duties:

- (a) Directors must exercise their powers and discharge their duties with reasonable care and diligence.
- (b) Directors must exercise their powers and discharge their duties in good faith in the best interests of USANZ, and for a proper purpose.
- (c) Directors and Officers must not make improper use of their position, or information acquired by virtue of holding their position, so as to gain an advantage for themselves or any other person or to cause detriment to USANZ.

~~For the avoidance of doubt, this clause 61 is not intended to impose a duty to any extent greater than is required by law, or to exclude defences or protections available at law. Where any member of the Board of Directors is unable to attend a meeting or meetings of the Board of Directors, that person shall be entitled to appoint another member of the Board of Directors to be their proxy for such meeting or meetings. The appointment of a proxy shall be in writing and shall be signed by the member of the Board of Directors. Any proxy may be limited to any part of a meeting of the Board of Directors or to any specific question and must be produced at the meeting at which the proxy holder proposes to vote. A proxy holder shall be entitled to exercise all the rights of the appointer to attend and vote at the meeting(s) for which that person, is appointed.~~

THE SEAL

~~59-62.~~ The seal of USANZ shall not be affixed to any instrument except by the authority of the

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President, or in the President's absence the Past President, or in the Past President's absence the Vice-President and the Chief Executive Officer or such other person as the Board of Directors may appoint for the purpose.

DISQUALIFICATION OF MEMBER OF BOARD OF DIRECTORS

~~60-63.~~ The office of a member of the Board of Directors (including the office of President or Vice-President if held) shall be vacated if that person:

- (a) becomes bankrupt;
- (b) is found or declared of unsound mind;
- (c) without leave, does not attend four consecutive meetings of the Board of Directors;
- (d) is removed by the members under the Act;
- (e) for any reason ceases to be a member of USANZ;
- (f) becomes prohibited from being a member of the Board of Directors by reason of any order made under the provisions of the Act or a decision made under the ACNC Act;
- (g) resigns such office in writing; or
- (h) holds any office of profit under USANZ.

64.

- (a) Notwithstanding section 111L of the Act, the provisions of section 191 of the Act will apply to USANZ as a result of this clause 64.
- (b) Any perceived or actual conflict of interest of a member of the Board of Directors must be dealt with in accordance with the provisions of the relevant legislation, being:
 - (i) the Act; and
 - (ii) the ACNC Act,which must include:
 - (iii) disclosing the interest, including the nature and extent of the interest and the relationship of the interest to USANZ; and
 - (iv) recording all such disclosures in the minutes of the relevant meeting and any register of interests as applicable.
- (c) A general notice given to the Board of Directors by a Director that:
 - (i) the Director is an Officer, a member of, or otherwise interested in any specified corporation or firm or other body; and
 - (ii) states the nature and the extent of the Director's interest in the corporation or firm or other body.

- will, after the giving of the notice, be a sufficient disclosure of the Director's interest in relation to any matter involving USANZ and that corporation or firm or body, provided that the extent of the interest is no greater at the time consideration of the relevant matter by the Board than was stated in the notice.
- (d) A Director who has a material personal interest in a matter that is being considered by the Board must not be present while the matter is being considered at a Board meeting or vote on the matter unless:
- (i) the Directors who do not have a material personal interest in the matter have passed a resolution that:
- (A) identifies the Director, the nature and extent of the Director's interest in the matter and its relation to the affairs of USANZ;
and
- (B) states that those Directors are satisfied that the interest should not disqualify the Director from voting or being present; or
- (ii) the interest is one described in section 191(2) of the Act, such as an interest that:
- (A) arises because the Director is a member of USANZ and is held in common with the other members of USANZ; or
- (B) relates to a contract USANZ is proposing to enter into that is subject to approval by the members and will not impose any obligation on USANZ if it is not approved by the members; or
- (C) arises merely because the Director is a guarantor or has given an indemnity or security for all or part of a loan (or proposed loan) to USANZ; or
- (D) arises merely because the Director has a right of subrogation in relation to a guarantee or indemnity referred to in subparagraph 64(d)(ii)(C); or
- (E) relates to a contract that insures, or would insure, the Director against liabilities the Director incurs as an Officer of USANZ (but only if the contract does not make USANZ or a related body corporate the insurer); or
- (F) relates to any payment by USANZ or a related body corporate in respect of an indemnity permitted under section 199A of the Act or any contract relating to such an indemnity; or
- (G) is in a contract, or proposed contract, with, or for the benefit of, or on behalf of, a related body corporate and arises merely because the director is a director of the related body corporate;
or
- (H) is one of the other interests listed in section 191(2) of the Act;
or

- ~~(iii) the Act otherwise permits the Director to be present or vote.~~
- ~~(e) A Director who is not permitted to vote on a matter is not to be counted in a quorum for the transaction of that matter.~~
- ~~(f) Subject to the Act and the ACNC Act and this Constitution, a Director may:
 - ~~(i) hold any office or position, or become interested in, any entity assisted by USANZ or in which USANZ has an interest of any kind, with the consent of the Board;~~
 - ~~(ii) enter into a contract or arrangement with USANZ or related body corporate as vendor, purchaser or in any other capacity;~~
 - ~~(iii) act in a professional capacity (or be a member of a firm which acts in a professional capacity) for USANZ, except as auditor;~~
 - ~~(iv) sign or participate in the execution of a document by or on behalf of USANZ in which the Director is interested; or~~
 - ~~(v) do any of the above despite the fiduciary relationship of the Director's office:
 - ~~(A) without liability to account to USANZ for any direct or indirect benefit accruing to the Director; and~~
 - ~~64-(B) without affecting the validity of any contract or arrangement. A member of the Board of Directors shall not vote in respect of any contract in which that person is interested, or any matter arising therefrom, and if that person does so vote their vote shall not be counted, provided always that nothing in this clause shall affect the operation of clause 4 of the Constitution of USANZ.~~~~~~

PROCEEDINGS OF BOARD OF DIRECTORS

~~62-65.~~ The Board of Directors may meet together for the dispatch of business, adjourn, and otherwise regulate their meetings, as they think fit. Questions arising at any meeting shall be decided by a majority of votes.

~~63-66.~~ In a case of an equality of votes the Chair shall have a second or casting vote.

~~64-67.~~ At any time a member of the Board of Directors may, and the Honorary Secretary on the requisition of a member of the Board of Directors shall, summon a meeting of the Board of Directors.

~~65-68.~~ The quorum necessary for the transaction of the business of the Board of Directors shall be the next whole number above 50% of the number of members comprising the Board of Directors, that number of persons being present personally or on the telephone, subject to clause 64(e).

~~66-69.~~ A resolution in writing signed by all the members of the Board of Directors shall be as valid and effectual as though duly passed at a properly constituted meeting of the Board

of Directors.

~~67-70.~~ The President, or in the President's absence, the past President or (if the latter be absent) the Vice-President shall be Chair of the meetings of the Board of Directors; but if at any meeting the Chair is not present within fifteen minutes after the time appointed for holding the same, the members of the Board of Directors present may choose one of their number to be Chair of the meeting.

~~68-71.~~ All acts done by any meeting of the Board of Directors or by any person acting as a member thereof, shall notwithstanding that it be afterwards discovered that there was some defect in the appointment of any such Board of Directors or person acting as aforesaid, or that they or any of them were disqualified, be as valid as if every such person had been duly appointed and was qualified to be a member of the Board of Directors.

GENERAL

~~69-72.~~ Proper records and minutes of all proceedings and resolutions shall be kept, particularly in respect of Committee, Board of Directors and Members' meetings.

~~70-73.~~ The Board of Directors shall cause proper accounts to be kept in respect to all moneys received and expenditure thereof and the matter in respect of which receipt and expenditure takes place; all sales and purchases of goods by USANZ and the assets and liabilities of USANZ at all times.

~~74-74.~~ The Board of Directors shall cause accounts to be kept as provided by clause 9 of the Constitution and shall, in accordance with the Act or ACNC Act as applicable, cause to be prepared and laid before USANZ in general meeting such profit and loss or income and expenditure accounts and balance sheets and reports as are referred to in that clause and are applicable to USANZ.

~~72-75.~~ Auditors shall be appointed and their duties regulated in accordance with the provisions of the Act and the ACNC Act as applicable and clause 9 of the Constitution.

~~73-76.~~ Every member of the Board of Directors or eOfficer of USANZ or any person employed by USANZ as Auditor shall be indemnified out of the funds of USANZ against all liability incurred by that person as such member of the Board of Directors or eOfficer or Auditor in defending proceedings, whether civil or criminal, in which judgement is given in their favour or in which they are acquitted, or in connection with any application under the Act in which relief is granted to them by the Court.

~~74-77.~~ Notices required to be served by USANZ or the Board of Directors upon the members may be served either personally, by leaving the same or by sending them through the post in a letter addressed to the members at their registered places of abode or by email. All the

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members if served by post shall be deemed to have been served at the time when the letter envelope wrapper or postcard containing the same being properly addressed and put into a post office would have arrived in due course of post. In the event of any Member not having that person's place of abode registered then a notice shall be efficiently served on them by being affixed as a general notice in the Registered Office of USANZ. For the purposes of this clause 'place of abode' shall include any address any Member or Members may specify for the forwarding of notices including an office or place of business or post office numbered box.

75-78. Any such notice including the signature thereto may be wholly or partly typed or printed.

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