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“ANZCA is maintaining a close watch on the workforce situation and is working with the National Medical Training Advisory Network on workforce modelling in Australia.”

Dr Genevieve Goulding, ANZCA President

President's report

There are so many Fellows and trainees to thank for all their work throughout 2015, from the dedicated members of the ANZCA Council and FPM Board through to all the other important committees and working groups that address safety and quality, our training program and numerous other activities that ultimately benefit our patients.

I also recognise the important role performed by our New Zealand and regional committees in the training of the next generation of anaesthetists. In 2015, I managed to travel to every region in Australia and to New Zealand, enabling me to see first-hand the amount of work that occurs at the grassroots level of the College.

Our work is strongly supported by our skilled staff, ably led by our new chief executive officer, John Illott, who took over from Linda Sorrell during the year.

As president I was actively involved in important medico-political activities and meeting with organisations whose work impacts on us, such as the Australian Society of Anaesthetists, the Committee of Presidents of Medical Colleges, the College of Intensive Care Medicine and the Royal Australasian College of Surgeons (RACS).

I was also able to gain an insight into how colleges overseas work, attending meetings of our sister organisations in Ireland and Canada, where we signed the canAIRS agreement with the Canadian Anesthesiologists' Society, an expansion of our webAIRS incident reporting process.

Revalidation, and how it impacts on continuing professional development, continues to command attention. In September, the Medical Board of Australia released the final report it commissioned from Plymouth University, *The evidence and options for medical revalidation in the Australian context* and the College is actively engaged in the next steps in relation to the review.

Our commitment to safety and quality also remains high on the agenda and we made several submissions to regulatory authorities on issues in this area, both in Australia and New Zealand.

Our advocacy work overseas continues to expand and we conducted the Pacific region's first Safer Anaesthesia from Education Obstetrics workshop which was held with the University of Papua New Guinea, School of Medicine and Health Sciences. Thirty-two delegates attended with 16 trained as future trainers.

The Research Committee awarded nearly \$A1.5 million in research grants. The perpetual Robin Smallwood Bequest was created through a generous gift from the family of the late Robin Smallwood, a former dean of the Faculty of Anaesthetists, RACS.

FPM rolled out its revised training program during the year, the result of many months' hard work and commitment by FPM Fellows and the FPM support staff.

Better Pain Management, an online education program for healthcare professionals, continues to expand with a promotional campaign planned for 2016. The free FPM opioid equianalgesic calculator, smart phone app and complementary website were also developed to promote consistency in converting combinations of opioids.

We continue to enhance our online support resources for ANZCA and FPM supervisors and trainees, including nine essential topic area e-Learning modules to support the FPM training program.

ANZCA is maintaining a close watch on the workforce situation and is working with the National Medical Training Advisory Network (NMTAN) on workforce modelling in Australia. In New Zealand, a head of department workforce census (with 100 per cent compliance) was completed. ANZCA will perform another new Fellow survey in 2016, which collects important data to inform workforce planning.

The issue of bullying, discrimination and sexual harassment, in particular relating to trainees, was sharply brought into focus in 2015 through complaints made against RACS. We support RACS's response to this issue and established our own Bullying, Discrimination and Sexual Harassment Working Group to clearly define ANZCA's strategy and to strengthen our processes and support mechanisms to deal with these issues.

The College aims to do as much for its Fellows as possible. Our continuing medical education events are a good example of this, headlined by our wonderful annual scientific meeting (ASM). Last year's ASM in Adelaide saw more than 1700 delegates enjoy four plenary sessions, 60 concurrent sessions, 52 workshops, 50 small group discussions, 73 e-poster sessions and a range of extraordinary social activities. The College also welcomed 149 ANZCA Fellows and 17 FPM Fellows.

Many other events were run by the College – special interest group meetings and meetings for Fellows and trainees throughout Australia and New Zealand.

Australasian Anaesthesia 2015 (the Blue Book), and the long-awaited fourth edition of *Acute Pain Management: Scientific Evidence* were produced in 2015 – both extremely useful and popular member benefits. We also launched a web-based anaesthesia photo library for Fellows' use.

We continue to enhance the training portfolio system to improve its usability for Fellows and trainees and during the year we rolled out our new training site accreditation system that will make assessment of training hospitals easier and more efficient.

It was heartening to see so many Fellows participate in the College-run National Anaesthesia Day (October 16). An increasing number of hospitals participated and this, accompanied by a strong media campaign, contributes to raising the profile of anaesthesia in the community as well as our role in health advocacy.

Thank you to everyone who contributed to the continued growth of the College in 2015.



“An important goal of the College is to promote our profession to the community as well as raising the profile of ANZCA and the Faculty of Pain Medicine.”

JOHN ILOTT, ANZCA CEO

CEO's report

ANZCA Fellows and trainees, supported by a talented team of staff in Australia and New Zealand, undertook much important activity in 2015. Not surprisingly with such an ambitious program, some of the work has carried over into 2016.

An enormous amount of advocacy work is undertaken on behalf of Fellows and trainees and very ably supported by our Policy unit. More than 100 formal submissions on key health issues were submitted to Australian and New Zealand governments in 2015. These covered a broad range of issues, ranging from safety and quality initiatives and input into workforce to “medicinal cannabis” and the re-scheduling of codeine.

An important goal of the College is to promote our profession to the community as well as raising the profile of ANZCA and the Faculty of Pain Medicine (FPM). This work continues to grow with our Communications team seeking out and promoting research, scientific presentations and safety messages through media releases, social media and direct media contact.

One of the biggest opportunities for promotion during the year was National Anaesthesia Day on October 16, which attracted widespread media coverage with an estimated combined cumulated audience of 1.8 million for National Anaesthesia Day alone.

Another big media event for the College was the ANZCA Annual Scientific Meeting (ASM) in Adelaide where five media releases resulted in about 550 media reports in print, radio, television and online. Media coverage of the ASM alone reached a combined cumulative audience of an estimated 25.5 million. We will continue to work to improve the understanding of anaesthesia and pain medicine in 2016.

The ASM attracted more than 1700 delegates and was hailed as a huge success thanks to the Regional Organising Committee, supported by the work of our talented Events team, which is now working hard towards an equally successful 2016 ASM in Auckland.

With 2015 being the 100th anniversary of ANZAC, ANZCA's Honorary Curator, Dr Chris Ball, and our Knowledge Resources staff led several activities highlighting the invaluable role played by Australian and New Zealand doctors, who administered anaesthesia and attempted to relieve pain during times of conflict.

We held a successful “Trailblazers and Peacekeepers” exhibition at the ASM and the Geoffrey Kaye Museum of Anaesthetic History, which was accredited by Museums Australia (Vic) in 2015, had a successful “Trailblazers and Peacekeepers” exhibition and book launch.

A total of 486 candidates successfully sat examinations this year, 270 passing the final exam (with 11 international medical graduate specialists). Another 216 passed the primary exam. Our primary and final exams teams and our staff in the regional and New Zealand offices ably supported the enormous amount of work done by the examiners.

The regions and New Zealand ran more than 20 scientific meetings and 40 trainee courses attended by more than 4600 participants in Australia and New Zealand. The Events team also supported seven professionally run events, including five special interest group conferences.

FPM rolled out its revised curriculum and nine essential topic area e-Learning modules have been developed. We will continue to build on this work in 2016.

Nearly \$A1.5 million was awarded by our Research Committee, supported by Anaesthesia and Pain Medicine Foundation staff, for projects in 2016.

The ANZCA Library provides an extremely popular service for Fellows and trainees. In 2015 we completed a comprehensive library review, which has resulted in the appointment of a full-time librarian to further develop the resources. Improvements to the library will be rolled out in 2016.

Our new online accreditation system, developed with the support of our Strategic Projects Office and Technology and Accreditation teams, was first used in 2015. The system allows for a more streamlined process for hospitals and accreditation visitors when hospital inspections are undertaken. Further improvements are planned for 2016 to ensure it meets all the inspectors' requirements.

We began the process of upgrading the ANZCA website and developing new online meeting technology (Adobe Connect). Work also began on the critical task of renewing the College's IT infrastructure. While much of this work is in the background, it ensures continued protection of our sensitive data through the most cost-effective means.

The training portfolio system has been updated to include a greatly improved core unit review process and a more user-friendly process for recognition of prior learning and workplace-based assessments.

Our Education unit worked hard with Fellows to develop extensive online support resources for ANZCA trainees and ANZCA and FPM supervisors. The ANZCA Educators Program (formerly the Foundation Teacher Course) was launched and has increased in size with the development of five new modules to supplement the existing eight, and a local facilitation model created to train facilitators to deliver the course locally.

We also developed six new sample clinical audits for use by participants in the ANZCA Continuing Professional Development Program in the practice evaluation activity.

Our employees take pride in supporting Fellows and trainees in the College's work. Quite a few people have been with us for many years and it's important to recognise the valuable knowledge they have acquired, along with the outstanding contributions by individuals and teams.

The second Annual Staff Excellence Awards were presented at the beginning of the year. Certificates were presented to the staff who achieved career milestones. Frederick Rhoads (Training Assessment) won the Staff Excellence Individual Award for Customer Service and the Staff Excellence Individual Award for Innovation and Process Improvement was won by Donna Fahie (Policy unit). The Events team won the Staff Excellence Team award.

Awards, prizes and honours

ANZCA and FPM awards in 2015

Gilbert Brown Prize

The Gilbert Brown Prize is awarded to the Fellow judged to make the best contribution to the free research paper session named the Gilbert Brown Prize session at each annual scientific meeting.

Dr Dean Bunbury won the prize for "Epigenetic changes induced by morphine can affect opiate choice for cancer pain therapy".

Trainee Academic Prize

The Trainee Academic Prize is awarded to the trainee, provisional Fellow or Fellow within one year of receiving the diploma of fellowship, who is judged to make the best contribution at the Trainee Academic Prize session held as part of the annual scientific meeting.

Dr Paul Slocombe won the prize for "A safety check prior to regional anaesthesia to prevent wrong-sided blocks".

Dean's Prize

The Dean's Prize is awarded for original work in the field of pain, presented in the FPM Dean's Prize/Free Paper session at the annual scientific meeting, and judged to be a significant contribution to pain medicine and/or pain research.

Dr Preeti Ananda Krishnan was awarded the Dean's Prize for 2015 for her paper "An audit of intrathecal infusion catheter with subcutaneous port in the management of severe pain in patients with cancer".

Best Free Paper Award

The Best Free Paper Award is awarded for original work judged to be the best contribution to the FPM Dean's Prize/Free Paper session at the annual scientific meeting.

Dr Luke Arthur won the Best Free Paper Award for his paper "60,000+ years and 12 papers: A systematic review of pain assessment, experience and management in Aboriginal Australian peoples".

Dr Ray Hader Award for Pastoral Care

The Dr Ray Hader Award for Pastoral Care is awarded to an ANZCA Fellow or trainee who is recognised to have made a significant contribution to the welfare of one or more ANZCA trainees in the area of pastoral care.

Dr Louise Ellard won the award for developing both structured and informal support at the Austin Hospital in Melbourne to help trainees with their exams, and even family crises.

Australia Day honours

Professor Ken Mark Hillman was appointed as an Officer of the Order of Australia (AO) in the general division for distinguished service to intensive care medicine as a clinician, educator and researcher, as a pioneer in the introduction of the medical emergency team system, and as an advocate for the critically ill.

Associate Professor David Bruce Baines was appointed as a Member of the Order of Australia (AM) in the general division for significant service to medicine in the field of paediatric anaesthesia as a clinician, administrator and mentor, and to medical education.

Associate Professor Raymond Garrick was appointed as a Member of the Order of Australia (AM) in the general division for significant service to medicine in the field of chronic pain management, and to medical education as an academic.

Dr Neil Eastwood Street was appointed as a Member of the Order of Australia (AM) in the general division for significant service to medicine in the fields of paediatric anaesthesia and malignant hyperthermia, and to the people of the Asia Pacific region through medical aid programs.

Dr Richard John Willis was appointed as a Member of the Order of Australia (AM) in the general division for significant service to medicine in the field of anaesthesia, and to professional organisations.

Queen's Birthday honours

Dr Paul Luckin was appointed as a Member of the Order of Australia (AM) in the general division for significant service as an authority on survivability in search and rescue operations in international rescue work.

Professor Ross Beresford Holland was appointed as a Member of the Order of Australia (AM) in the general division for significant service to medicine in the discipline of anaesthesia, as a clinician, to healthcare standards, and to professional medical bodies.

Churchill Fellowship

The Churchill Trust was established in April 1965, soon after Sir Winston Churchill's death in January that year. Since then, more than 4000 Australians have been awarded fellowships that have enabled them to explore a subject of merit for the benefit of Australian communities.

Dr Phoebe Mainland won a Churchill Fellowship and will explore the implementation of devices with "small bore connectors" in the US and UK next year in preparation for the introduction of these to Australia. The aim of her research is to enhance the safety of Australian patients by reducing misconnections between medical devices.

Distribution of workforce

The geographical distribution of active ANZCA and FPM Fellows at December 31, 2015.

	ANZCA	FPM
Australia	4264	297
New Zealand	664	28
Singapore	80	9
Hong Kong	209	17
Malaysia	46	2
Other	156	27
Total	5419	380

There were 265 ANZCA new Fellows admitted and 38 FPM new Fellows admitted in 2015.

ANZCA Council



From left: Dr Rod Mitchell, Dr Sean McManus, Dr Patrick Farrell, Associate Professor David A Scott (Vice-President), Dr Richard Waldron, Dr Genevieve Goulding (President), Dr Michael Jones, Professor Ted Shipton (FPM Dean), Dr Simon Jenkins, Dr Vanessa Beavis, Dr Scott Ma (New Fellow councillor), Dr Lindy Roberts, Professor Alan Merry, Dr Rowan Thomas.

Mission

To serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine

Vision

ANZCA will be a recognised world leader in training, education, research, and in setting standards for anaesthesia and pain medicine

Strategic priorities

Advance standards through training, education, accreditation and research

Build engagement, ownership and unity

Develop and maintain strong external relationships

Ensure ANZCA is a sustainable organisation

Objectives

- ➔ Deliver a world-class training program
- ➔ Provide a professional development framework that supports ongoing development and maintenance of skills and expertise
- ➔ Promote and support research in anaesthesia and pain medicine
- ➔ Set clinical standards that reflect best practice and support safe, high quality patient care

- ➔ Enhance the delivery of services to Fellows and trainees
- ➔ Promote and demonstrate the value of ANZCA fellowship
- ➔ Strengthen connections within and between all parts of the College
- ➔ Expand and strengthen the collaborative relationship between ANZCA and the Faculty of Pain Medicine

- ➔ Develop productive collaborative relationships
- ➔ Engage and influence government and other key stakeholders
- ➔ Raise the profile of anaesthesia, perioperative medicine and pain medicine
- ➔ Advocate for community development with a focus on indigenous health and overseas aid

- ➔ Develop and retain the best people
- ➔ Ensure ANZCA's systems and processes are focused on quality outcomes
- ➔ Acknowledge and support Fellows' and trainees' involvement with, and contributions to, the College
- ➔ Promote anaesthesia and pain medicine as professions

ADVANCE STANDARDS THROUGH TRAINING, EDUCATION, ACCREDITATION AND RESEARCH

- Deliver a world-class training program
- Provide a professional development framework that supports ongoing development and maintenance of skills and expertise
- Promote and support research in anaesthesia and pain medicine
- Set clinical standards that reflect best practice and support safe, high quality patient care

World-class training

- In May, 156 candidates successfully completed their final examinations. The Cecil Gray Prize was awarded to Dr Bronwyn Claire Scarr from Victoria and merit certificates were awarded to Dr Galappathige Natasha Lekshika De Silva (WA), Dr Lucy Rebecca Kelly (NSW), Dr Siobhan Kirsty McGuinness (Vic) and Dr Jade Shandler (NSW).
- In October, 114 candidates successfully completed their final examinations. Dr Jennifer Margaret Howie (ACT) won the Cecil Gray Prize and merit certificates were awarded to Dr Christopher James Mumme (ACT), Dr Jennifer Johanna Gaffney (Qld), Dr Nicole Rebecca Whitlock (Qld) and Dr Matthew Durie (Vic).
- A new viva system was successfully rolled out in April for the primary examination. In February/April, 104 candidates were successful and Dr Frank Benjamin Marroquin-Harris (NSW) and Dr Kaylee Anne Barnett (Tas) were awarded the Renton Prize. Merit certificates were awarded to Dr Karla Pungsornruk (Qld), Dr Timothy Michael Makar (Vic), Dr Sarah Rose Skidmore (NSW) and Dr Gemma Katherine Duncan (Qld).
- In August/September, 112 candidates passed the primary examination and the Renton Prize was awarded to Dr Daniel Reto Frei (NZ). Merit certificates were awarded to Dr Harry Arthur Laughlin (Tas) and Dr Shruti Chitnis (WA).
- More than 40 international medical graduate specialists achieved fellowship in 2015. This followed assessment of about 50 applicants and seven area of need applications.
- The training portfolio system was updated to include a greatly improved core unit review process and a more user-friendly process for recognition of prior learning and workplace-based assessments. Trainees can now also download an extract of their cases and procedures.
- Locally co-ordinated anonymous surveys were developed and rolled out to enable trainees to provide feedback about their training experiences.
- The Training Program Documents Review Working Group evaluated the anaesthesia training program and developed recommendations to reduce the complexity of the program and finesse areas that have caused confusion to trainees and supervisors.
- A standardised Part Zero course was developed to provide orientation to the ANZCA Training Program.
- An online guide for new NZ trainees, *Anaesthesia in NZ Made Easy*, was updated.
- A review was commissioned of the Specialist Training Program for training in non-traditional settings.
- Support tools were developed to assist supervisors of training in identifying clear, early indicators for when a trainee might be experiencing difficulty.
- A workshop to strategically advance examinations was held with representation from all ANZCA and Faculty of Pain Medicine exam sub-committees.
- Extensive online support resources for ANZCA trainees and ANZCA and FPM supervisors were launched in Networks, ANZCA's online learning and collaboration system.
- Five face-to-face and two online Foundation Teacher Courses were delivered.
- The ANZCA Educators Program (formerly known as the Foundation Teacher Course) was launched with increased availability and accessibility. Five new modules were developed to supplement the existing eight, and a local facilitation model was developed to train facilitators to deliver the course locally, both for delivery in 2016.
- Hospital inspections using the new training site accreditation system began. The new system will provide hospitals and visitors with a more streamlined process, with reporting and monitoring functions included.

Professional development

- More than 1700 delegates attended the successful 2015 Adelaide annual scientific meeting, "The changing face of anaesthesia", and enjoyed four plenary sessions, 60 concurrent sessions, 52 workshops, 50 small-group discussions, 73 e-poster sessions and a range of extraordinary social activities. The College welcomed 149 new ANZCA Fellows and 17 new FPM Fellows.
- Exceptional continuing professional development opportunities were offered through five ANZCA-managed special interest group conferences, the ever-popular Clinical Trials Network meeting and an ANZAAG meeting, which drew a record-breaking attendance.

ADVANCE STANDARDS THROUGH TRAINING, EDUCATION, ACCREDITATION AND RESEARCH (CONTINUED)

Professional development (continued)

- Australian regions hosted 32 ANZCA/Australian Society of Anaesthetists and Faculty of Pain Medicine continuing medical education meetings, workshops and courses, which were attended by more than 2500 Fellows and trainees. More than 1000 trainees attended 39 trainee courses.
- More than 250 delegates attended the three-day ANZCA New Zealand annual scientific meeting in Wellington. They heard three international and several local speakers covering a range of topics, and attended pre-meeting workshops to meet continuing professional development requirements.
- Five visiting lecturers provided top-class presentations to 16 provincial New Zealand departments, some through regional meetings of several departments.
- ANZCA developed six new clinical audit samples for use by ANZCA CPD participants in the practice evaluation category of the revised CPD program.
- A full-time library manager was appointed to the ANZCA Library to further enhance the delivery of specialist services to Fellows. Use of the library increased, with double the number of website hits and online text book downloads compared to 2014 and a 50 per cent increase in the provision of specialist resources to other libraries.
- A review of the diving and hyperbaric medicine certificate was undertaken with recommendations and a business case to be presented in 2016 to the ANZCA Council and the Diving and Hyperbaric Medicine Special Interest Group.
- A consultative group (representing ANZCA, the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine) met for a special meeting in October to explore options for the development of a diploma in GP anaesthesia.

Research

- The ANZCA Research Committee awarded nearly \$A1.5 million in research grants through the Anaesthesia and Pain Medicine Foundation.
- The family of the late Dr Robin Smallwood, a past dean of the Faculty of Anaesthetists, Royal Australasian College of Surgeons, presented the Robin Smallwood Bequest to the Anaesthesia and Pain Medicine Foundation. The bequest provided \$A247,000 for a perpetual grant to research anaesthesia, intensive care and/or pain medicine.
- The Russell Cole Memorial ANZCA Research Award, to be provided annually by the family of the late Dr Russell Cole, was established and the inaugural award conferred.
- A new three-year partnership with Perpetual Private was established to support the Anaesthesia and Pain Medicine Foundation (through a new emerging researcher grant) and ANZCA publications and events. Pfizer renewed its sponsorship of the pain medicine research program.
- Warrick Hazeldine, the founder and managing director of WA communications firm Cannings Purple, joined the Anaesthesia and Pain Medicine Foundation Board of Governors and hosted a business and philanthropy leaders' lunch in Perth. A similar lunch was hosted by KPMG in Melbourne.
- A *Review and Research Highlights 2015* booklet was produced showcasing foundation-funded research projects and ANZCA Clinical Trials Network studies conducted by ANZCA Fellows.
- The National Health and Medical Research Council awarded \$A12 million for clinical trials in which ANZCA Fellows were chief investigators.

Standards

- Five revised professional documents were republished: *A02 Policy on Endorsement of Externally Developed Guidelines*; *PS27 Guidelines for Major Extracorporeal Perfusion*; *PS28 Guidelines on Infection Control in Anaesthesia*; *PS52 Guidelines for Transport of Critically Ill Patients*; and *PS59 Statement on Roles in Anaesthesia and Perioperative Care*.
- *PS52 Guidelines for Transport of Critically Ill Patients* was jointly published with the College of Intensive Care Medicine and Australasian College of Emergency Medicine. Preliminary work began on another collaboration between four colleges on the topic of management of patients sedated for acute behavioural disturbance.
- Three documents were released for 12-month pilots: revised versions of *PS08 Statement on the Assistant for the Anaesthetist* and *PS18 Guidelines on Monitoring During Anaesthesia*; and a new document, *PS60 Guidelines on the Perioperative Management of Patients with Suspected or Proven Hypersensitivity to Chlorhexidine*.
- The Australian and New Zealand Anaesthetic Data Committee (ANZTADC) began analysing data from the incident reporting system (webAIRS) with several articles close to submission for publication. An administration officer was appointed, and marketing activities and growth of webAIRS is expected in 2016.



BUILD ENGAGEMENT, OWNERSHIP AND UNITY

- Enhance the delivery of services to Fellows and trainees
- Promote and demonstrate the value of ANZCA fellowship
- Strengthen connections within and between all parts of the College
- Expand and strengthen the collaborative relationship between ANZCA and the Faculty of Pain Medicine

Delivery of services

- New online meeting technology (Adobe Connect) was piloted to improve the collaboration among the College, its committees and education functions.
- Continuing professional development support was provided for Fellows and trainees at the annual scientific meeting and joint Airway Management and Obstetric Anaesthesia Special Interest Group meeting.

Value of fellowship

- Popular publications *Australasian Anaesthesia 2015* (the Blue Book) and *Acute Pain Management: Scientific Evidence* (fourth edition) were produced free for Fellows and trainees.
- Important information for Fellows and trainees was provided in College publications, including four editions of the *ANZCA Bulletin*, 11 editions of the *ANZCA E-Newsletter*, six editions of *Gasbag* (NZ), six editions of the *Training E-Newsletter* and six editions of *Synapse* (FPM).
- A free web-based anaesthesia photo library was created for Fellows' use (for example, in slide presentations).
- The Geoffrey Kaye Museum of Anaesthetic History was accredited by Museums Australia (Victoria) and participated in its first tri-platform exhibition, "Trailblazers and Peacekeepers". The exhibition (onsite and online) and accompanying book commemorated 100 years of ANZAC focusing on the invaluable role played by Australian and New Zealand doctors who administered anaesthesia and attempted to relieve pain during times of conflict.
- Visits to the museum increased by 200 per cent in 2015 thanks to an increased focus on improving access through an online presence and social media marketing.

Strengthening connections

- ANZCA's president and chief executive officer attended meetings in New Zealand and every regional office in Australia.
- A very successful National Anaesthesia Day, with an obesity theme, attracted widespread Fellow support and reached an estimated audience of 1.8 million via TV, radio, print and online. A survey on the subject of obesity received a strong response from more than 800 Fellows (a 15 per cent response rate).
- Monthly emails were established for supervisors of training, rotational supervisors and education officers to communicate training program news, project updates and upcoming events.

ANZCA and FPM

- Nine essential topic area e-Learning modules were developed to support the FPM curriculum training program.
- The ANZCA Examinations Management System was updated to support the FPM Foundations in Pain Medicine examination.
- An online fee-payment system was developed for FPM trainees.
- An advocacy plan was developed to guide FPM New Zealand National Committee activities in 2016.
- FPM Better Pain Management modules were made available to all College Fellows and trainees in *Networks*.
- FPM international medical graduate specialist processes and interviews were supported by ANZCA.

DEVELOP AND MAINTAIN STRONG EXTERNAL RELATIONSHIPS

- Develop productive collaborative relationships
- Engage and influence government and other key stakeholders
- Raise the profile of anaesthesia, perioperative medicine and pain medicine
- Advocate for community development with a focus on indigenous health and overseas aid

Collaborative relationships

- The Australian and New Zealand Anaesthetic Data Committee (ANZTADC) signed a memorandum of understanding with the Canadian Anaesthesiologists' Society to support establishment of an anaesthetic incident reporting system based on webAIRS.
- Primary examiners provided support for the ANZCA-affiliated Hong Kong College of Anaesthesiologists and National University of Singapore anaesthetic examinations.
- ANZCA advised on education pathways for assistants to anaesthetists, with the baseline being that anaesthetists need to have confidence that all assistants meet the minimum level of competence required by *PS08 Statement on the Assistant for the Anaesthetist* (pilot).
- A review was initiated into the practice of conscious sedation and how ANZCA's guidelines can be used effectively across other health professional groups.
- Professional associations with Museums Australia (Victoria), the University of Melbourne and Victorian Collections Advisory Committee helped take anaesthesia to the community. A strong working relationship with Deakin University resulted in a number of museums and cultural heritage studies student placements in 2015.

Government and other stakeholders

- ANZCA provided substantial input to Australian and New Zealand government and health organisations via meetings and at least 100 formal submissions on key issues affecting the health sector, including: transparency of health outcome data; quality and safety initiatives; recertification; and workforce initiatives.
- All clinical directors in New Zealand were surveyed to inform communications with Health Workforce New Zealand and the Medical Council of New Zealand (MCNZ) regarding a sustainable anaesthesia and pain medicine workforce.
- Revised memoranda of understanding were signed between ANZCA and the MCNZ and FPM and the MCNZ to update requirements related to the assessment of international medical graduates and recertification for anaesthetists and specialist pain medicine physicians.
- ANZCA played a key role in developing a Council of Medical Colleges' *Best Practice Guide for Continuous Practice Improvement* to avoid duplication of requirements for registration in New Zealand.
- ANZCA worked in partnership with the Australian Department of Health to examine the capacity for, and distribution of, medical training in anaesthesia to inform the work of the National Medical Training Advisory Network.
- A successful biennial stakeholder function was held in New Zealand with about 80 guests from key health organisations.
- ANZCA advocated for the continued funding of anaesthesia and pain medicine training within the Australian government-funded Specialist Training Program.

DEVELOP AND MAINTAIN STRONG EXTERNAL RELATIONSHIPS (CONTINUED)

Raising our profile

- Thirty-two media releases promoting ANZCA and FPM research, scientific meetings, safety issues, National Anaesthesia Day and more were distributed, resulting in more than 460 print, radio, TV and online mentions in 2015.
- Engagement of Fellows and trainees in social media grew with 1500 following @ANZCA Twitter for information including safety news, event information and museum updates.
- The 2015 ANZCA Media Award, aimed at encouraging journalists to write about anaesthesia and pain, was won by ABC TV reporter Michael Sexton for "Chronic pain", which looked at the personal, social and economic burden of chronic pain, and aired on 7.30.

Community development

- Three Aboriginal medical students and one junior doctor with an interest in anaesthesia and pain medicine were sponsored to attend the 2015 Adelaide ANZCA Annual Scientific Meeting.
- ANZCA sponsored the September Australian Indigenous Doctors Association conference, which included a skills workshop for medical students and junior doctors in airway management, defibrillation, intravenous access and pain management.
- ANZCA organised the Pacific region's first Safer Anaesthesia from Education Obstetrics workshop with the University of Papua New Guinea, School of Medicine and Health Sciences. Thirty-two delegates attended the workshop and 16 were trained as future trainers.

"The College aims to do as much for its Fellows as possible. Our continuing medical education events are a good example of this, headlined by our wonderful annual scientific meeting."

Dr Genevieve Goulding, ANZCA President



ENSURE ANZCA IS A SUSTAINABLE ORGANISATION

- Develop and retain the best people
- Ensure ANZCA's systems and processes are focused on quality outcomes
- Acknowledge and support Fellows' and trainees' involvement with, and contributions to, the College
- Promote anaesthesia and pain medicine as professions

Best people

- ANZCA implemented an online health and safety system and framework for a compliant health and safety management system.
- The Staff Excellence Individual Award for Customer service was presented to Frederick Rhoads (Training Assessment unit), the Staff Excellence Individual Award for Innovation and Process Improvement was presented to Donna Fahie (Policy unit) and the Events team won the Staff Excellence Team award.

Systems and processes

- The Training Assessment unit began a comprehensive review of training administrative processes, which aims to deliver efficient, timely and consistent support to trainees and Fellows across a range of training roles.
- ANZCA initiated systems updates, such as a website technology refresh and iMIS database upgrade project, which will continue in 2016.
- A tender and selection process was conducted to determine the future of ANZCA's technology infrastructure.
- Wide area and wireless networks at the College were updated to ensure connectivity to ANZCA's systems for Fellows, trainees and staff can support growing demands on technology into the future.
- ANZCA formalised an advocacy presence on the ANZCA website, including advocacy on issues related to anaesthesia and pain medicine with the major political parties in the New South Wales and Queensland elections.

Acknowledge and support Fellows and trainees

- ANZCA supported 40 Australian regional and NZ committee meetings, 28 continuing medical education committee meetings, 29 trainee committee meetings and 24 FPM committee meetings.
- Final examiners Dr Mark Buckland (a former Final Examination Sub-Committee Chair), Dr Sesto Cairo, Dr David Kibblewhite, Dr Howard Machlin, Dr Steve Petito, Dr Craig Sims and primary examiners Dr Andrew Paul Forrest and Dr David Austin retired as examiners and were gratefully acknowledged.
- More than 120 Fellows and trainees generously contributed their time to take part in education, training and assessment projects of the College. This included research, evaluation and resource development activities.
- The NZ office hosted a well-received meeting for the clinical directors of NZ anaesthesia departments in September.
- All donors and patrons to the foundation as well as Fellows who undertook research grant applications reviews were listed and thanked in the December issue of the *ANZCA Bulletin*.

Professional promotion

- A new booklet, *Pain Medicine – a rewarding multidisciplinary career*, was produced and *Anaesthesia – a rewarding and challenging career* was updated.
- ANZCA and FPM career booklets were distributed to hospitals through the regional and New Zealand offices.



“This year marked the launch of our redesigned curriculum and training program, the culmination of many months of work by the authoring groups and the Curriculum Redesign Steering Committee.”

Professor Ted Shipton
Dean, Faculty of Pain Medicine

FPM dean's report

In 2015, the Faculty of Pain Medicine continued to focus on delivery of our 2013-2017 Strategic Plan to promote our vision “to reduce the burden of pain in society through education, advocacy, training and research”.

There were many highlights in this busy and successful year, reflecting the significant contribution of the Faculty board, its committees and sub-committees, regional and national committees, working groups, fellowship and committed College staff.

This year marked the launch of our redesigned curriculum and training program, the culmination of many months of work by the authoring groups and the Curriculum Redesign Steering Committee. A Learning and Development Committee was established to assume responsibility for ongoing oversight, support and evaluation of the training program.

The first year of implementation was designated as a transition year and stakeholders were strongly encouraged to collaborate so we could modify and finetune aspects of the training program throughout the year, based on their feedback. To support this, the first year of the three-year FPM Curriculum Evaluation Strategy was implemented to enable quality improvement to occur. Feedback in 2015 was assimilated into the review to modify the curriculum resources, including the handbook, by-laws, Foundations in Pain Medicine resources and administrative processes.

E-learning resources for the nine essential topic areas, as well as cultural competence, communication, management and professionalism resources, were made available through Networks. New assessment and examination processes were implemented and supervisor of training orientation support resources were developed. The trainee prospectus was updated to reflect the revised curriculum.

During the year, two new clinical skills courses were designed and delivered to trainees. Twenty-nine trainees attended the Basic Clinical Skills course and 23 trainees attended the Advanced Clinical Skills course from across Australia, New Zealand and Hong Kong. The feedback received from trainees was exceedingly positive.

The fourth edition of *Acute Pain Management: Scientific Evidence* was published online in December. This was the result of many months of hard work by a large number of people, including the dedicated editors tasked with co-ordinating the development, editing and writing sections for this edition. This publication covers a wide range of clinical topics, combining a review of the best available evidence for acute pain management with expert current clinical practice. It will be available in print in 2016 and will be launched in May at the ANZCA Annual Scientific Meeting in Auckland.

The Faculty's online pain education program for health professionals, Better Pain Management, was expanded by six modules. A webpage was established through which external users can register and access the program. The first enrolments occurred in December. Faculty and ANZCA Fellows and trainees can access the program through a portal on Networks.

The electronic Persistent Pain Outcomes Collaboration (ePPOC) became an important initiative of the Faculty. It involves the systematic collection of patient treatment outcomes by specialist pain services in Australia and New Zealand using a standard set of data items and assessment tools. The first benchmarking reports became available in 2015 resulting in an ePPOC national report that described patients presenting to adult pain management services in Australia. By December 2015 there were 50 participating sites. The Faculty continued to be represented on both the Management Advisory Group and Scientific and Clinical Advisory Committee.

A working group of the FPM Research Committee spent six months developing an Opioid Dose Equivalence table positioned with Faculty professional document *PM01: Recommendations regarding the use of opioid analgesics in patients with chronic non-cancer pain*. The impetus for this table, launched

in October 2015, was the need to compare opioid doses used in clinical practice as part of the electronic Persistent Pain Outcomes Collaboration data set.

The FPM Opioid Calculator smart phone app was developed to facilitate the use of conversion factors in the Opioid Dose Equivalence table. The Apple app was completed and by the end of December 2015 there were more than 800 unique users ahead of any promotion. Android and website versions have been made available in 2016. Early feedback suggests the app is a highly useful tool that helps to compare different opioid regimens in individual patients or in patient cohorts.

The Faculty continued its efforts to advance a pain device implant registry. A briefing meeting was held with industry in March 2015 and discussions are ongoing with regard to obtaining funding to support a pilot study.

The Faculty continued to review and update professional documents. Professional document *PM1: Principles regarding the Use of Opioid Analgesics in Patients with Chronic Non-Cancer Pain* was updated. In response to increasing public debate about the use of “medicinal cannabis” in Australia and New Zealand, the Faculty developed *PM10: Statement on “Medicinal Cannabis” with particular reference to its use in the management of patients with chronic non-cancer pain*.

Our focus on advocacy and access for the profession and patients with pain continued. More than 15 independent and collaborative submissions and representations were made to government and stakeholders in Australia and New Zealand. Key issues included: “medicinal cannabis”; PBS listing of generic modified release oxycodone preparations; opioid prescribing guidelines; the proposed re-scheduling of codeine by the Therapeutic Goods Administration; and the National Safety and Quality Health Service Standards Version 2. As part of the Faculty's advocacy work, commitments were sought for improved access to pain services during the Queensland and NSW state elections.

Support to PainAustralia continued, including representation on their board and Clinical Advisory Committee.

The Faculty joined ANZCA, the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists in supporting a position statement supporting universal access to safe affordable surgery, anaesthesia and pain relief.

The FPM program at the 2015 ANZCA Annual Scientific Meeting in Adelaide was well attended. In addition, the Faculty held two successful continuing medical education events in 2015. The Refresher Course Day held in conjunction with the annual scientific meeting attracted 174 delegates and the Spring Meeting attracted 99 delegates.

Throughout the year, the Faculty of Pain Medicine Board sought to engage with stakeholders. Visitors to board meetings in 2015 included the president of the Australasian Chapter of Addiction Medicine, the acting director of Health Workforce New Zealand and the chair of the FPM South Australian Regional Committee. The ANZCA president and CEO regularly attended board meetings.

By December 2015, the number of Fellows admitted reached 423. This includes 12 honorary Fellows and 251 admitted through training and examination. Of the 380 active Fellows, 297 are based in Australia, 28 in New Zealand and 55 in other countries. Those with a primary specialty in anaesthesia make up 66 per cent of the active fellowship. Thirty-eight Fellows were admitted to fellowship in 2015, all by training and examination. Thirty Fellows had a primary specialty in anaesthesia, two in rehabilitation medicine, two in medicine, one in psychiatry, one in general practice, one in occupational medicine and one in surgery.

To achieve all this, our Fellows and staff have worked hard on our committees and sub-committees.

FPM Board



Back row: Dr Kieran Davis, Professor Stephan Schug, Dr Patrick Farrell, Dr Newman Harris, Dr Genevieve Goulding (ANZCA President), Ms Helen Morris (General Manager, FPM).

Front row: Dr Michael Vagg, Associate Professor Andrew Zacest, Dr Chris Hayes (Vice-Dean), Professor Ted Shipton (Dean), Dr Meredith Craigie, Associate Professor Brendan Moore, Associate Professor Ray Garrick.

Absent: Dr Melissa Viney.

“By December 2015, the number of Fellows admitted reached 423. This includes 12 honorary Fellows and 251 admitted through training and examination.”

Professor Ted Shipton
Dean, Faculty of Pain Medicine



Mission

To serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine

Vision

To reduce the burden of pain in society through education, advocacy, training and research

Strategic priorities

Build fellowship and the Faculty

Build the curriculum and knowledge

Build advocacy and access

Objectives

- ➔ Increase the number of trainees and Fellows
- ➔ Strengthen the framework of the Faculty
- ➔ Establish clear policies and procedures throughout FPM

- ➔ Deliver a world-class training program
- ➔ Support research that adds to the evidence base for pain medicine
- ➔ Collaborate with other colleges and training providers to provide appropriate pain medicine education to health professionals

- ➔ Promote and support a unified understanding of pain in the health sector and wider community
- ➔ Engage with and influence key stakeholders and decision makers
- ➔ Improve access to pain medicine services

BUILD FELLOWSHIP AND THE FACULTY

- Increase the number of trainees and Fellows
- Strengthen the framework of the Faculty
- Establish clear policies and procedures throughout FPM

- Thirty-nine trainees completed their pain medicine training. Thirty-eight were admitted to fellowship during 2015 and one was awarded a certificate of completion of training.
- By December 2015, the number of Fellows admitted reached 423. This includes 12 honorary Fellows and 251 admitted through training and examination.
- In January, 12 candidates successfully completed the Foundations of Pain Medicine Examination to enter training in 2015; in November, 20 candidates were successful at this examination to enter training in 2016.
- In November, 21 candidates successfully completed the FPM fellowship examination including one international medical graduate specialist candidate. The Barbara Walker Prize for Excellence in the Pain Medicine Examination was awarded to Dr Charlotte Hill from New Zealand (studied in NSW) and a merit award was awarded to Dr Jacquelyn Nash (Vic).
- The trainee prospectus was updated to reflect the revised curriculum and program. Copies of *Pain Medicine: A rewarding multidisciplinary career* were circulated to regional/national offices for use during careers days and made available on the Faculty website under publications.
- The training handbook and By-law 3 Admission to fellowship of the Faculty and *By-law 4 FPM training program* were reviewed and modified based on feedback from stakeholders about the 2015 training program.
- Bylaw 18 *Faculty of Pain Medicine pre-2015 training program* was endorsed by the FPM Board.
- The ANZCA Examinations Management System was enhanced to support the FPM Foundations in Pain Medicine Examination.
- Networks, ANZCA's online learning and collaboration system, was introduced as a repository for all committee agenda and papers, providing a more efficient system to support Fellows and trainees who contribute to Faculty committee work.
- Twenty-one FPM regional and national committee meetings were held.
- An online system for trainee fee payment was delivered that included functionality for trainees to confirm their ongoing commitment to the training agreement.
- Amendments were made to *By-law 16 Recognition as a Specialist in Pain Medicine for International Medical Graduate Specialists (IMGS) and Admission to Fellowship by Assessment for IMGS*.
- A review of *PM02 Guidelines for Units Offering Training in Multidisciplinary Pain Medicine* began in 2015 and an accreditation handbook was drafted. A consultation process was undertaken and refinement will continue in 2016.
- During 2015, 18 training units were accredited or reaccredited for pain medicine training.

BUILD THE CURRICULUM AND KNOWLEDGE

- Deliver a world-class training program
- Support research that adds to the evidence base for pain medicine
- Collaborate with other colleges and training providers to provide appropriate pain medicine education to health professionals

- The transition year of the revised program was successfully completed with new assessment and examination processes implemented.
- FPM successfully completed the curriculum release 2 project, including development of nine Essential Topic Area (ETA) e-learning resources. Each ETA includes a learning module, a quiz, a case study and a facilitated discussion forum.
- The FPM Training Program Evaluation strategy 2015-2017 was developed and commenced.
- Basic and advanced clinical skills courses were designed and delivered.
- Supervisor orientation and support resources were delivered within Networks following development by a project working group.
- The 4th edition of the ANZCA/FPM publication, *Acute Pain Management: Scientific Evidence* was published online.
- The Better Pain Management online education program was expanded by a further six modules. A registration process for non-Fellows was developed and implemented. The first external users enrolled in December 2015.
- A revised *PM01 Recommendations regarding the use of opioid analgesics in patients with chronic non-cancer pain*, and *PM10 Statement on “Medicinal Cannabis” with particular reference to its use in the management of patients with chronic non-cancer pain* was published.
- A free FPM Opioid equianalgesic calculator and smart phone app was developed to promote consistency in converting combinations of opioids.
- Five additional educational podcasts were developed and made available in *Networks*.
- Successful continuing medical education programs were delivered, including the FPM program at the annual scientific meeting, the Refresher Course Day and Spring Meeting, and regional CME events.
- There was an increased uptake of the Undergraduate Pain Medicine prize with seven universities participating.
- FPM participated in the Strategic Advancements of Examinations Workshop with ANZCA exam sub-committees to identify strategic goals for examination processes in the future.

BUILD ADVOCACY AND ACCESS

- Promote and support a unified understanding of pain in the health sector and wider community
- Engage with and influence key stakeholders and decision makers
- Improve access to pain medicine services

- FPM maintained representation on the PainAustralia Board and Clinical Advisory Committee.
- Independent and collaborative submissions with ANZCA and PainAustralia were undertaken with regard to key issues including “medicinal cannabis”, the re-scheduling of codeine, and *National Safety and Quality Health Service Standards Version 2*.
- FPM renegotiated a *Pain Medicine* journal contract with the American Academy of Pain Medicine.
- Revised memoranda of understanding were signed between ANZCA/Medical Council of New Zealand and FPM/Medical Council of New Zealand to update requirements related to the assessments of international medical graduates and recertification for anaesthetists and pain medicine specialists.
- FPM representation was maintained on Electronic Persistent Pain Outcomes Collaboration Management Advisory Board and Scientific and Clinical Advisory Committee.
- There was continued successful delivery of the Essential Pain Management program.
- Fifteen pain medicine media releases were published and attracted strong media coverage reaching a combined cumulative audience of more than 4.1 million. Subjects included the Faculty’s call for the ban of over-the-counter medication containing codeine and its statement calling for caution on the use of “medicinal cannabis”.
- An advocacy plan was developed to guide FPM New Zealand National Committee activities in 2016.
- The FPM Board endorsed the joint position statement, *Health of people seeking asylum*.
- Liaison was maintained with the Pharmaceutical Benefits Advisory Committee regarding prescription opioids.



“The balance of funds within the College remains strong, representing the College’s net worth of \$A30.752 million, an increase of \$A1.378 million over last year.”

Associate Professor David A Scott
Honorary Treasurer, ANZCA

Honorary treasurer’s report

I am pleased to present the College treasurer’s report for 2015. In summary, the College continues to be in a sound financial position. Financial challenges in 2015 have included many new and ongoing projects, changes in the investment climate and a high level of professional activity. Highlights for the year include the renewal of the Specialist Training Program and positive work in relation to the ongoing continuation of this program, as well as a number of key ANZCA Foundation sponsorships.

I would like to thank my Fellow ANZCA Council and Committee members and the Chief Executive Officer, Mr John Ilott, for their strategic thinking over financial issues and prudent financial decisions. In particular the governance and advice from the external members of our Finance, Audit and Risk Management committee and our Investment committee has been invaluable.

The balance of funds within the College remains strong, representing the College’s net worth of \$A30.752 million, an increase of \$A1.378 million over last year. The College has no need for borrowings and continues to rely on its own funds, generated through subscriptions and fees in addition to operating surpluses and investment earnings, to finance operations and capital investments. Any accumulated funds that are assessed as excess working capital are invested in accordance with the College investment

strategy that has been determined by the Investment Committee and Council as part of the prudent financial management of the College. These investment funds provide for the financial sustainability of the College, as well as funding leading-edge research in anaesthesia and pain medicine.

Statement of comprehensive income

The following is a summary of the revenue, expenses, and surplus from the activities of the College during the 2015 financial year.

In 2015, revenue from operating activities was \$A36.064 million (\$A36.239 million in 2014). The reduction in revenue was mainly due to lower numbers of attendees at the ASM in Adelaide. Expenses totalled \$A35.856 million (\$A35.288 million for 2014), leaving an operating surplus of \$A208,000 (the surplus was \$A951,000 in 2014).

The College continued to receive funding for administration of the Specialist Training Program (STP) from the Australian Department of Health. The STP primarily includes funding for 59 specialist training positions as well as rural loadings in various hospitals. In 2015 this included anaesthesia, pain medicine and intensive care medicine posts. The STP was expanded in 2014 to include the Training More Specialist Doctors in Tasmania (TMSDT) program, which has also been continued in 2015.

The core focus of the TMSDT program is to support approved fellowship training undertaken and completed in Tasmania and support the training and retention of specialist doctors in the Tasmanian public health system. Whilst the programs provide revenue for the college, this is primarily a pass through, with an administrative charge retained by the College. Overall expenditure on operating activities was \$35.856 million, which is an increase of 1.6% in line with CPI indexation. This was achieved through prudent cost containment without impacting member services

In 2015 the College’s investments performed well, yielding a return of approximately 7.2%, which exceeded the portfolio benchmarks by 50%. The invested funds of \$12.641 million are the result of careful financial management over a number of years. The overall investment portfolio delivered a positive return of \$A1.164 million in the 2015 financial year (compared with a positive \$A1.188 million in 2014). These investments combined with 10% of member’s subscriptions contribute to the Anaesthesia and Pain Medicine Foundation’s ability to support research. Overall in 2015, \$A1.447 million was awarded in grant funding to research projects. This is a significant contribution to the future of our specialty. The foundation also raised \$A 464,739 in grants, donations and bequests.

After taking into account the investment income, and a minor exchange rate gain on transactions with New Zealand of \$A6,955, the College recorded a consolidated surplus of \$A1.378 million (compared with \$A2.156 million in 2014).

Statement of financial position

Over the year, the net assets of the College increased by the value of the surplus to \$A30.752 million (compared with \$A29.374 million at the end of 2014). This net asset position reflects the financial strength of the College, which is secure and well positioned from a financial sustainability perspective.

Statement of cash flows

Whilst the college has continued to invest in capital projects and other technological developments relating primarily to training, education and Fellowship support, the College’s cash position as at end of the year has continued to improve.

The cash holdings at the end of 2015 were \$A14.410 million, an increase of \$A6.148 million, driven by strong receipts in December for 2016 subscriptions and tight operational control. It should be noted that December is approaching the high water mark in the College’s cash flow cycle, with funds outflows exceeding inflows through to the next subscription period. The Investment

committee is now working with the investment managers on a strategy to invest a further \$4.0 million arising from the 2014 and 2015 surplus.

2016 budget overview

The budget continues to support the achievement of the ANZCA business plan and ultimately the ANZCA Strategic Plan 2013-2017.

The 2016 budget focused on containing the increase in subscriptions, whilst continuing to embrace a culture of enhancing performance through innovation and lower operating costs.

The College continues to utilise new and evolving technologies to improve and modernise the way we deliver services to Fellows and trainees. The information technology strategic roadmap sets out a clear plan for ongoing development.

Key projects that have been undertaken by the College in 2015 include the implementation of the online hospital accreditation system, continued enhancements to the training portfolio system and streamlining of the hospital accreditation process. There was an increased focus on projects delivering a more sustainable ANZCA, with the College releasing a tender to move to an ‘infrastructure as a service’ hosting model. The College also undertook a project to implement a new finance forecasting and budgeting tool which is currently in its final stages of delivery,

and the technology refresh of ANZCA’s content management system which will launch in April with eventual progression to a ‘new look’ website with improved functionality.

An important achievement was the release 2 of the Faculty of Pain Medicine’s curriculum for pain specialists.

It should be remembered that the operations of the College are complex and include many “behind-the-scenes” activities of benefit to the specialty including bi-national policy development and strong advocacy for the profession with government and regulators. The council will continue seek to provide financial support for initiatives that further the interests of the membership across the range of issues related to our profession.

In closing, it is important to thank the staff of the College, under the leadership of our new CEO, Mr John Ilott. It has been another busy and successful year for the College, which continues to maintain a sound financial basis for service to the trainees, Fellows and the community.

Discussion and analysis of the financial statements

Information on Australian and New Zealand College of Anaesthetists Concise Financial Report

The financial statements and disclosures in the concise financial report have been derived from the 2015 Financial Report of the Australian and New Zealand College of Anaesthetists.

A copy of the full financial report and auditor's report will be sent to any member free of charge, upon request.

The discussion and analysis is provided to assist the members in understanding the concise financial report.

The discussion and analysis is based on the financial statements of the Australian and New Zealand College of Anaesthetists which have been prepared in accordance with Australian Accounting Standards.

The College is a Company Limited by Guarantee that has no share capital and declares no dividends. The College is exempt from income tax pursuant to Section 50-5 of the Income Tax Assessment Act 1997.

Statement of Comprehensive Income

Operating activities for the year resulted in a surplus of \$207,746 compared to a surplus of \$951,316 in the prior year.

Combined with positive earnings on investments of \$1,163,517 (compared to positive earnings in 2014 of \$1,187,717) this gave a surplus for the year of \$1,371,263 compared to a net surplus of \$2,139,033 in 2014.

This was increased by favourable exchange translation differences arising from converting the value of assets, liabilities and current year retained earnings from New Zealand dollars to Australian dollars of \$6,955 (2014: favourable \$17,041), giving a total comprehensive income surplus for the year of \$1,378,218 (2014: surplus \$2,156,074).

Total operating revenue decreased by 0.5% to \$36,064,220 whilst operating expenditure rose by 1.6% to \$35,856,474.

Total revenue remained stable, despite reductions in income from conference and course fees, as well as the Specialist Training Program (STP). Total expenditure also remained stable due to tight cost control wherever possible. Whilst STP provides significant revenue for the college, this is primarily a pass through, with a small administrative charge retained by the College. Investment income also remained stable and was a pleasing outcome in uncertain investment markets, exceeding the benchmarks by approximately 50%. A small foreign exchange gain of \$6955 was incurred on translation of New Zealand operations.

The total comprehensive result of \$1,378,218 was above expectations and budget.

Statement of Financial Position

Total assets increased by 13% or \$6,621,918 to \$57,769,598.

The major contributors to this were the increase in current assets reflecting a higher level of cash and cash equivalents offset by a lower level of prepayments. Additionally non-current assets increased reflecting a higher fair value of investments and a higher level of both tangible and intangible assets that resulted from investing in the College infrastructure and technology.

Total liabilities increased by 24% or \$5,243,700 to \$27,017,296 primarily due to higher levels of trade and other payables.

The result of this is that net assets increased by 5% to \$30,752,302 compared to \$29,374,084.

Statement of Changes in Equity

Total equity for the year increased by \$1,378,218 from \$29,374,084 in 2014 to \$30,752,302.

This arose from the net effect of the overall surplus of \$1,371,263 and a gain on exchange translation differences of the New Zealand assets and liabilities of \$6,955.

Statement of Cash Flows

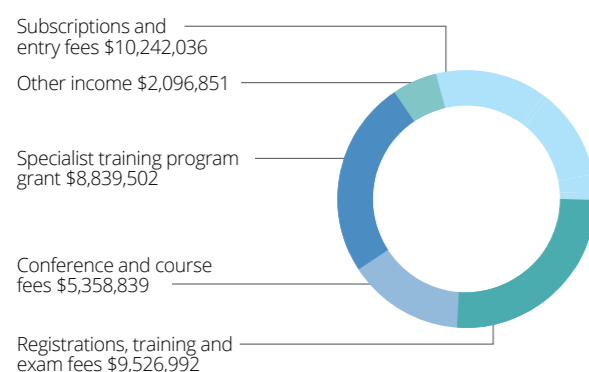
Net increase in cash for the year was \$6,148,429 (2014: increase of \$1,641,340) primarily due to increase in 2016 subscription receipts paid by Fellows by due date.

Financial statements

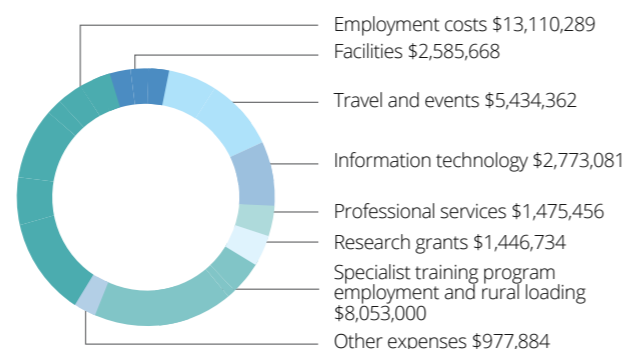
Statement of profit or loss and other comprehensive income for the year ended December 31, 2015

	2015 \$	2014 \$
Revenue		
Subscriptions and entry fees	10,242,036	9,556,255
Registrations, training and exam fees	9,526,992	9,580,609
Conference and course fees	5,358,839	6,307,762
Specialist training program grant	8,839,502	8,959,837
Other income	2,096,851	1,834,499
Total revenue from operating activities	36,064,220	36,238,962
Expenses		
Employment	13,110,289	12,366,990
Facilities	2,585,668	2,383,307
Travel and events	5,434,362	6,276,567
Information technology	2,773,081	2,814,056
Professional services	1,475,456	1,413,975
Research grants	1,446,734	1,196,538
Specialist training program employment and rural loading	8,053,000	8,014,000
Other expenses	977,884	822,213
Total expenses from operating activities	35,856,474	35,287,646
Surplus before non-operating activities	207,746	951,316
Income from non-operating activities		
Investment income	1,163,517	1,187,717
Surplus for the year	1,371,263	2,139,033
Other comprehensive income		
Items that may be reclassified to profit or loss		
Exchange differences on translation of foreign operations	6,955	17,041
Total comprehensive income for the year	1,378,218	2,156,074

Total revenue for the 12 months ended December 31, 2015



Total expenses for the 12 months ended December 31, 2015



Financial statements (continued)

Statement of Financial Position as at December 31, 2015

	2015 \$	2014 \$
ASSETS		
Current assets		
Cash and cash equivalents	14,409,519	8,261,090
Trade and other receivables	12,175,215	12,457,319
Other financial assets	228,040	141,051
Total current assets	26,812,774	20,859,460
Non-current assets		
Property and office equipment	11,440,271	10,770,171
Intangible assets	6,875,748	7,141,914
Other financial assets	12,640,805	12,376,135
Total non-current assets	30,956,824	30,288,220
Total assets	57,769,598	51,147,680
LIABILITIES		
Current liabilities		
Trade and other payables	7,886,617	4,623,617
Other liabilities	18,101,650	16,202,343
Provisions	663,977	495,817
Total current liabilities	26,652,244	21,321,777
Non-current liabilities		
Provisions	365,052	451,819
Total non-current liabilities	365,052	451,819
Total liabilities	27,017,296	21,773,596
Net assets	30,752,302	29,374,084
EQUITY		
Retained earnings	30,234,926	28,863,663
Foreign currency translation reserve	226,219	219,264
Assets revaluation reserve	291,157	291,157
Total equity	30,752,302	29,374,084

Statement of Changes in Equity for the year ended December 31, 2015

	Retained earnings \$	Foreign currency translation reserve \$	Assets revaluation reserve \$	Total \$
Balance at January 1, 2014	26,724,630	202,223	291,157	27,218,010
Surplus for the year	2,139,033	-	-	2,139,033
Currency translation differences arising during the year	-	17,041	-	17,041
Total comprehensive income for the year	2,139,033	17,041	-	2,156,074
Balance at January 1, 2015	28,863,663	219,264	291,157	29,374,084
Surplus for the year	1,371,263	-	-	1,371,263
Currency translation differences arising during the year	-	6,955	-	6,955
Total comprehensive income for the year	1,371,263	6,955	-	1,378,218
Balance at December 31, 2015	30,234,926	226,219	291,157	30,752,302

Statement of Cash Flows for the year ended December 31, 2015

	2015 \$	2014 \$
Cash flows from operating activities		
Receipts from members, customers and Government bodies	41,446,936	38,663,836
Interest received	212,739	280,255
Donations received	414,789	228,761
Payments to employees, suppliers and other parties	(31,880,963)	(32,431,437)
Research grants and bequests paid	(1,543,734)	(1,153,437)
Net cash inflow from operating activities	8,649,767	5,587,978
Cash flows from investing activities		
Proceeds from redemption of financial assets	536,514	172,649
Payments for financial assets	(80,000)	(550,000)
Payments for property and office equipment	(1,695,386)	(1,666,566)
Payments for project development	(1,270,067)	(1,901,179)
Net cash outflow from investing activities	(2,508,939)	(3,945,096)
Cash flows from financing activities		
Net cash inflow/(outflow) from financing activities	-	-
Net increase in cash and cash equivalents	6,140,828	1,642,882
Cash and cash equivalents at the beginning of the financial year	8,261,090	6,619,750
Total effect of exchange rate fluctuation of cash held	7,601	(1,542)
Cash and cash equivalents at the end of the financial year	14,409,519	8,261,090

Notes to the Concise Financial Report

1. General Information

The concise financial report is an extract from the full financial report for the year ended December 31, 2015. The financial statements and specific disclosures included in the concise financial report have been derived from the full financial report. The concise financial report cannot be expected to provide as full an understanding of the financial performance, financial position and financing and investing activities of the Australian and New Zealand College of Anaesthetists as the full financial report. Further financial information can be obtained from the full financial report.

The full financial report and auditor's report will be sent to members on request, free of charge. Alternatively, access to the full financial report and the concise report can be obtained via the Australian and New Zealand College of Anaesthetists website.

2. Basis of Preparation of the Concise Financial Report

The accounting policies adopted have been consistently applied to all years presented. The presentation currency for these accounts is Australian dollars.

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and other authoritative pronouncements of the Australian Accounting Standards Board.

The financial report has been prepared on an accruals basis and is based on historical costs, modified in the cases of assets measured at fair value.

3. Subsequent events

There has not been any other matter or circumstance that has arisen since the end of the financial year that has significantly affected, or may significantly affect, the College's operations, the results of those operations, or the College's state of affairs in financial years after this financial year.


4. Directors' declaration

The directors of the Australian and New Zealand College of Anaesthetists declare that the concise financial report of the Australian and New Zealand College of Anaesthetists for the financial year ended December 31, 2015, as set out in pages 36 to 40:

- (a) complies with Accounting Standard AASB 1039: Concise Financial Reports; and
- (b) is an extract from the full financial report for the year ended December 31, 2015 and has been derived from and is consistent with the full financial report of Australian and New Zealand College of Anaesthetists.

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

On behalf of the Directors



Dr Genevieve Goulding
President, ANZCA
Melbourne, April 9, 2016



Associate Professor David A Scott
Vice President and Honorary Treasurer,
ANZCA
Melbourne, April 9, 2016

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Auditor's Independence Declaration

To the Directors of Australian and New Zealand College of Anaesthetists

In accordance with the requirements of section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012, as lead auditor for the audit of Australian and New Zealand College of Anaesthetists for the year ended 31 December 2015, I declare that, to the best of my knowledge and belief, there have been:

- a) no contraventions of the auditor independence requirements of the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit; and
- b) no contraventions of any applicable code of professional conduct in relation to the audit.



GRANT THORNTON AUDIT PTY LTD
Chartered Accountants



Adrian Nathanielsz
Partner - Audit & Assurance

Melbourne, 9 April 2016

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a subsidiary or related entity of Grant Thornton Australia Ltd ABN 41 127 556 389

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Independent Auditor's Report
To the Members of Australian and New Zealand College of Anaesthetists

Report on the concise financial report

We have audited the accompanying concise financial report of Australian and New Zealand College of Anaesthetists comprises the statement of financial position as at 31 December 2015, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended and related notes, derived from the audited financial report of Australian and New Zealand College of Anaesthetists for the year ended 31 December 2015. The concise financial report does not contain all the disclosures required by the Australian Accounting Standards and accordingly, reading the concise financial report is not a substitute for reading the audited financial report.

Directors' responsibility for the concise financial report

The Directors are responsible for the preparation of the concise financial report in accordance with Accounting Standard AASB 1039 Concise Financial Reports, and the Australian Charities and Not-for-profits Commission Act 2012, and for such internal control as the directors determine are necessary to enable the preparation of the concise financial report.

Auditor's responsibility

Our responsibility is to express an opinion on the concise financial report based on our audit procedures which were conducted in accordance with Auditing Standard ASA 810 Engagements to Report on Summary Financial Statements. We have conducted an independent audit, in accordance with Australian Auditing Standards, of the financial report of Australian and New Zealand College of Anaesthetists for the year ended 31 December 2015. Our audit report on the financial report for the year was signed on 9 April 2016 and was not subject to any modification. The Australian Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report for the year is free from material misstatement.

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An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the concise financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the concise financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the concise financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.

Our procedures in respect of the concise financial report included testing that the information in the concise financial report is derived from, and is consistent with, the financial report for the year, and examination on a test basis, of evidence supporting the amounts and other disclosures which were not directly derived from the financial report for the year. These procedures have been undertaken to form an opinion whether, in all material respects, the concise financial report complies with Accounting Standard AASB 1039 Concise Financial Reports.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001.

Auditor's opinion

In our opinion, the concise financial report of Australian and New Zealand College of Anaesthetists for the year ended 31 December 2015 complies with Accounting Standard AASB 1039 Concise Financial Reports.



GRANT THORNTON AUDIT PTY LTD
Chartered Accountants



Adrian Nathanielsz
Partner - Audit & Assurance

Melbourne, 9 April 2015

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