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Velocity

# Contents

2	President's report	42	National and regional committees
4	Chief Executive Officer's report	48	FPM Dean's report
6	Awards, prizes and honours	49	Faculty of Pain Medicine
7	ANZCA Council	50	FPM Board
8	ANZCA organisation chart 2014	51	FPM organisation chart
10	ANZCA Strategic Plan 2013-2017	52	FPM Strategic Plan 2013-2017
12	Strategic priorities: Advance standards through training, education, accreditation and research	54	Strategic priorities: Build fellowship and the Faculty
22	Strategic priorities: Build engagement, ownership and unity	58	Strategic priorities: Build the curriculum and knowledge
28	Strategic priorities: Develop and maintain strong external relationships	62	Strategic priorities: Build advocacy and access
32	Strategic priorities: Ensure ANZCA is a sustainable organisation	66	FPM committees
36	Committees of Council	70	Honorary treasurer's report
		72	Discussion and analysis of the financial statements
		73	Financial statements
		80	Contact information



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- DISTANCE - 1/4, 1/2, 1/4
- METHODS - 1/4, 1/2, 1/4
- RECEPTION - 1/4

DEANS FACTORS

- COMMISSION factor
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President's  
report



**ANZCA continued to work hard in 2014 to attain our vision of being "a recognised world leader in training, education, research, and in setting standards for anaesthesia and pain medicine".**

There were many highlights in 2014 – our outstanding annual scientific meeting (ASM) in Singapore, the roll-out of our revised and contemporary continuing professional development (CPD) program and new online CPD portfolio system and the launch of the revised FPM curriculum and training program.

The Singapore ASM, held conjointly with the Royal Australasian College of Surgeons in May, attracted more than 4000 delegates and was a resounding success.

At the ASM we introduced a new "app" and website (the Virtual ASM) which enabled delegates to download the program, view the abstracts and build a personalised schedule. The Virtual ASM also allowed anytime access to both audio and slides from nearly all presentations.

Throughout the year, the College also supported more than 30 continuing education meetings and more than 40 trainee courses in Australia and New Zealand that were attended by at least 3200 Fellows and trainees.

During the year we also sought feedback via two major surveys. The ANZCA Fellowship Survey told us we can be doing more with explaining the revised CPD program, improving the training portfolio system and having a strong voice in the debate about workforce.

The second annual Graduate Outcomes Survey was distributed in July to 900 new Fellows within three years of graduation as a FANZCA. The survey found that the majority of new Fellows find work within the first 12 months of completing training. Many are not working where they would like to be but this becomes less of an issue within three years. Workforce issues will be a focus of the Fellowship Engagement Strategy being developed in 2015 and is part of the Policy Unit's Workforce Action Plan.

Our focus on advocating for our professions continued with more than 60 submissions and representations made to government and stakeholders in Australia and New Zealand.

We continued the process of reviewing and updating our professional documents to ensure our continued leadership in safety, quality and standards. *Safety of Anaesthesia: A review of anaesthesia-related mortality reporting in Australia and New Zealand, 2009 – 2011* was also produced and we implemented an SMS alert system, creating a multifaceted approach to distributing important safety alerts and information to Fellows and trainees.

The Research Committee has awarded more than \$A1.4 million for research projects to be distributed in 2015 by the Anaesthesia and Pain Medicine Foundation, whose Board of Governors now has four new members. The foundation also secured funding for the new annual Dr Russell Cole Memorial ANZCA Research Award, the Peter Lowe ANZCA Melbourne Anaesthesia Research Award, the Provisional/New Fellow Research Award, and the Joan Sheales Staff Education Award. In New Zealand, the inaugural New Zealand anaesthesia research workshop was held.

On October 16, the College co-ordinated a highly successful National Anaesthesia Day that focused on the important role of anaesthetists in helping patients to quit smoking in line with *PS12 Guidelines on Smoking as Related to the Perioperative Period* which was formally released at the time. It was pleasing to see the involvement of so many Fellows and the widespread media coverage – more than 800 mentions on TV, radio, print and online.

Throughout the year, ANZCA and FPM news reached an estimated cumulative audience of more than 11 million (11,378,400) according to our media monitoring service iSentia. The Communications Unit prepared more than 30 media releases promoting the ASM, National Anaesthesia Day, SIG meetings, regional CME meetings, the FPM Refresher Course Day and Spring Meeting, and much more.

FPM had a busy year too with the development and launch of its innovative FPM curriculum and training program for implementation in 2015. FPM also developed an online pain management education program "Better Pain Management" for health professionals.

The Essential Pain Management program expanded into the Philippines and Russia. In 2014, more than 15 courses were held and by the end of the year, close to 3000 participants (including about 550 instructors) had completed the course in 33 countries since the course was piloted in 2010.



**Genevieve Goulding**  
President, ANZCA

## Chief Executive Officer's report



### ANZCA staff achieved much in 2014, working with Fellows and trainees to achieve the College's strategic priorities and objectives.

One of the major projects for the year was the development of Networks, our new digital system that greatly improves learning and collaboration opportunities within the College, in particular providing improved support for ANZCA's many committees and council.

Networks will house new online resources developed by the Education Unit, including those aimed at orientating and supporting trainees and supervisors. Online primary examination preparation resources and five educational pain medicine podcasts were also developed in 2014.

We introduced improvements to the continuing professional development (CPD) portfolio system that supports the revised CPD program introduced in 2014, and made improvements to the training portfolio system, including multi-source feedback enhancements which have automated a formerly manual process that has saved time for both the trainee and the supervisor of training.

A new ANZCA Project Framework was developed to ensure that ANZCA's initiatives are delivered in a consistent manner to improve the delivery of successful projects.

Development of the online hospital accreditation process, which allows both hospitals and College visitors to access their individual data on a streamlined online system for hospital accreditation, is due for roll out in 2015. Work also continued on revising the FPM training program, also beginning in the 2015 hospital employment year.

A highlight of the year was the formal opening of the ANZCA Library and Geoffrey Kaye Museum of Anaesthetic History, which were relocated to within a dedicated knowledge centre as part of the refurbishment of "Ulimaroa". The centre includes a new Fellows' room, which is a space for any Fellows visiting the College.

The museum, recognised as one of the best anaesthesia museums in the world, is an important asset that preserves our history for all.

Also making a strong contribution to ANZCA and FPM's history was the newly established History and Heritage Expert Reference Panel. The panel, chaired by the ANZCA CEO, comprises a group of people all dedicated to the preservation and development of historical items. On the panel are museums and art experts Ms Nola Anderson and Mr Peter Haynes. They are joined by Dr Christine Ball (ANZCA's Honorary Curator), Dr John Paull (ANZCA's Honorary Archivist), Dr Peter Featherstone (a UK Fellow with a strong interest in history visiting in 2014), Dr David Jones (past FPM Dean) and Fellows Professor Barry Baker and Dr John Williamson.

Our Policy Unit formally evaluated the Specialist Training Program and is negotiating for the continuation of the scheme post-2015, and made more than 60 submissions to governments and other organisations in Australia and New Zealand.

Our Communications Unit produced more than 30 media releases that attracted widespread media coverage and reached a combined, cumulative audience of more than a million. A highlight of this work was National Anaesthesia Day, which resulted in three television reports, more than 700 online mentions and more than 100 radio reports.

In 2014, we reviewed ANZCA's committee structure and as a result, created a new Professional Affairs Executive Committee (PAEC) to provide oversight for professional and fellowship level issues. The newly named Safety and Quality Committee, Overseas Aid Committee, Continuing Professional Development Committee and Indigenous Health Committee all report to PAEC. A new ASM and Events Planning Committee will report to the CEO and the IMGs Committee and ANZCA Trainee Committee will report through the educational governance structure.

Service charters for all ANZCA business units were completed in 2014. These document each unit's service delivery aims, performance measures, and how the College works together to achieve these. All staff also completed Creating a High Performance Culture training.

The inaugural Annual Staff Excellence Awards were presented in February 2014 following the introduction of the Staff Recognition Program the previous year. Certificates were also presented to staff who achieved career milestones. The Staff Excellence Individual Award for Customer Service was won by Eric Kuang (Strategic Project Office and Technology) and the Staff Excellence Individual Award for Innovation and Process Improvement was won jointly by Hannah Burnell (Fellowship Affairs) and Rebecca Conning (Policy Unit). The Staff Excellence Team award was won by the Policy Unit.

**Linda Sorrell**  
Chief Executive Officer, ANZCA

## Awards, prizes and honours

### College awards in 2014 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 Jonathan Hiller** for "Neuraxial anaesthesia reduces lymphatic flow: proof-of-concept in first in-human study providing a plausible mechanism for impact on cancer recurrence".

### Formal Project Prize

The Formal Project 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 formal project session held as part of the annual scientific meeting.

**Dr Dale Currigan** for "The effect of interscalene anaesthesia on cerebral oxygen saturation".

### Renton Prize

The Renton Prize is awarded to the candidate obtaining the highest marks in the primary examination for fellowship of ANZCA.

**Dr Adam John Mahoney**  
**Dr Steven Michael De Luca**

### Cecil Gray Prize

The Cecil Gray Prize is awarded to the candidate obtaining the highest marks in the final examination for fellowship of ANZCA.

**Dr Gregory Michael Bulman**  
**Dr William Murray Ross**

### 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 Anna Hallett**, who compiled a folder full of welfare resources and articles for colleagues while working as a registrar at the Royal Brisbane and Women's Hospital.

### Australia Day honours

**Professor Michael John Cousins**, Appointed as an Officer of the Order of Australia (AO) in the general division.

For distinguished service to medicine through specialised tertiary curriculum development, as a researcher and advocate for reform and human rights in the field of pain, and as an author and mentor.

**Professor John Herbert Overton**, Appointed as a Member of the Order of Australia (AM) in the general division.

For significant service to medicine, particularly in the area of anaesthesia, through clinical, administration and advisory roles, and to professional organisations.

**Dr Peter David Livingstone**, Awarded a medal of the Order of Australia (OAM) in the general division.

For service to medicine as an anaesthetist.

### Queen's Birthday Honours

**Professor John Alexander Myburgh** Appointed as an Officer (AO) in the general division.

For distinguished service to medicine as an intensive and critical care practitioner, educator and researcher, and as an international innovator in patient management.

**Professor Arthur Barrington Baker** Appointed as a Member (AM) in the general division.

For significant service to medicine, particularly to cardiovascular anaesthesia, to medical education, and to professional medical organisations.

**Dr Felicity Helen Hawker** Appointed as a Member (AM) in the general division.

For significant service to intensive-care medicine, and to professional organisations.

### Woman in Medicine Award

Former ANZCA president **Professor Kate Leslie** won the Australian Medical Association's prestigious Woman in Medicine Award.

### Special Honours List

In a Special Honours List released on June 23, ANZCA Fellow **Dr Bryce Curran**, a Christchurch anaesthetist, was awarded the New Zealand Bravery Decoration for the part he played in operating on and saving the life of a man trapped in a building that had collapsed in the 6.3 magnitude earthquake that struck Christchurch on February 22, 2011.

### Recognised for patient safety research

ANZCA councillor **Professor Alan Merry** was one of 12 New Zealanders elected as Fellows of the Royal Society of New Zealand in October for showing exceptional distinction in research.

### Lifetime achievement for Melbourne anaesthetist

The Chair of ANZCA's Mortality Sub-Committee and Director of Anaesthesia at the Austin hospital, **Associate Professor Larry McNicol**, received a Victorian Health Lifetime Achievement award for his commitment to the public health system for more than 25 years.

## ANZCA Council



**In accordance with the provisions of the constitution, nominations were called for five vacancies on the ANZCA Council. The president welcomed Dr Simon Jenkins (SA), Dr Michael Sean McManus (Queensland) and Dr Rowan Thomas (Victoria) elected unopposed to ANZCA Council and replacing retiring councillors Dr Kerry Brandis (Queensland), former President Professor Kate Leslie (Victoria), Dr Michelle Mulligan (NSW), Associate Professor Brendan Moore (outgoing FPM Dean) and Dr Gabriel Snyder (outgoing New Fellow Councillor). Standing councillors Professor Alan Merry (NZ) and Associate Professor David Scott (Victoria) were re-elected to council for three years.**

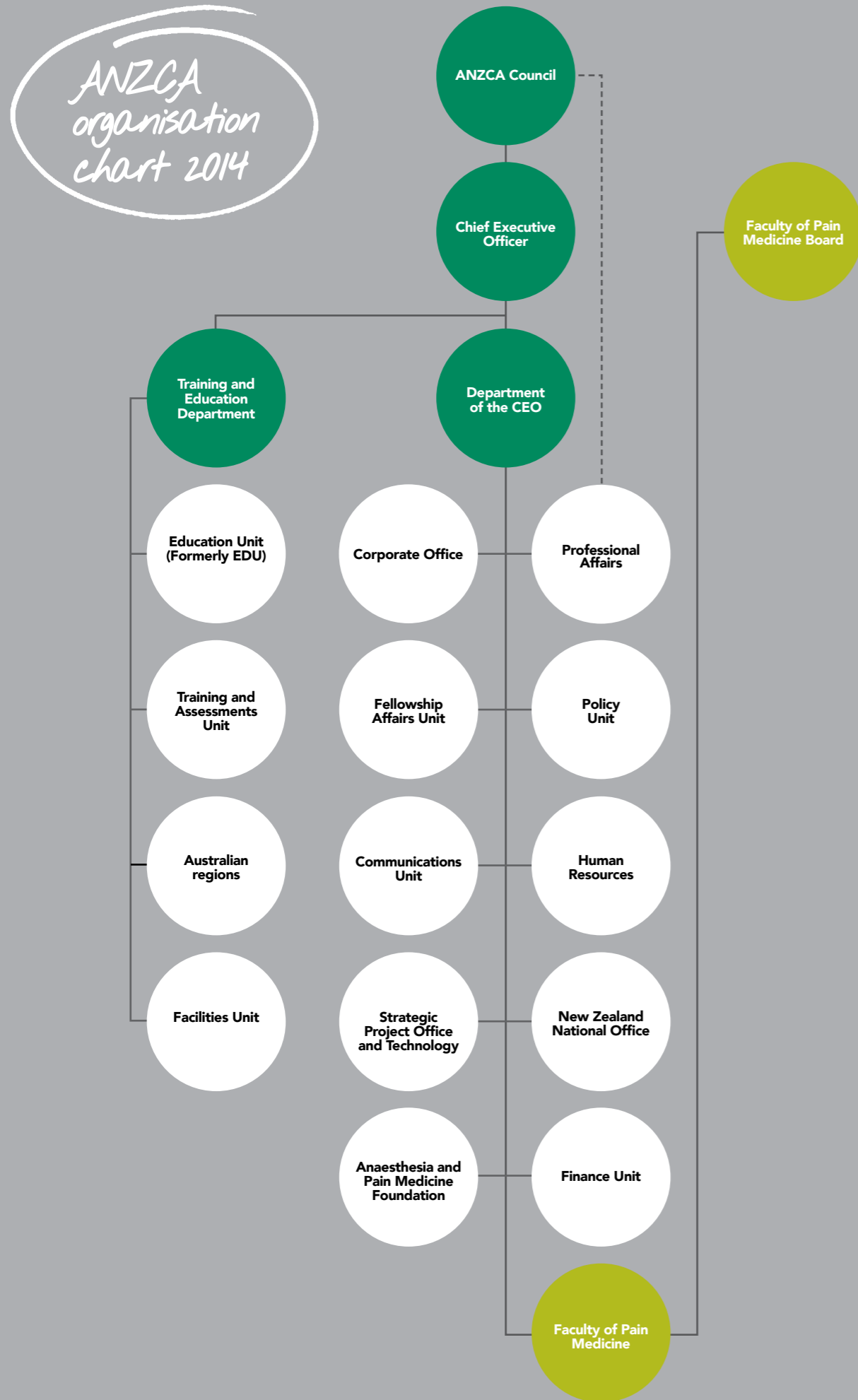
From left: Professor Alan Merry, Dr Lindy Roberts, Dr Simon Jenkins, Dr Vanessa Beavis, Dr Rowan Thomas, Professor Ted Shipton (FPM Dean), Dr Richard Waldron, Ms Linda Sorrell (CEO), Dr Rod Mitchell, Dr Genevieve Goulding (ANZCA President), Dr Patrick Farrell, Associate Professor David A Scott (ANZCA Vice-President), Dr Sean McManus, Dr Craig Coghlan (New Fellow Councillor) and Dr Frank Moloney.

### Distribution of workforce

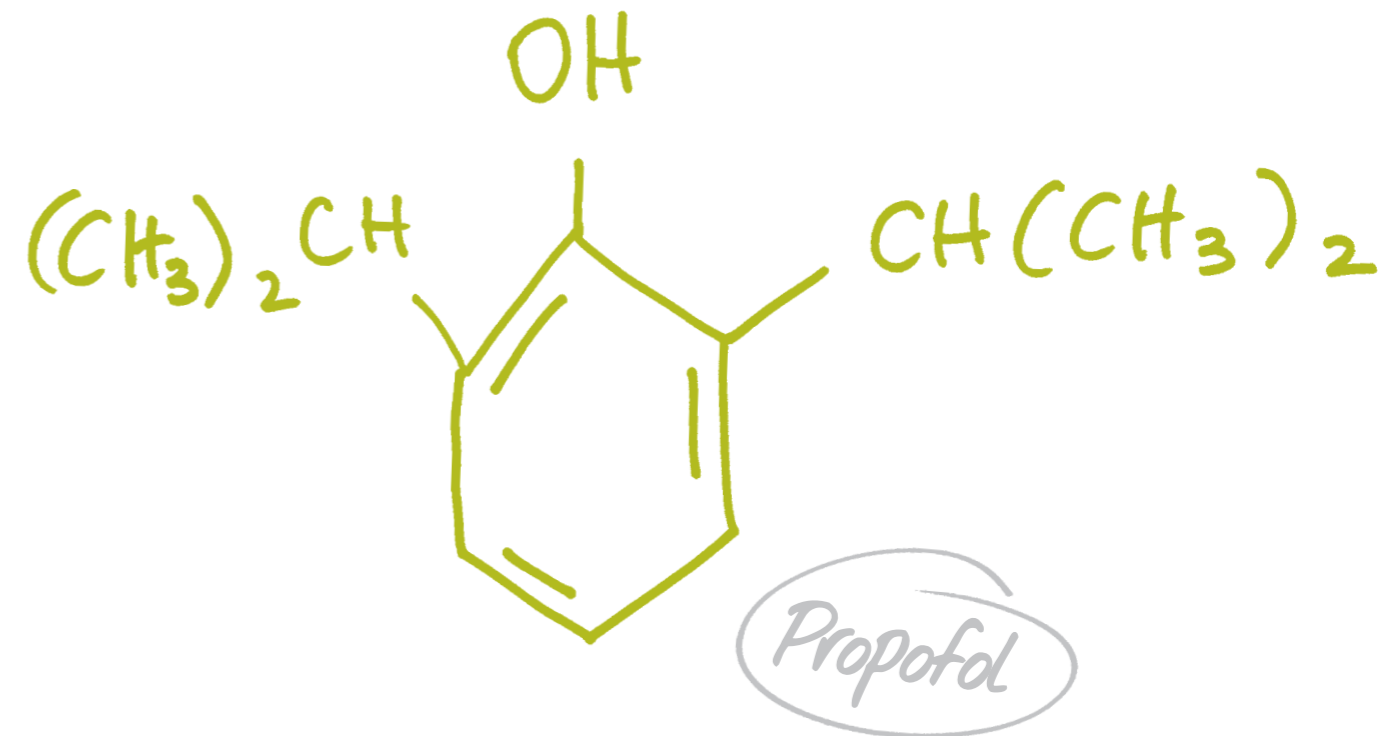
The geographical distribution of active ANZCA and FPM Fellows at December 31, 2014:

	ANZCA	FPM
Australia	4163	270
New Zealand	624	26
Singapore	71	9
Hong Kong	204	16
Malaysia	45	3
Other	158	27
<b>Total</b>	<b>5265</b>	<b>351</b>

There were 269 ANZCA new Fellows admitted and 27 FPM new Fellows admitted in 2014.

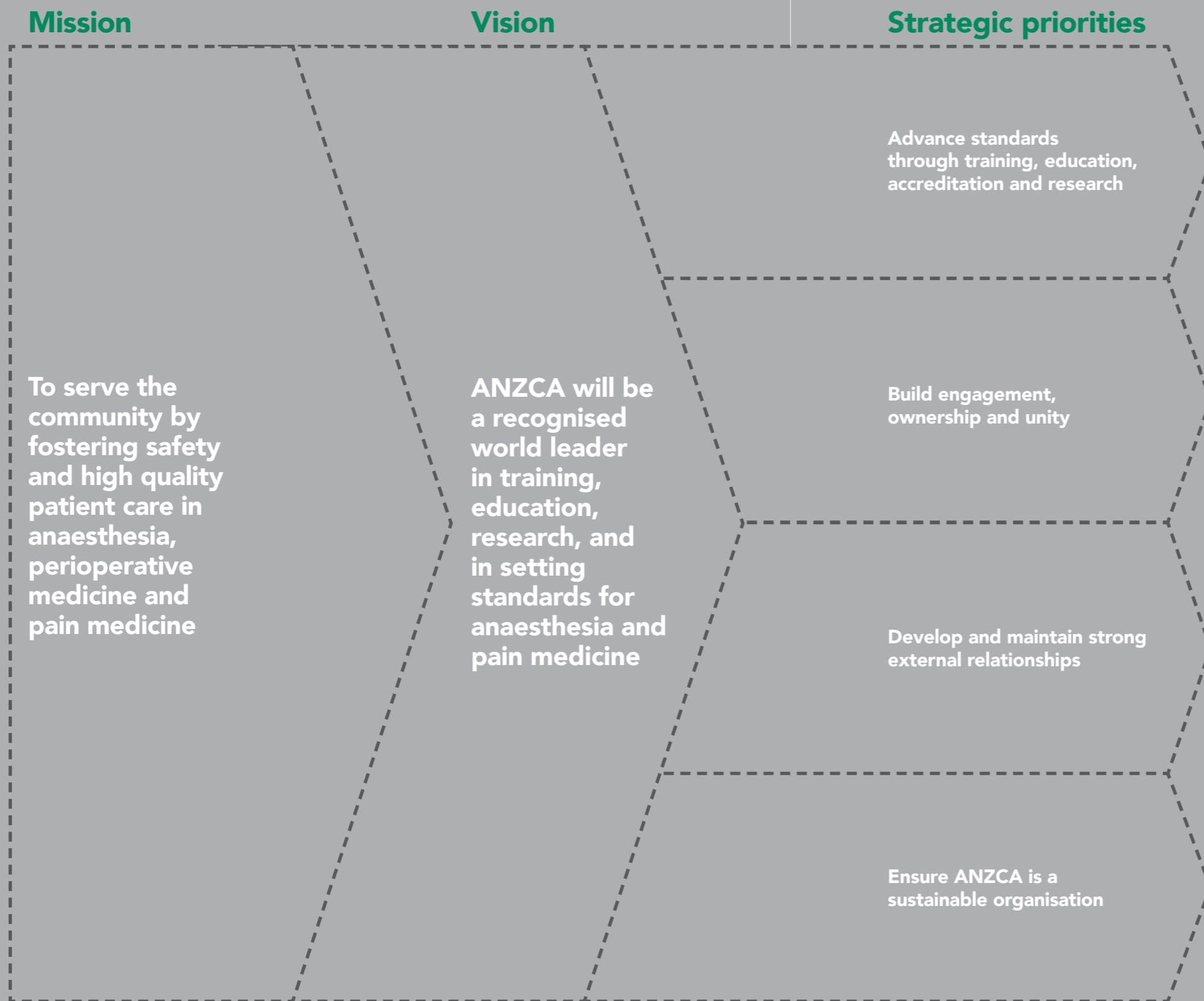


**"The Singapore ASM, held conjointly with the Royal Australasian College of Surgeons in May, attracted more than 4000 delegates and was a resounding success."**





Advancing anaesthesia, improving patient care



### 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 (FPM)
  
- ✓ 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

## Strategic priorities

# 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

## Our revised CPD program

A new feature was introduced to the continuing professional development (CPD) portfolio during 2014, which allows participants to email copies of Statements of Participation or Certificates of Completion from the portfolio to a chosen recipient.

Throughout the year, nearly 350 activities from hospitals and training providers across Australia and New Zealand have been recognised as suitable for the emergency response category of the CPD program. So far, participants have recorded more than 1660 can't intubate, can't oxygenate activities, 1625 cardiac arrest activities, 1300 major haemorrhage activities and 850 anaphylaxis activities in the CPD portfolio.

The Clinical Audit Working Group, a sub-group of the CPD Committee, chaired by Dr Vanessa Beavis, worked throughout 2014 to create extra information and resources for the clinical audit activity in the practice evaluation category. The sub-group produced and published six samples of clinical audits for participants to use, which can be claimed towards the practice evaluation category.

The CPD portfolio has provided a seamless transition for trainees who complete their provisional fellowship training year and gain ANZCA fellowship, with activities completed within that year counting towards their first CPD triennium.

Throughout 2014, the CPD unit received many queries related to the use of compatible web browsers. This can be challenging for some participants using the portfolio because some hospitals use versions of web browsers that are incompatible with the portfolio, or have firewalls that prevent information being saved.

In September, 407 CPD participants were randomly selected for inclusion in the 2014 audit of CPD activities. This includes participants in the first, second and final year of their triennium. Notifications were sent in September 2014 to give people time to collate relevant evidence to submit to ANZCA either by sending in to the CPD unit or uploading it into their portfolio. The audit will take place in early 2015.

The Medical Council of New Zealand (MCNZ) accepted ANZCA's revised CPD program as an approved recertification program in 2014. The MCNZ confirmed that New Zealand general registrant participants can continue to use the program for recertification. The Minister of Health has given protected quality assurance activity status to this program for five years from May 2014.

## Successful events Annual Scientific Meeting – Singapore

The 2014 annual scientific meeting (ASM) was held at Sands Expo and Convention Center Marina Bay Sands, Singapore from Monday May 5 to Friday May 9. The 2014 ASM was a combined meeting with the Royal Australasian College of Surgeons (RACS) Annual Scientific Congress (ASC) and the Australian and New Zealand College of Anaesthetists Annual Scientific Meeting. The meeting explored the theme of "Working together for our patients". It was attended by 4814 delegates of whom 1992 were ANZCA delegates. The scientific program included five plenary sessions and more than 70 anaesthesia and pain medicine related concurrent session presentations. ANZCA delegates could access the entire concurrent scientific program of the Australasian College of Surgeons.

There were 119 ePosters, 37 moderated ePosters, eight topical sessions, 104 workshops and 34 small group discussions. An excellent social program and important events, such as the College Ceremony, which was orated by Mr Phillip Green, complemented the scientific program.

The 2014 named lectures were:

- Ellis Gillespie Lecture – Dr Phillip Deveraux (ANZCA ASM Visitor) "The task ahead: What will it take to improve perioperative outcomes?"
- Michael Cousins Lecture – Professor Audun Stubhaug (FPM ASM Visitor) "From acute to chronic pain: Risk factors, genetics and possible prevention strategies".

- Douglas Joseph Professorship – Professor Britta Regli-von Ungern-Sternberg (Australasian Visitor) "Respiratory complications in paediatric anaesthesia".
- Mary Burnell Lecture – Professor Beverly Orser (Organising Committee Visitor) "Understanding cognitive deficits after surgery and anaesthesia".
- FPM Singapore Visitor's Lecture – Professor Jane Ballantyne (FPM Singapore Visitor) "The limits of allopathic medicine in chronic pain management".
- ANZCA Visitor's Lecture – Professor Alex Sia (ANZCA Singapore Visitor) "Individualising analgesia in obstetrics".
- Organising Committee Visitor's Lecture – Dr Andrew Lumb (Organising Committee Visitor) "Breathing in closed environments – using a really big circle system on mars".

Preceding the ASM was the 2014 New Fellows Conference, which was held on Sentosa Island at the Singapore Resort & Spa from May 2-4. It was attended by 29 delegates from Australia, New Zealand, Hong Kong, Singapore and Malaysia. The theme, "Time capsule", encouraged delegates to consider where they are in their careers, how and why they got there, and where they may be heading.

Fellows' online experiences were enhanced at the 2014 ASM with the introduction of the Virtual ASM and associated app. This innovative tool proved to be very popular and will be valuable for future meetings.

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## Advance standards through training, education, accreditation and research (continued)

Features of the Virtual ASM include enabling Fellows to view the scientific program, participate in polls, ask questions and take notes, view abstracts of each presentation, create a personalised meeting schedule and view webcasts of presentations given at the ASM.

The 2014 statistics for the use of the Virtual ASM show it was positively received, with 1629 app users, 1564 Virtual ASM users, 4932 notes taken and 39,860 page views.

### Special interest groups

The Fellowships Affairs in-house events team manage 14 of the 17 special interest groups (SIGS) and provide committee and conference services throughout the year under the banner of the Anaesthesia Continuing Education Co-ordination Committee (ACECC).

In 2014, ANZCA co-ordinated five SIG meetings attended by more than 828 delegates:

- Obstetric Anaesthesia SIG Meeting – “Expect the unexpected when expecting: Obstetric anaesthesia update” (Sydney, NSW).
- Airway Management SIG Meeting – “Preventing airway catastrophes – better prepare and prevent than repair and repent” (Singapore).
- Rural SIG Meeting – “Pain-proven performers and promising pioneers” (Cairns, Queensland).
- Perioperative Medicine SIG Meeting – “Futile surgery: Avoiding unnecessary harm” (Noosa, Queensland).
- Combined Communication, Education, Management and Welfare SIG Meeting – “Bridging the gap” (Kingscliff, Northern NSW).

### Education

#### Networks – connect, share, learn

The implementation of Networks, the new learning and collaboration management system, began in September after years of planning. Networks enables ANZCA stakeholders to connect, share and learn in formal learning sessions or collaborative events, such as in committees or working groups.

A three-phase implementation of Networks began in September with the transfer of committees from e-communities to Networks. By the end of the year, the roll out was well on schedule. Committee members were able to engage in online discussion using the discussion forum tools and view and access documents.

The second online teacher course of 2014 was delivered in Networks and members used an array of online tools to collaborate and follow course modules. All e-learning content from the ANZCA website was migrated to Networks and curriculum teaching and learning support – including podcasts, teaching and learning cases and useful news items – are clearly presented for trainees in different training periods. They also are more easily searchable in Networks.

Piloting of an integrated webinar tool began late in the year and will continue in 2015. The tool would allow real-time interaction using microphones and webcams to bring groups of stakeholders together in structured, technology-facilitated face-to-face meetings or learning events without the need to travel.

#### Teacher and supervisor support

Interest in the Foundation Teacher Course continued to be strong in 2014 with full registrations at each of the face-to-face courses in Singapore, Queensland, South Australia and New Zealand. The online course ran twice with two cohorts following the course over three-month periods, interacting remotely with the ANZCA Learning and Development Facilitator Maurice Hennessy.

Two supervisor of training workshops were held at the Singapore annual scientific meeting and facilitated by supervisors of training Dr Emily Wilcox (NSW), Dr Jennifer Taylor (NZ), and Dr Sally Ure (NZ's acting education officer), along with Maurice Hennessy and Olly Jones from the ANZCA Education Unit. The workshops covered the essential practical advice, gems and information points required by supervisors of training. Great attendance meant supervisors of training could widely explore challenges with workplace-based assessments, discuss the trainee in difficulty process and explore best practice in managing different trainees and providing effective feedback.

The Teaching and Learning Sub-Committee continued to work on the newer developments of teacher support for ANZCA's Fellows and provisional Fellows. The focus of the year was on faculty development and exploring intermediate-level teacher training and expansion of the Foundation Teacher Course. A needs assessment, which seeks to understand Fellows' priorities, began and will be completed in 2015. It will look at models for wider dissemination of teacher training and mechanisms for providing short, structured, local teacher training opportunities for Fellows more regularly, as expanded teacher training.

#### e-Learning support

A series of e-learning resources and events was held throughout the year. Dr Vida Villunas' tips for the final examination continued to be very well attended by trainees before each of the two examination sittings. Throughout the year, a project group consisting of trainees and Fellows, with Primary Examination Sub-Committee representation and oversight from the Education, Training and Assessment Development Committee, focused on the development of the primary examination preparation resource. The resource was launched at the end of the year after several years of work and will be a huge support for trainees preparing for the exam and Fellows working alongside trainees in the lead up to the exam. In 2015, webinars will enable trainees to come together online and ask questions of a Primary Examination Sub-Committee member in real-time, after they have viewed the resource. Several podcasts have been introduced covering anaesthesia and pain medicine. A review process began using a new evaluation tool to ensure podcasts are mapped to the revised curriculum and are up to date.

### World-class training Revised curriculum settles

The Education, Training and Development Committee led evaluation activities throughout the year, including qualitative interviews with trainees and supervisors and stakeholder engagement visits to each region and New Zealand, with sessions to share and seek information in regional offices and hospitals.

In line with the College curriculum evaluation plan, as two years approached since the introduction of the revised curriculum it was time to seek feedback that would contribute to recommendations for curriculum enhancements or amendments in 2015, including to the training portfolio system (TPS).

The TPS enhancement project continued in 2014 under the direction of the Advancing TPS working group. In 2014, the multi-source feedback (MsF) functionality in the TPS was updated to enable the whole MsF process to be completed online. These improvements greatly streamline the work previously completed off-system by supervisors of training. Performance improvements to reduce waiting times also were delivered in late 2014.

### Orientation resources for supervisors and trainees

Dr Noam Winter (Vic) and Dr Emily Wilcox (NSW) led two project groups focusing on trainee and supervisor orientation and support resources, respectively, with great involvement of trainees and supervisors, many of whom had not been involved in College project groups before. The project groups attended day-long workshops and spent the second half of the year designing and planning resources to be published in Networks, to ensure the information would be useful, provide practical advice, and provide guidance to help trainees and supervisors be successful in their roles.

### Primary and final exams

#### Primary exams

Two primary examinations were held in 2014.

#### February/April

One hundred and twenty five candidates sat this examination, of which 65 passed.

#### Renton Prize

The Court of Examiners recommended the Renton Prize for the half-year ending June 30, 2014 be awarded to Dr Adam John Mahoney, of Tasmania.

#### Merit certificates

No merit certificates were awarded at this exam.

#### September/November

One hundred and seventy three candidates sat this examination, of which 112 passed.

#### Renton Prize

The Court of Examiners recommended the Renton Prize for the half-year ending November 30, 2014 be awarded to Dr Steven Michael De Luca, of Western Australia.

#### Merit certificates

Merit certificates were awarded to:

Dr Gabrielle Papeix	NSW
Dr Kellie Louise Brick	Vic
Dr Samuel Poriana Wall	NZ

Four primary examinations have been completed under the new curriculum, with the committee currently reviewing the process. One change to be implemented from 2015 will be the viva examination process. The Education department is reviewing a recommendation about the multiple-choice question section being conducted online.

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## Advance standards through training, education, accreditation and research (continued)

### Final exam

Two final examinations were held during 2014.

### March/May

Two hundred and twenty six candidates sat for this examination and 164 candidates were successful.

### Cecil Grey Prize

The Court of Examiners recommended the Cecil Grey Prize for the half-year ending June 30, 2014 be awarded to Dr Gregory Michael Bulman, of Victoria.

### Merit certificates

Merit certificates were awarded to:

Dr Jolyon Jay Bond	Qld
Dr Peter Michael Casey	Qld
Dr Neil Christopher Greensmith	NSW
Dr Kiew-Chai Law	NZ

### August/October

One hundred and ninety one candidates sat the examination and 121 were successful.

### Cecil Grey Prize

The Court of Examiners recommended the Cecil Grey Prize for the half-year ending December 31, 2014 be awarded to Dr William Murray Ross, of Victoria.

### Merit certificates

Merit certificates were awarded to:

Dr Patrick John Glover	Qld
Dr Adam Richard Storey	Qld
Dr Anna Michelle West	WA

### Training and accreditation activities

ANZCA accredits anaesthesia departments and other sites that comply with its requirements for recognition. Accredited departments and facilities must be part of a rotational training scheme, including a rural rotation. A grouping of hospitals providing such a program of specialty and sub-specialty training constitutes a rotational training scheme. ANZCA accredits public and private facilities.

The start of the online training site accreditation project meant 2014 was different from previous years in the accreditation space. Most routine seven-yearly visits were put on hold while the new online system was built. Western Australia was the only state in which regular visits took place, with seven facilities visited. Of these, five visits were routine, one was for a new application for accreditation and the other was a site visit to the new Fiona Stanley Hospital. All were deemed compliant.

In order to accredit departments for the anaesthesia component of intensive care unit training, ANZCA, in co-operation with the College of Intensive Care Medicine (CICM), visits training sites to assess their compliance. Two joint ANZCA and CICM visits took place during the year and both sites obtained accreditation. CICM withdrew accreditation from two training sites in New Zealand; there was no impact on ANZCA trainees.

### Online hospital accreditation system

ANZCA will launch a new approach to training site accreditation in 2015 after much work in 2014.

This approach combines a new online accreditation system, a revised datasheet and comprehensive reports based on logged information from the training portfolio system. It simplifies the evaluation of a training site and focuses on imperative aspects of ANZCA's training program.

The technology is an easy-to-use, cohesive, online system tailor-made for training site accreditations and will enable the process to be paper free. In addition to revising the process and technology, reports based on the information logged by the trainees will provide an insight into the culture and quality of training offered by the training site between accreditation visits, removing the need for trainee workload surveys from accreditation visits.

### Trainee activities

In 2014, the ANZCA Trainee Committee focused on workforce, receiving presentations from the past and current ANZCA presidents about what ANZCA is doing to monitor and understand workforce issues.

Resources are being developed about the work ANZCA is doing to address trainee workforce concerns and will be made available on Networks.

The ANZCA Trainee Committee has continued to provide input into ongoing development requirements and priorities of the training portfolio system (TPS) as well as strongly supporting the volume of practice requirements review, scheduled to take place in 2015, to address the current regional variation in practice and availability of procedures.

Through the ANZCA Trainee Committee, trainees remain well represented on ANZCA committees and working groups, including ANZCA Council, the Education, Training and Assessments Management Committee, the Education, Training and Assessments Development Committee, the Training Accreditation Committee, the Effective Management of Anaesthetic Crises (EMAC) Course Sub-Committee, the Provisional Fellowship Program Sub-Committee, the Advancing TPS Working Group, the Trainee Orientation Resources Working Group and the Welfare of Anaesthetists Special Interest Group.

Working alongside the Group of Australian Society of Anaesthetists Clinical Trainees (GASACT) and trainee representatives from the New Zealand Society of Anaesthetists (NZSA), anaesthesia trainees can be confident their best interests are being looked after across the training and industrial domains.

### Exploring other training

Following previous analysis of the future needs of rural GP anaesthesia training, ANZCA developed a business case to explore potential approaches for GP anaesthesia training.

The business case provides the College with information about options and activities required to deliver different formats of training, so presidents, chief executive officers, the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine could have their first consultative, exploratory discussion about future GP anaesthesia training at the end of the year. Discussions will continue in 2015.

### Supporting our overseas trained specialists

During 2014, the College received 74 applications in Australia and 21 in New Zealand for assessment via the international medical graduate specialist (IMGS) assessment process.

Of these applicants, 43 have not yet proceeded to an interview, 29 were determined to be substantially comparable, nine were determined to be partially comparable (PC) and were exempted from the written section of the exam, and nine were determined to be PC and not exempted from the written section of the exam. Five applications were determined to be not comparable on the basis that the gap between their training and experience and that required for FANZCA was too great for the IMGS process.

Countries in which IMGS gained their specialist qualification included: Brazil (four), Canada (one), China (two), Colombia (one), Egypt (four), Finland (one), Germany (one), India (18), Iran (one), Ireland (seven), Israel (one), Italy (three), Japan (one), Malaysia (two), Nigeria (one), Pakistan (one), Philippines (two), Poland (one), Saudi Arabia (three), South Africa (two), Spain (one), Sri Lanka (two), Syrian Arab Republic (one), United Kingdom (28), United States (seven).

Assessments were made by four-member panels that included community representation.

Interviews were held, on average, once a month. Criteria assessed included training in comparison with ANZCA, specialist qualification and practice as a specialist and participation in continuing education and quality assurance activities by participation in a program comparable with the ANZCA Continuing Professional Development (CPD) Program.

### Area of need assessments

During 2014 the Director of Professional Affairs, IMGS, undertook two Area of Need (AoN) assessments. One has commenced in their position and one has commenced in the IMGS process.

(continued next page)

## Advance standards through training, education, accreditation and research (continued)

### Growing commitment to research

#### Anaesthesia and Pain Medicine Foundation activities

The ANZCA Research Committee allocated \$A1,446,618 in 2014 for research grants to projects beginning in 2015, continuing the consistent annual growth in financial support for research in anaesthesia and pain medicine.

The grant total was an increase of 21 per cent on the \$A1,195,618 allocated in 2013 for projects beginning in 2014, which in turn was an increase of 13 per cent on the 2013 figure of \$A1,054,691.

Research funding provided by ANZCA and the Anaesthesia and Pain Medicine Foundation has increased by 126 per cent since 2010, when \$A639,530 was granted for research.

The foundation increased the contribution generated from private fundraising towards research and education during the year, with income growing from \$A248,000 in 2013 to \$A380,000.

A substantial part of this growth came from the establishment of new individual donor grants for research. The foundation worked with the Cole family to establish the Dr Russell Cole Memorial ANZCA Research Award; Dr Peter Lowe donated to launch the ANZCA Melbourne Anaesthesia Research Award; and Professor Barry Baker generously donated to establish the Provisional/New Fellow Research Award and the Joan Sheales Staff Education Award, to commence from 2015.

The foundation developed a 30-second television spot to increase awareness of the need to support research in pain medicine. The advertisement screened in Melbourne metropolitan markets in July, and led to a marked increase in visits to the foundation's website. The advertisement, which can be seen on the website, featured several chronic pain patients. It was produced in collaboration with the Faculty of Pain Medicine, Painaustralia and Sceneon productions.

The Board of Governors further developed its fundraising contacts and plans and the chair, Ms Kate Spargo, and existing member, Mr Ken Harrison, were joined by new members Mr Rob Bazzani, Ms Priscilla Bryans, Mr Bruce Brook, Professor Kate Leslie, Foundation Committee chair Dr Lindy Roberts and ANZCA president Dr Genevieve Goulding. Members all hold prominent roles in the corporate sector or senior roles in ANZCA and the specialties.

Pfizer Australia approved a proposal to again sponsor the pain medicine research program for 2015, under the Pfizer pain care brand. This general sponsorship substantially increases the foundation's capacity to fund pain research, and is greatly appreciated.

### ANZCA Clinical Trials Network

The ANZCA Clinical Trials Network (formerly ANZCA Trials Group) continued to increase its international profile with the publication of landmark trials in leading medical journals, and the awarding of the largest project grant in the history of the Australian Government's National Health and Medical Research Council (NHMRC), of \$A4.6 million awarded to Clinical Trials Network and Monash University investigators led by Professor Tomas Corcoran, for the PADDI Trial (Perioperative ADministration of Dexamethasone and Infection).

The outcomes of the major studies ENIGMA II (nitrous oxide in high-risk patients) and POISE II (aspirin and clonidine in non-cardiac surgery, in collaboration with Canadian researchers) were published in *The Lancet* and *New England Journal of Medicine*, respectively.

Significant progress was made in multicentre trials, with total patient recruitment reaching 3553 (out of 4600) for ATACAS (aspirin and tranexamic acid in cardiac surgery), 1615 (out of 6500) for the Balanced anaesthesia study (on anaesthetic depth in elderly patients), 890 (out of 2800) for the RELIEF study (on intravenous fluid administration in major surgery), and 1000 (out of 1312) for the METS study (on exercise tolerance to predict cardiac risk in non-cardiac surgery, in collaboration with Canadian researchers) by the end of 2014.

The 6th Annual Strategic Research Workshop held from August 8-10 in Palm Cove, Queensland, experienced 30 per cent growth over 2013, with 106 delegates attending. Seventeen project updates and 15 new proposals were presented, along with research co-ordinators' and early career researchers' workshops.

Significant publications included:

- Devereaux et al. Aspirin in patients undergoing noncardiac surgery. *New Engl J Med* 2014; 370: 1494-503.
- Devereaux et al. Clonidine in patients undergoing noncardiac surgery. *New Engl J Med* 2014; 370: 1504-513.
- Myles et al. The safety of addition of nitrous oxide to general anaesthesia in at-risk patients having major non-cardiac surgery (ENIGMA-II): a randomised, single blinded trial. *Lancet* 2014; 384: 1446-5.

One pilot grant was awarded:

- The effect of upfront administration of fibrinogen concentrate in obstetric haemorrhage – A pilot study (Dr Jay Van Der Westhuizen).

Four studies were endorsed:

- Statins before Surgery Study "S3" (Professor Paul Myles).
- Perioperative ADministration of Dexamethasone and Infection – the PADDI Trial (Professor Tomas Corcoran).
- Prothrombinex vs FFP for bleeding after cardiopulmonary bypass (Dr Pavey Warren).
- Apprehending microorganisms injected during anaesthesia: the randomised controlled trial to reduce surgical site infection (Professor Alan Merry).

### Our commitment to safety

#### Work of the Safety and Quality Committee

The Quality and Safety Committee changed its name to Safety and Quality Committee to better reflect ANZCA's mission statement "to serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine". This underscores the primacy of safety in patient care in anaesthesia.

In May the committee welcomed Dr Phillipa Hore as chair of the Safety and Quality Committee. Associate Professor David A Scott, who had held the position for three years, has commenced his tenure as ANZCA Vice-President.

The activities of the Safety and Quality Committee encompass all aspects of safety, including data collection, anaesthesia mortality reviews, publication of information relevant to the safe practice of anaesthesia, assisting in the preparation of relevant guidelines based on best evidence and establishment of improved communication on topics of safety for all practitioners in anaesthesia, intensive care and pain medicine.

In addition to the regular ANZCA *Bulletin*, ANZCA *E-Newsletter*, web-based safety alert updates and articles, an strategy to speed up and improve communication of ANZCA alerts and safety and quality issues was adopted, including the introduction of targeted SMS safety alerts.

The membership of Anaesthetic Allergy Sub-Committee includes the chair of the Safety and Quality Committee and the executive of the Australian and New Zealand Anaesthetic Allergy Group (ANZAAG). Its aim is to produce and promulgate guidelines regarding the prevention and management of anaesthetic-related allergy for Australasia and to develop resources for use by anaesthetists, immunologists, allergists and the public.

In 2014, submissions were made to MedSafe NZ and the Australian Therapeutic Goods Association regarding pholcodine availability and clearer labelling of chlorhexidine containing products, in addition to work commencing on a chlorhexidine allergy policy document.

Members of the ANZCA Mortality Sub-Committee are appointed by the relevant jurisdictional minister of health and are responsible for reporting on mortality in that region. This role is independent of the College.

In 2014, the committee published the ninth edition of the *Safety of Anaesthesia: A review of anaesthesia-related mortality reporting in Australia and New Zealand, 2009 – 2011*. For the first time the report contained a section reviewing the clinical aspects of category one anaesthesia-related deaths.

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## Advance standards through training, education, accreditation and research (continued)

### Australian New Zealand Tripartite Anaesthetic Data Committee (ANZTADC)

The presidents of ANZCA, the Australian Society of Anaesthetists (ASA) and the New Zealand Society of Anaesthetists (NZSA) appointed Dr Neville Gibbs (WA) to chair ANZTADC after the retirement of Professor Alan Merry (NZ). Professor Merry was a founding member and had been chair of ANZTADC since its inception in 2006 and had overseen and supported its development to its current level as a pre-eminent incident reporting resource.

During 2014, the incident-reporting system webAIRS was enhanced and single-user registrations are now available. The Canadian Anesthesiologists Society has expressed interest in establishing its own incident-reporting system based on webAIRS and a licensing agreement is being developed.

By the end of 2014, 80 sites were registered and 2900 incidents had been reported to webAIRS since its inception. Multi-centre ethics approvals are ongoing.

### Maintaining professional standards

ANZCA's professional documents provide guidance to the College's trainees and Fellows on the standards of practice, define the College's policies and serve other purposes the College deems appropriate. Government and other bodies also refer to the professional documents, particularly with regard to accreditation of healthcare facilities. Through the assistance of dedicated Fellows and trainees, seven reviews were completed and development progressed on several new professional documents. ANZCA is grateful for the valuable contributions of the document development groups and those individuals who provided comment during consultation phases.

The following professional documents were published in 2014. Definitive versions are available on the College website:

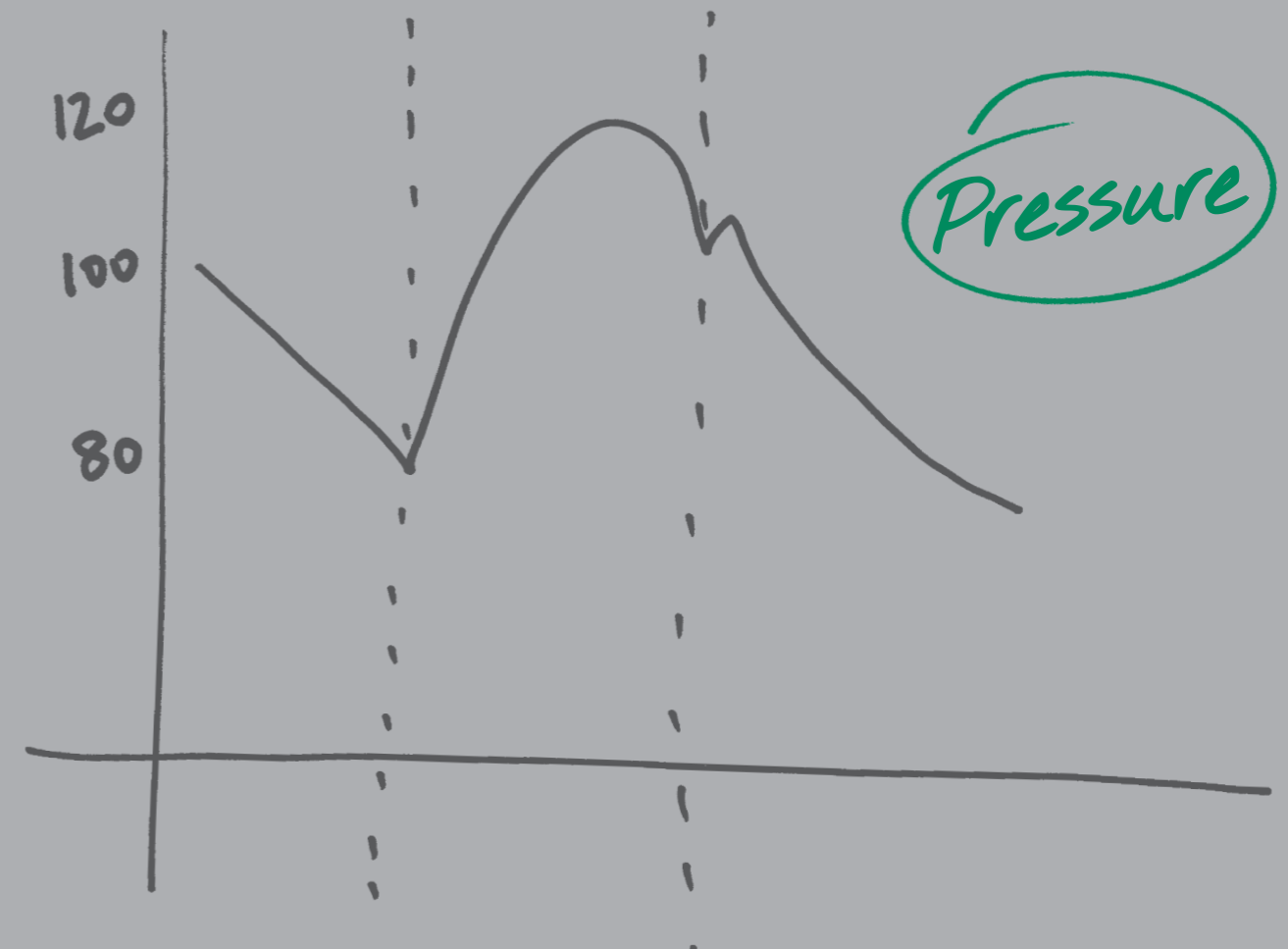
- *PS03: Guidelines for the Management of Major Regional Analgesia (interim review)* – November 2014.
- *PS09: Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical or Surgical Procedures* – July 2014.
- *PS12: Guidelines on Smoking as Related to the Perioperative Period* – September 2014.

- *PS31: Guidelines on Checking Anaesthesia Delivery Systems* – September 2014.
- *PS42: Statement on Staffing of Accredited Departments of Anaesthesia* – September 2014.
- *PS46: Guidelines on Training and Practice of Perioperative Cardiac Ultrasound in Adults* – November 2014.
- *PS57: Statement on Duties of Specialist Anaesthetists* – September 2014.

The following professional documents completed a pilot phase in 2014 with close of pilot reviews under way and republication due in early 2015:

- *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.*
- *PS59: Statement on Roles in Anaesthesia and Perioperative Care.*

All ANZCA professional documents can be accessed via the website: [www.anzca.edu.au/resources/professional-documents](http://www.anzca.edu.au/resources/professional-documents).



**“Our focus on advocating for our professions continued with more than 60 submissions and representations made to government and stakeholders in Australia and New Zealand.”**

## Strategic priorities

### 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 (FPM)

#### Focusing on workforce Workforce action plan

The College has long contributed data to external bodies such as the Australian Government Department of Health Medical Training Review Panel (MTRP), Health Workforce Australia, and Health Workforce New Zealand, as well as internally monitoring workforce trends (including Fellows, trainees, international medical graduate specialists, and areas of need).

It is clear that workforce issues are complex and modelling is prone to error due to the limitations of assumptions made and the long lag time between medical school and qualification as a specialist. Accurate longitudinal data and iterative modelling are crucial to understanding and addressing the issues.

In 2014 the College launched the Workforce Action Plan. Its purpose is to clearly define key initiatives, actions and outcomes that will contribute to a sustainable training program and workforce across Australia and New Zealand with:

- A balance in supply and demand of specialists.
- Adequate specialist services for the community and meaningful work for our Fellows and trainees.

#### Graduate Outcomes Survey

The annual Graduate Outcomes Survey was distributed in July 2014 to 900 new Fellows within three years of graduation as a FANZCA. The survey response rate was 47 per cent, the same as in 2013.

The survey has three main aims:

- Collecting high-quality data to help inform workforce planning.
- To ensure the College has an effective voice in decisions made by policy makers reflecting the views of the new Fellows.
- Assisting the College to better understand the issues relevant and specific to new Fellows.

The survey results showed the majority of new Fellows find work soon after completing training (within the first 12 months) but many are not working where they would like to be though this becomes less of an issue within three years. Future employment opportunities concern many respondents and 81 per cent believe there were more opportunities 10 years ago.

Concern around workforce will be a priority for the College and is a focus of the Fellowship Engagement Strategy and the Policy Unit's Workforce Action Plan.

There is good satisfaction with all aspects of anaesthesia training, especially training relevance and supervision received; average hours worked has increased slightly to 39.5 per cent in 2014 from 38.2 per cent in 2013; satisfaction with hours worked also has increased from 66 per cent in 2013 to 70 per cent in 2014 and very few new Fellows (8 per cent) have plans to move to a regional or rural area.

#### Anaesthesia workforce in New Zealand

The changing nature of the anaesthesia workforce was a major issue for New Zealand in 2014. With positions in Australia becoming harder to obtain, the outflow of New Zealand new Fellows to Australia reduced, resulting in more applicants for positions in New Zealand. Concern that some new Fellows were failing to find the positions they wanted led to the NZNC and NZ Society of Anaesthetists forming a small working group to gather authoritative data, including from department clinical directors, and to formulate recommendations on how the New Zealand anaesthesia workforce can be sustained to meet the health needs of New Zealanders.

The NZNC and New Zealand office staff have also been working closely with the Council of Medical Colleges and Health Workforce New Zealand, and supplying relevant information, to ensure that medical students and pre-vocational doctors are given as accurate a picture as possible of the current and likely future workforce situation so that they can make their career choices accordingly.

During 2014, the NZNC also worked on a proposal to review the length of training for anaesthetic technicians and on the Perioperative Nurses College (PNC) proposal for a separate education pathway and assessment framework for registered nurses working as assistants to the anaesthetist. This latter matter is continuing and has involved various meetings with the PNC, the Auckland University of Technology (the course provider) and the Ministry of Health/HWNZ. The NZNC's stance is that anaesthetists need to be confident that any assistant meets standardised, minimum requirements, irrespective of the training pathway to reach those standards.

#### Services for Fellows New knowledge centre

ANZCA's historic Ulimaroa building was transformed into a hub of information for use by Fellows and trainees. With the refurbishment of the Fellows Room, the relocated and redesigned Geoffrey Kaye Museum of Anaesthetic History and ANZCA Library and a timeline displaying the history of the College, ANZCA Fellows and trainees visiting Melbourne now have ready access to a dedicated and fit-for-purpose knowledge centre.

On September 19, 2014, Victorian Health Minister Mr David Davis joined more than 60 guests to relaunch the museum. The event included a traditional smoking ceremony and welcome to country, saw the handing over of a time capsule from the 2014 New Fellows Conference ("My Legacy") and showcased a new visual and oral history presentation about Dr Geoffrey Kaye.

The new museum exhibition has been extremely well received by the many visitors to date and has been reflected in an online presence through objects catalogued in Victorian Collections: <http://victoriancollections.net.au/organisations/geoffrey-kaye-museum-of-anaesthetic-history>

Dr Christine Ball was recognised for 25 years of dedicated service, first as assistant honorary curator, honorary archivist, and now honorary curator of the museum. The History and Heritage Expert Reference Panel held its first meeting in February 2014 and contributed advice and feedback on a range of topics presented over the year, including oral histories, portraits on display in the College, and museum accreditation requirements.

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## Build engagement, ownership and unity (continued)

A review of the ANZCA Archive recommended separating business and historical archives to be treated more effectively and appropriately for administrative and legal requirements, as well as conservation and preservation for historical and research purposes.

The ANZCA Library increased access to new collections of online textbooks, such as *Springer Medicine*, and new online journals such as *Anaesthesia and Intensive Care Medicine* and *Minerva Anesthesiologica*. Fellows and trainees demonstrated their eagerness to access the library resources 24/7 by the increase in website visits to over 280,000 hits in 2014. While the library assisted with a record number of literature searches (more than 100), Fellows and trainees also increased their own research with more 700,000 individual searches performed in the ANZCA Library-subscribed databases. Despite redesigning and relocating the library during the year, the staff continued to provide a seamless high-quality service to Fellows and trainees.

### Member feedback

The 2014 ANZCA Fellowship Survey, run every three to four years, was sent out in August to almost 6000 Fellows. Fellows were able to complete the survey online or as a hard copy.

A total of 2153 Fellows completed the survey – 1416 were completed online and 752 in hard copy – resulting in more than a one in three response rate, representative of the membership across all demographic data.

The survey provided important information from Fellows allowing the College to assess services provided and their efficacy; to better understand the needs of Fellows whether in relation to continuing professional development (CPD), workforce, resolution of issues or communications, and to assist in determining the strategic direction and improvements of the College.

Safety and quality initiatives and activities continue to rate highly, as do educational events and the provision of CPD. Areas identified by Fellows as needing attention include:

- Ease of using the CPD system and communication around this.
- The training portfolio system (TPS).
- A feeling that the College can be bureaucratic.
- Workforce and the role the College plays in this area.

The ANZCA Fellowship Survey and the Graduate Outcomes Survey will form the foundation of a Fellowship Engagement Strategy being developed in 2015, along with the establishment of a working group to ensure Fellows' feedback is actioned and outcomes and deliverables are set and met.

### Service charters

All ANZCA business units have documented their service charters. These documents describe the business unit's service delivery aims, performance measures, and how the College collectively works to achieve these. This supports a shared understanding of roles and responsibilities in the delivery of service excellence to ANZCA Fellows and trainees. The development of these documents involved staff from the business units in consultation with key stakeholders. The service charters will be updated annually as part of the ANZCA business planning cycle. They are available for reference by all staff and will continue to be embedded as part of ANZCA's commitment to continuous improvement in service delivery.

### Our new ANZCA committee structure

In 2014, a working group was established to review the structure of Fellow-related ANZCA committees and sub-committees, and the ANZCA Trainee Committee.

As a result, the Professional Affairs Executive Committee (PAEC), which replaces the Fellowship Affairs Committee, was established. It will have oversight for three areas – fellowship, community development and policy.

Another result of the review was the renaming of the Quality and Safety Committee to the Safety and Quality Committee. This committee will report to PAEC, as will the Overseas Aid Committee, the Continuing Professional Development Committee and the Indigenous Health Committee.

This reduces the number of committees reporting directly to the ANZCA Council, enabling it have a clearer strategic role.

Another key change is the establishment of an ASM and Events Planning Committee. This committee will report to the ANZCA CEO, Ms Linda Sorrell, on matters relating to operational decisions involving the ANZCA ASM and other educational events run by ANZCA.

The International Medical Graduate Specialist Committee and Trainee Committees will report through the educational governance structure to provide educational specialist input.

The Review of Committees Working Group comprised Dr Vanessa Beavis (chair), Dr Genevieve Goulding, Dr Rodney Mitchell, Associate Professor David Scott and Dr Leona Wilson. It was supported by Ms Linda Sorrell, Ms Carolyn Handley, Ms Elaine Jenkins and Ms Veronica Haslam.

The new structure comes into effect in 2015.

## Our communications National Anaesthesia Day on smoking

Fellows' support for National Anaesthesia Day grew following the successful relaunch in 2013.

This year the theme was "Stop smoking before your anaesthetic", which coincided with the release of ANZCA's *PS12: Guidelines on Smoking as Related to the Perioperative Period* (see [www.anzca.edu.au/resources/professional-documents](http://www.anzca.edu.au/resources/professional-documents)). This professional document encourages anaesthetists to embrace the "teachable moment" when smoking patients are in hospital and thinking about their health to encourage them to stop smoking. Research shows this works and it's never too late to quit – even 24 hours makes a difference.

More than 200 National Anaesthesia Day kits (including posters, leaflets and the professional document) were sent to hospitals, private clinics and other health services on the ANZCA database as well as regional/NZ offices and all ANZCA councillors. One kit was sent to Boston, Massachusetts in the US where the first ether anaesthetic was given on October 16, 1846.

The phrase "Anaesthetists – caring for the body and its breath of life", a translation of the ANZCA coat of arms motto "Corpus curare spiritumque", was added to the posters for the first time this year and will be included in future years.

New Zealand Health Minister Dr Jonathon Coleman visited the displays at Auckland City Hospital.

Media interest in the event grew significantly from last year resulting in three television reports, more than 700 online mentions and more than 100 radio reports.

There was strong engagement via Twitter, with hospitals tweeting photographs of their activities.

### ANZCA's publications

Improvements continue to be made to the *ANZCA Bulletin* with the aim of making this quarterly publication more relevant and informative to Fellows and trainees. For example, a series was introduced to provide continuing professional development (CPD) advice and tips, following feedback in the ANZCA Fellowship Survey that not all Fellows are finding it easy to adapt to the revised ANZCA CPD Program.

Open rates for the *ANZCA E-Newsletter* are high compared to many organisations at approximately 50 per cent.

### CEO hospital visits

ANZCA CEO Ms Linda Sorrell ended 2014 with a visit to Fremantle Hospital in Western Australia where she told between 30 and 40 attendees about the College's achievements over the previous 18 months and its focus for 2015. During the year she also visited hospitals in South Australia.

Since joining ANZCA in 2011, Ms Sorrell has visited 39 hospitals. She visits ANZCA's regional and New Zealand committees at least once a year.

## New Zealand activities

Major work for the New Zealand National Committee (NZNC) in 2014 related to the anaesthesia workforce and assistants to the anaesthetists (see page 23 focusing on workforce). The committee also undertook substantial work in the area of stakeholder engagement and submissions (see page 29 stakeholder networks).

In September, the NZNC hosted a highly-rated meeting for clinical directors with attendance from nearly all New Zealand anaesthesia departments. The day included an update on ANZCA and NZNC activities and developments, discussion about the anaesthesia workforce and an afternoon workshop on the utility of system tools in healthcare. However, the most appreciated aspect was the chance to meet colleagues in person and to benefit from collective experience.

A very successful new initiative for the NZNC was the inaugural NZ Anaesthesia Research Workshop held in Auckland on December 4 and convened by Dr Tom Fernandez. The workshop attracted over 40 registrants keen to learn from a 10-strong faculty of top New Zealand researchers about how to get into and make the most of anaesthesia research.

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## Build engagement, ownership and unity (continued)

NZ Anaesthesia Visiting Lectureships for 2014 were awarded to Dr Jane Torrie (Auckland), Dr Colin Marsland (Wellington) and Dr Nav Sidhu (North Shore). Regional hospitals are combining forces to make the most of this opportunity to hear top quality presentations. Dr Torrie and Dr Sidhu presented at a meeting held at Palmerston North in August for five hospital departments, and Dr Torrie and Dr Marsland presented at a weekend regional meeting in Tauranga in November that attracted about 45 anaesthetists, anaesthetic technicians and theatre nurses from various hospitals in the wider region. Dr Marsland also presented at Hawke's Bay Regional Hospital in November and Dr Sidhu's second lecture was scheduled to be at Southland Hospital in Invercargill in February 2015.

BWT Ritchie Scholarships for 2014 were awarded to Dr Kerry Holmes, Auckland, Dr Ross Scott-Weekly, Dunedin, and Dr James Broadbent, Lower Hutt.

The NZ Education Sub-Committee workshop for supervisors of training in October drew around 30 attendees with every training site in the country represented. Both the workshop and meeting that followed gave them plenty of opportunity to discuss various issues in depth, with the training portfolio system (TPS) dominating. Participants found it valuable to have access to head office staff either in person or remotely for these discussions.

Participant feedback again showed high ratings for the fourth Part 3 Course held at Middlemore Hospital, Auckland, in November.

### Australian regional activities

Dr Lindy Roberts and Dr Genevieve Goulding (both ANZCA presidents in 2014) and ANZCA Chief Executive Officer Linda Sorrell attended many regional committee meetings during the year.

A member of ANZCA Council also attended ACT Regional Committee meetings either in person or via teleconference because there is no ACT representative on council.

Regional staff supported several meetings and other activities in local regional offices (with the exception of Tasmania where meetings were held in the Medical Sciences Precinct in Hobart). These included support for:

- Forty-one regional committee meetings.
- Twenty-six trainee committee meetings.
- Twenty-one continuing medical education (CME) committee meetings.
- Nineteen FPM committee meetings.
- Twenty-one combined ANZCA/ Australian Society of Anaesthetists (ASA) CME meetings.
- Eight FPM CME meetings.
- Additional sub-committee meetings and support for ASA committees in several regions.
- Many conveners and presenters for CME and course activities, and examiners for the written and clinical examinations.
- Local hospitals that provided facilities for the clinical examinations and practice vivas.

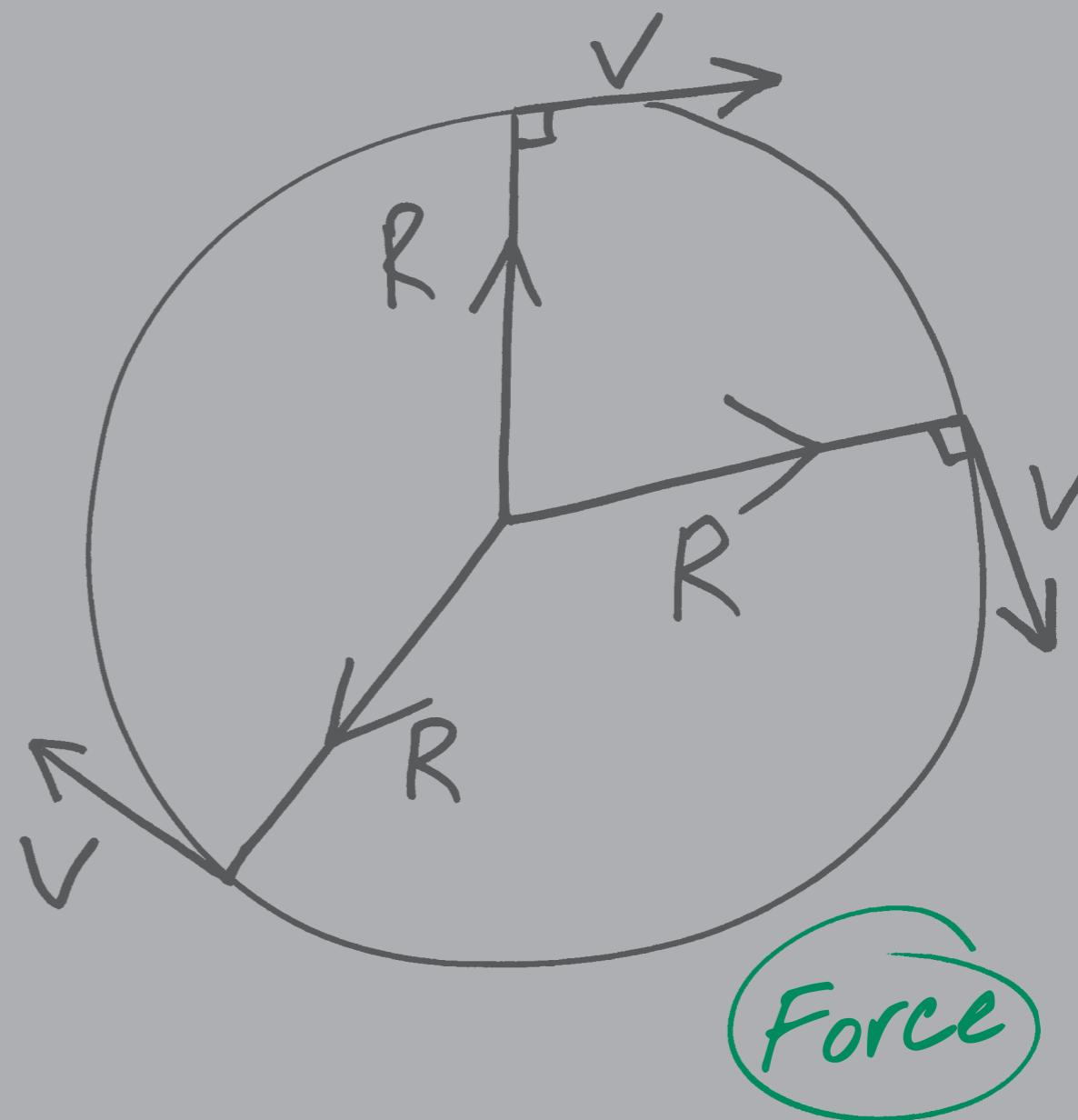
There were also multiple training course programs conducted throughout 2014 that varied in length from weekly one-hour sessions, evening and weekend courses to five and 10-day blocks encompassing part 0, part 1, part 2 and careers days with more than 1000 trainees attending.

Where capacity allowed, local regional offices were also utilised for:

- Heads of department meetings.
- Supervisor of training meetings.
- ANZCA primary written and final written examinations and FPM written examinations.
- Evening CME meetings and lectures.
- Practice vivas.
- Education officer meetings.
- Feedback interviews.
- Foundation teacher courses.

Each region submits a comprehensive annual summary of achievements to council annually.

"The Research Committee has awarded more than \$A1.4 million for research projects to be distributed in 2015 by the Anaesthesia and Pain Medicine Foundation, whose Board of Governors now has four new members."



## Strategic priorities

# 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

## Stakeholder networks

### Australia

Each year ANZCA seeks to advocate on behalf of our Fellows and trainees on a range of issues impacting on health policy and service delivery across Australia and New Zealand. This is a selection of ANZCA's 2014 submissions (all can be found on the College website's advocacy pages ([www.anzca.edu.au/communications/advocacy](http://www.anzca.edu.au/communications/advocacy)):

- Australian Health Ministers Advisory Committee – Review of the National Registration and Accreditation Scheme for Health Professionals – October 2014.
- Medical Board of Australia – Proposed guidelines for the regulatory management of registered health practitioners and students infected with blood-borne viruses – September 2014.
- Thoracic Society of Australia and New Zealand – TSANZ Oxygen Guidelines for Acute Oxygen Use in Adults “Swimming between the flags” – September 2014.
- National Blood Authority – Public consultation of the patient blood management guideline: Module 5 – Obstetrics and maternity – July 2014.
- Australian Commission on Safety and Quality in Health Care – Training and competency requirements for recognising and responding to clinical deterioration in acute care – June 2014.
- Medical Board of Australia – Limited registration standards and draft guideline on short-term training in a medical specialty pathway – June 2014.
- Australian Senate Inquiry – Health Workforce Australia (Abolition) Bill – June 2014.
- Health Workforce Australia – Geographic Distribution: Medical Workforce Project – May 2014.

- Health Workforce Australia – Expanded Scope of Practice, Advanced Practice Endoscopy Nursing Project – May 2014.
- Treasury – Restating and centralising the special conditions for tax concession entities – April 2014.
- Pain Australia – Review and Evaluation of the National Pain Strategy 2014 – March 2014.
- AED Deployment Registry – Consultation (AED) Deployment Specifications – March 2014.
- Work Cover WA – Review of the Workers' Compensation and Injury Management Act 1981 – Discussion Paper – Part 4 Medical Assessment – January 2014.

### Specialist Training Program

The ANZCA Specialist Training Program (STP) experienced another busy year in 2014. We continue to build on the significant achievements we have made to training in anaesthesia, pain medicine and intensive care medicine over the past few years and aim to develop capacity and opportunities for training in private and rural health services.

A major focus has been on evaluation and service improvements. Two significant projects were finalised over this period: the rural engagement project and an evaluation of the program, which assessed the College's progress in delivering the program against the aims and objectives as set out by the Department of Health. Both projects identified process adjustments and areas to explore.

As ANZCA moves into the final year of funding, efforts will concentrate on developing and implementing an advocacy plan to influence government at a federal level to achieve the goal of continuing STP funding for the betterment of the existing STP-funded hospitals and training networks.

The Training More Specialists in Tasmania program has completed the first of three years of funding. Some unavoidable delays hampered recruitment to the 13 positions created through this program. Positions in place are valuable and there have been encouraging reports that additional funds are already having a positive impact within the Tasmanian hospitals. The College is supporting the Tasmanian health organisations as much as possible to progress recruitment of the remaining positions in a timely manner and will continue communicating with delivery leads in each region as the project progresses.

### New Zealand

The New Zealand team, in conjunction with the New Zealand National Committee, continued to strengthen relationships with government agencies throughout 2014, and had regular contact with agencies on a number of issues, including: Health Workforce New Zealand (perioperative workforce), the Ministry of Health (Protected Quality Assurance Activities, amendments to the Misuse of Drugs Regulations 1977), Pharmac (Medical Devices, Pharmaceutical schedule) and the Medical Council of New Zealand (Memorandum of Understanding, roles and responsibilities of colleges, poorly performing doctors).

Early in 2014, ANZCA's CEO, the NZ general manager and the chairs of the ANZCA and FPM New Zealand National Committees met with the Minister of Health and the Labour spokesperson for health to highlight ANZCA's Continuing Professional Development Program, ANZCA's work on helping patients to stop smoking and workforce issues.

ANZCA has been keen to establish itself as a trusted advisor to decision makers in the New Zealand health sector, and received positive feedback from government departments on its willingness to engage on issues. Government agencies such as Health Workforce New Zealand and the Ministry of Health have proactively sought ANZCA's advice on workforce and regulatory issues. In addition, the Policy Unit and New Zealand office supported the New Zealand National Committee to make more than 20 submissions to government departments and health agencies throughout 2014.

ANZCA also maintained its strong relationships with the wider health sector. Notably, ANZCA has worked with the New Zealand Society of Anaesthetists, the New Zealand Anaesthetic Technicians' Society, the Medical Sciences Council of New Zealand and the New Zealand Nurses' Organisation on the assistant to the anaesthetist workforce, and the development of a course for registered nurse assistants to the anaesthetist.

Staff and elected officers continue to participate in regular Council of Medical Colleges' meetings, which provide a valuable forum to engage with key health sector organisations, including the Ministry of Health. Staff also maintained communication with colleagues from other medical colleges and health sector organisations by participating in an informal policy network to discuss health policy issues.

New Zealand staff also engaged with Fellows and trainees at the annual scientific meeting, the inaugural research meeting, the clinical directors' meeting and meetings at the Medical Council of New Zealand.

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## Develop and maintain strong external relationships (continued)

### Raising our profile

#### Reaching the community through the media

ANZCA continued to raise the profile of anaesthesia and pain medicine in 2014 with several successful media campaigns. Thirty media releases were created, resulting in more than 1000 print, TV, radio and online articles.

The work of ANZCA and its Fellows reached an estimated combined cumulative audience of more than 11 million readers, viewers and listeners, according to ANZCA's media monitoring service, iSentia.

The 2014 ANZCA Annual Scientific Meeting (combined with the annual meeting of the Royal Australasian College of Surgeons) in Singapore, as well as the FPM Refresher Course Day, generated significant media coverage. More than 600 reports appeared in print, radio, television and online to reach a combined cumulative audience of nearly five million people, according to iSentia.

National Anaesthesia Day on October 16, with a focus on the importance of quitting smoking, also generated extensive media coverage. Pre-recorded radio "grabs" by ANZCA President Dr Genevieve Goulding about the importance of smoking cessation were sent to radio stations for use in news reports across Australia. These were downloaded by nearly 400 radio stations, a huge increase on 2013.

The media promotion resulted in three television reports (two in Australia and one in New Zealand), more than 700 online mentions and more than 100 radio reports featuring Dr Goulding, Dr Nigel Robertson, Dr David Bramley and Dr Ashley Webb, as well as local spokespeople on hospital activities and the importance of giving up smoking before an anaesthetic. There was strong local newspaper coverage in New Zealand, including in *NZ Doctor*, Auckland's *Central Daily Leader* and the *Otago Daily Times* as well as coverage on radio Newstalk ZB news and Radio Rhema.

Melbourne's *Herald Sun* (circulation 400,000) ran an exclusive article about a successful pilot study in Victoria that focused on asking patients about their smoking status and encouraging them to quit. This was followed up by a radio 3AW interview (audience of 90,000) with Dr Bramley.

Other significant media coverage was generated by the release of POISE-2 and ENIGMA-2 research results, the reopening of the Geoffrey Kaye Museum of Anaesthetic History and an opinion editorial about end-of-life issues and anaesthetists.

In the middle of the year, media training was organised for the new ANZCA President, Dr Genevieve Goulding, and Vice-President, Associate Professor David Scott, as well as the new FPM Dean, Professor Ted Shipton, and Vice-Dean, Dr Chris Hayes. The chair of ANZCA'S Quality and Safety Committee (now Safety and Quality Committee), Dr Philippa Hore, also participated. Media training also was held in New Zealand for ANZCA NZNC Chair, Dr Nigel Robertson, NZNC Deputy Chair Dr Gary Hopgood, and FPM NZNC Chair, Dr Kieran Davis.

In early 2014, the 2013 ANZCA Media Award was presented to *New Zealand Doctor* journalist Virginia McMillan for "Pain, finding perspectives".

### New fellowship directory

Late in 2014, ANZCA's new fellowship directory went live.

The directory allows colleagues, patients and members of the public to confirm a Fellows' ANZCA and/or FPM status and where they are located, although it does not include contact details.

The directory can be found on the ANZCA and FPM websites under the Fellows tab.

### Community development Indigenous health

The 2014 combined annual scientific meeting included an indigenous affairs scientific session with presentations on cross-cultural delivery of anaesthesia, surgical interventions for pancreatitis in indigenous patients and American indigenous health programs, with a case study from North Dakota.

The indigenous affairs session was a first for the College's annual scientific meeting and was well received by participants. The sessions were recorded and included in the Virtual ASM to give access to Fellows and trainees who were unable to attend in person.

The College has continued its focus on engagement with the Australian Indigenous Doctors Association (AIDA) and attended the 2014 AIDA Symposium in Melbourne. The ANZCA booth included popular workstations, which gave medical students and junior doctors an opportunity to learn tips and tricks, and practice intubation, resuscitation and insertion of IV lines during breaks in the symposium program.

Australian and New Zealand indigenous representation also increased in 2014 with three ANZCA Aboriginal, Torres Strait Islander and Maori trainee members joining the committee. The launch of the ANZCA Community Development webpage also provides a focus on indigenous health, bringing together existing College resources and those developed in partnership with external agencies, in a publicly available place: [www.anzca.edu.au/fellows/community-development/indigenous-health.html](http://www.anzca.edu.au/fellows/community-development/indigenous-health.html).

### Overseas aid

Kenyan anaesthetist Dr Timothy Mwiti was awarded the College's International Scholarship for 2014. Dr Mwiti undertook the scholarship at the Sir Charles Gairdner Hospital in Perth with a focus on pain medicine. Dr Mwiti was particularly thankful for the opportunity to attend the 2014 combined scientific meeting and New Fellows Conference, as a result of his experiences in Australia. He hopes to:

- Further develop course content for pain medicine in the postgraduate anaesthesia training program in Kenya.
- Establish a pain management (acute and chronic non-cancer pain) service at his teaching hospital.
- Undertake pain education outreach activities based on the Essential Pain Management program.

The College supported three educational workshops in Papua New Guinea including attendance at the annual PNG Medical Symposium. In addition, the 2014 Overseas Aid trainee scholarship was awarded to Dr Yasmin Endlich, who led an ultrasound anaesthesia workshop at the medical symposium, profiled in the December *ANZCA Bulletin*. Additional symposium workshops covered basic resuscitation, difficult intubation and airway management.

i-simulate iPads provided a well received simulation experience for anaesthesia registrars at the Port Moresby Hospital. Evaluation feedback of Australasian support for anaesthesia in PNG emphasised the importance that often-isolated PNG anaesthetists and anaesthetic scientific officers place on the College's collegial support and educational opportunities, which would otherwise not be available.

The Essential Pain Management program continued to go from strength to strength with 1200 participants and 194 instructors trained across 26 workshop series in 2014. In 2014 course materials became available in six languages, and quick reference material developed to reinforce program learning. The EPM Lite program, designed specifically for medical students, continued at Auckland University and was run for the first time in Winnipeg, Canada in late 2014.



## 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

### Strategic roadmap

#### Major projects in 2014

At the beginning of 2014, the College successfully launched the revised continuing professional development (CPD) standard and online CPD portfolio system, which has improved the experience of Fellows and provisional Fellows undertaking CPD.

In addition, ANZCA continued to invest in the training portfolio system (TPS) with additional upgrades. In particular, automation has been introduced to the multi-source feedback component of the TPS, resulting in major time savings for users. Also in the latter stage of the year performance related enhancements were delivered which have improved the trainee and supervisor experience.

The introduction of ANZCA's new learning and collaboration platform, Networks, has seen further benefits to Fellows and trainees. Members of council, committees, working groups and others who voluntarily contribute to the College will benefit greatly from Networks as it provides a simple to use system to access documentation and collaborated within the College.

In addition to these systems, the College also delivered the online Fellows' directory allowing for Fellows, trainees and members of the public to identify ANZCA and FPM Fellows online. The online training site accreditation system is well under way and will go live in the first quarter of 2015.

As the College moves into 2015, the previously named management/information technology (IM/IT) roadmap has been expanded to include strategic projects that are not directly related to the delivery of technology, and as such will now be referred to as the ANZCA Strategic Project Roadmap. The roadmap continues to guide the transformation of ANZCA's services and systems for Fellows, trainees and staff, including improvements to training, services and, where appropriate, technology.

In 2015, a year of consolidation for ANZCA, improvements to our major platforms will continue in line with the strategic directions of the College, with formal consideration given to future training programs. We will also improve the technology behind the ANZCA website, laying the foundations for more visible improvements in 2016. The roadmap will also include "asset maintenance" projects that will ensure future initiatives can be developed in support of the changing College requirements.

There will also be a continued focus on both the ANZCA and FPM training programs as the FPM curriculum continues and the ANZCA curriculum evaluation outcomes are reviewed.

### Our staff

Following the introduction of the Staff Recognition Program in 2013, the inaugural Annual Staff Excellence Awards presentation event was held in February 2014.

The ANZCA President Dr Lindy Roberts and Councillor, Associate Professor David Scott presented recognition certificates to all nominees and winners in the three categories:

- Staff Excellence Individual Award for Customer service (won by Eric Kuang).
- Staff Excellence Individual Award for Innovation and Process Improvement (won by Hannah Burnell and Rebecca Conning).
- Staff Excellence Team award (won by the Policy unit).

Certificates were also presented to the staff who achieved career milestones in 2013 and previous years.

A record number of nominations were received for the 2014 Staff Excellence Awards to be presented in 2015.

A number of significant in-house programs were designed and delivered in 2014. The first was a series of two-day workshops supporting the introduction of the new project management methodology.

All staff attended a one-day workshop titled Creating a High Performance Culture aimed at enhancing working relationships and customer service.

The College also commenced the rollout of the highly regarded and very popular Franklin Covey, The 7 Habits of Highly Effective People program. Further workshops are scheduled for 2015.

As in previous years, a large number of individual staff members and teams were encouraged and supported in their learning and development and continuing professional development endeavours.

There were no serious injuries or workers' compensation claims in 2014, making 2014 another successful year in terms of health and safety.

Health and safety promotions undertaken during the year included a very well received health and well-being expo for staff which was held in November.

In response to the introduction of modernised compensation and injury rehabilitation legislation in SA, Victoria, the Northern Territory and Queensland and in preparation for the expansion of the harmonised work health and safety legislation to WA and NZ, tenders have been sourced for provision of an online health and safety management system that aligns with AS/NZS 4801 and has the capacity to streamline risk management and compliance standards across all jurisdictions.

Policy development has focussed on legally defined responsibilities and reporting and recording requirements applicable to ANZCA, in preparation for implementation of this new health and safety management system.

In New Zealand, new staff member Louise Soulsby undertook a health and safety management course and first aid training.

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## Ensure ANZCA is a sustainable organisation (continued)

### New ANZCA project framework Consistent project delivery

At the beginning of 2014, the Strategic Project Office launched the new ANZCA Project Framework and completed training across the organisation to ensure that ANZCA Council, key committee representatives and staff understand the methodology that ANZCA will use to deliver strategic projects.

The framework delivers a set of guidelines to ensure that ANZCA and FPM projects are delivered in a disciplined, well-managed and consistent manner in order to allow for the successful delivery of quality outcomes.

Key elements to the project framework include the completion of project tollgates, to initiate and progress projects with a clear and viable business case in mind, and the voice of Fellow or trainee involvement in all projects to ensure that project outcomes begin with the experience of the Fellow and trainee in mind.

### Environmental sustainability

Through the activities of ANZCA's Green Committee, the focus for 2014 has been on completing an action plan, monitoring waste output, energy and water usage, and meeting environmental compliance requirements.

The College continues its participation in the environmental management program Grow Me The Money, delivered by the Victorian Employers' Chamber of Commerce and Industry (VECCI). The principles of this initiative have also been utilised by the Green Committee to assist the regional and New Zealand offices to review their practices, monitor utilities and help improve sustainability in general.

During 2014, a number of initiatives were implemented at head office, many of which have been taken up around the Australian regions and New Zealand:

- Phasing out of plastic, foam and paper cups.
- Changeover to more energy efficient lighting where practicable.
- Review of cleaning products; environmentally friendly cleaning products introduced where appropriate.
- Development of a template for the regional and New Zealand offices to monitor usage and costs of electricity, gas and water.
- As part of the refurbishment work at ANZCA House, the inclusion of sensor lights that turn off when areas are not in use, and the installation of indoor plants.
- An improved recycling program at ANZCA House which resulted in receipt of a resource recovery certificate confirming that the College diverted 134 kilograms from landfill in the last financial year through recycling of fluorescent tubes, batteries, paper, cardboard and composting of kitchen waste.

Together these initiatives have resulted in both financial savings and reduction in the College's greenhouse emissions.

### Anaesthesia as a career

The brochure *Anaesthesia – a rewarding and challenging career* was updated in 2014 to support careers day activities, which are an important means of attracting doctors and medical students to consider a career in anaesthesia.

In New Zealand, such events are organised by individual hospitals with ANZCA providing supplies of the brochure for their use.

Members of the ANZCA NSW Regional Committee and NSW Trainee Committee attended the NSW Australian Medical Association (AMA) careers day on August 30, 2014 at Sydney Olympic Park. The event was designed to introduce the various careers available to junior doctors. About 200 junior doctors and medical students attended. The highlight of the day was the retrieval demonstration by Careflight who fly in and this generated great interest.

In WA, the Medical Expo was held at Burswood on Swan on March 11. Four trainees attended with the WA executive officer to answer the many questions that we received regarding studying and practicing anaesthesia.

**Momentum**

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**“A highlight of the year was the formal opening of the ANZCA Library and Geoffrey Kaye Museum of Anaesthetic History which were relocated to within a dedicated knowledge centre.”**

## Committees of Council

### Anaesthesia and Pain Medicine Foundation Committee

Chair	Professor Kate Leslie (until May)	Vic
Chair	Dr Lindy Roberts (from May)	WA
Members	Sir Roderick Deane (until May)	NZ
President	Dr Lindy Roberts (until May)	WA
President	Dr Genevieve Goulding (from May)	Qld
Chair, Foundation Board of Governors	Ms Kate Spargo	Vic
Chair, Research Committee	Professor Alan Merry	NZ
Foundation General Manager	Mr Robert Packer	Vic

### Continuing Professional Development Committee

CPD Officer (Chair)	Dr Vanessa Beavis	NZ
Deputy Chair CPD Committee	Dr Rodney Mitchell (from May)	SA
Director of Professional Affairs	Dr Peter Roessler	VIC
Chair Fellowship Affairs Committee	Dr Rodney Mitchell (until May)	SA
Chair Fellowship Affairs Committee	Dr Rowan Thomas (from May)	VIC
Up to four additional members	Dr Sarah Green	NSW
	Dr Penelope Briscoe (until May)	SA
Faculty of Pain Medicine Representative	Dr Mick Vaag	VIC
New Zealand Representative	Dr Kerry Gunn	NZ

### Education, Training and Assessment Executive Committee

Chair, Dean of Education	Professor Barry Baker (until August)	NSW
Chair, Dean of Education	Dr Ian Graham (from August)	Vic
Councillor	Dr Lindy Roberts (from June)	WA
Councillor (co-opted)	Dr Simon Jenkins (from June)	SA
Chair, Education, Training and Assessment Strategy Committee	Professor Barry Baker (until August)	NSW
Chair, Education, Training and Assessment Strategy Committee	Dr Ian Graham (from August)	Vic
Chair Education, Training and Assessment Development Committee	Dr Damian Castanelli	Vic
Chair Education, Training and Assessment Management Committee	Dr Richard Horton	Vic
ANZCA staff, General Manager Education unit	Mr Oliver Jones	Vic
ANZCA staff, General Manager Training and Assessment unit	Ms Lee-Anne Pollard	Vic

### Education, Training and Assessment Development Committee

Chair	Dr Damian Castanelli	Vic
Fellow	Dr Natalie Smith	NSW
Fellow	Dr Emily Wilcox	NSW
Fellow	Dr Jennifer Woods	NZ
Fellow	Associate Professor Jennifer Weller	NZ
Trainee	Dr Samuel Lumb	SA
Trainee	Dr Christian Van Nieuwenhuysen	Qld
ANZCA staff, General Manager Education Unit	Mr Oliver Jones	Vic
ANZCA staff, General Manager Training and Assessment unit	Ms Lee-Anne Pollard	Vic
ANZCA staff, General Manager Strategic Project Office & Technology	Ms Vicki Russell	Vic

### Education, Training and Assessment Management Committee

Chair	Dr Richard Horton	Vic
Fellow	Dr Katherine Hames	Qld
Fellow	Dr Geoffrey Long	NZ
Director Professional Affairs, Assessor	Dr Steuart Henderson	NZ
Chair of Examinations	Dr Patrick Farrell	NSW
Chair Training Accreditation Committee	Dr Mark Reeves (until April)	Tas
Co-chair ANZCA Trainee Committee	Dr Candida Marane	ACT
Community representative	Ms Diana Aspinall	NSW
ANZCA staff, General Manager Education Unit	Mr Oliver Jones	Vic
ANZCA staff, General Manager Training and Assessment Unit	Ms Lee-Anne Pollard	Vic

### Education, Training and Assessment Strategy Committee

Chair, Dean of Education	Professor Barry Baker (until July)	NSW
Chair, Dean of Education	Dr Ian Graham (from September)	Vic
Fellow (with education expertise)	Dr Joanna Sutherland (from July)	NSW
Fellow (with education expertise)	Dr Catherine McIntosh (from July)	NSW
Fellow (with education expertise)	Dr Rachel Dempsey (from July)	NZ
Co-chair ANZCA Trainee Committee	Dr Noam Winter (from July)	Vic
ANZCA staff, General Manager Education unit	Mr Oliver Jones	Vic
ANZCA staff, General Manager Training and Assessment unit	Ms Lee-Anne Pollard	Vic
ANZCA staff, Deputy Chief Executive Officer	Ms Carolyn Handley	Vic

Ex-officio non-voting members:

Chair, Education, Training & Assessment Development Committee	Dr Damian Castanelli (from September)	Vic
Chair, Education, Training & Assessment Management Committee	Dr Richard Horton (from September)	Vic

### Executive Committee

President (Chair)	Dr Lindy Roberts (until May)	WA
President (Chair)	Dr Genevieve Goulding (from May)	Qld
Vice President	Dr Genevieve Goulding (until May)	Qld
Vice President	Associate Professor David Scott (from May)	Vic
Executive Director of Professional Affairs	Professor Barry Baker (until August)	NSW
Executive Director of Professional Affairs	Dr Leona Wilson (from August)	NZ
Chief Executive Officer	Ms Linda Sorrell	Vic

## Committees of Council (continued)

### Fellowship Affairs Committee

Chair	Dr Rod Mitchell (until May)	SA
Chair	Dr Rowan Thomas (from May)	Vic
Annual Scientific Meeting Officer	Dr Vanessa Beavis (until August)	NZ
ASM Director Professional Affairs	Dr Nicole Phillips (from August)	NSW
Chair of Continuing Professional Development	Dr Vanessa Beavis	NZ
New Fellow Councillor	Dr Gabriel Snyder (until May)	Vic
New Fellow Councillor	Dr Craig Coghlan (from May)	Vic
Faculty of Pain Medicine Scientific Meeting Officer	Dr Michael Vagg	Vic
Up to three Regional Organising Committee Conveners or nominees	Dr Nicole Phillips (until May)	NSW
	Dr Aileen Craig	SA
	Dr Michal Kluger	NZ
General Manager Fellowship Affairs	Mr Mark Harrison (until March)	Vic
General Manager Fellowship Affairs	Ms Jan Sharrock (from April)	Vic
General Manager Communications (or nominee)	Ms Clea Hincks	Vic
General Manager Education Development (or nominee)	Mr Oliver Jones	Vic
Up to four Fellows or Councillors as appointed by Council	Associate Professor Leonie Watterson	NSW
	Dr Rowan Thomas (until May)	Vic
	Clinical Associate Professor Marcus Skinner	Tas
	Dr Martin Minehan	NZ
Councillor representative	Dr Richard Waldron	Tas

### Finance, Audit and Risk Management Committee

Chair	Mr Geoffrey Linton	Vic
Vice President	Dr Genevieve Goulding (until May)	Qld
Vice President and Honorary Treasurer	Associate Professor David A Scott (from May)	Vic
Honorary Treasurer	Dr Michelle Mulligan (until May)	NSW
Three members	Dr Patrick Farrell (from May)	Vic
	Mr Michael Gorton (until May)	Vic
	Mr Solomon Miller (from May)	Vic
	Mr Peter Maloney	Vic

### Indigenous Health Committee

Chair	Dr Rodney Mitchell	SA
Fellow	Dr Jack Hill (until May)	NZ
Fellow	Dr Jenny Stedmon (until May)	WA
Fellow	Dr Penny Stewart	SA
Fellow	Dr Edward Hughes	NZ
Fellow	Dr Michele Poppinghaus	NSW
Fellow	Dr Stuart Walker	NZ
In attendance	Dr Dasha Newington (until November)	NSW
Trainee	Dr Dasha Newington (from November)	Tas
Trainee	Dr Amanda Gimblett (from November)	NZ
Trainee	Dr Paul Mills (from November)	QLD

### International Medical Graduate Specialists Committee

Chair	Professor Kate Leslie (until May)	VIC
Chair	Professor Michael Steyn (from May)	QLD
Councillor(s) (at least one)	Dr Patrick Farrell	NSW
DPA Assessor	Dr Vaughan Laurenson	NZ
DPA IMGS	Dr Leona Wilson	NZ
Chair New Zealand Panel for Vocational Registration	Dr Vanessa Beavis (until May)	NZ
Chair New Zealand Panel for Vocational Registration	Dr Geoff Long (from May)	NZ
Chair Examinations Committee	Dr Patrick Farrell	NSW
Faculty of Pain Medicine Representative	Dr Dilip Kapur (from May)	SA
Community and/or Jurisdictional Representative	Ms Helen Maxwell-Wright	Vic
Community and/or Jurisdictional Representative	Ms Abha Bedhi	ACT
Two other Fellows nominated by Council	Dr Peter Roessler	Vic
	Dr Richard Willis	SA
Such other members as appointed by Council	Dr Kerstin Wysusek (until March)	Qld
	Dr Indu Kapoor	NZ
	Dr Richard Waldron (from May)	TAS
	Professor Kate Leslie (from May)	VIC

### Investment Committee

Chair, Honorary Treasurer	Dr Michelle Mulligan (until May)	NSW
Chair, Honorary Treasurer	Associate Professor David A Scott (from May)	Vic
President	Dr Lindy Roberts (until May)	WA
President	Dr Genevieve Goulding (from May)	QLD
Chief Executive Officer	Ms Linda Sorrell	Vic
General Manager, Finance	Ms Galina Fidler	Vic
Independent Member	Mr Colin Campbell	Vic

### Overseas Aid Committee

Chair	Dr Michael Cooper	NSW
Faculty of Pain Medicine Representative	Assoc Prof Roger Goucke	WA
Australian Society of Anaesthetists Representative	Dr Robert McDougall	Vic
New Zealand Society of Anaesthetists Representative	Dr Wayne Morriss	NZ
President or nominee	Dr Lindy Roberts (until May)	WA
President or nominee	Dr Genevieve Goulding (from May)	QLD
Up to four Fellows	Dr Roni Krieser	Vic
	Associate Professor David Pescod	Vic
	Dr Chris Acott	SA

### Safety and Quality Committee (formerly Quality and Safety Committee)

Chair (appointed by Council)	Associate Professor David Scott	Vic
Councillor / Chair ANZTADC (at least one)	Professor Alan Merry	NZ
Faculty of Pain Medicine Representative	Dr Jane Trinca	Vic
President Australian Society of Anaesthetists or nominee	Dr Richard Grutzner	Vic
President New Zealand Society of Anaesthetists or nominee	Dr Robert Carpenter (until November)	NZ
President New Zealand Society of Anaesthetists or nominee	Dr Ted Hughes (from November)	NZ
Chair Mortality Subcommittee	Dr Neville Gibbs (until May)	WA
Chair Mortality Subcommittee	Associate Professor Larry McNicol (from May)	Vic
Chair Allergy Subcommittee	Dr Michael Rose	NSW

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## Committees of Council (continued)

### Safety and Quality Committee (formerly Quality and Safety Committee) (continued)

Such other members as appointed by Council	Dr Leona Wilson	NZ
	Associate Professor Larry McNicol (until May)	Vic
	Dr Margaret Cowling	SA
	Professor Guy Ludbrook	SA
	Dr Phillipa Hore (until August)	Vic
Deputy Chair (appointed by Committee)	Dr Phillipa Hore (from August)	Vic
	Professor Paul Myles	Vic
	Adjunct Professor Martin Culwick (from May)	Qld
Director of Professional Affairs (co-opted)	Dr Peter Roessler	Vic
Medical Director ANZTADC (co-opted)	Adjunct Professor Martin Culwick (until May)	Qld

### Research Committee

Chair	Professor Alan Merry	NZ
Faculty of Pain Medicine Representative	Dr Christopher Hayes (until May)	NSW
Faculty of Pain Medicine Representative	Associate Professor Andrew Zacest (from May)	SA
Chair ANZCA Trials Group Executive	Associate Professor Timothy Short (until May)	NZ
Chair ANZCA Trials Group Executive	Professor Kate Leslie (from May)	Vic
Community Representative	Dr Angela Watt	Vic

Other members with an interest in Research as appointed by Council

	Professor Matthew Chan	HK
	Professor Kate Leslie	Vic
	Professor Paul Myles	Vic
	Professor Michael Paech	WA
	Professor Tony Quail	NSW
	Professor Phillip Siddall	NSW
	Professor David Story	Vic
	Dr Dan Wheeler (until May)	UK
	Professor Bala Venkatesh	Qld
	Associate Professor Timothy Short	NZ
	Associate Professor Andrew Davies (until January)	Vic
	Associate Professor Jennifer Weller	NZ
	Associate Professor David Scott	Vic
	Professor Stephan Schug	WA
	Associate Professor Simon Mitchell	NZ
	Professor Britta Regli-von Ungern-Sternberg	WA
	Dr Andrew Klein (from May)	UK

### ANZCA Trainee Committee

Co-Chairs	Dr Candida Marane	ACT
	Dr Noam Winter	Vic
Members (Chairs of the Regional/National Trainee Committees)	Dr Richard (Sam) Lumb	SA
	Dr Albert Chan	HK
	Dr Jo-Anne Cummins (co-chair)	Qld
	Dr Christian Van Nieuwenhuysen (co-chair)	Qld
	Dr Tiong Ing Hua	Sing
	Dr Woon-Lai Lim	MAL
	Dr Rochelle Barron	NZ
	Dr Jack Madden	Tas
	Dr Nirooshan Rooban	WA
	Dr Chetan Reddy	NSW
Chair, Education, Training and Assessments Management Committee	Dr Richard Horton	Vic
General Manager Education Development Unit or nominee	Mr Oliver Jones	Vic
General Manager Training and Assessment Unit or nominee	Ms Lee-Anne Pollard	Vic
Observer (by invitation) Federal Chair, GASACT	Dr Natalie Kruit	NSW
Observer (by invitation) Trainee Representative NZSA	Dr Kerry Holmes	NZ

### Training Accreditation Committee

Chair	Dr Mark Reeves	Tas
Deputy Chair	Dr Vanessa Beavis	NZ
Councillor	Dr Frank Moloney (until May)	NSW
DPA Assessor	Dr Steuart Henderson (until May)	NZ
DPA Assessor	Dr Vaughan Laurenson (from May)	NZ

Chair, Education and Training Committee or nominee	Dr Genevieve Goulding (until May)	Qld
Chair, Education, Training and Assessment Management Committee	Dr Rick Horton (from May)	Vic
Co-Chair Trainee Committee or nominee	Dr Michael Lumsden-Steel (until May)	Tas
Co-Chair Trainee Committee or nominee	Dr Noam Winter (from May)	Vic
Chair of FPM Training Unit Accreditation Committee	Dr Melissa Viney	Vic
Community Representative and such other Members as the Council may appoint	Mrs Susan Sherson	Vic
	Dr Kerry Brandis (until May)	Qld
	Dr Lindy Roberts (until May)	WA
	Dr Thien LeCong	SA
	Dr Jenny Stedmon (until April)	WA
Accreditation Officer	Dr Natalie Marshall (from May)	ACT
Accreditation Officer	Dr Greg O'Sullivan (from May)	NSW
Accreditation Officer	Dr Lia Freestone (from May)	Tas
Accreditation Officer	Dr Craig Noonan (from May)	Vic
Accreditation Officer	Dr Alison Corbett (from May)	WA
Accreditation Officer	Dr Geoff Long (from May)	NZ
Accreditation Officer	Dr Mark Young (from May)	Qld

## National and regional committees

### New Zealand National Committee

Chair	Dr Nigel Robertson
Deputy Chair	Dr Gary Hopgood
Education Officer NZ	Dr Indu Kapoor
Deputy Education Officer NZ	Dr Sally Ure
Formal Project Officer	Dr Jennifer Woods
Quality and Safety Officer	Dr Geoff Laney
Fellowship Affairs Officer	Dr Kerry Gunn
Accreditation Officer	Dr Geoff Long
Other elected members	Dr Sabine Pecher
	Dr Malcolm Stuart (until June)
	Dr Brent Waldron (from June)
Appointed members	Dr Peter Doran (until June)
New Fellows' representative	Dr John Smithells (until June)
	Dr Rachel Dempsey (from June)
Ex-officio as ANZCA Councillors	Dr Vanessa Beavis
	Professor Alan Merry
Co-opted representatives	Dr Kieran Davis (Faculty of Pain Medicine)
	Dr Rochelle Barron (Chair, NZ Trainee Committee)
Co-opted observers	Dr Ted Hughes (President, NZSA)
	Dr Shawn Sturland (Chair, CICM NZNC)

### Queensland Regional Committee

Chair	Dr Mark Young (until May)
Accreditation Officer	Dr Mark Young (from May)
Chair/Formal Projects	Dr Kerstin Wyssusek (from May)
Deputy Chair	Dr James Hoskings (from May)
Course Coordinator	Dr James Hoskings (until May)
	Dr Joseph Williams (from May)
Deputy Chair	Dr Sean McManus (until May)
Ex-Officio	Dr Sean McManus (from May)
Course Coordinator	Dr Joseph Williams (from May)
FPM Representative	Dr Joseph Williams (until May)
	Dr Richard Pendelton (until September)
	Dr Joshua Daly (from September)
Education Officer	Dr Shirley Cheung
Chair Trainee Committee	Dr Joanne Cummins
QARTS (Rotational Coordinator)	Dr Mark Gibbs
CME Representative	Dr David McCormack
Rural /IMGS/AON Officer	Dr Kersi Taraporewalla
Chair Trainee Committee	Dr Christian Van Nieuwenhuysen
Safety and Quality Officer	Dr Charlie Willmott
ASA Representative	Dr Nicole Fairweather
Councillor	Dr Kerry Brandis (until February)
Co-opted	Dr Dale Kerr (until May)
Elected member	Dr Dale Kerr (from May)
	Dr Emile Kurukchi (from May)
	Dr Charmaine Barrett
	Dr Brian Lewer
	Professor Michael Styn
	Dr Dale Kerr (from May)
Co-opted	Dr Dale Kerr (until May)
Co-opted (New Fellows representative)	Dr Scott Smith

### New South Wales Regional Committee

Chair/ANZCA NSW representative to ASA	Dr Greg O'Sullivan (until May)
Chair	Dr Scott Fortey (from May)
Deputy Chair/Formal Project Officer	Dr Scott Fortey (until May)
Deputy Chair/ ACE Representative	Dr John Leyden (from May)
Safety and Quality Officer/ACE Representative	Dr John Leyden (until May)
Accreditation Officer (co-opted)	Dr Greg O'Sullivan (from May)
NSW representative to RACS	Dr Andrew Armstrong
Formal Project Officer	Dr Simon Ford (until August)
Formal Project Officer	Dr Emma Bendall (from August)
Elected members	Dr Emma Bendall (from May)
	Dr Emily Wilcox
	Dr Sarah Green
Deputy Formal Project Officer	Dr Simon Ford (from November)
Deputy Formal Project Officer	Dr Su Yin Tan (until May)
Deputy Education Officer (co-opted)	Dr Donald Innes (until May)
Deputy Education Officer	Dr Donald Innes (from May)
Deputy Education Officer	Dr Michelle Moyle
Deputy Education Officer	Dr Nicole Phillips (until May)
Deputy Education Officer (co-opted)	Dr Nicole Phillips (from May)
Education Officer	Dr Natalie Smith
Representative to ASA	Dr Michael Stone (from May)
Trainee Committee representative	Dr Chetan Reddy
New Fellow representative	Dr Fiona Shields (until May)
Safety and Quality Officer	Dr Fiona Shields (from May)
Ex-officio (New Fellow to Council)	Dr Craig Coghlan (from May)
Ex-officio	Dr Patrick Farrell
Ex-officio (co-opted)	Dr Michael Jones (from November)
Ex-officio	Dr Frank Moloney (until November)
Ex-officio	Dr Michelle Mulligan (until May)
ANZCA ACT representative	Dr Carmel McInerney
FPM representative	Dr Jennifer Stevens (from May)
ASA representative	Dr Michael Farr

### Australian Capital Territory Regional Committee

Chair	Dr Carmel McInerney (until June)
	Dr Andrew Hehir (from June)
Deputy Chair	Dr Caroline Fahey (until June)
	Dr Carmel McInerney (from June)
Co-opted	Professor Dr Thomas Bruessel (until June)
Elected member	Professor Dr Thomas Bruessel (from June)
ASA Representative	Dr Guy Buchanan (until September)
	Dr Mark Skacel (from September)
Trainee Committee Chair	Dr Candida Marane (until November)
	Dr Ross Hanrahan (from November)
Faculty of Pain Representative	Dr Romil Jain
Formal Project Officer	Dr Don Lu (until June)
	Dr Ross Peake (from June)
Treasurer	Dr Ross Peake (until June)
Education Officer	Dr Natalie Marshall
New Fellow Representative (co-opted)	Dr Will Matthiesson (from June)
Safety and Quality Officer	Dr Catherine Muggeridge

## National and regional committees (continued)

### Victoria Regional Committee

Chair	Dr Debra Devonshire
Deputy Chair	Dr David Bramley
Honorary Secretary	Dr Mark Hurley
Formal Project Officer	Dr Irene Ng
Safety and Quality Officer	Dr Craig Noonan
Education Officer (co-opted)	Dr Maggie Wong
Deputy Education Officer	Dr Andrea Bowyer
Continuing Education Officer	Dr Mark Hurley
Assist Continuing Education Officer	Dr David Bramley
Assistant Formal Project Officer	Dr Jane Calder
IMGS/AON/GP Liaison Officer	Dr Frederick Rosewarne
Chair Association of Directors of Anaesthesia	Dr Andrew Buettner
Social Officer	Dr Mahsa Adabi (until May)
Elected Member	Dr Andrew Schneider (until May)
Elected Member	Dr Garry Reilly (from June)
Elected Member	Dr Shiva Malekzedah (from May)
Ex-officio Councillor	Assoc Prof David Scott
Ex-officio Councillor	Dr Rowan Thomas (from June)
New Fellow (co-opted)	Dr Andrea Bowyer (until May)
New Fellow (co-opted)	Dr Ben Jones (from June)
Ex-officio Trainee Committee Chair	Dr Noam Winter (until December)
Faculty of Pain Medicine Chair (co-opted)	Dr Diarmuid McCoy (from June)
VCCAMM (co-opted)	Associate Professor Larry McNicol
ASA Victoria representative (co-opted)	Dr Antonio Grossi (until May)

### Tasmania Regional Committee

Chair	Dr Nico Terblanche
Deputy Chair	Dr Jenny Plummer
ASA Representative	Dr Michael Challis
CME Officer (co-opted)	Dr Peter Wright
Education Officer	Dr Colin Chilvers
Accreditation Officer	Dr Lia Freestone (from June)
Safety & Quality Officer	Associate Professor Dr Deborah Wilson (until June)
Safety & Quality Officer	Dr Andrew Messmer (from June)
New Fellow Representative	Dr Margo Peart
Trainee Representative	Dr Jack Madden
Ex Officio	Dr Richard Waldron
FPM Representative	Dr Max Sarma
Quality & Safety Officer	Dr Deborah Wilson (until April)
Ordinary member	Dr Trudi Disney (until April)
Treasurer	Dr Stuart Day (until June)
Elected member	Dr Stuart Day (from June)

### South Australia and Northern Territory Regional Committee

Chair	Dr Angelo Ricciardelli
Deputy Chair	Dr Perry Fabian (from May)
Elected members	Dr Zoe Lagana (from May)
	Dr Scott Ma (from May)
	Dr Richard Church (from May)
	Dr Remesh Balasingam (from May)
	Dr Islam Elhalawani (from May)
	Dr Andrew Beinssen (from May)
	Dr Kym Osborn (until May)
	Dr Timothy Porter (until May)
Accreditation Officer	Dr Thien Le Cong
New Fellows Representative	Dr Gurunath Murthy
CME Representative	Dr Nathan Davis
Rotational Supervisor	Dr Kenneth Chin
Safety & Quality Officer/AMA Representative	Dr Margie Cowling
Directors Group Representative	Dr Peter Lillie
ASA Representative	Dr Simon Macklin
Ex Officio (ANZCA Council Representative)	Dr Rodney Mitchell
Ex Officio (ANZCA Council Representative)/SAAMC Representative/ Formal Project Officer	Dr Simon Jenkins
Trainee Committee Representative	Dr Richard (Sam) Lumb
NT Representative	Dr Brian Spain
Education Officer SA and NT	Dr Margaret Wiese (until May)
Education Officer SA and NT	Dr Christine Hildyard (from May)
Rotational Supervisor	Dr Samuel Willis
Faculty of Pain Medicine Representative	Dr Philip Cornish (until March)
Faculty of Pain Medicine Representative (co-opted)	Dr Timothy Semple (from November)

### Western Australia Regional Committee

Chair	Dr Alison Corbett (until May)
	Dr Irina Kurowski (from May)
Deputy Chair	Dr Irina Kurowski (until May)
TAC Accreditation Officer	Dr Alison Corbett (from May)
Mortality Committee Chair	Dr Jennifer Bruce (until February)
Education Officer/ Mortality Committee Chair	Dr Jennifer Bruce (from March)
Formal Projects Officer	Dr John Martyr
ISL representative/ Safety and Quality Officer	Dr Richard Riley
Deputy TAC Officer	Dr Michael Babon
CME Representative	Dr Michaela Salvadore
Education Officer	Dr Jodi Graham (until February)
Elected members	Dr Jodi Graham (from March)
	Dr Michael Veltman
President	Dr Lindy Roberts (until May)
Co-opted	Dr Ian Maddox (from May)
Co-opted	Dr Dana Weber (from May)
Co-opted (New Fellow representative)	Dr Silke Brinkmann (from May)
ASA representative	Dr Ralph Longhorn
Faculty of Pain Medicine	Dr Max Majedi (from May)
Deputy Education Officer	Dr Kevin Hartley
Trainee Committee representative	Dr Nirooshan Rooban
University of WA Representative	Professor Stephan Schug
University of Notre Dame	Professor John Faris



## # RIB PATHWAY

- EMD REFERRAL  
- ALL ADMISSIONS
  - SURGICAL REFERRAL
  - EXPECT BASIC ANALGESIA
  - TRAUMA CLEARANCE  
eg C-spine etc
- TABLE OF HIGH / LOW RISK

**"A new ANZCA Project Framework was developed to ensure that ANZCA's initiatives are delivered in a consistent manner to improve the delivery of successful projects."**

## FPM Dean's report



The Faculty of Pain Medicine (FPM) made excellent progress against the 2013-2017 FPM Strategic Plan during 2014. A significant milestone was achieved with the launch of the 2015 curriculum and training program, which commenced in New Zealand in December 2014 and in Australia in February 2015. This was the culmination of four years of work and could not have been achieved without the efforts and commitment of our members. Other key initiatives include the launch of the FPM Better Pain Management Program, aimed at broadening educational opportunities in pain medicine for health professionals. Seed funding was secured and a university engaged to collate and manage data for the FPM Pain Device Implant Registry. Advocacy efforts continued with independent and collaborative representations to government and other bodies. These significant achievements reflect the continued hard work and dedication of our Faculty Board and Fellows.

**Professor Ted Shipton**  
Dean, Faculty of Pain Medicine

## Faculty of Pain Medicine

### Awards, prizes and honours

#### Australia Day honours

The inaugural dean of the Faculty of Pain Medicine, Professor Michael Cousins (NSW), was appointed an Officer of the Order of Australia in the 2014 Australian Day honours. This was for distinguished service to medicine through specialised tertiary curriculum development, as a researcher and advocate for reform and human rights in the field of pain, and as an author and mentor.

#### Australian Pain Society Distinguished Members Awards

FPM Fellows Dr Frank New (Qld), Dr James O'Callaghan (Qld) and Dr Daryl Salmon (NSW) were recognised by the Australian Pain Society for their outstanding contributions toward the society and significant and enduring contributions to the field of pain medicine.

#### AMA Citation of the Branch

Dr Frank New (Qld) was awarded an AMA Citation of the Branch in recognition of distinguished service to the medical profession and the community.

#### Professor Alan Merry

Professor Alan Merry was awarded honorary membership of the American Society of Anaesthesiology in recognition of his international work in patient safety. Professor Merry also was awarded the 2013 Gluckman Medal from the University of Auckland Faculty of Medical and Health Sciences for research excellence and was elected to fellowship of the Royal Society of New Zealand.

#### Dean's Prize

Dr Julia Dubowitz (Vic) was awarded the Dean's Prize for 2014 for her paper entitled "Incidence of persistent post surgical pain after pelvic exenteration".

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.

#### Best Free Paper Award

Dr Sumitra Bakshi (India) won the Best Free Paper Award for her paper entitled "ReSOoS trial – REctus Sheath block for postoperative analgesia in gynaeco-Onco Surgical patients – a double-blinded randomised controlled trial".

The Best Free Paper Award is awarded for original work judged to be the best contribution to the free paper session at the Faculty of Pain Medicine annual scientific meeting.

#### Barbara Walker Prize

Barbara Walker Prize for Excellence in the Pain Medicine Examination in 2014 was awarded to Dr Martine O'Neill (NSW).

#### Merit Award

Merit awards recognising a pass with merit in the pain medicine examination in 2014 were given to Dr Suzanne Cartwright (Vic), Dr James Jarman (WA) and Dr Wei Chung Tong (Vic).

### FPM Board and committees

Professor Ted Shipton (NZ) was elected as dean following the annual general meeting on May 7 in Singapore. Dr Chris Hayes (NSW) was elected as vice-dean. Professor Stephan Schug FANZCA (WA) was elected to the Faculty Board after serving as a co-opted member for three years. Dr Kieran Davis FRCA (NZ) was co-opted as the North Island New Zealand representative for a third year. Associate Professor Brendan Moore was co-opted as the Queensland representative, there being no representation following the board election.

Dr Rod Mitchell FANZCA (SA) is the nominated ANZCA representative to the Faculty Board, replacing Associate Professor David A Scott.

### Fellowship

By December 2014, the number of Fellows admitted reached 368. This includes 12 honorary Fellows and 213 admitted through training and examination. Of the 351 active Fellows, 270 are based in Australia, 26 in New Zealand and 55 in other countries. Those with a primary specialty in anaesthesia make up 65 per cent of the fellowship.

Twenty seven Fellows were admitted to fellowship in 2014; 26 by training and examination and one by election. Eighteen had a primary specialty in anaesthesia, four in rehabilitation medicine, two in general practice, two in medicine and one in surgery.

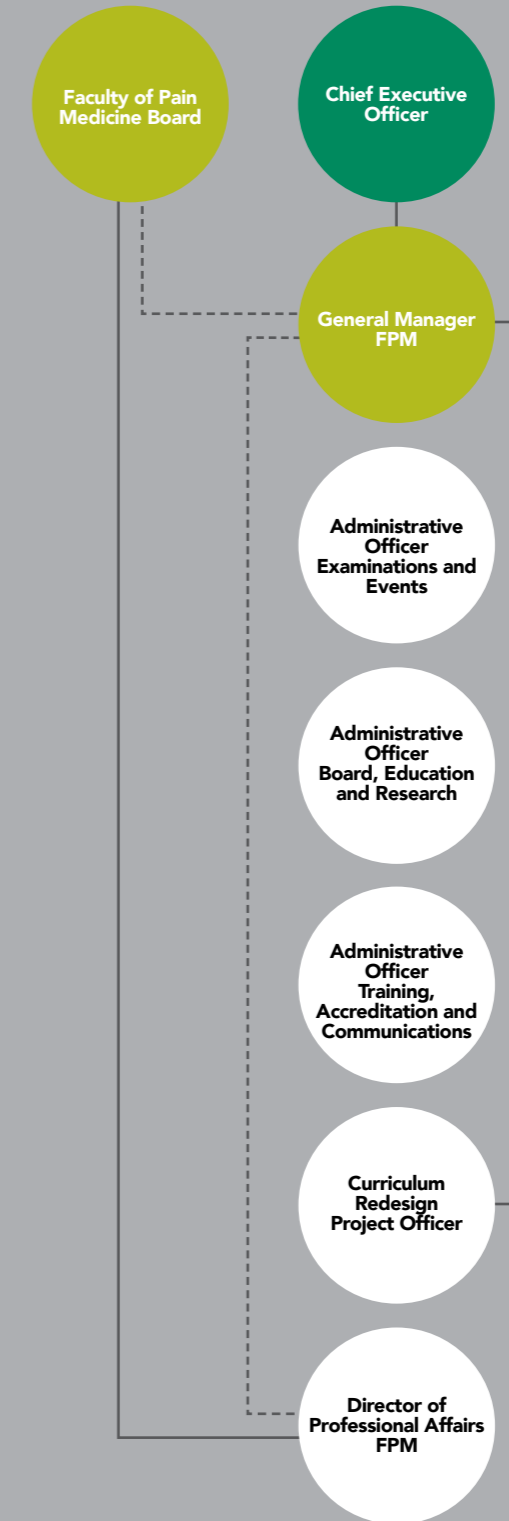
Dr Louise Brennan, FANZCA, FCARCSI, FFPMANZCA – Ballart Health Services was invited to meet with the board in February as a new Fellow representative.

FPM Board



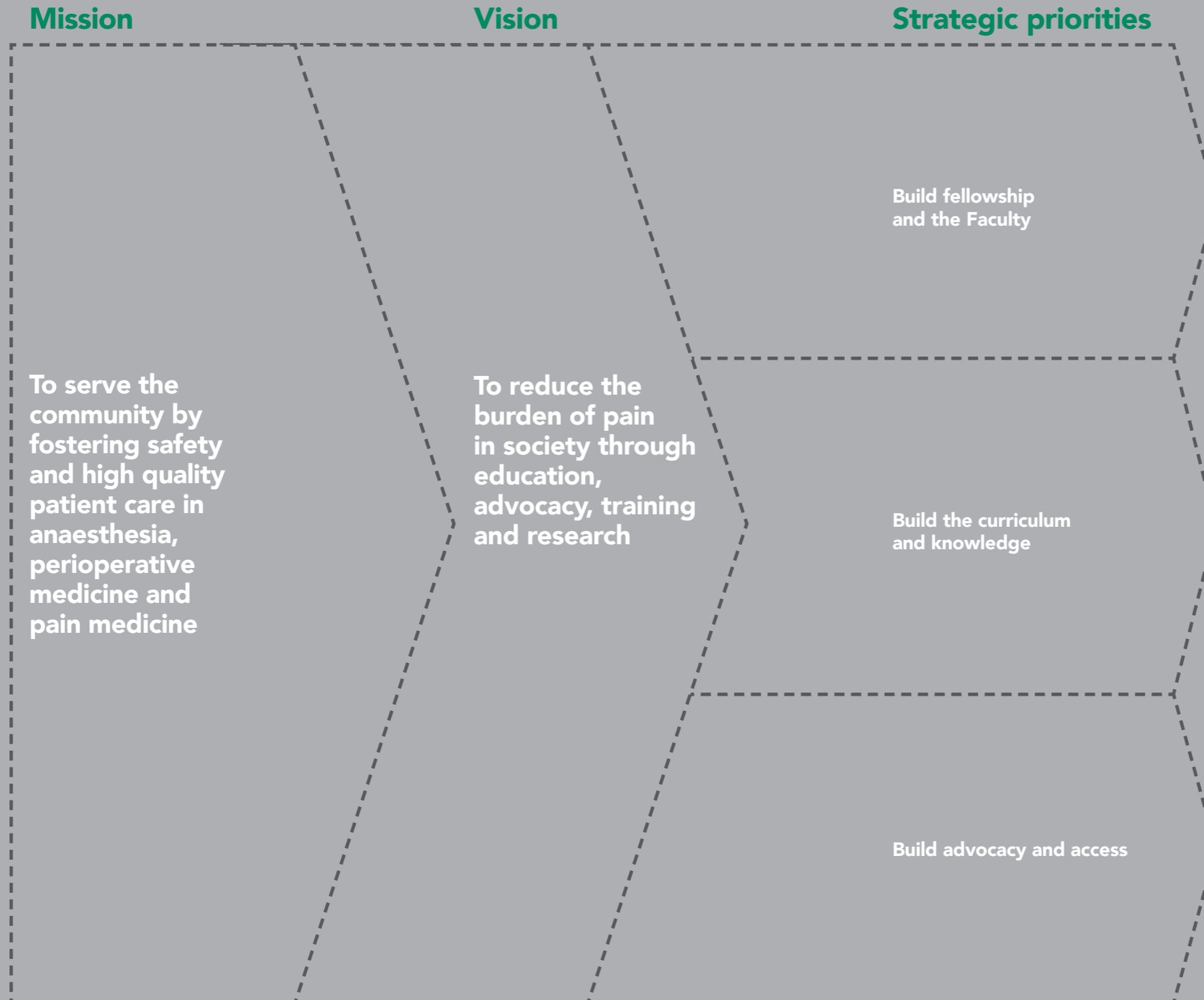
Back row from left: Dr Meredith Craigie, Dr Newman Harris, Associate Professor Ray Garrick, Ms Helen Morris (General Manager).  
 Front row from left: Dr Dilip Kapur, Dr Kieran Davis, Associate Professor Brendan Moore, Professor Ted Shipton (Dean), Dr Chris Hayes (Vice-Dean), Associate Professor Andrew Zacest, Dr Melissa Viney.  
 Absent: Dr Rodney Mitchell, Professor Stephan Schug, Dr Michael Vagg.

FPM organisation chart



*FPM Strategic Plan  
2013-2017*

Advancing pain medicine: Improving patient care



**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

### FPM in New Zealand and regional Australia

The Faculty Board approved terms of reference for the FPM Australian regional committees in May.

#### New Zealand

The FPM New Zealand National Committee (NZNC) met in March, July and November. Key issues discussed were: workforce planning; safe use of opioids; a proposal to the National Health Committee for assessment of a national paediatric pain service; the redesign of the FPM curriculum and its implementation in New Zealand in December 2014; the Medical Council of New Zealand (MCNZ) vocational registration assessment process; the revised draft memorandum of understanding with MCNZ including the College's/Faculty's role in assessing/managing poorly performing doctors; the revised Continuing Professional Development Program including practice review, emergency modules and compliance with requirements; use of the title of specialist pain medicine physician; Accident Compensation Corporation (ACC) quality frameworks for medical assessment and expert advisory panel; Dr Kieren Davis' appointment as the ANZCA representative to the Health Quality & Safety Commission's Expert Faculty – Safe Use of Opioids National Collaborative; nomination of Dr Paul Hardy as a Health & Disability Commissioner expert adviser.

The FPM New Zealand National Committee is a vocational education and advisory body to the Medical Council of New Zealand. Members of the FPM NZNC attended the MCNZ Vocational Education and Advisory Bodies meeting in Wellington in October.

The FPM New Zealand National Committee held its March meeting in Dunedin in association with the NZ Pain Society's annual scientific meeting. The NZ Pain Society President Dr Brigitte Gertoberens joined the meeting to discuss the roles of each entity, and where the two can work together to present a united voice on pain medicine in New Zealand.

In March, Dr Davis met politicians and government officials in Wellington to stress the need for more pain medicine specialists and more funding for pain medicine trainees. Faculty Dean Professor Edward Shipton joined him to meet Ruth Anderson from Health Workforce New Zealand. Each meeting focused on the seriousness of the shortage of pain medicine specialists, and the lack of funding for pain medicine training given the place of chronic pain in New Zealand's disability statistics.

In October, the FPM New Zealand National Committee submitted a referral to the National Health Committee (NHC), proposing it add an assessment of a national paediatric pain service to its 2015 assessment work program. The NZNC proposal assessed the possibility of establishing a multi-disciplinary specialist service across New Zealand for the management of children and young people (aged 0 to 18 years) with chronic pain conditions.

The National Health Committee is an independent statutory body, which assesses new technologies or models of care to prioritise technologies that generate clinical and cost-effective outcomes, or to exclude or remove relatively ineffective technology. Following assessment, the NHC provides advice to the Minister of Health.

ACC representatives attended the November FPM NZNC meeting to update the committee on the ACC review of pain management.

#### New South Wales

The FPM NSW Regional Committee held four meetings in 2014. Teleconference facilities allowed representation from outside the Sydney basin to continue. The chair for the year was Dr Marc Russo; interim deputy chair was Dr Charles Brooker. Dr Jenny Stevens, Dr Faiz Noore and Dr Jordan Wood were welcomed on to the committee.

A successful continuing medical education meeting was held on March 13. Guest speaker Dr David Mathers presented on "Stem cells and platelet rich plasma in pain medicine".

The NSW Pain Program has gone through initial deployment with several regional units now up and running. The committee looks forward to long-term support of these from NSW Health.

The committee has been represented on the Agency for Clinical Innovation through Dr Paul Wrigley and Dr Chris Hayes, who are thanked for their ongoing work. Dr Wrigley also co-ordinates the Local Training Program to which Fellows generously contribute. Trainees can participate in person or by teleconference (or via video).

#### Queensland

The FPM Queensland Regional Committee held three meetings in 2014. There was good representation, including two regional representatives via teleconference. Elections were held. Dr Rod Grant was welcomed to the committee, taking on the role of continuing medical education co-ordinator. Dr Joshua Daly became the new Fellow representative and Dr Kym Boon was co-opted on to the committee. Dr Paul Gray and Dr Kathleen Cooke were thanked and will be missed.

The Queensland Regional Committee held four continuing medical education lecture dinner meetings throughout the year. In February, Dr Tim Henwood addressed the committee on "The benefits of exercise in late and very late life". Dr Anthony Crombie presented on "Orofacial trauma and pain" in April. Following the annual general meeting in July, Dr Paul Gray presented on "Pruritus – more than scratching the surface". The final lecture for the year was presented by the directors of the Headache, Neck & Jaw Clinic, Mr Nigel Smith and Mr Scott Cook, who presented on "Musculoskeletal origins of oral and facial pain". These meetings continue to be well attended and provoke discussion and interest.

In September, the committee held the final pre-examination short course based on the old curriculum. This was a three-day course with a record 41 candidates attending from throughout Australia.

#### South Australia

The FPM South Australian Regional Committee, chaired by Dr Graham Wright, met three times in 2014. The evenings began with the regional committee meeting followed by a meal and an educational meeting. The meetings have been well attended with most topics being presented by two speakers each addressing a different aspect of the meeting's topic. Topics presented were "Headache and facial pain", "The mental health of the profession" and "Changing ideas/practice in the psychological practice in pain treatment".

The clinical and oral section of the last fellowship examination under the old curriculum was held at the Royal Adelaide Hospital in November.

(continued next page)

## Build fellowship and the Faculty (continued)

### Victoria

The FPM Victorian Regional Committee, chaired by Dr Diarmuid McCoy, met four times in 2014. For the new term of office the committee co-opted two new members, a new Fellow and a trainee representative.

The committee was very proactive during 2014 and held three continuing medical education evening meetings for Fellows and trainees.

### Western Australia

The FPM Western Australian Regional Committee, chaired by Dr Max Majedi, held four well-attended meetings in 2014. Items discussed included: activity-based funding; interactions with the media; central referrals; WorkCover submissions; FPM training requirements; and accreditation at Fiona Stanley Hospital.

### Support for developing countries

Essential Pain Management (EPM) and EPM-Lite developed specifically for integration into medical schools continued to expand in 2014. EPM-Lite was successfully launched in Hyderabad, India in partnership with the Travelling Pain School, an Indian pain-education initiative. EPM-Lite has provided an excellent opportunity for integration into existing educational structures to ensure long-term sustainability and wide dissemination of pain education in partnership with local educators.

### Communications

In addition to the bi-monthly *Synapse* and *Training E-Newsletter*, the Faculty circulated a monthly *Curriculum Resign Project E-Newsletter* to ensure Fellows and trainees were kept up-to-date with this significant piece of work. The Faculty also provided regular contributions to the *ANZCA Bulletin* and *ANZCA E-Newsletter*.

In 2014 the Faculty again benefited from strong media coverage at the refresher course day, annual scientific meeting (ASM) and spring meeting. There was extensive media coverage of both the refresher course day and the pain stream of the ASM, including eight media releases and interviews with the FPM ASM Visitor, Professor Audun Stubhaug, and FPM ASM officer, Dr Michael Vagg.

Other highlights included an appearance by Professor Milton Cohen on the SBS *Insights* program in Australia as part of an expert panel debating the issue of the use of cannabis in relieving pain and whether or not its use should be legalised. Professor Michael Paech gave interviews on radio and in print about the declining use of pethidine as pain relief in labour. These and other pain medicine stories reached an estimated cumulative audience of almost five million readers, listeners and viewers.

"Pain, finding perspectives", a cover feature by *New Zealand Doctor* journalist Virginia McMillan, won the \$A5000 Australian and New Zealand College of Anaesthetists (ANZCA) Media Award for the best news story or feature about anaesthesia or pain.

Late in 2014, ANZCA and the FPM introduced a new fellowship directory accessed via the Faculty and ANZCA websites. Colleagues and patients are able to confirm the ANZCA/FPM fellowship status and location of practitioners via the website.

### Relationships – other colleges and organisations

The Faculty continued in its efforts to establish and maintain links with other colleges and organisations.

The ANZCA president and chief executive officer were regular attendees at Faculty board meetings. Dr Rod Mitchell was nominated as ANZCA Council's representative to the board in May and was welcomed at the July board meeting. The Faculty continued its representation on most ANZCA committees and functions.

### Royal Australasian College of Surgeons

Mr Simon Williams, Censor-in-Chief, Royal Australasian College of Surgeons (RACS) met with the Faculty Board in July to discuss strengthening the links between the two organisations and to discuss the development and availability of the Faculty's Better Pain Management online education modules. Discussion is ongoing with regard to the use of these modules for junior doctors and RACS SET trainees.

Collaboration between the Faculty and RACS Pain Medicine Section resulted in a successful combined program for the annual scientific meeting and refresher course day in Singapore. There have been calls for this to become a regular occurrence.

The Faculty received a letter from the RACS president in support of the FPM Pain Device Implant Registry initiative.

Attendance of surgeons as prospective new examiners is a future focus.

### Australasian Faculty of Rehabilitation Medicine

Access continued for Faculty trainees to the Australasian Faculty of Rehabilitation Medicine (AFRM, Royal Australasian College of Physicians) bi-national training program. There was a strong pain presence at the 2014 AFRM Annual Scientific Meeting in Adelaide with a session on "Pain in the brain", including a presentation by Dr Meredith Craigie on the Faculty's 2015 training program.

A letter jointly written by FPM Board member Dr Michael Vagg and Australian Pain Society President-elect Dr Geoff Speldewinde was published in the AFRM publication, *Rhaia*, highlighting opportunities under the Faculty's revised training program.

### Pain societies

The Faculty continued its collaboration with the Australian and New Zealand pain societies through regular teleconferences. The Faculty collaborated with the Australian Pain Society and New Zealand Pain Society on the development of a poster to mark the 2015 Global Year Against Neuropathic Pain. An informal combined boards breakfast meeting during the Australian Pain Society annual scientific meeting provided an excellent opportunity to promote ongoing collaborative discussion between organisations. Representation includes the APS, NZPS, FPM and Painaustralia.

### Painaustralia and the National Pain Strategy

The Faculty and the College are a category A member of Painaustralia with a seat on its board. The purpose of Painaustralia is to pursue a national pain strategy, as articulated following the National Pain Summit in 2010. Painaustralia has also been active in promoting the NSW Health Statewide Pain Management Plan (2012).

The Faculty works closely with Painaustralia, contributing expert opinion towards submissions and media releases issued by Painaustralia. Issues include national implementation of the Electronic Recording and Reporting of Controlled Drugs (ERRCD), national Implementation of the Electronic Persistent Pain Outcomes Collaboration (ePPOC) (a Faculty initiative), promotion of more effective models of care for patients experiencing persistent pain and the ongoing controversy regarding the long-term use of opioid analgesics in chronic pain.

Painaustralia board member Professor Deborah Schofield, the Chair of Health Economics, NHMRC Clinical Trials Centre, University of Sydney, presented an overview of "the economics of pain" to the board in September.

### ANZCA/FPM delegations

The ANZCA FPM Delegations Working Group was formed to review the delegations to the Faculty Board from ANZCA Council. The process included consultation with members of the Faculty Board and ANZCA Council, directors of professional affairs and past Faculty deans. As a result of this working group, *ANZCA Regulation 40: Faculty of Pain Medicine* was promulgated during 2014 and outlines the relationship between the Faculty and ANZCA. Faculty regulations were retitled "by-laws" to differentiate them from ANZCA "regulations", which define the power held by ANZCA Council under the ANZCA Constitution. The legal status of the by-laws has not changed.

### By-laws 3 and 4

*By-law 3: Admission to fellowship of the Faculty and By-law 4: FPM Training Program* were rewritten to reflect the changes to the Faculty training program for 2015.

### By-law 10

*By-law 10: Annual Subscription* was revised during 2014. The significant amendment to the by-law is that subscriptions are now due within one calendar year.

### International medical graduate specialists (IMGS)

During 2014, the Faculty received one application for assessment via the international medical graduate specialist assessment process. This applicant gained their specialist qualification in the United Kingdom and has not yet proceeded to an interview.

Assessments via the IMGS assessment process are made by four-member panels, which include community representation. Criteria assessed include: training in comparison with FPMANZCA; specialist qualification and practice as a specialist; and participation in continuing education and quality assurance activities.

### Area of Need assessments

The Faculty Board approved an Area of Need (AoN) process in February. AoN regulations were accepted as an amendment to FPM by-law 16.

During 2014 one Area of Need assessment was undertaken by the chair of the FPM IMGS Committee. This applicant has commenced in the AoN position, and has been assessed via the IMGS assessment process.

### Policy on recognition of current and past FPM Board members

The policy on recognition of current and past FPM Board members was revised and published on the Faculty website.



## 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

### FPM Curriculum Redesign Project

The redesigned FPM Curriculum and Training Program was launched at the Faculty's 2014 Spring Meeting in the Blue Mountains on September 6 following a three-year project. Key features of the redesigned program are:

- A change in conceptual framework from biopsychosocial to sociopsychobiomedical, underlining the multiple skills to be attained by specialist pain medicine physicians over their training and careers.
- Division of the program into "core training" and "practice development" stages, with considerable flexibility in the latter to accommodate different goals, styles and needs of trainees.
- Facilitated learning through online modules dedicated to nine identified "essential topic areas".
- Formative workplace-based assessments throughout the two-year program, with concurrent support for supervisors of training and clinical teachers.
- Revision of summative assessment requirements.

The project has involved widespread consultation with Faculty Fellows, trainees and staff, with the "parent" bodies of the Faculty and with experts in medical education. Supervisors of training attended workshops focusing on workplace-based assessments at ANZCA House in June.

The revised training program required much revision of the Faculty by-laws. The training handbook was published in October. It is the gateway to information and policies relating to the 2015 training program. The revised training program commenced in New Zealand at the beginning of the 2015 hospital employment year on December 8. For the purposes of the revised program, 2015 has been designated a "transitional" year, to accommodate the introduction of new processes and the diverse needs of trainees.

### Training and accreditation

The terminology of tier one and two hospitals was adopted by NSW Health but with different meanings. To avoid confusion the Faculty moved to level one and two terminology instead.

During 2014, the Canberra Hospital and Princess Alexandra Hospital were accredited and the Nepean Hospital Pain Management Unit, Liverpool Hospital Pain Medicine Unit, The Hunter Pain Clinic and Peter MacCallum Cancer Centre were reaccredited. At the end of 2014, there were 30 accredited pain medicine training units in Australia, New Zealand, and Hong Kong.

### Examinations in 2014

Geelong Hospital (Vic) held its annual pre-examination Specialist Pain Medicine Physician Preparation Course for all FPM trainees from March 1-2. Trainees in pain medicine came from across Australia to Geelong to join with colleagues for this event that is now its fifth year. The aim of the weekend was to introduce the trainees to the history of the Faculty, the evolution of the Faculty and speciality, examination structure, possible resources to be used for preparation and the thinking, philosophy and logic underpinning the practice of pain medicine.

The FPM Pre-Examination Short Course, convened by Dr Frank Thomas and Dr Richard Pendleton, was held from September 19-21 in Brisbane with a registration of 41 candidates. The course was co-ordinated by regional staff, and was well supported by an enthusiastic faculty.

For the first time, the foundations of pain medicine examination was held for incoming trainees on November 7 in the regional/national offices and in Auckland, Christchurch and Hong Kong. All 17 candidates were successful.

The written examination was held on November 7. The clinical examination was held from November 29-30 at the Royal Adelaide Hospital (SA). Thirty two of the 42 candidates were successful, a pass rate of 76 per cent. Invited

observer Dr Patrick Farrell (ANZCA Chair, Examinations) provided useful feedback on the processes. The Barbara Walker Prize for Excellence in the Pain Medicine Examination was awarded to Dr Martine O'Neill (NSW). Merit awards went to Dr Suzanne Cartwright (Vic); Dr James Jarman (WA); and Dr Wei Chung Tong (Vic).

There were three new appointments to the examination panel in 2014 and 11 examiners were reappointed for three years. This takes the panel to 32 (FANZCA, 19; FRACS, three; FAFRM (RACP), seven; FRANZCP, one; PhD, one; and FRANZCOG, one). The significant contributions of retiring examiners Professor Leigh Atkinson, Professor Milton Cohen, Dr Matthew Crawford and Professor George Mendelson were gratefully acknowledged.

### Continuing professional development (CPD)

The revised ANZCA/FPM Continuing Professional Development Program began in 2014. The revised program uses an online CPD portfolio, which allows participants to record, monitor and provide evidence of their CPD activity on most desktop and mobile devices. The revised CPD standards reflect contemporary developments in CPD with a dual focus on evaluation of practice as well as more traditional learning and activities.

(continued next page)

## Build the curriculum and knowledge (continued)

### CPD participation

FPM	Number	Proportion of active Fellows
FFPMANZCA participating in the ANZCA/FPM CPD Program	219	62%
FFPMANZCA participating in an external CPD program	121	34%

(As of December 2014. Membership categories not included: honorary, retired, withdrawn or resigned.)

### Scientific meetings

The Faculty's 2014 Refresher Course Day and annual scientific meeting (ASM) programs were a great success and a tribute to the efforts of the Faculty's scientific convenors, Dr Lewis Holford and Dr Kian Hian Tan, and organising committee members Professor Peter Teddy and Dr Nathan Taylor. The day attracted a record 213 delegates and received excellent support from the healthcare industry with five exhibitors present. The program, "Pain at the cutting edge: Surgery and pain", explored the interface between surgery and pain medicine. The program examined the science underlying post-surgical pain; it discussed issues surrounding the management of pain in the peri and postoperative period, and the link between pain management and surgical outcomes. The day was completed with dinner at the iconic Raffles Hotel. An entertaining dinner speaker, Dr Phoebe Scott, delivered an informative presentation on art in Singapore. Associate Professor Brendan Moore was thanked for his leadership and significant contributions as dean in advancing the Faculty's strategic initiatives.

The 2014 FPM Annual General Meeting was held during the ASM with 35 Fellows in attendance.

Dr Jing-Chen Jason Chou FANZCA (Vic) and Dr Jordan Wood FANZCA (NSW) represented the Faculty at the New Fellow's Conference in Singapore. Dr Melissa Viney was the board's representative.

The 2014 Spring Meeting was held at the Blue Mountains on September 4 with a theme of "Links and transitions in pain management". Convened by Dr Matthew Crawford with the support of Dr Simon Cohen and Dr Jordan Wood, the meeting attracted more than 90 delegates. The international speaker, Dr Stefan Friedrichsdorf (US), was very well received, as were the local speakers. A survey of delegates rated the meeting highly in terms of Fellows' educational needs, relevance to practice and choice of topics. In particular, the focus on paediatric pain was highly valued.

### Education

The Faculty has delivered an online pain management education program for healthcare professionals entitled Better Pain Management. Six education modules are located on a new online learning platform at ANZCA with the aim of making the education for those engaged in the care of patients with persistent pain more accessible to the broader medical community. The project was partly funded by the Australian Department of Health and Ageing and facilitated by the Australian Medicare Locals Alliance. Potential users include physiotherapists, psychologists, nurses and pharmacists along with other allied health professionals.

Allied health organisations are able to host Better Pain Management on their own learning platforms. FPM Fellows and trainees can access the resource via Networks the Colleges learning and collaboration management system.

During 2015, a further six Better Pain Medicine modules will be developed with the support of an unencumbered educational grant from Pfizer.

### Research

A FPM Research Committee working group was established to develop an opioid conversion table for publication on the Faculty website in 2015.

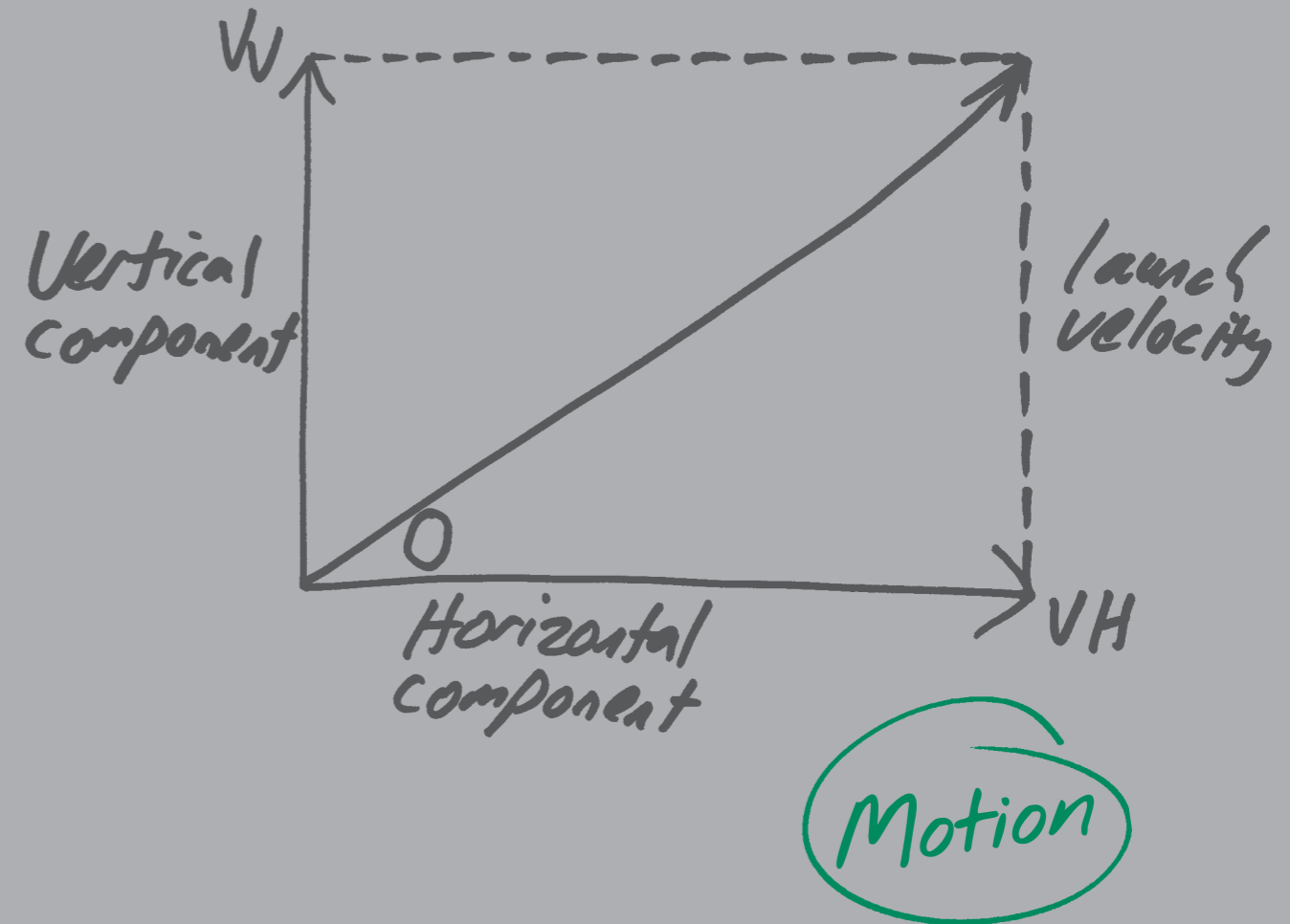
The Electronic Persistent Pain Outcomes Collaboration (ePPOC) was expanded across a number of states of Australia and in New Zealand during 2014. Initial benchmarking reports have been produced. The Faculty is represented on the new Management Advisory Group and Scientific and Clinical Advisory Group.

The Acute Pain Management: Scientific Evidence 4th Edition Working Group, chaired by Professor Stephan Schug, worked throughout 2014 to advance the project for publication and launch in late 2015.

The Faculty appointed Monash University to partner the project to implement a four-year trial of the Pain Device Implant Registry. Seed funding was provided by Medtronic, which allowed the project to progress in its early stages. Additional funding has been sought from pain device companies.

The FPM research database continues to grow. It allows Fellows engaged in research to enter the details of their work to encourage collaboration and inspire others. It is hoped it might allow emerging researchers to contact more established workers in their field of interest.

Investigations with a pain focus were well represented in the ANZCA Research Awards. Of the grants awarded in 2014 by the ANZCA Research Committee, the Lennard Travers Professorship (Professor Matthew Chan, Prince of Wales Hospital, Hong Kong) and the Simulation/Education Grant (Dr Suyin Tan, Nepean Hospital, Dr Thomas Loveday, Dr Monique Crane, Professor Mark Wiggins, Professor Kirsty Forrest, Macquarie University) and four project grants were awarded to FPM Fellows.



**"A significant milestone was achieved with the launch of the 2015 curriculum and training program."**



## 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

### Global Year against Neuropathic Pain

The International Association for the Study of Pain (IASP), the Australian Pain Society, the New Zealand Pain Society, the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists and PainAustralia announced the launch of the 2014-15 Global Year Against Neuropathic Pain on October 20. The campaign is intended to bring global attention to pain that arises as a direct consequence of lesion or disease affecting the somatosensory system by focusing on education for healthcare professionals and government leaders, and the creation of public awareness. A poster and fact sheets are available on the Faculty website.

### Working with governments

A delegation of the South Australian Regional Committee and Jonathon Kruger, General Manager, Policy ANZCA, made a presentation to the South Australian chief medical officer and directors of medical services on issues relating to training requirements and maintenance of pain medicine workforce in SA. It is expected communication will continue with decision-makers within the SA Health Commission.

The Faculty worked closely with the ANZCA Policy Unit to provide timely submissions to government and related bodies on issues of strategic importance.

The Faculty compiled and contributed many submissions including:

- The Faculty made a submission to Workcover WA on the Review of the Workers' Compensation and Injury Management Act 1981 – Discussion Paper – Part 4 Medical Assessment – January 2014.
- Pharmaceutical Benefits Advisory Committee, Canberra – Regulations regarding the prescriptions of opioids – April 2014.
- Minister of Health, Qld – Patients care, training, and accreditation impact of the current dispute with senior hospital doctors – April 2014.
- PainAustralia – Review and Evaluation of the National Pain Strategy 2014 – March 2014.
- Pharmaceutical Benefits Advisory Committee (PBAC), Canberra: Generic modified-release oxycodone preparations – tamper resistance.
- Pharmaceutical Benefits Advisory Committee – Proposed listing on the PBS of non-tamper-resistant generic modified-release oxycodone.
- Workcover WA: Review of the Workers' Compensation and Injury Management Act 1981 – Final Report – Part 4 Medical Assessment.
- Department of Health and Ageing, Canberra: Funding arrangements for the electronic Persistent Pain Outcomes Collaboration (ePPOC).
- Medical Council of New Zealand – Review of medical council's list of approved qualifications for locum registration.
- Australian Society of Anaesthetists – Use of botulinum toxin (BOTOX) for chronic migraine.
- Department of Health and Ageing, Canberra – Funding arrangements for the electronic Persistent Pain Outcomes Collaboration (ePPOC).
- South Australia Health – Pain medicine training program and South Australian workforce.
- Federal Member for Sydney, Parliament House, Canberra – FPM Online Pain Management Education Program for allied healthcare professionals.
- Minister of Health, Wellington – Government's plan for reducing and preventing musculoskeletal pain.

### Safety and quality standards for pain management

The Australian Commission on Safety and Quality in Health Care (ACSQHC) established an expert panel with key stakeholders to develop national standards for pain management. FPM Vice-Dean Dr Chris Hayes was nominated by the board to represent the Faculty on this panel, led by Dr Malcolm Hogg. A submission was sent to the National Standards Commission, which focused on standards in acute pain management and wound management. This will be considered during the review of standards, which is anticipated to become a three-year project.

(continued next page)

## Build advocacy and access (continued)

### Accreditation

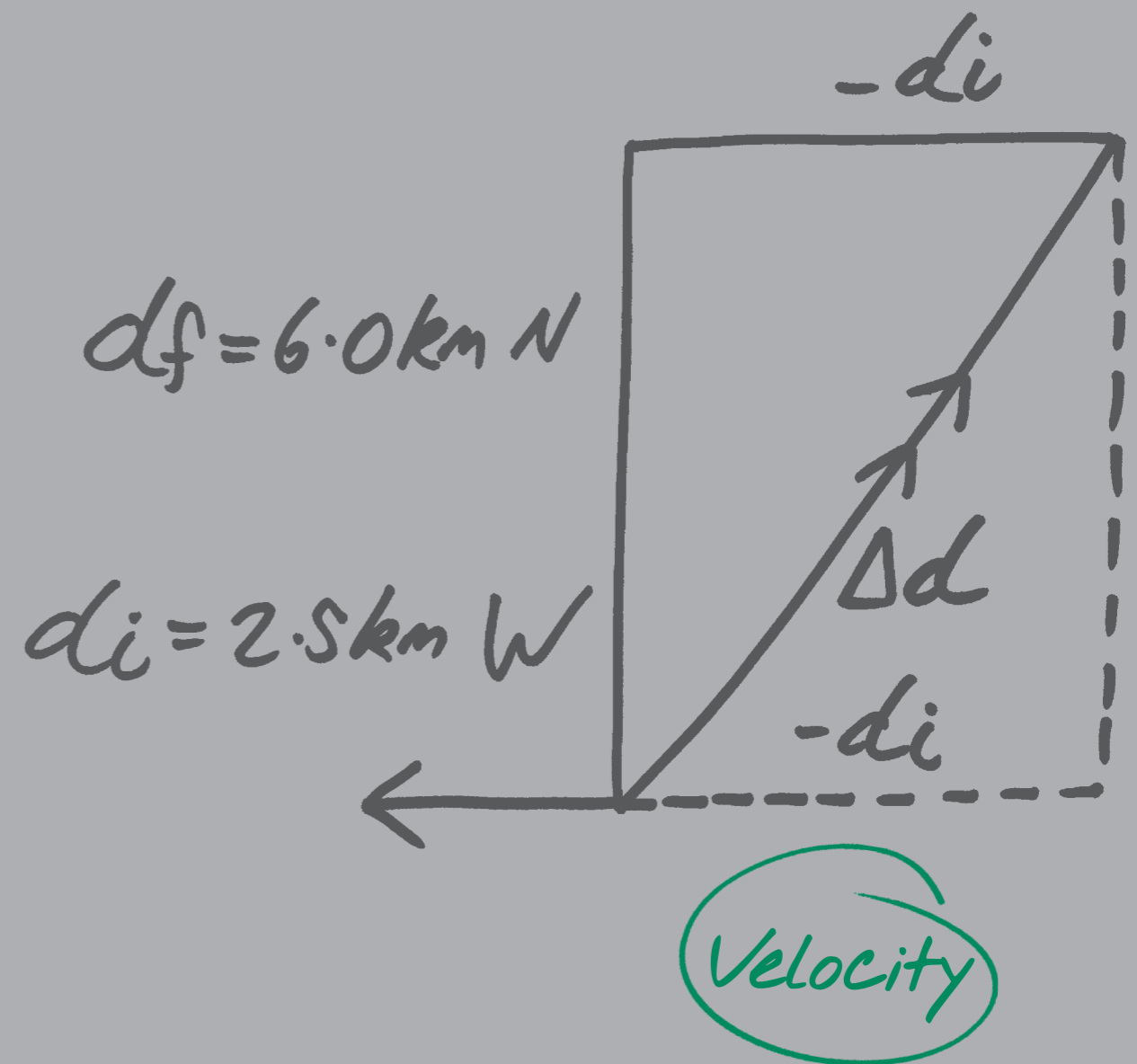
Annual progress reports were submitted to the Australian Medical Council and to the Medical Council of New Zealand to support the Faculty's ongoing accreditation.

### Specialist Training Program

The Specialist Training Program continued to support access to pain medicine services in Australia by funding five additional pain specialist training positions across Australia. Training positions are located across expanded settings, including private pain services and rural and regional areas. There was no application round in 2014 and the College is awaiting information from the Department of Health about the future of the program past December 2015.

The Training More Specialists in Tasmania program was rolled out in 2014. The funding aims to provide additional, accredited Specialist Training in Pain Medicine in Tasmania in response to concerns arising from existing and future patient demand and predictable future workforce loss. The funding provides for two pain specialist training positions and one pain supervisor position based at Hobart Hospital. There have been unavoidable delays to the commencement of the program and difficulties in recruitment. The positions filled so far are valued by the health service and provide a significant impact.

"Other key initiatives include the launch of the FPM Better Pain Management Program, aimed at broadening educational opportunities in pain medicine for health professionals."





### Executive Committee

Dean/Chair Relationships Portfolio (Chair)	Professor Edward (Ted) Shipton
Vice-Dean/Chair Trainee Affairs Portfolio	Dr Chris Hayes
Chair Fellowship Affairs Portfolio	Dr Michael Vagg
Chair, Resources Portfolio	Dr Meredith Craigie
FPM General Manager	Ms Helen Morris

### Education Committee

Chair (appointed by the Board)	Dr Chris Hayes (from May)
Deputy Chair	Associate Professor Ray Garrick
Dean (ex officio)	Professor Edward (Ted) Shipton (from May)
Chair	Professor Ted Shipton (until May)
Chair, Examination Committee	Dr Newman Harris
Chair, Curriculum Redesign Project Steering Group	Dr Meredith Craigie
Chair, Training Unit Accreditation Committee	Dr Melissa Viney
Chair, CPD Committee	Dr Michael Vagg
Supervisor, SOTs	Dr Faizur Noore
Chair, Mentoring Sub-committee	Dr Clifton Timmins (until May)
Chair, Mentoring sub-committee	Dr Jordan Wood
Director of Professional Affairs	Associate Professor Milton Cohen
ANZCA General Manager Education	Mr Oliver Jones
Members	Associate Professor Brendan Moore Dr Kieran Davis (from May) Professor Stephan Schug Professor Peter Teddy Dr Jane Trinca Dr Aston Wan Dr Owen Williamson Dr Paul Wrigley

### Examination Committee

Chair (appointed by the Board)	Dr Newman Harris (from May)
Deputy Chair	Dr Meredith Craigie (until May)
Deputy Chair	Dr Carolyn Arnold (from May until December)
Deputy Chair	Dr Greta Palmer (from December)
Dean	Associate Professor Brendan Moore (until May)
Dean	Professor Ted Shipton (from May)
Education committee representative	Professor Ted Shipton (until May)
New Fellows Representative	Dr Simon Cohen (until May)
New Fellows Representative	Dr Hema Rajappa (from May)
Members	Dr Carolyn Arnold (until May) Associate Professor Leigh Atkinson (until May) Dr Penny Briscoe (until May) Associate Professor Ray Garrick (until May) Dr Frank New (until May) Dr Charles Brooker (from May) Dr Meredith Craigie (from May) Dr Marc Russo (from May) Dr Melissa Viney Dr Eric Visser (from December) Associate Professor Andrew Zacest

### Training Unit Accreditation Committee

Chair (appointed by the Board)	Dr Melissa Viney
Deputy Chair	Dr Paul Gray
Assessor	Dr Dilip Kapur
Chair, Trainee Affairs Portfolio	Dr Chris Hayes
Member	Associate Professor Brendan Moore
Member	Dr Carolyn Arnold
Member	Dr David Gronow
Member	Dr Diarmuid McCoy
Member	Dr Matthew Crawford
Member	Dr Gajinder Oberoi
Member	Dr Newman Harris
Member	Dr Faizur Noore
New Fellow representative	Dr Romil Jain
Dean (ex-officio)	Professor Ted Shipton

### Continuing Professional Development Committee

Chair/ASM officer (appointed by the Board)	Dr Michael Vagg (from May)
Deputy Chair	Dr Geoffrey Speldewinde (until June)
Dean	Professor Ted Shipton (from May)
Scientific Meeting Officer	Associate Professor Leigh Atkinson
CPD Officer	Dr Penelope Briscoe (until May)
2014 ASM Co-convenor	Dr Lewis Holford (until May)
2014 ASM Co-convenor	Dr Kian Hian Tan (until May)
2014 Spring Meeting Convenor	Dr Matthew Crawford
2015 ASM Convenor	Dr Gary Clothier
2015 Spring Meeting Convenor	Dr Duncan Wood (from May)
2016 ASM Convenor	Dr Jane Thomas
2017 ASM Convenor	Dr Kathleen Cooke (from November)
Members	Associate Professor Milton Cohen Dr Lewis Holford (from May) Associate Professor Pam Macintyre Dr Stephanie Oak (from May) Professor Stephan Schug

### Research Committee

Chair (appointed by the Board)	Associate Professor Andrew Zacest (from May)
Deputy Chair	Dr Raymond Garrick
Dean (ex-officio)	Professor Edward (Ted) Shipton (from May)
Senior editor, Pain Medicine journal (ex officio)	Associate Professor Milton Cohen
Members	Dr Carolyn Arnold
Chair	Dr Chris Hayes (until May) Professor Stephan Schug Dr Paul Hardy Professor Julia Fleming Dr Malcolm Hogg Dr Diarmuid McCoy (from May) Dr Tim Pavy Associate Professor Philip Siddall Professor Maree Smith Professor Andrew Somogyi Associate Professor Andrew Zacest (from May) Dr Jason Chou

### Mentoring Sub-Committee

Chair, Mentoring Sub-committee	Dr Jordan Wood (from June)
Dean (ex-officio)	Professor Ted Shipton
Members	Dr Duncan Wood
Chair, Mentoring Sub-committee	Dr Clifton Timmins (until June)

## FPM committees (continued)

### Supervisor of Training Sub-Committee

Chair/Supervisor of SOTs	Dr Faizur Noore
Supervisors of Training	Dr Aman Ahuja
	Dr Timothy Brake
	Dr Chin-wern Chan (from January)
	Associate Professor Milton Cohen
	Dr Peter Cox
	Dr Jason Chou (until June)
	Dr Cornelis De Neef (from June)
	Dr Michael Cooper (from September)
	Dr Paul Gray
	Dr Safa Hamza (from February)
	Dr Charlotte Johnstone
	Dr Charles Kim (from February)
	Dr David Lindholm
	Dr Max Majedi
	Dr David Manohar (from August)
	Dr Andrew Muir
	Dr Chris Orlikowski
	Dr Dianne Pacey (from October)
	Dr Greta Palmer
	Dr Andrew Powell (from February)
	Dr Leah Power
	Dr Joann Rotherham
	Dr Max Sarma (until January)
	Dr Timothy Semple
	Dr Glen Sheh
	Dr John Speirs
	Dr Michelle Tan (until September)
	Dr Richard Talbot
	Dr Teik Tay
	Dr Jane Thomas
	Dr Eric Visser (until September)
	Dr Paul Wrigley

### International Medical Graduates Committee

Chair IMGS Committee, Assessor	Dr Dilip Kapur
Assistant Assessor, NZ representative	Dr Kieran Davis
Member	Dr Marc Russo
Member	Dr Kerry Thompson

### Curriculum Redesign Project Governance Group

Chair Education Committee (Chair)	Professor Ted Shipton (until May)
Chair Education Committee (Chair)	Dr Chris Hayes (from May)
Chief Executive Officer	Ms Linda Sorrell
Dean	Associate Professor Brendan Moore (until May)
Dean	Professor Ted Shipton (from May)
GM FPM	Ms Helen Morris
GM Education	Mr Oliver Jones
GM Strategic Project Office	Ms Vicki Russell
Chair CRP Steering Group	Dr Meredith Craigie
Director of Professional Affairs	Professor Milton Cohen
CRP Project Manager	Ms Maria Bishop

### Curriculum Redesign Project Steering Group

Chair	Dr Meredith Craigie
Director of Professional Affairs (Deputy Chair)	Professor Milton Cohen
Chair, Education Committee	Professor Ted Shipton (until May)
Chair, Education Committee	Dr Chris Hayes (from May)
Chair, Training Unit Accreditation Committee	Dr Melissa Viney
Trainee Representative	Dr Harry Eeman
GM Education	Mr Oliver Jones
CRP Project Officer	Dr Cassandra Sparkes

### National and Regional Committees

#### Queensland Regional Committee

Chair	Dr Richard Pendleton
Vice Chair	Dr Matthew Bryant
CME Coordinator	Dr Rod Grant
New Fellow Representative	Dr Joshua Daly
Co-opted member	Dr Kym Boon
Ex officio	Associate Professor Brendan Moore

#### New South Wales Regional Committee

Chair/elected member	Dr Marc Russo
Deputy Chair/elected member	Dr Charles Brooker
Elected member	Dr Renata Bazina
Elected member	Dr Faize Noore
Elected member	Dr Glen Sheh
Elected member/FPM rep to ANZCA NSW RC	Dr Jennifer Stevens
Elected member	Dr Paul Wrigley
New Fellow representative	Dr Jordan Wood
Ex officio	Associate Professor Ray Garrick
Ex officio	Dr Newman Harris
Ex Officio	Dr Chris Hayes

#### Victorian Regional Committee

Chair	Dr Diarmuid McCoy
Deputy Chair	Professor George Mendelson
Education Meeting Officer	Dr Clayton Thomas
Hon Treasurer	Dr Louise Brennan
Representative on ANZCA VRC	Dr Diarmuid McCoy (ex officio)
New Fellows Representative	Dr Jason Chou
Elected Member	Professor Robert Helme
Ex officio	Dr Melissa Viney

#### Western Australia Regional Committee

Chair	Dr Max Majedi
Secretary	Dr Donald Johnson
Treasurer	Dr John Akers
Ex officio	Professor Stephan Schug

### South Australian Regional Committee

Chair	Dr Graham Wright
Deputy Chair/Honorary Treasurer/Secretary	Dr Bruce Rounsefell
Elected member	Dr Gary Clothier
Elected member	Dr Penny Briscoe (until May)
Elected member	Dr Susan Evans (until May)
Elected member	Dr Andrew Somogyi
Elected member	Dr Tim Semple
New Fellow Representative	Dr Andrew Wilkinson (until May)
ANZCA Representative	Dr Philip Cornish (until January)
New Fellow Representative	Dr Jonathan Chan (from July)
Trainee Representative	Dr Kim Hattingh (until May)
Trainee Representative	Dr Michelle Harris (from July 2014)
Ex officio	Associate Professor Andrew Zacest
Ex officio	Dr Meredith Craigie
Ex officio	Dr Dilip Kapur

### New Zealand National Committee

Chair and representative to ANZCA NZNC	Dr Kieran Davis
Deputy Chair	Professor Ted Shipton
Honorary Secretary/Treasurer and representative on the ANZCA NZ Anaesthesia Education Committee	Dr Paul Hardy
Co-opted member	Dr Lorna Fox (from June)
New Fellows representative	Dr Paul Hardy (until October)
	Dr Tipu Aamir (from October)

## Honorary treasurer's report



**I am pleased to present the College treasurer's report for 2014. In summary, the College continues to be in a strong and secure financial position. Financial challenges in 2014 have included many new and ongoing projects, changes in the investment climate and a high level of professional activity. Highlights include the delivery of many projects and the College annual scientific meeting (ASM) in Singapore.**

I would like to thank my Fellow ANZCA Council members and the Chief Executive Officer, Ms Linda Sorrell, for their strategic thinking over financial issues and effective financial decisions.

The balance of funds within the College remains strong, representing the College's net worth of \$A29.374 million, an increase of \$A2.156 million as compared to last financial year. The College has no need for borrowings and continues to rely on its own funds 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. Operating surpluses and annual investment earnings are used to fund capital developments and leading-edge research in anaesthesia and pain medicine to ensure the sustainable future of the College.

### Statement of comprehensive income

The following is a summary of the revenue, expenses, and surplus from the activities of the College during the 2014 financial year.

In 2014, overall revenue from operating activities was \$A36.238 million (\$A30.152 million in 2013). Expenses totalled \$A35.288 million (\$A29.083 million for 2013), leaving an operating surplus of \$A951,000 (the surplus was \$A1.068 million in 2013).

During 2014, the College continued to receive funding for administration of the Specialist Training Program (STP) from

the Australian Department of Health. The STP program primarily includes funding of specialist training posts salaries and rural loadings in various hospitals but also includes research. The program in 2014 was well established within the College and continued to expand from the 48 funded positions in 2013 to 58 in 2014. This includes anaesthesia, pain medicine and intensive care medicine posts. The STP program has been expanded in 2014 to include the Training More Specialist Doctors in Tasmania (TMSDT) program. 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. The additional funds substantially increased both revenue and expenditure for the College, and overall had a small but positive impact on the operational surplus in 2014.

The ASM in Singapore – although a potential financial risk due to the complexities of location and the co-management with the Royal Australasian College of Surgeons (RACS) – nonetheless resulted in a surplus due to greater-than-expected attendances which was helped by a grant from the Singapore Tourism Board of \$SGD300,000 to be shared equally between ANZCA and RACS.

Overall expenditure from operating activities rose in 2014 to \$A35.288 million from \$A29.084 million. This growth predominately reflects the costs of the STP and its expansion to include the TMSDT program.

In 2014 the College's investments continued to deliver a positive contribution. The invested accumulated funds are the result of prudent financial management over a number of years. The overall investment portfolio delivered a positive return of \$A1.188 million in the 2014 financial year (compared with a positive \$A1.957 million in 2013). The investments contribute to the Anaesthesia and Pain Medicine Foundation's ability to support research. Overall \$A1.196 million was awarded to 23 investigator-driven research projects in 2014. This is a significant contribution to the future of our specialty. The foundation also raised \$A340,892 in grants, donations and bequests.

After taking account of the positive investment return, and an exchange rate benefit with the New Zealand dollar of \$A17,041 the College was left with a consolidated surplus of \$A2.156 million (compared with a positive \$A3.185 million in 2013).

### Statement of financial position

This is a summary of the assets, liabilities and equity position of the College.

Over the year, the net assets of the College increased in line with the surplus to \$A29.374 million (compared with \$A27.218 million at the end of 2013). This net asset position reflects that the College is financially strong, secure and well positioned to endure any future economic conditions.

### Statement of cash flows

Despite additional payments for the capital projects and other technological developments, the College's cash position as at end of the reporting period has continued to improve as compared to last year's cash position.

The cash holdings at the end of 2014 were \$A8.261 million, an increase of \$A1.641 million, with the increase particularly driven by strong receipts in December for 2015 subscriptions, tight operational and capital expenditure control and sound cash flow management including a short-term cash investment strategy.

### 2015 budget overview

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

As in previous years, in 2015 the College will continue embracing a culture of enhancing performance through innovation and lower operating costs.

The College continues to take a proactive approach in engaging new and evolving technologies and during the past few years we have continued 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. The College maintains high quality training

and services and therefore 2014 saw a continued strong focus on quality improvements in training and better utilisation of technology to support an improved experience for Fellows. Key items include the training portfolio system (TPS) which continues to improve in response to trainee and supervisor of training needs, the online CPD portfolio system, and a range of learning and communication resources – including the College email alerts and Twitter feed. During 2014 a completely new online hospital accreditation system was designed.

Finally, the Faculty of Pain Medicine completed the development of its new curriculum for implementation in 2015.

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 advocacy. The council will seek to provide financial support for initiatives that further the interests of the membership pertaining to all issues related to our profession.

In closing, it is also important to thank the staff of the College, the CEO Ms Sorrell, and the Finance unit in particular for their hard work and dedication. I would also like to note the contribution of Dr Michelle Mulligan as Honorary Treasurer until May last year. Finally, I would like to thank Galina Fidler who was the General Manager of Finance for the College for the previous six years until January 2015 when she moved on to new opportunities elsewhere.

It has been a busy but successful year for the College, which continues to maintain a sound financial basis for service to the trainees, Fellows and the community.

**Associate Professor David A Scott**  
Honorary Treasurer, ANZCA

## 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 2014 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 \$951,316 compared to a surplus of \$1,068,202 in the prior year.

Combined with positive earnings on investments of \$1,187,717 (compared to positive earnings in 2013 of \$1,957,235) this produced an overall surplus for the year of \$2,139,033 compared to a net surplus of \$3,025,437 in 2013.

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 \$17,041 (2013: favourable \$159,627), giving a total comprehensive income surplus for the year of \$2,156,074 (2013: surplus \$3,185,064).

Total operating revenue increased by 20% to \$36,238,962 whilst operating expenditure rose by 21% to \$35,287,646.

The increase in both revenue and expenditure is predominantly related to the additional funding of the specialist training program (STP) that was awarded to the College by the Australian Department of Health and Ageing in 2013, and the expansion of this program in 2014 to include the Training More Specialist Doctors in Tasmania Program (TMSDT).

### Statement of Financial Position

Total assets increased by 7% or \$3,338,805 to \$51,147,680.

The major contributors to this were the increase in current assets reflecting a higher level of cash and cash equivalents and subscription debtors, 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 6% or \$1,242,725 to \$21,773,596 primarily due to higher levels of trade and other payables.

The result of this is that net assets increased by 8% to \$29,374,084 compared to \$27,218,004 last year.

### Statement of Changes in Equity

Total equity for the year increased by \$2,156,080 from \$27,218,004 in 2013 to \$29,374,084.

This arose from the net effect of the overall surplus of \$2,139,033 and a gain on exchange translation differences of the New Zealand assets and liabilities of \$17,047.

### Statement of Cash Flows

Cash flow for the year substantially increased by \$1,642,864 (2013: increased by \$1,678,182) primarily due to increase in 2015 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, 2014

	2014 \$	2013 \$
<b>Revenue</b>		
Subscriptions and entry fees	9,556,255	8,672,023
Registrations, training and exam fees	9,580,609	9,255,916
Meeting and course fees	6,307,762	4,762,806
Specialist training program grant	8,959,837	5,956,356
Other income	1,834,499	1,504,690
<b>Total revenue from operating activities</b>	<b>36,238,962</b>	<b>30,151,791</b>
<b>Expenses</b>		
Employment	12,366,990	11,423,743
Facilities	2,383,307	2,378,472
Travel and events	6,276,567	5,108,756
Information technology	2,814,056	2,152,601
Professional services	1,413,975	1,130,385
Research grants	1,196,538	947,202
Specialist training program employment and rural loading	8,014,000	5,201,695
Other expenses	822,213	740,735
<b>Total expenses from operating activities</b>	<b>35,287,646</b>	<b>29,083,589</b>
<b>Surplus before non-operating activities</b>	<b>951,316</b>	<b>1,068,202</b>
<b>Income from non-operating activities</b>		
Investment income	1,187,717	1,957,235
<b>Surplus for the year</b>	<b>2,139,033</b>	<b>3,025,437</b>
<b>Other comprehensive income</b>		
<b>Items that may be reclassified to profit or loss</b>		
Exchange differences on translation of foreign operations	17,041	159,627
<b>Total comprehensive income for the year</b>	<b>2,156,074</b>	<b>3,185,064</b>

### Total revenue for the 12 months ended December 31, 2014

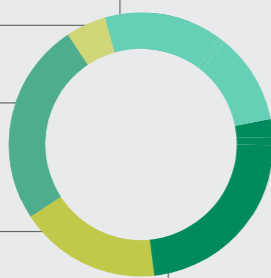
Subscriptions and entry fees \$9,556,255

Other revenue \$1,834,499

Specialist training program grant \$8,959,837

Meeting and course fees \$6,307,762

Registration, training and exam fees \$9,580,609



### Total expenses for the 12 months ended December 31, 2014

Employee costs \$12,366,990

Facilities \$2,383,307

Travel and events \$6,276,567

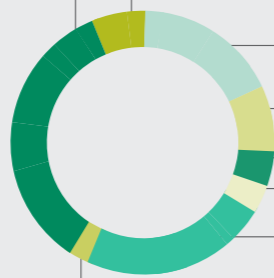
Information technology \$2,814,056

Professional services \$1,413,975

Research grants \$1,196,538

Specialist training program employment and rural loading \$8,014,000

Other expenses \$822,213





## Statement of financial position at December 31, 2014

	2014 \$	2013 \$
<b>ASSETS</b>		
<b>Current assets</b>		
Cash and cash equivalents	8,261,090	6,619,750
Trade and other receivables	12,457,319	13,262,781
Other financial assets	141,051	139,521
<b>Total current assets</b>	<b>20,859,460</b>	<b>20,022,052</b>
<b>Non-current assets</b>		
Property and office equipment	10,770,171	10,143,898
Intangible assets	7,141,914	6,358,446
Other financial assets	12,376,135	11,224,479
<b>Total non-current assets</b>	<b>30,288,220</b>	<b>27,726,823</b>
<b>Total assets</b>	<b>51,147,680</b>	<b>47,748,875</b>
<b>LIABILITIES</b>		
<b>Current liabilities</b>		
Trade and other payables	4,623,617	3,035,351
Other liabilities	16,202,343	16,797,539
Provisions	495,817	292,106
<b>Total current liabilities</b>	<b>21,321,777</b>	<b>20,124,996</b>
<b>Non-current liabilities</b>		
Provisions	451,819	405,875
<b>Total non-current liabilities</b>	<b>451,819</b>	<b>405,875</b>
<b>Total liabilities</b>	<b>21,773,596</b>	<b>20,530,871</b>
<b>Net assets</b>	<b>29,374,084</b>	<b>27,218,004</b>
<b>EQUITY</b>		
Retained earnings	28,863,663	26,724,630
Foreign currency translation reserve	219,264	202,217
Assets revaluation reserve	291,157	291,157
<b>Total equity</b>	<b>29,374,084</b>	<b>27,218,004</b>

## Statement of changes in equity for the year ended December 31, 2014

	Retained earnings \$	Foreign currency translation reserve \$	Assets revaluation reserve \$	Total \$
<b>Balance at 1 January 2013</b>	<b>23,699,193</b>	<b>42,590</b>	<b>291,157</b>	<b>24,032,940</b>
Total comprehensive income for the year	3,025,437	-	-	3,025,437
Currency translation differences arising during the year	-	159,627	-	159,627
	<b>26,724,630</b>	<b>202,217</b>	<b>291,157</b>	<b>27,218,004</b>
<b>Balance at 1 January 2014</b>	<b>26,724,630</b>	<b>202,217</b>	<b>291,157</b>	<b>27,218,004</b>
Total comprehensive income for the year	2,139,033	-	-	2,139,033
Currency translation differences arising during the year	-	17,047	-	17,047
<b>Balance at 31 December 2014</b>	<b>28,863,663</b>	<b>219,264</b>	<b>291,157</b>	<b>29,374,084</b>

## Statement of cash flows for the year ended December 31, 2014

	2014 \$	2013 \$
<b>Cash flows from operating activities</b>		
Receipts from members, customers and Government bodies	38,663,836	35,773,944
Interest received	280,255	117,445
Donations received	228,761	97,473
Payments to employees, suppliers and other parties	(32,431,437)	(31,413,919)
Research grants and bequests paid	(1,153,437)	(971,950)
<b>Net cash inflow from operating activities</b>	<b>5,587,978</b>	<b>3,602,993</b>
<b>Cash flows from investing activities</b>		
Proceeds from redemption of financial assets	172,649	-
Payments for financial assets	(550,000)	(100,000)
Payments for property and office equipment	(1,666,566)	(402,489)
Payments for project development	(1,901,179)	(1,599,763)
Payments for other financial assets	-	(8,511)
<b>Net cash outflow from investing activities</b>	<b>(3,945,096)</b>	<b>(2,110,763)</b>
<b>Cash flows from financing activities</b>		
Net cash inflow/(outflow) from financing activities	-	-
<b>Net increase in cash and cash equivalents</b>	<b>1,642,882</b>	<b>1,492,230</b>
<b>Cash and cash equivalents at the beginning of the financial year</b>	<b>6,619,750</b>	<b>4,941,568</b>
<b>Total effect of exchange rate fluctuation of cash held</b>	<b>(1,542)</b>	<b>185,952</b>
<b>Cash and cash equivalents at the end of the financial year</b>	<b>8,261,090</b>	<b>6,619,750</b>

Financial  
statements  
continued

## 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 31 December 2014. 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.

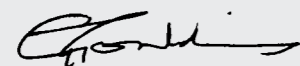
### 4. Directors' Declaration

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 31 December 2014, as set out in pages 72 to 79:

- (a) complies with Accounting Standard AASB 1039: Concise Financial Reports; and
- (b) is an extract from the full financial report for the year ended 31 December 2014 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  
March 27, 2015



**Associate Professor David A Scott**  
Vice President and Honorary Treasurer,  
ANZCA  
March 27, 2015



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### Auditor's Independence Declaration

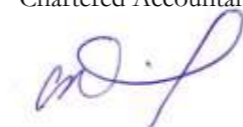
#### To the Directors of Australian and New Zealand College of Anaesthetists

In accordance with the requirements of section 307C of the Corporations Act 2001, as lead auditor for the audit of Australian and New Zealand College of Anaesthetists for the year ended 31 December 2014, I declare that, to the best of my knowledge and belief, there have been:

- a) no contraventions of the auditor independence requirements of the Corporations Act 2001 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, 27 March 2015

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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 2014, 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 2014. 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 Corporations Act 2001, 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 2014. Our audit report on the financial report for the year was signed on 27 March 2015 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 2014 complies with Accounting Standard AASB 1039 Concise Financial Reports.

GRANT THORNTON AUDIT PTY LTD  
Chartered Accountants

Adrian Nathanielsz  
Partner - Audit & Assurance

Melbourne, 27 March 2015



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