



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

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President's report



This year marked the beginning of ANZCA and FPM strategic plans for 2013-2017, “advancing anaesthesia” and “advancing pain medicine”, with a vision that ANZCA will be a recognised world leader in training, education, research and in setting standards for anaesthesia and pain medicine. Much was achieved in 2013, thanks to the hard work of many dedicated Fellows, trainees and staff.

Strategic priority 1: Advance standards through training, education, accreditation and research

A highlight was the successful launch of the new ANZCA curriculum at more than 170 training sites, the biggest College project ever undertaken and supported by our new training portfolio system (TPS), which was progressively enhanced throughout the year. The new integrated primary examination and upgraded examination management system were introduced. Workplace-based assessments (WBAs), supported by WBA champions, were rolled out. New podcasts and webinars were developed to assist learning. For ANZCA trainees in Hong Kong, Malaysia and Singapore, a new training handbook and regulation were developed. Meanwhile, FPM worked hard on its curriculum redesign project, due for roll-out in 2015.

The Melbourne ANZCA/FPM annual scientific meeting attracted more than 2000 delegates. Additionally, the College ran 17 combined regional continuing medical education meetings in Australia, the New Zealand Anaesthesia ASM in Dunedin, six special interest group meetings and the FPM Spring Meeting.

The College allocated competitive research grants worth nearly \$A1.2 million. *Australasian Anaesthesia* (the “Blue Book”) was again published and the Electronic Persistent Pain Outcomes Collaboration pilot took place. We developed or revised many professional documents, distributed critical safety alerts in our publications and supported the incident monitoring system, WebAIRS.

Strategic priority 2: Build engagement, ownership and unity

Workforce is one of the most significant issues facing both countries and our new Fellows. The College conducted the inaugural graduate outcome survey and developed a workforce action plan focused on collecting high quality data, advocacy with government and other decision-makers, and communicating well with Fellows and trainees.

ANZCA CEO, Linda Sorrell, visited 14 hospitals with regional/national committee chairs and we undertook the Fellows continuing professional development (CPD) survey, which guided development of the 2014 ANZCA/FPM CPD standard and program. Regulatory bodies are making it clear that revalidation (already a fact of life in the UK, US and Canada) is on the agenda for Australia and New Zealand and our CPD program has been revised with this in mind. Also developed in 2013 was a new user-friendly CPD portfolio system, accessible on any device.

Improving resources for Fellows and trainees has also been a focus – the online library project, new online “flipbook” style access to the ANZCA Bulletin, and the College Conversations CD are examples. The web-based My

ANZCA portal that includes online event registration and payment was introduced, and the New Zealand Anaesthesia Education Committee (NZAEC) website was developed. We launched the FFPMANZCA logo for Fellows’ professional use and the FPM New Zealand National Committee was established.

The Geoffrey Kaye Symposium of Anaesthetic History was held and our new History and Heritage Expert Reference Panel created. Three more web-based “Anaesthesia Stories” were recorded.

Strategic priority 3: Develop and maintain strong external relationships

Building relationships with government is a core goal of the College. In New Zealand, ANZCA hosted a function attended by the Minister of Health. More than 60 submissions were made to Australian and New Zealand government authorities. The College continued its collaborative engagement through the Committee of Presidents of Medical Colleges (Australia) and the Council of Medical Colleges (New Zealand).

We re-launched National Anaesthesia Day resulting in strong support from Fellows and hospitals. The day was informed by a community survey that highlighted the need for more public education about anaesthesia and anaesthetists. Web-based, printable patient information sheets were also introduced.

Pro-active media activity resulted in hundreds of media reports reaching a combined audience of millions on National Anaesthesia Day, during the ASM and to promote other College activities.

Fifteen countries now participate in the Essential Pain Management (EPM) program which has attracted private funding. We now have an EPM Sub-Committee, a web presence and a regular newsletter.

Initiatives to “close the gap” for indigenous communities included nine podcasts, medical student mentoring and collaboration with the RACS Rural Health Continuing Education (RHCE) indigenous health portal project.

Strategic priority 4: Ensure ANZCA is a sustainable organisation

In 2013, ANZCA introduced a framework for recognising Fellow and trainee contributions. Business processes have been improved – project management, financial reporting to ANZCA Council, performance appraisal processes, Lean Six Sigma managerial training, an information management/information technology roadmap, greater trans-Tasman collaboration, and Work Health Safety management. The Green Committee has been re-established and a staff recognition program introduced with career milestones recognised and staff excellence awards held.

We restructured our educational committees and the Anaesthesia and Pain Medicine Foundation, introducing a Board of Governors for more effective fundraising. Meanwhile, the College continues to closely monitor its resources to ensure maximum value in supporting Fellows and trainees to deliver safe and high quality patient care.

Dr Lindy Roberts
FANZCA, FFPMANZCA, FAICD
President, ANZCA

Chief executive officer's report

In 2013, as the ANZCA and FPM strategic plans for 2013-2017 took effect, the College consolidated the biggest project it has ever undertaken, the revised ANZCA curriculum. At the same time, focus centred on revising the ANZCA Continuing Professional Development (CPD) Program, ready for launch in 2014.

Also continuing apace is the development of the Faculty of Pain Medicine's curriculum redesign project, which aims to deliver a new world-class pain medicine curriculum in 2015.

Revising the ANZCA curriculum and CPD program have both been enormous projects, which have had, and will continue to have, a lasting impact on our trainees and Fellows.

Most trainees in Australia and New Zealand transitioned to the 2013 curriculum at the beginning of the hospital employment year.

A comprehensive communications and change-management plan was rolled out, including the delivery of training by workplace-based assessment (WBA) "champions" to help educate supervisors. It also involved developing e-learning resources and resulted in revamped education and training policies.

At the same time, the College launched the new training portfolio system (TPS), allowing trainees to record their experience (including time and cases and procedures) and workplace-based assessments, clinical placement review and core unit reviews.

The system allows supervisors of training (SOTs) to confirm the training experience and better monitor trainees. A number of enhancements were made to the system during the year based on feedback from trainees and their supervisors. These included adding more cases and procedures, simplified cases and procedures data entry, and better search capability. Changes also were made to support the role of the SOT through more concise presentation of data and indicators on the SOT dashboard.

Compared to other medical training programs in Australia, New Zealand and internationally, our College can feel confident that ANZCA's training experience is at the forefront of international developments in postgraduate medical education. This was corroborated by the Australian Medical Council/Medical Council New Zealand accreditation this year.

The CPD Committee, chaired by Dr Vanessa Beavis (NZ), led the development of the revised CPD program.

In the first quarter of 2013 a survey was distributed to all CPD participants and its outcomes reviewed by the CPD Committee and ANZCA Council. In September, ANZCA launched a revised CPD standard and the revised *CPD Handbook* followed in December. The program framework was simplified to include just three categories – "practice evaluation", "knowledge and skills" and the new "emergency responses" category.

The aim of the revised CPD program is to reflect contemporary trends in professional development with a dual focus on evaluation of practice as well as the more traditional pure learning activities.

Meanwhile, the College was busy developing the CPD portfolio system. This was led by a sub-group of the CPD Committee, the CPD Online Advisory Group, chaired by Dr Kerry Gunn (NZ). The group carefully designed a new, simple CPD portfolio system for participants to access on any computer or mobile device.

The new system includes a dashboard highlighting triennial and annual requirements with helpful information, resources and tools embedded on the screen. It also automatically "recognises" ANZCA events, that is, when a participant registers online for an ANZCA or FPM-run event via the website, credits are automatically entered into the CPD portfolio system to be confirmed or edited by the participant. There is a direct link to the TPS and provisional Fellows can record their CPD online.

Another feature is the ability to upload and store supporting evidence within the CPD portfolio, by attaching a document or taking a photo of a certificate. Participants can undertake a number of processes offline then update their portfolio when next online.

The curriculum project and CPD revision are just two of the projects led by Fellows with the support of College staff. There are many others detailed in the pages of this report.

These projects have all been guided by the ANZCA and FPM strategic plans for 2013-2017, which have informed the 2013 ANZCA-wide business plan. The ANZCA-wide plan in turn guided individual unit business plans for 2013.

The strategic plans ensure that our College and its staff are all working together to continue delivering projects and services to Fellows and trainees.



Linda Sorrell
Chief Executive Officer, ANZCA



Awards, prizes and honours

College awards in 2013

Robert Orton Medal

The Robert Orton Medal is the highest award the College can bestow. The sole criterion is distinguished service to anaesthesia.

Dr Leona Wilson

ANZCA's first woman president, Dr Wilson has worked tirelessly and diligently throughout a long history of service to ANZCA and the advancement of anaesthesia generally.

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 Lawrence Weinberg

"A multicentre randomised double-blind controlled non-inferiority multicentre study of plasmalyte versus compound lactate solution (Hartmann's solution) in patients receiving liver resection"

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 Benn Lancman

"Fatigue and workload of anaesthetic trainees on night shift"

Renton Prize

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

Dr Adam Isaac Mossenson, May 2013

Dr Duncan John Macgregor Brown, May 2013

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 Wilson Binh Quan Huynh,

June 2013

Dr Matthew Liang Ho,

December 2013

Ray Hader Award for Pastoral Care

Dr Catherine Purdy,
Auckland City Hospital

Australia Day honours

Dr Alan William Duncan (WA) was appointed as a Member of the Order of Australia (AM) for significant service to medicine in the field of paediatric intensive care as a clinician and educator.

Professor Ben Marosszeky (NSW) was appointed as a Member of the Order of Australia (AM) for significant service to rehabilitation medicine and through contributions to people with arthritis.

Queen's Birthday Honours

Dr Francis Xavier Moloney, Orange, NSW has been appointed a Member of the Order of Australia (AM) in the General Division for significant service to medicine, particularly in anaesthesia.

Professor Nikolai Bogduk, Newcastle, NSW has been appointed a Member of the Order of Australia (AM) in the General Division for significant service to medical research and education, particularly in the specialties of anatomy, spinal health and chronic pain management.

Lieutenant Commander Peter Matthew Smith, Royal Australian Navy, NS was awarded the Conspicuous Service Cross (CSC) for outstanding achievement as the officer-in-charge of the Submarine and Underwater Medicine Unit at HMAS Penguin.

ANZCA Council

In accordance with the provisions of the constitution, ANZCA called for nominations for five vacancies on the ANZCA Council. Dr Richard Waldron (Tas) was elected as a new councillor replacing retiring councillor Dr Mark Reeves. The ANZCA President, Dr Lindy Roberts (WA), and councillors Dr Patrick Farrell (NSW), Dr Genevieve Goulding (Qld) and Dr Rodney Mitchell (SA) were re-elected for three years.

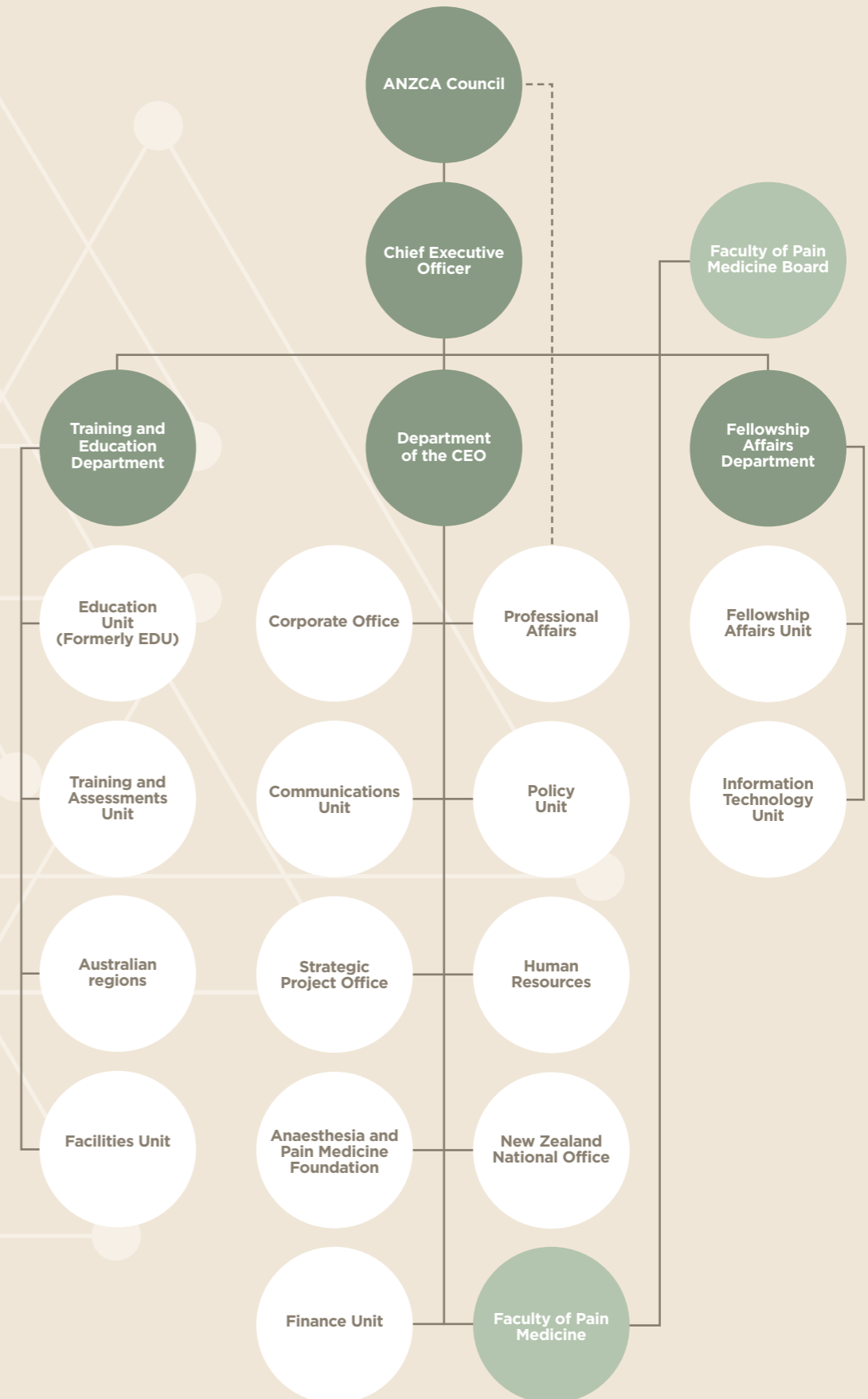


Back row from left: Dr Richard Waldron, Associate Professor David Scott, Professor Alan Merry, Dr Patrick Farrell, Dr Vanessa Beavis, Dr Gabriel Snyder, Dr Kerry Brandis.
Front row from left: Associate Professor Brendan Moore (FPM Dean), Dr Genevieve Goulding (ANZCA Vice-President), Dr Lindy Roberts (ANZCA President), Dr Frank Moloney, Ms Linda Sorrell (ANZCA CEO), Professor Kate Leslie, Dr Michelle Mulligan, Dr Rodney Mitchell.



Much was achieved in 2013, thanks to the hard work of many dedicated Fellows, trainees and staff.

ANZCA organisation chart 2013



Mission

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

Vision

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

Strategic priorities

Advance standards through training, education, accreditation and research

Build engagement, ownership and unity

Develop and maintain strong external relationships

Ensure ANZCA is a sustainable organisation

Objectives

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

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

Continuing professional development

Revising the program

Throughout 2013, the Continuing Professional Development (CPD) Committee, chaired by Dr Vanessa Beavis (NZ), led the revision of the ANZCA Continuing Professional Development Program to reflect contemporary developments in professional development with a dual focus on evaluating practice and traditional learning activities. A sub-group of the CPD Committee, the CPD Online Advisory Group chaired by Dr Kerry Gunn (NZ), designed a simple new CPD portfolio system for participants to access on any computer or mobile device.

ANZCA distributed a survey to all CPD participants in the first quarter of 2013 seeking feedback from users about enhancements. The CPD Committee reviewed the outcomes and presented their findings to the ANZCA Council in June 2013. This led to the revision of the framework and proposed delivery of the program, before a revised CPD standard was launched in September 2013. In December 2013, the revised CPD Handbook was released and participants were informed about the revisions ahead of the launch in January 2014.

The program framework was simplified to include just three categories – practice evaluation, knowledge and skills and the new “emergency responses” category.

Practice evaluation focuses on the evaluation of a participant’s practice from a variety of sources including local peer review of practice, clinical audits, multi-source feedback and patient experience surveys. The CPD Committee selected about 20 Fellows from ANZCA and FPM to develop and pilot tools and resources, such as patient experience survey templates and multi-source feedback tools. This occurred between July and November 2013. The CPD Committee responded to survey feedback requesting categorisation of learning activities into one single “knowledge and skills” category. This category includes activities such as lectures, courses, workshops and self-directed learning.

Based on feedback expressing the importance of maintaining regular education in the emergency responses considered “core” to safe practice, and which Fellows infrequently encounter, participants need to complete two activities related to the management of emergency responses across the triennium. In December 2013, standards were launched to enable participants and education providers to know the requirements of education in these key emergency responses areas. These standards were developed in the second half of the year with the assistance of Fellows and guidance from the Quality and Safety Committee.

CPD portfolio system

The new CPD portfolio system was designed to make it simpler for CPD participants to record, monitor and provide evidence of their CPD activity on most desktop and mobile devices. The Online Advisory Group reviewed the feedback and guidance from participants to design an intuitive system, which includes:

- A dashboard highlighting triennial and annual requirements. Helpful information, resources and tools are embedded on the screen for the participants’ convenience. These resources were developed with ANZCA and FPM input to meet the needs of both specialties.
- Automatic recognition of ANZCA events. When a participant registers online for an ANZCA or FPM-run event via the ANZCA or FPM website, credits are automatically enter into the CPD portfolio system to be confirmed or edited by the participant.
- Direct link to the ANZCA training portfolio system (TPS). When participants complete assessments for trainees and log these in the TPS, credits are automatically entered into the CPD portfolio for editing or confirmation.
- An integrated experience for provisional Fellows to record their CPD online. Provisional Fellows select activities submitted in the TPS within their CPD portfolio quickly and easily to avoid the need to enter activities twice.
- Ability to upload and store supporting evidence within the CPD portfolio, by attaching a document or taking a photo of a certificate, for example.

Events

Annual Scientific Meeting – Melbourne

The 2013 ANZCA Annual Scientific Meeting was held at the Melbourne Convention and Exhibition Centre from May 4-8 and was attended by 2141 delegates. The meeting was themed “Superstition dogma and science”.

The scientific program included 13 plenary sessions, 132 concurrent session presentations, 71 ePosters, 42 moderated ePoster sessions, four quality assurance sessions, 36 workshops and 37 problem-based learning discussions. The scientific program was complemented by an excellent social program and other important events, such as the College Ceremony, which was held at the Melbourne Town Hall.

The 2013 named lectures were:

- Ellis Gillespie Lecture – Professor Kevin Tremper (ANZCA ASM Visitor) “From patient safety to population outcomes”.
- Michael Cousins Lecture – Professor Edzard Ernst (FPM ASM Visitor) “The prince and me”
- Mary Burnell Lecture – Associate Professor Tim Short (Australasian Visitor) “A brief history of anaesthetic depth”.
- FPM Victorian Visitor’s Lecture – Professor Fabrizio Benedetti (FPM Victorian Visitor) “The science of placebo”.
- Victorian Visitor’s Lecture – Professor Paul White (ANZCA Victorian Visitor) “Ambulatory surgery for an ageing population”.

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

- Organising Committee Visitor's Lecture – Professor Colin Royse (Victorian Organising Committee Visitor) "Ultrasound for everybody: How ultrasound is changing anaesthetic practice".

Preceding the ASM was the 2013 New Fellows conference which was held in Victoria from May 1-3 and attended by 29 delegates from around Australia, New Zealand, Hong Kong, Singapore and Malaysia. The theme, "Who Do You Think You Are", encouraged delegates to consider where they are in their careers, how and why they got there, and where they may be heading.

Special interest groups

In 2013, ANZCA managed six special interest group (SIG) meetings on behalf of the Anaesthesia Continuing Education Co-ordination Committee (ACECC). These meetings were attended by more than 644 delegates:

- Airway Management and Trauma SIG Meeting – "Airway Management in Trauma" (Melbourne, Victoria).
- Rural SIG Meeting – "Obstetric anaesthesia for the bush" (Rotorua, New Zealand).
- Neuroanaesthesia SIG Meeting 'Neuroanaesthesia – "Past, present and future" (Queenstown, New Zealand).

- Perioperative Medicine SIG Meeting – "Controversies and practical solutions in perioperative medicine" (Byron Bay, NSW).

- Cardiothoracic, Vascular and Perfusion SIG Meeting no theme (Port Douglas, Queensland).
- Combined Education, Management and Welfare SIG Meeting – "Mindfulness, performance and achievement" (Noosa, Queensland).

In 2013, to help address the challenges Fellows are confronted with in communicating with challenging patients and on occasion colleagues, the Communication in Anaesthesia Special Interest Group (SIG) was formed. It plans to provide guidance to help improve Fellows skills and associated resources over the coming years. The inaugural Chair is Dr Allan Cyna (SA).

Training

2013 curriculum rollout

The 2013 curriculum was introduced at the beginning of the 2013 hospital employment year in New Zealand and across Australia for most trainees. The introduction of the training portfolio system (TPS) to record all elements of the training experience was a significant change for the College and an integral component of the revised curriculum.

The TPS allows trainees to record their clinical experience, including time and cases and procedures, and their in-training assessments, including workplace-based assessments, clinical placement review and core unit reviews. The system provides transparency of the training record and allows supervisors of training to confirm the training experience and better monitor the progress of the trainees they are responsible for. Enhancements to the system were made during the year based on feedback from trainees and supervisors of training. Further refinements will be undertaken over 2014.

Training in the affiliated training regions

The Asian Transition Working Group prepared regulation 38 and the *ANZCA Handbook for Training and Accreditation* in the affiliated training regions in early 2013 to support the training program in Hong Kong, Singapore and Malaysia.

Primary examination

Three primary examinations were held during 2013. The last sitting of the 2004 curriculum and the first sitting of the 2013 curriculum examinations were held simultaneously February and April and the 2013 curriculum exams were held in September and November.

February/April 2013

2004 curriculum examination

One hundred thirty seven (137) candidates successfully completed the primary fellowship examination. One hundred forty eight (148) candidates presented for pharmacology of which 116 were successful. Fifty nine (59) candidates presented for physiology of which 31 were successful.

Renton Prize

No Renton Prize was awarded for this exam.

Merit certificates

Merit certificates were awarded to:

David Warrick Burns	ACT
Kalya Harasymiv	ACT
Sobana Thillainathan	NSW
Rafsan Halim	Vic
Sanchia Sapphira Smith	NSW
Laura Michelle Khodaverdi	NZ
Jim Po-Chun Liou	NSW
Alexandra Sylvia Buchanan	NSW
Earlene Silvapulle	Vic
Ka Ying Chow	HKG

2013 curriculum examination

Seventy five (75) candidates presented at this examination, of which 45 candidates successfully completed the primary fellowship examination.

Renton Prize

The Court of Examiners recommended that the Renton Prize for the half year ending June 30, 2013 be awarded to:

Adam Isaac Mossenson	WA
Duncan John Macgregor Brown	NZ

Merit certificates

Merit certificates were awarded to:

Benjamin Kave	Vic
Torin Clack	SA
Ryan David Juniper	WA

September/November 2013

One hundred sixty six (166) candidates presented at this examination, of which 93 candidates successfully completed the primary fellowship examination.

Renton Prize

The Court of Examiners advised that no Renton prize was awarded at this examination.

Merit certificates

Merit certificates were awarded to:

Catherine Elizabeth Goddard	WA
Jennifer Margaret Howie	WA

Final examination

Two final examinations were held during 2013.

March/May 2013

Two hundred and five (205) candidates sat for this examination and 148 candidates were successful.

Cecil Grey Prize

The Court of Examiners recommended that the Cecil Grey Prize for the half year ending June 30, 2013 be awarded to:

Wilson Binh Quan Huynh	NSW
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Merit certificates

Merit certificates were awarded to:

Benn Morrie Lancman	NSW
Luke Jonathon Heywood	Qld
Katrina Pamela Pirie	Vic
Alexander J Smirk	Vic

August/October 2013

One hundred and ninety one (191) candidates sat the examination and 138 were successful.

Cecil Grey Prize

The Court of Examiners recommended that the Cecil Grey Prize for the half year ending December 31, 2012, be awarded to:

Matthew Liang Ho	NSW
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Merit certificates

Merit certificates were awarded to:

Andrew John Chapman	NSW
Rahul Garg	NSW
Cameron Paul Prosser	WA
Kathryn Jane Tietjens	NZ

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

Records management activities

The Records Management Unit was the frontline unit in supporting users of the revised curriculum. From the transition of trainee data into the training portfolio system to being the point of contact via phone and email for trainees, supervisors of training, workplace-based assessment assessors, specialised study unit supervisors, rotational supervisors and education officers. The unit was heavily involved in the training portfolio system enhancement project and has created a comprehensive list of functionality that users of the system would like to be delivered.

Processes across the unit have been aligned to the two new training regulations, 37 and 38 which require additional submissions to the College for assessment and prior approval of activities. Two of these for the 2013 curriculum trainees are applications to the Scholar Role Sub-Committee and Provisional Fellowship Program Sub-Committee, which the Records Management Unit assumed responsibility for in mid 2013.

Committee activity

All committees met regularly as defined by their terms of reference. Significant changes to the education governance structure were approved in August, with all the committees (except Trainee Committee) supported by Training and Assessment disbanded and new committees formed.

All the new committees met at least once before the end of 2013.

	Face-to-face	Teleconference
Education and Training Committee (until August)	2	2
Trainee Committee	2	3
Education, Training and Assessments Executive Committee (from August)	1	
Education, Training and Assessments Management Committee (from August)		1
Trainee Performance Review Sub-Committee (from August)		5
Provisional Fellowship Program Sub-Committee (from August)		1

EMAC

The Effective Management of Anaesthetic Crises (EMAC) course is a mandatory component in the revised curriculum.

The course is made up of five modules, which run over two and a half consecutive days at a simulation centre. The topics covered within this course are: airway management, human performance, cardiovascular emergencies, anaesthetic emergencies and trauma management.

No accreditation visits were carried out during 2013.

Trainee activities

During 2013, most trainees transitioned to the new 2014 training program, and the ANZCA Trainee Committee had a busy year representing them through feedback regarding the new curriculum, training portfolio system (TPS) and workforce issues.

New Zealand trainees and Fellows provided early feedback as the new training program and TPS were rolled out in December 2012, followed by Australian regions from January 2013. The membership of the Trainee Committee changed in 2013 to coincide with the introduction of the 2014 training program, and now consists of the regional trainee chairs from Australian and New Zealand. Trainees in Hong Kong, Singapore and Malaysia are able to complete training under the 2004 program for a FANZCA, or complete anaesthesia training recognised by their own countries, and no longer are members of the Trainee Committee.

At the beginning of the year, ANZCA also streamlined the process to approve admission to fellowship, which reduced the period between eligibility and awarding of fellowship to within five to seven days for most trainees. This was a result of trainee feedback in 2012.

In 2013, the committee had two face-to-face meetings at ANZCA House and two teleconferences. There was also trainee representation at ANZCA Council meetings, committees and the Australian Medical Association Trainee Forum and the GASACT face-to-face meeting. The feedback provided by trainees with the introduction of the new curriculum, TPS functionality and volume of practice issues were relayed back to the College, which is continuing to review and refine the TPS. Trainee and Fellow feedback will continue to be essential to streamline and optimise the TPS and online processes. ANZCA trainees also were asked to provide representation to the numerous special interest groups, and it was reassuring to see many trainees seeking involvement.

Trainee representation also was included in the new Provisional Fellowship Panel, which reviews and approves the provisional fellowship positions and plans for trainees required in the new curriculum. The second half of 2013 saw a restructuring of ANZCA committees and roles, and the trainee committee representation was adjusted to reflect this.

A significant concern among many senior trainees and new Fellows is the current "workforce situation". In particular, there is a perception that it is difficult to obtain specialist work in public hospitals and employment in major centres. Feedback about trainee concerns has been conveyed to the ANZCA president and council.

Accreditation

Hospital Accreditation

ANZCA accredits anaesthesia departments and other sites that comply with its requirements for recognition. Accredited departments and facilities must be in 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 both public and private facilities.

In 2013, a total of 39 facilities were visited. Of these, 33 were routine visits, three of these were initial visits to accredit departments who had received Specialist Training Program funding and three were joint ANZCA College of Intensive Care Medicine (CICM) inspections to accredit departments for the anaesthesia component of CICM training.

In 2013, 40 departments have been deemed compliant. These include 22 departments that were visited in 2012 and three in 2011.

Departments in Malaysia and Singapore were visited during the year and all 12 were deemed compliant. These were the last visits for these sites due to training program concluding in the affiliated training regions at the end of the 2018 hospital employment year.

IMGS activity

During 2013, the College assessed 88 international medical graduate specialists in Australia and 26 in New Zealand. Assessments were made by four member panels, which 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, experience as a specialist, and participation in continuing education and quality assurance activities by participation in a program comparable to the ANZCA Continuing Professional Development (CPD) Program.

Countries of IMGS origin included: Austria (1), Bulgaria (1), Canada (2), Croatia (1), Denmark (1), Egypt (5), Germany (4), Hong Kong (1), India (20), Iran (1), Iraq (1), Ireland (2), Israel (1), Italy (1), Japan (1), Netherlands (1), Norway (1), Pakistan (1), Philippines (1), Romania (1), Slovakia (1), South Africa (4), Spain (5), Sri Lanka (3), Sweden (3), Syria (1), UK (46), US (4).

Of these applicants, 70 have not yet agreed to attend an interview, 29 were determined to be substantially comparable, three were determined to be partially comparable and were exempted the written section of the exam and seven were determined to be partially comparable and not exempted the written section of the exam. Three 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 and two withdrew from the process prior to interview.

Area of Need assessments

During 2013, four Area of Need (AoN) assessments were undertaken by the director of professional affairs, IMGS, according to the College document Anaesthesia Services for Areas of Need in Australia. All have commenced in positions and three have commenced in the IMGS process.

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

Education

New governance structure

ANZCA Vice-President Dr Genevieve Goulding (Qld) led a comprehensive consultation throughout 2012 and 2013, which led to a review of ANZCA's governance of education, training and assessment.

Prior to the introduction of the new governance structure, ANZCA's Education and Training Committee had grown to oversee all of the education, training and assessment activities of ANZCA.

ANZCA conducted a significant review of the operations and projects of the Education and Training Committee and its committees and sub-committees, following the revision of the ANZCA curriculum, rolled out in 2013, and with an increase in quality, complexity and offerings in education, training and assessment. The review included input from all committee members and Education and Training Committee sub-committees, regional committees, education officers, trainees, the Medical Education Special Interest Group and other stakeholders. A new educational committee structure has been developed (see diagram) and was introduced in September 2013.

New committees, sub-committees and project groups also have been formed to ensure that ANZCA's curriculum is contemporary, fit for purpose, innovative, responsive to community needs and aligned to regulatory standards. The new committees include the Education, Training and Assessment Executive Committee, the Education, Training and Assessment Management Committee and the Education, Training and Assessment

Development Committee. A new Education, Training and Assessment Strategy Committee reports directly to the ANZCA Council and will develop a more strategic position in education for ANZCA by reviewing global developments in medical education.

Teacher support

The six foundation teacher courses offered throughout 2013 were fully subscribed. They included a full two-and-a-half-day course delivered in Melbourne in April; a one-day abridged course delivered prior to the ANZCA Annual Scientific Meeting in Melbourne in May; a further full two-and-a-half-day course delivered in Sydney in June; Canberra in July; Perth in October; and an abridged one-day course at the New Zealand Annual Scientific Meeting in Dunedin in November.

Completion of all modules on the ANZCA Online Foundation Teacher Course occurred throughout 2013 and the first pilot group of online teacher course participants approached the completion of the course towards the end of the year. The course provides both self-directed online learning and real-time online collaboration. It was undertaken by Fellows working in different geographical locations who were able to connect and learn from each other, together with participants in departments who could study online and collaborate at work when undertaking structured activities.

In July 2013, ANZCA delivered a two-day course to prepare nine scholar role tutor champions with the detailed knowledge of each component of the scholar role. It is anticipated that the scholar role tutor champions will be invited to education officer and supervisor of training meetings in each of the regions to help train Fellows involved with the delivery of scholar role training. Resources have been prepared to enable anything from a one-hour session to a full-day course, depending on needs.

The Clinical Teacher Development Working Group, chaired by Associate Professor Kersi Taporewalla (Qld) reviewed and evaluated the face-to-face and online foundation teacher courses in terms of content, delivery and outcomes to ensure they align with the requirements of the revised curriculum. The project also identified a need for an intermediate teacher course to provide top-up training and up-skilling to Fellows who have undertaken foundation teacher training. The recommendations of the group were finalised and approved by the Education, Training and Assessment Development Committee in November 2013.

Podcasts and webinars

Throughout 2013, 16 new introductory training podcasts were published covering introductory training topics presented by Fellows based in Queensland, thanks to funding from the Queensland Department of Health. Real-time webinars were delivered during the first half of 2013, which allowed introductory trainees viewing the introductory training podcasts to interact with expert Fellows to seek advice and guidance. It was the first time the webinars were delivered in a structured format in sync with training periods of the training program.

Primary examination and final examination webinars also were published throughout 2013, and the popular "Tips for the final examination" webinar continued to attract large number of trainees seeking advice and guidance in the lead up to the final examination. A project to scope the development of a primary examination e-learning resource and supplementary webinar series was completed in November 2013. The resource will be delivered in 2014.

Research

Anaesthesia and Pain Medicine Foundation

The foundation's 2013 fundraising income, excluding ANZCA's contribution, grew by 99.7 per cent on the previous year to \$247,816. Increased donations from Fellows and patrons, a philanthropic grant from the Ronald Geoffrey Arnott Foundation for the Essential Pain Management program, and Pfizer Australia's new sponsorship of the foundation's pain medicine research grants program combined to produce this encouraging growth.

Fundraising from Fellows was assisted by a direct mail appeal in August, ongoing giving commitments from several new patrons, donations after foundation functions and a new foundation newsletter distributed in the June issue of the ANZCA Bulletin, as well as by donations made to the appeal included in the annual subscriptions notice mailing.

New activities

Several new activities were trialled during the year to explore fundraising opportunities, including an integrated foundation promotional program during the 2013 ANZCA Annual Scientific Meeting in Melbourne.

Cocktail receptions for existing and prospective donors were held at ANZCA House in April and at the annual scientific meeting in Melbourne in May, with addresses from the ANZCA President Dr Lindy Roberts, Anaesthesia and Pain Medicine Foundation Committee Chair Professor Kate Leslie, and accomplished investigators Professor Paul Myles and Professor David Story.

To support awareness of the need to improve patient outcomes through anaesthesia research, the foundation developed a television commercial with the assistance of Melbourne production company Sceneon and Professor Daryl Williams from the Royal Melbourne Hospital. The commercial screened on Victorian television stations during June 2013.

The foundation was pleased to welcome Pfizer Australia in 2013 as a major sponsor of its pain medicine research funding program. The foundation is grateful for Pfizer's sponsorship support, which assists its long term capacity to provide funding grants in the area of pain medicine research.

ANZCA support and investment contributions

The regular annual contribution from ANZCA for research support, combined with strong investment earnings, allowed the foundation to commit to the provision of almost \$A1.2 million for Fellows' research and education projects commencing in 2014.

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

Board of Governors

After identifying that increasing the available support for research and education through a growing fundraising program would require communicating with new and more diverse audiences, the foundation board approved a plan to restructure the foundation's governance to introduce a new, influential fundraising committee - the Board of Governors. The role of the group is to promote the foundation and its cause to a range of prospective new supporters with the capacity and influence to assist the foundation in the pursuit of its mission. The Foundation Board was renamed the Foundation Committee, and new terms of reference were approved.

The foundation greatly appreciates the assistance of Mr David Gonski in recommending Ms Kate Spargo for the position of chair of the new group. Ms Spargo, who has an extensive network in the corporate sector and sits on several corporate boards, accepted the role and began work with the Foundation Committee and management to identify several high-quality potential new members, who were invited to join the Board of Governors.

Trials group

The ANZCA Trials Group made significant progress during the year in recruitment for its multicentre trials. Recruitment was completed for ENIGMA II (on nitrous oxide in high-risk patients), with 977 patients at 50 sites worldwide (a total of 7107 since recruitment commenced). Recruitment for POISE II (on aspirin and clonidine in non-cardiac surgery;

in collaboration with Canadian researchers) was completed with 9824 patients worldwide, 2263 patients were recruited to date for ATACAS (on aspirin in cardiac surgery), and recruitment commenced for the Balanced Anaesthesia study (on anaesthetic depth in elderly patients) and the RELIEF study (on intravenous fluid administration in major abdominal surgery).

At the annual strategic workshop in Palm Cove, August 9-11, 81 delegates attended (an increase of 30 per cent from 2012), 15 project updates and 13 new projects were presented.

Four pilot grants were awarded during the year:

- The TALLIS Study: The Tranexamic Acid in Lower Limb arthroplasty Study (Dr Thomas Painter)
- Reduction of chronic post-surgical pain with ketamine - a pilot study (Associate Professor Philip Peyton)
- Association between maternal size and outcomes for caesarean section; a multicentre prospective observational study (The MUM SIZE Study) - a pilot study (Professor David Story)
- Waist circumference as a predictor of major postoperative adverse outcomes following elective non-cardiac surgeries - a feasibility study (Dr Usha Gurunathan).

Quality and safety

In keeping with its dedication to safety and quality of care for the community, ANZCA has a Quality and Safety Committee to assist the ANZCA Council in actively advancing this mission.

The activities of the Quality and Safety 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.

Ongoing communications in 2013 included regular ANZCA Bulletin, ANZCA E-Newsletter and web-based safety alert updates and articles and WebAIRS. An improved communication strategy for speeding up the communication of ANZCA alerts and quality and safety issues was defined and implemented.

Anaesthetic Allergy Sub-Committee

The Anaesthetic Allergy Sub-Committee reports to the Quality and Safety Committee and the Australian and New Zealand Anaesthetic Allergy Group (ANZAAG) to produce and promulgate guidelines regarding the prevention and management of anaesthetic-related allergy for Australasia; to develop resources, which will be utilised by anaesthetists, immunologists, allergists and members of the public. In 2013, there were submissions to MedSafe NZ and the Therapeutic Goods Association regarding pholcodine and clearer chlorhexidine labelling, and the inaugural ANZAAG scientific meeting was held in Brisbane.

Australian New Zealand Tripartite Anaesthetic Data Committee (ANZTADC)

The presidents of ANZCA, the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists (NZSA) appointed Professor Neville Gibbs (WA) to assume the Chair of ANZTADC following the retirement of Professor Alan Merry (NZ) from the position. Professor Merry was a founding member and chair of ANZTADC since its inception in 2006 and has overseen and supported its development to its current level as a pre-eminent morbidity and mortality reporting resource.

During 2013, additional system development occurred with the webAIRS incident monitoring system. By the end of 2013, there were 61 sites registered with webAIRS and more than 1900 incidents have been reported since inception. Multi-centre ethics approvals are ongoing.

Professional documents

During 2013 extensive progress was made on the rationalisation and streamlining of the College's professional documents. The 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 that the College deems appropriate. Professional documents are also referred to by government and other bodies, particularly with regard to accreditation of healthcare facilities.

Through the assistance of dedicated Fellows and trainees, seven reviews were completed and two new professional documents were developed. ANZCA is grateful for the valuable contributions of the document development groups and those individuals who provided comment during the various consultation phases.

The following new professional documents are being piloted:

- *PS59 Statement on Roles in Anaesthesia and Perioperative Care.*
- *A02 Policy on Endorsement of Externally Developed Guidelines.*

The following professional documents were revised in 2013 and are being piloted:

- *PS12 Guidelines on Smoking as Related to the Perioperative Period.*

- *PS27 Guidelines for Major Extracorporeal Perfusion.*
- *PS28 Guidelines on Infection Control in Anaesthesia.*
- *PS42 Statement on Staffing of Accredited Departments of Anaesthesia.*
- *PS46 Guidelines on Training and Practice of Perioperative Cardiac Ultrasound in Adults.*
- *PS52 Guidelines for Transport of Critically Ill Patients.*
- *PS57 Statement on Duties of Specialist Anaesthetists.*

PS39 Minimum Standards for Intrahospital Transport of Critically Ill Patients has been withdrawn as its content has been incorporated into *PS52*.

PS03 Guidelines for the Management of Major Regional Analgesia has been reissued with minor amendments, following a close of pilot review. Similarly, definitive versions of *PS37 Guidelines for Health Practitioners Administering Local Anaesthesia* and *PS53 Statement on the Handover Responsibilities of the Anaesthetist* are now available.

All ANZCA professional documents can be accessed via the website: www.anzca.edu.au/resources/professional-documents



The College continues to closely monitor its resources to ensure maximum value in supporting Fellows and trainees to deliver safe and high quality patient care.

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)

Workforce: a high priority for the College

In 2013 ANZCA engaged in multiple discussions with Fellows and trainees concerning the current and future state of Australia and New Zealand's workforce, in line with our mission "to serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine".

This was influenced by the changing external environment for trainees and, in particular, new Fellows, who are experiencing difficulties gaining full employment, particularly in metropolitan teaching hospitals. It is the College's goal to educate specialists to meet the needs of the Australian and New Zealand communities as well as to advocate for meaningful work for its graduates.

Determining the appropriate number of trainees is a complex process involving stakeholders including health jurisdictions, employers, as well as the medical colleges. In Australia, despite community demand, healthcare funding is usually manipulated by governments at both the federal and state level. This has an immediate impact at the local level on hospital budgets and a negative effect on workforce capacity.

The Australian and New Zealand workforce situations are different.

New Zealand has a maldistribution of anaesthetists, however does not currently have a perceived oversupply of graduates in some metropolitan centres. Health Workforce New Zealand (HWNZ) has signalled that its major policy challenges relate to nursing rather than specialist medical workforce.

We understand Fellows' and trainees' concerns regarding future employment and ANZCA has been listening to our members and gathering information to increase our efforts in this area.

What is ANZCA's approach to current workforce issues?

ANZCA is working on three fronts to advocate for the profession:

- Improved advocacy with the health jurisdictions and government.
- Enhanced communication with members.
- Better data and information on Fellows and trainees.

Ensuring ANZCA has an effective voice

The College has always worked with Australian federal and state governments and other health agencies to ensure input from anaesthetists is considered in areas including workforce, quality and safety and medical education. These interactions are highlighted as part of the College's strategic plan 2013-2017 under the following priorities:

Strategic Priority: 2. Build ownership, engagement and unity.

- Objectives:
- 2.2. Promote and demonstrate the value of ANZCA/FPM.
 - 2.3. Strengthen connections within and between all parts of the College structure.

Strategic Priority: 3. Develop and maintain strong external relationships.

- Objectives:
- 3.1. Develop productive collaborative relationships.
 - 3.2. Engage and influence government and other key stakeholders.
 - 3.3. Raise the profile of anaesthesia, perioperative medicine and pain medicine.

The College has developed a workforce agenda, which includes the range of interactions the College undertakes, including the regional and national committees, the Specialist Training Program, College communications, ANZCA Trainee Committee, ANZCA Council, the president and CEO, co-ordinated by the Policy unit. This engagement plan is designed to streamline the College's external interactions to ensure a consistent message to government, the community and others. The plan includes improved communication back to Fellows and trainees to ensure accurate information is available.

Ensuring high quality data about what is happening is essential – both by collecting our own data, for example, through the recent graduate outcome survey and New Zealand workforce study, and also by contributing data to workforce modelling by organisations such as health departments and health workforce agencies. ANZCA regularly provides data to the Medical Training Review Panel, Health Workforce Australia and Health Workforce New Zealand.

ANZCA also is collecting information on workforce, such as the number of Fellows and where they work, via the graduate outcomes survey in late 2013 and the fellowship survey in 2014. Better information about our Fellows and trainees will assist with understanding of the issues involved and contribute to improved decision-making by authorities.

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Build engagement, ownership and unity (continued)

Services for Fellows MyANZCA portal and other services

In 2013, the College delivered several projects designed to enhance services to Fellows and trainees.

The ANZCA website-based MyANZCA portal was introduced allowing Fellows and trainees to update their details online. Later in the year, the updated portal allowed users to register online for ANZCA-run continuing medical education events.

The portal also allows the online payments of subscriptions, annual training fees and donations to the Anaesthesia and Pain Medicine Foundation.

In addition, the new continuing professional development (CPD) system, designed by Fellows for Fellows, was developed in 2013. It is intuitive and simple to use.

Knowledge resources

The ANZCA Library continued to be a popular resource for Fellows and trainees in 2013 with more than 200,000 visits to the to the library website during the year. The number of literature searches increasing in 2013 to almost 100 and there were more than 150,000 downloads from the online book collection as the number of online textbooks continues to grow. The library provided additional access to two online journals – the *Medical Journal of Australia and Anaesthesia and Intensive Care*.

Australasian Anaesthesia (the “Blue Book”) was again produced, with the online “flipbook” version of the book viewed nearly 2000 times by the end of 2013 and about 1000 Fellows and trainees requesting a hard copy of the book by the end of the year.

In 2013, the College farewelled Dr Rod Westhorpe as Honorary Curator of the Geoffrey Kaye Museum of Anaesthetic History after more than 25 years’ dedicated service. Dr Westhorpe was also the convenor of the two-day Geoffrey Kaye Symposium at the College in January. Former Honorary Archivist, Dr Christine Ball, was appointed to the position of Honorary Curator with Dr John Paull appointed to the role of Honorary Archivist as Dr Ball’s replacement.

In 2013, the ANZCA Council approved the establishment of the History and Heritage Expert Reference Panel which will provide advice about the College’s collection of portraits, paintings, books and other important and valuable items.

Three more oral histories were added to the ANZCA web-based “Anaesthesia stories” collection in 2013 – Dr Patricia Mackay, Professor Ross Holland and Professor Bill Runciman, who all made significant contributions to patient safety during their careers. They can be found at www.anzca.edu.au/about-anzca/anaesthesia-stories.

Customer service

A number of ANZCA departments and units have had customer service charters developed.

The aim of each charter is to give a clear delineation of responsibilities of individuals within departments and units to provide Fellows, trainees and other stakeholders with the best service possible.

In 2013, service charters were developed for Information Technology, New Zealand (to be completed in early 2014) and the Australian regions, adding to those already done for the Fellowship Affairs and Training and Assessments units.

The charters are supported by the Manage Engine ServiceDesk product, a customer service tool which tracks requests and ensures they are responded to in a timely manner.

Communications Publications

There were several improvements to the *ANZCA Bulletin* in 2013, which was published in the “flipbook” version (downloadable to tablets and other mobile devices) for the first time. The College Conversations CD also was introduced into the *Bulletin* in 2013. The CD is also accessible via the website.

New series were introduced in the *Bulletin*. “Your ANZCA”, which profiles an ANZCA committee each edition, gives Fellows a better understanding of the work that goes on behind the scenes, aligning with the College’s strategic objective to “strengthen connections within and between all parts of the College”.

The new “Making a difference” series highlights past ANZCA-funded research projects that have impacted on patients’ lives. This aligns with the strategic objective to “Promote and support research in anaesthesia and pain medicine”.

Several articles in the *ANZCA Bulletin* in 2013 aligned with the College’s strategic objectives including an indigenous health feature, a story about what ANZCA is doing regarding workforce issues facing new graduates, Advancing CPD Project updates and a feature on how ANZCA distributed research funding.

The *ANZCA E-Newsletter* was redesigned and more collateral for regional events is being designed in-house in a bid to improve our communications standards. The ANZCA website continues to evolve and the New Zealand Anaesthesia Education Committee website was created.

National Anaesthesia Day

On October 16, 2013 ANZCA held National Anaesthesia Day with the aim of lifting the profile of anaesthesia in the community. The communications unit developed and designed a kit, which included a “What is an anaesthetist? (an-ees-the-tist)” poster with the messages that millions of anaesthetics are given each year, most people will need an anaesthetist at some stage of their lives and that anaesthetists are specialist doctors with more than 10 years’ training.

The kits included a guide on how to celebrate National Anaesthesia Day, how to access the College’s new web-based printable patient information sheets and specially made National Anaesthesia Day balloons to help draw attention to posters and displays.

Hospitals were encouraged to use the poster prominently and several did this and more, running staffed displays. Among the hospitals that got involved were Auckland City Hospital, Greenlane, the Women’s and Children’s Hospital (Adelaide), Royal North Shore Hospital, John Hunter Hospital, Gosford and Wyong hospitals, the Eye and Ear Hospital in Melbourne, Goulbourn Valley Health, Bendigo Hospital in Victoria, Dubbo Base Hospital, Wagga Wagga Base Hospital, St John of God Murdoch Private Hospital in Perth, Ramsay Health Care in NSW, Royal Perth Hospital, Monash Health, Princess Margaret Hospital, Pindara Private Hospital and the Nepean Hospital.

National Anaesthesia Day resulted in widespread media coverage. A total of 170 media reports mentioned ANZCA reaching a potential cumulative audience/circulation of more than 500,000. The day started with an excellent live, national seven-minute interview with the Royal Melbourne Hospital’s Professor Daryl Williams on ABC TV, which reached an audience of 174,000. He also was interviewed by Queensland radio. Dr Lindy Roberts’ pre-recorded radio grabs were downloaded to several radio stations and Dr Genevieve Goulding was interviewed on Sydney radio. Dr Nico Terblanche was interviewed for 10 minutes on ABC radio in Hobart and Dr Brian Pezzutti was interviewed on ABC North Coast for 10 minutes. Dr Marty Mineham was interviewed by the Western Leader in Auckland, Dr Arnold Beeting was interviewed in the *Shepparton News*. The *Geraldton Guardian* ran our media release in full as did NZ Doctor. ANZCA and National Anaesthesia Day was mentioned on websites scoop.co.nz, the *Healthed* and HIIRC.

Hospital visits

ANZCA Chief Executive Officer, Linda Sorrell, and regional/national committee chairs visited 14 hospitals throughout Australia and New Zealand.

The visits provide the College with valuable feedback on its activities.

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Build engagement, ownership and unity (continued)

Collaboration between ANZCA and FPM

ANZCA and FPM collaborated on several projects in 2013 with FPM representatives on working groups for the Advancing CPD Project, the *Acute Pain Management Scientific Evidence* publication and the Essential Pain Management initiative, as well as continued representation on most ANZCA committees and within its functions.

As FPM develops its revised curriculum, ready for launch in 2015, the experiences of ANZCA in developing its curriculum for the 2013 training program have been well utilised. ANZCA's Strategic Project Office assumed responsibility for the curriculum redesign's project management and the Education unit provided valuable support to this project, as well as supporting the development of podcasts and teaching resources.

FPM works closely with several other ANZCA units including the Policy unit with respect to policy development and strategy and liaison with government and related bodies, the Communications unit to prepare articles and sections for the *Bulletin* and e-newsletters as well as event collateral and media promotion, and the IMGS unit for the development of FPM IMGS regulations and processes. Collaboration with the Fellowship Affairs unit saw the successful delivery of the annual scientific meeting program and the FPM Spring Meeting program.

The ANZCA President and CEO were regular attendees at Faculty Board meetings and Associate Professor David A Scott continued as the Council representative to the board.

New Zealand New Zealand activities

ANZCA's major achievements in New Zealand in 2013 included the establishment of a national committee for the Faculty of Pain Medicine, a successful annual scientific meeting, visits to New Zealand anaesthesia departments, a fruitful stakeholder function, work with the Medical Council of New Zealand (MCNZ) about ANZCA's Continuing Professional Development Program and about poorly performing doctors, and continuing work on setting up a trainee welfare system in New Zealand. Further details are available in the committee's annual report.

Medical Council of New Zealand (MCNZ)

Several meetings were held during the year to ensure ANZCA's revised Continuing Professional Development Program would meet MCNZ requirements for specialist recertification. Further work is being done to ensure the program caters for general registrant participants who have to meet additional requirements.

In the second half of 2013, the MCNZ raised the role and responsibility of colleges in identifying poorly performing doctors and addressing the risk they pose to protect the safety of the public. This was discussed extensively in several forums and the NZNC developed a paper in response, which ANZCA Council considered in February 2014.

Trainee welfare

The 2013 NZ Trainee Committee continued to investigate how best to support trainees and its trainee welfare project remains on the agenda. This work is being guided by views expressed in a trainee welfare survey conducted early in the year, which drew an excellent response and formed the basis of a poster presentation at ANZCA's annual scientific meeting in Melbourne. It is gratifying that the leader of this initiative, Dr Cath Purdy, received the 2013 Ray Hader Award for Pastoral Care in recognition of her support for New Zealand trainees.

Revised curriculum and training portfolio system

With the hospital year starting in December, New Zealand was first off the block when it came to the introduction of ANZCA's revised curriculum for the 2013 year.

Feedback from New Zealand committees about aspects of the training portfolio system (TPS) has been well received by the College, which continues to introduce enhancements.

The cases and procedures section of the training portfolio system was given protected quality assurance activity (PQAA) status in New Zealand.

NZ Anaesthesia Annual Scientific Meeting

ANZCA publicity to Fellows and trainees was credited with helping to attract an excellent attendance at the 2013 New Zealand Anaesthesia Annual Scientific Meeting held in Dunedin from November 6-9. The event is hosted jointly by the NZNC and the NZ Society of Anaesthetists. Around 220 people attended the event, 35 per cent above target, including 55 people from Australia. There was a very well subscribed healthcare industry exhibition, appreciative comment for both the scientific and social programs, and satisfactory media coverage.

Stakeholder function

In June, the NZNC was pleased to welcome representatives from key stakeholders to the committee's biennial stakeholder function, which provides the opportunity to farewell the outgoing chair and introduce the new chair. Those attending included the Minister of Health, Mr Tony Ryall.

Assistants to the anaesthetist

A key issue to emerge in 2013 was the education pathway for assistants to the anaesthetist. The NZNC has been involved in discussion or submissions on an extended scope of practice for anaesthetic technicians and a proposal to shorten their training period, as well as responding to a proposed education and assessment pathway for registered nurses working as assistants to the anaesthetist. These issues remain on the table and further responses will be guided by ANZCA's professional document *PS08 Recommendations on the Assistant to the Anaesthetist* (under revision). The NZNC's general preference is that there should be a common education pathway and assessment for all assistants to the anaesthetist.

Australian regions

Meetings and courses

The regional operations team enjoyed a rewarding and fulfilling year providing local support to ANZCA and FPM Fellows and trainees in each of the Australian regions in 2013. Support included:

- 42 regional committee meetings.
- 26 trainee committee meetings.
- 22 continuing medical education (CME) committee meetings.
- 13 FPM committee meetings.
- 21 Combined ANZCA/Australian Society of Anaesthetists CME meetings.
- Multiple training course programs throughout 2013. The courses varied in length from weekly, evening and weekend to 10-day blocks. They included Part Zero, Part One and Part Two courses and careers days.
- Sub-committees, including mortality and support for Australian Society of Anaesthetists committees in several regions.
- Primary and final examinations, both written and clinical.
- Supervisor of training meetings.
- Using local premises for heads of department meetings and vivas.
- Evening lectures.

Each region submits an annual report outlining key actions and activities that support the College's mission against the four strategic priorities. These can be found on individual regional webpages.



Revising the ANZCA curriculum and CPD program have both been enormous projects, which have had, and will continue to have, a lasting impact on our trainees and Fellows.

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

Policy and government

The Policy unit is a highly skilled multidisciplinary team that extends across Australia and New Zealand. It complements and supports the contribution of Fellows and trainees to achieve positive outcomes in the development of policy and liaison with government and related bodies.

To influence policy and represent anaesthesia and pain medicine, the Policy unit regularly meets with external stakeholders. Key meetings in 2013 were held with the Australian Medical Council, Health Workforce Australia and the Australian federal health department. ANZCA has had major input into and supports the Australian government's National Medical Training Advisory Network (NMTAN) initiative designed to provide a strategic approach to the provision of medical practitioners along the "training pipeline", from medical graduates through to specialists.

Each year ANZCA seeks to inform and influence health policy and service delivery across Australia and New Zealand by participating in government inquiries. In 2013, ANZCA made more than 60 submissions on various topics as well as engaging in over 50 interactions (forums, meetings) with key stakeholders. Selected submissions are available: www.anzca.edu.au/communications/submissions

New Zealand

The New Zealand team continued to work with external agencies focusing on central government and regulators. Proactive contacts were made with the medical council regarding physician competence, doctors working in a general scope, and the introduction of the revised curriculum and continuing professional development program.

ANZCA is an active participant in the Council of Medical Colleges (CMC), which meets four times a year; noting that a stronger, more organised and better resourced CMC is able to engage more actively with the minister, the ministry, and Health Workforce New Zealand (HWNZ) in particular. A regular informal policy network meeting ensures open, ongoing communication between ANZCA and other medical colleges in New Zealand, the medical council and the medical association.

Positive results from wider sector interaction have become apparent in 2013. Anecdotal reports from central agencies are that ANZCA's profile is strengthening, and it was pleasing to note that ANZCA's advice was proactively sought by the Ministry of Health on surgical outcomes data, and by HWNZ on the anaesthesia workforce.

Specialist Training Program

It has been another productive year for the Specialist Training Program (STP) with the addition of further training positions in expanded settings (private hospitals, regional centres) bringing the total number of posts in anaesthesia and pain medicine managed by the College to 42 two effective in 2014.

The program enables trainees to be placed in expanded settings outside traditional public teaching hospitals and supports strategic projects within the College, including e-learning initiatives, teacher training and support for international medical graduate specialists (IMGS) via the Overseas Trained Specialist Anaesthesia Network (OTSAN). An extensive evaluation of the STP commenced in January 2013 with the aim of furthering program development and the ongoing success of the program. Ongoing engagement with Fellows and

trainees has been critical in providing us with valuable data and insights into the needs and wants of the hospital administrators, Fellows and trainees.

The College was successful in securing Training More Specialist Doctors in Tasmania (TMSDT) funding in late 2013. All funds will be directed to support approved specialist fellowship training, undertaken and completed in Tasmania, and to support the training and retention of specialist doctors in the Tasmanian public health system. This commitment over three years will be managed by the College and will support roles in anaesthesia, pain medicine and intensive care medicine. The new funding will be implemented via existing frameworks set up through STP.

Raising our profile Media activities

The ANZCA Communications unit generated and widely distributed 30 media releases about anaesthesia and pain medicine across Australia and New Zealand in 2013. These reached an estimated cumulative audience of 19.6 million people in Australia and New Zealand according to ANZCA's media monitoring service. The total number of reports was in excess of 727 across radio, television, print and online media.

The annual scientific meeting (ASM) held in Melbourne attracted a lot of media attention. There was strong interest in the FPM Refresher Course Day on Friday May 3 and across the ASM from May 4-8. From May 2-8 the Communications unit prepared and distributed six media releases based on speaker presentations. Delegates and Fellows gave more

than 20 interviews to media reaching an estimated cumulative audience of approximately 5.3 million in Australia alone. Many stories were syndicated overseas and many more appeared online. Journalists from Fairfax, News Ltd and AAP attended the ASM at ANZCA's invitation.

Strong media interest was generated as a result of many regional and special interest group meetings. These included coverage resulting from the Geoffrey Kaye Symposium, the FPM Spring Meeting in October, ANZCA's revised smoking guidelines (both in Australia and New Zealand) and widespread coverage for National Anaesthesia Day on October 16.

Journalist Christine Jackman won the 2012 media prize awarded in early 2013 for a story on pain, which appeared in the magazine of *The Australian, Weekend Australian*.

Community awareness

The ANZCA Community Survey was conducted in the first half of 2013 with the results guiding messaging for National Anaesthesia Day.

The survey on community attitudes to anaesthetists in New Zealand and Australia found that, despite 96 per cent of those surveyed reporting they have some experience of a general anaesthetic (personally or through a close family member):

- One in 10 people were convinced that anaesthetists were not doctors and 50 per cent were unsure if they were or not.
- 30 per cent of the public surveyed relied on television shows as a source of information about the role of the anaesthetist.
- There remained a perception that anaesthesia was not safe.

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Develop and maintain strong external relationships (continued)

The Communications unit also developed a series of web-based patient information sheets that were available for anaesthetists to give to patients on the day, and for future use by patients and Fellows.

A full report on the survey appeared in the September *ANZCA Bulletin*, which is available on the ANZCA website.

Community development Overseas aid

ANZCA provides a range of educational opportunities for anaesthesia providers in developing countries through its Overseas Aid Committee.

In 2013 the ANZCA International Scholarship was awarded to Kenyan anaesthetist Dr Wangari Nyaga to undertake additional training at the Children's Hospital at Westmead, NSW, with a focus on paediatric pain management. The inaugural Anaesthetic Services Group Victorian Scholarship (funded by the Anaesthetic Services Group) enabled Dr Greg Tokwabilula, an anaesthetist from Papua New Guinea to come to Australia, visiting hospitals in Sydney and Melbourne as well as attend the 2013 ANZCA Annual Scientific Meeting. The second annual trainee scholarship, developed to foster an interest in overseas aid, was awarded to Dr Simon Hendel, from Queensland.

The College's support for anaesthesia education in Papua New Guinea continued, with four visits and an external examiner provided for the final MMed Anaesthesia exams, being organised by the College. The College engaged formally with AusAID and the Australian Health Practitioners Regulation Agency advocating for improved anaesthesia education in Papua New Guinea and facilitating more international anaesthetists to undertake additional training in Australia.

Support for the Lifebox program continued in 2013 with a joint donation from ANZCA and the Australian Society of Anaesthetists providing 100 pulse oximeters to Mongolia, additional oximeters to Papua New Guinea and support provided directly to the Lifebox Foundation.

The Essential Pain Management (EPM) Sub-Committee was founded in 2013 to support the continued development and operation of the EPM program. In July, the Ronald Geoffrey Arnott Foundation managed by Perpetual Trustees provided \$150,000 in funding over three years to support the continued growth of the EPM program. EPM has continued to expand, including highly successful new programs in Bangladesh with the support of Interplast Australia and New Zealand, continued growth in Central and South America and the formal support of the Royal College of Anaesthetists and the Association of Anaesthetists of Great Britain and Ireland to continue to expand the programs in Africa. New EPM programs continue to be developed and include EPM Lite trialed successfully with medical students in Auckland University and iEPM trialed with Aboriginal health workers in Central and Western Australia.

Indigenous health

ANZCA has continued to engage with the Australian Indigenous Doctors Association (AIDA) and was represented at their 2013 AIDA Symposium. The College hosted an inter-college meeting on indigenous health initiatives organised by the Committee of Presidents of Medical Colleges (CPMC) Indigenous Health Sub-Committee to share knowledge of existing indigenous health educational opportunities and to discuss the merits of common criteria

for cultural competence education within College curricula. President Lindy Roberts attended the CPMC and AIDA Indigenous knowledge initiative for the CPMC leadership college presidents with AIDA and local indigenous leaders to share knowledge and understanding of Aboriginal and Torres Strait Islander health.

At the request of the CPMC and to improve the understanding of ANZCA Fellows and trainees with Aboriginal, Torres Strait Islander, Maori and Pacific Islander heritage, the College launched an indigenous identifier question as part of the myPortal project and for new ANZCA trainees.

Successful interdisciplinary mentoring programs for indigenous medical students are ongoing in Adelaide and Newcastle, with interest developing in using the model to generate more mentoring programs around Australia.

The indigenous health podcast series and curriculum case studies were formally launched in 2013 and made freely available for all medical specialists on the ANZCA website and as part of the Network for Indigenous Cultural and Health Education (NICHE) web portal www.nicheportal.org.

The strategic plans ensure that our College and its staff are all working together to continue delivering projects and services to Fellows and trainees.



Strategic priorities

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

Our staff

Management Development Framework

ANZCA launched the ANZCA Management Development Framework (MDF) in 2013. The framework will guide current and future management development activities to ensure the College is developing, evaluating and maintaining the capabilities required by ANZCA to better achieve our business objectives.

The MDF takes a holistic approach to management development, including identifying, assessing and developing management capabilities. It is built around a capability framework that reflects the high-level capabilities required by managers to best meet the needs of the College now and into the future.

Managers participated in a learning and development activities throughout the year as part of the framework.

Performance management framework

Considerable work was done in 2013 to increase capability in the use of the performance management framework. This included offering learning and development opportunities to up-skill managers and staff in the use of the performance appraisal, planning for performance, coaching and handling crucial conversations.

Staff recognition program

ANZCA launched the ANZCA Staff Recognition Program in 2013 to recognise exceptional achievements and behaviours by College staff.

The program includes:

- Unit level staff recognition.
- Staff Excellence Annual Awards.
 - Staff Excellence Individual Award for Customer Service.
 - Staff Excellence Individual Award for Innovation or Process Improvement.
 - Staff Excellence Team Award.
- Career milestones.

Thirty-three staff were recognised for achieving career milestones in 2013 or previous years. The inaugural winners of the 2013 Staff Excellence Awards were announced in early 2014.

Six sigma

Six sigma is a set of techniques and tools for process improvement and was introduced at ANZCA in 2012 when more than 50 staff undertook the program. In 2013, a further 26 staff received "white belt" certification.

Six sigma methodology has been integrated into the new ANZCA project management framework, which will be rolled out in 2014.

Green Committee

The ANZCA Green Committee consists of staff representatives from all levels of ANZCA House, the Faculty of Pain Medicine, library, the Australian regions and New Zealand.

It was reinvigorated during 2013 under the chairmanship of the deputy CEO to develop and support initiatives that encourage environmentally sustainable practices across the College.

The main focus during 2013 has been participation in VECCL's "grow me the money" scheme. This online program assists small business to become more sustainable and save money over 12 months. As part of the program, waste output, energy and water usage have been monitored with a view to completing an action plan by March 2014.

Work health and safety

Following the introduction of harmonised work health and safety legislation in most Australian states and territories, the College undertook considerable work to develop a Work Health and Safety Management System. Mapped against the AS/NZS 4801 Occupational Health and Safety Management Systems, the system will comply with requirements in all Australian and New Zealand jurisdictions. It will provide the basis for an online system to be introduced in 2014.

There were no serious injuries or workers compensation claims in 2013, making it a successful year.

IM/IT Roadmap Projects in 2013

The information management and information technology (IM/IT) roadmap, developed in 2012, provided a solid foundation of planned technology improvements that have now been completed and have had a positive and direct impact on the experience that Fellows and trainees have with the College.

During 2013, the College has delivered both new and enhanced systems, most notably the continued enhancements to the training portfolio system (TPS) and also the development of the new continuing professional development (CPD) portfolio system.

Throughout 2013 the Strategic Project Office worked closely with the TPS working group, a representative group of trainees and Fellows who use the TPS, to deliver outcomes including additional cases and procedures, simplified cases and procedures data entry and search capability. Changes were also made to support the role of the supervisor of training (SOT) through more concise presentation of data and indicators on the SOT dashboard.

Whilst the new CPD system was delivered early in 2014 substantial work was also undertaken in 2013 involving a representative group of Fellows, the online advisory group chaired by Dr Kerry Gunn. This ensured the system was built with the Fellows' user experience at front of mind.

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Ensure ANZCA is a sustainable organisation (continued)

In addition to these systems, improved online services have been delivered via the MyANZCA portal with online event registrations and simpler online payment services. The exam management system (EMS) also underwent multiple enhancements to make the life of the examiner and exams support staff easier.

ANZCA's Strategic Project Office also completed an additional revision of the IM/IT roadmap to identify the key technology projects for 2014. The focus of this roadmap builds on systems such as the TPS and CPD but also extends into new systems to support the Fellows who assist in the delivery of services, such as hospital accreditation and development of professional standards, for the College.

Improving processes

Throughout 2013 the Strategic Project Office undertook an activity to review and define ANZCA's and FPM's project framework.

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

Training on the framework will be undertaken in 2014. It should be noted that the framework is in alignment with the Lean Six Sigma methodology which is also in use at the College for business process and productivity improvements.

Careers day activities

ANZCA's regional offices provide strong support for careers days throughout Australia.

In New Zealand, individual hospitals organise careers days with ANZCA providing supplies of its "Anaesthesia as a career" brochure for use at the days.

In NSW, the Australian Medical Association Careers Day was held on May 4 at the Sydney Olympic Park and was attended by members of ANZCA's NSW Regional Committee and Trainee Committee. The day was designed to introduce the career options available to junior doctors. About 200 junior doctors and medical students attended. The highlight of the day was a retrieval demonstration by Careflight, which flew in to extricate an injured child from a mock-up playground accident.

In Victoria, the Medical Careers Expo was run by the Victorian Trainee Committee on behalf of the College at the Melbourne Park Function Centre in June. The three Trainee Committee members who attended were kept busy during the five-hour event.

Representatives from both ANZCA and FPM attended the SA Medical Careers Expo on November 3 at the Adelaide Convention Centre.

The expo was part of the 18th National Prevocational Medical Education Forum hosted by the South Australian Medical Education and Training Unit (SA MET). The prevocational forum is the largest Australasian annual meeting for medical students and junior medical officers and attracts about 400 delegates annually. The prevocational forum brought together medical students and junior medical officers, as well as clinical trainers and educators, directors of medical services, and jurisdictional departments of health to share information and discuss relevant critical issues surrounding medical education and training. The Medical Careers Expo was held on the first day of this four-day forum and attracted several hundred delegates.

The WA Medical Careers Expo at Burswood on Swan was held on March 26. Four trainees, the executive officer of the WA regional office and two Fellows represented ANZCA at the event, which was well received by all who attended.

The Queensland staff supported two regional careers days, the 2013 Gold Coast Careers Expo and the 2013 Royal Brisbane and Women's Hospital Vocational Expo, both held in May. Numbers were down on previous years.



The College takes a proactive approach in harnessing constantly evolving technologies.

Committees of Council

Anaesthesia and Pain Medicine Foundation Committee

Chair (appointed by ANZCA Council)	Professor Kate Leslie	Vic
Members	Mr Michael Gorton (to March)	Vic
	Ms Yvonne Kenny (to March)	UK
	Mr John Astbury (to March)	Vic
	Sir Roderick Deane	NZ
Former ANZCA president	Dr Leona Wilson (to March)	NZ
ANZCA President	Dr Lindy Roberts	WA
Chair, Board of Governors	Ms Kate Spargo (from September)	Vic
Chair, Research Committee	Professor Alan Merry	NZ
General Manager, Anaesthesia and Pain Medicine Foundation	Mr Robert Packer	Vic

Continuing Professional Development (CPD) Committee

Chair, CPD officer	Dr Vanessa Beavis	NZ
Director of Professional Affairs	Dr Richard Willis	SA
Director of Professional Affairs	Dr Peter Roessler	Vic
Chair, Fellowship Affairs Committee	Dr Rodney Mitchell	SA
Up to four additional members	Dr Sarah Green	NSW
	Dr Penelope Briscoe	SA
New Zealand representative	Dr Kerry Gunn	NZ

Education and Training Committee (until August 2013)

Chair (appointed by ANZCA Council)	Dr Genevieve Goulding	Qld
Deputy Chair, Chair of Examinations	Dr Patrick Farrell	NSW
Dean of Education	Professor Barry Baker	NSW
Director of Professional Affairs (Assessor)	Dr Stuart Henderson	NZ
General Manager, Education Development unit	Mr Oliver Jones	Vic
Chair, Training Accreditation Committee	Dr Mark Reeves	Tas
Chair, New Programs Committee	Dr Kerry Brandis	Qld
Chair, Assessments Committee	Associate Professor Jennifer Weller	NZ
Chair, Workplace-Based Assessment Committee	Dr Richard Horton	Vic
Chair, EMAC Sub-Committee	Dr Alexander Garden (to May)	NZ
Chair, EMAC Sub-Committee	Dr Catherine McIntosh (from May)	NSW
Chair, Trainee Committee or nominee	Dr Paul Nicholas	Qld
Chair, Faculty of Pain Medicine Education Committee	Professor Edward Sipton	NZ
ANZCA councillor	Dr Frank Moloney	NSW
Community representative	Ms Diana Aspinall	NSW
Up to four additional Fellows with educational expertise (at least one supervisor of training or regional education officer)	Dr Emily Wilcox	NSW
	Dr Jennifer Woods	NZ
	Associate Professor Kersi Taraporewalla	Qld

Education, Training and Assessment Executive Committee (from August 2013)

Chair, Dean of Education	Professor Barry Baker	NSW (from August)
ANZCA councillor	Dr Genevieve Goulding	Qld (from August)
Chair, Education, Training and Assessment Strategy Committee	Professor Barry Baker	NSW (from August)
Chair, Education, Training and Assessment Development Committee	Dr Damian Castanelli	Vic (from August)
Chair, Education, Training and Assessment Management Committee	Dr Richard Horton	Vic (from August)
General Manager, Education unit	Mr Oliver Jones	Vic (from August)
General Manager, Training and Assessment unit	Ms Lee-Anne Pollard	Vic (from August)

Education, Training and Assessment Development Committee (from August 2013) (Now reports to the Education, Training and Assessment Executive Committee, previously reporting to Council)

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

Education, Training and Assessment Management Committee (from August 2013) (Now reports to the Education, Training and Assessment Executive Committee, previously reporting to Council)

Chair	Dr Richard Horton	Vic (from August)
Fellow	Dr Katherine Hames	Qld (from August)
Fellow	Dr Geoffrey Long	NZ (from August)
Director of Professional Affairs (Assessor)	Dr Stuart Henderson	NZ (from August)
Chair of Examinations	Dr Patrick Farrell	NSW (from August)
Chair, Training Accreditation Committee	Dr Mark Reeves	Tas (from August)
Co-chair, ANZCA Trainee Committee	Dr Paul Nicholas	Qld (from August)
Community representative	Ms Diana Aspinall	NSW (from December)
General Manager, Education Unit	Mr Oliver Jones	Vic (from August)
General Manager, Training and Assessment unit	Mrs Lee-Anne Pollard	Vic (from August)

Education, Training and Assessment Strategy Committee (from August 2013) - Members to be appointed

Chair, Dean of Education	Professor Barry Baker	NSW
Education officer	TBA	
Fellow (with education expertise)	TBA	
Fellow (with education expertise)	TBA	
Co-chair, ANZCA Trainee Committee	TBA	
General Manager, Education unit	Mr Oliver Jones	Vic
General Manager, Training and Assessment unit	Ms Lee-Anne Pollard	Vic
Deputy Chief Executive Officer	Mrs Carolyn Handley	Vic

Committees of Council (continued)

Executive Committee

Chair, ANZCA President	Dr Lindy Roberts	WA
ANZCA Vice-President	Dr Genevieve Goulding	Qld
Executive Director of Professional Affairs	Professor Barry Baker	NSW
Chief Executive Officer	Dr Linda Sorrell	Vic

Fellowship Affairs Committee (FAC)

Chair (appointed by ANZCA Council)	Dr Michelle Mulligan	NSW
Chair (appointed by ANZCA Council)	Dr Rod Mitchell	SA
Annual scientific meeting officer	Dr Vanessa Beavis	NZ
Chair of Continuing Professional Development	Dr Rod Mitchell	SA
Chair of Continuing Professional Development	Dr Vanessa Beavis	NZ
New Fellow councillor	Dr Justin Burke	Vic
New Fellow councillor	Dr Gabriel Snyder (from May)	Vic
Faculty of Pain Medicine scientific meeting officer	Dr Penelope Briscoe (to May)	SA
Faculty of Pain Medicine scientific meeting officer	Dr Michael Vagg (from May)	Vic
Up to three regional organising committee convenors or nominees	Dr Deborah Devonshire/ Dr Mark Hurley (to May)	Vic
	Dr Nicole Phillips (from May)	NSW
	Dr Nicole Phillips	NSW
	Dr Aileen Craig	SA
	Dr Michael Kluger (from May)	NZ
General Manager, Fellowship Affairs	Mr Mark Harrison	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 ANZCA councillors as appointed by ANZCA Council	Dr Leonie Watterson	NSW
	Dr Rowan Thomas	Vic
	Associate Professor Marcus Skinner	Tas
	Dr Martin Minehan	NZ
Councillor representative	Dr Richard Waldron (from May)	Tas

Finance, Audit and Risk Management (FARM) Committee

Chair	Mr Geoffrey Linton	Vic
ANZCA Vice-President	Dr Genevieve Goulding	Qld
Honorary Treasurer	Dr Michelle Mulligan	NSW
Three members (one of whom will normally be chair)	Mr Henry Bosch (to March)	Vic
	Mr Michael Gorton	Vic
	Mr Peter Maloney (from May)	Vic

Indigenous Health Committee

Chair (appointed by ANZCA Council)	Dr Rodney Mitchell	SA
Fellow	Dr Jack Hill	NZ
Fellow	Dr Jenny Stedmon	WA
Fellow	Dr Penny Stewart	SA
Fellow	Dr Edward Hughes	NZ
Fellow	Dr Michele Poppinghaus	NSW
Fellow	Dr Stuart Walker (from April)	NZ
In attendance	Ms Dasha Newington	NSW

International Medical Graduate Specialists (IMGS) Committee

Chair	Prof Kate Leslie	Vic
ANZCA councillor(s) (at least one)	Dr Patrick Farrell	NSW
Director of Professional Affairs (Assessor)	Dr Vaughan Laurenson	NZ
Director of Professional Affairs (IMGS)	Dr Leona Wilson	NZ

Chair, New Zealand Panel for Vocational Registration	Dr Vanessa Beavis	NZ
Chair, Examinations Committee	Dr Patrick Farrell	NSW
Faculty of Pain Medicine representative	Dr Frank New (to May)	Qld
Faculty of Pain Medicine representative	Dr Dilip Kapur (from May)	SA
Community and/or jurisdictional representative	Ms Helen Maxwell-Wright	Vic
Two other Fellows nominated by ANZCA Council	Dr Peter Roessler	Vic
	Associate Professor Michael Steyn	Qld
	Dr Richard Willis	SA
Such other members as appointed by ANZCA Council	Dr Kerstin Wyssusek	Qld
	Dr Indu Kapoor	NZ
	Associate Professor Michael Steyn	Qld

Investment Committee

Chair, Honorary Treasurer (appointed by ANZCA Council)	Dr Michelle Mulligan	NSW
ANZCA President	Dr Lindy Roberts	WA
Chief Executive Officer	Ms Linda Sorrell	Vic
General Manager, Finance	Ms Galina Fidler	Vic
Independent member	Mr Colin Campbell	Vic

New Programs Committee (until May 2013)

Chair (appointed by ANZCA Council)	Dr Kerry Brandis (until May)	Qld
Second councillor	Dr Michelle Mulligan (until May)	NSW
Chair, Final Examinations Sub-Committee or nominee	Dr Vida Viliunas (until May)	ACT
Chair, Training Accreditation Committee or nominee	Dr Mark Reeves (until May)	Tas

Director of Professional Affairs	Dr Steuart Henderson	NZ (until May)
Fellow	Dr Margaret Walker	Tas (until May)
Chair, Diving and Hyperbaric Medicine Special Interest Group	Dr Suzy Szekely (until May)	SA
Two co-opted nominees from the particular area of expertise as appointed by ANZCA Council	Professor Mike Bennett (until May)	NSW
	Dr Robert Wong (until May)	WA

Overseas Aid Committee

Chair	Dr Michael Cooper	NSW
Faculty of Pain Medicine representative	Associate Professor Roger Goucke	WA
Australian Society of Anaesthetists representative	Dr Robert McDougall	Vic
New Zealand Society of Anaesthetists representative	Dr Wayne Morriss	NZ
ANZCA President or nominee	Dr Lindy Roberts	WA
Up to four Fellows	Dr Roni Krieser	Vic
	Associate Professor David Pescod	Vic
	Professor Kate Leslie (to May)	Vic
	Dr Chris Acott (from May)	Vic

Committees of Council (continued)

Quality and Safety (Q&S) Committee

Chair (appointed by ANZCA Council)	Associate Professor David Scott	Vic
ANZCA councillor (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 (to November)	NZ
President, New Zealand Society of Anaesthetists or nominee	Dr Ted Hughes (from November)	NZ
Chair, Mortality Sub-Committee	Dr Neville Gibbs	WA
Chair, Mortality Sub-Committee	Associate Professor Larry McNicol (from May)	Vic
Chair, Allergy Sub-Committee	Dr Michael Rose	NSW
Such other members as appointed by ANZCA Council	Dr Leona Wilson	NZ
	Associate Professor Larry McNicol (to May)	Vic
	Dr Margaret Cowling	SA
	Professor Guy Ludbrook	SA
	Dr Neville Gibbs (to May)	WA
	Dr Patricia Hore (to August)	Vic
Deputy Chair (appointed by Committee) (from August)	Dr Patricia Hore	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 (to May)	Qld

Research Committee

Chair (appointed by ANZCA Council)	Professor Alan Merry	NZ
Faculty of Pain Medicine representative	Dr Christopher Hayes	NSW
Chair, ANZCA Trials Group Executive	Associate Professor Timothy Short	NZ
Community representative	Dr Angela Watt	Vic
Other members with an interest in research as appointed by ANZCA Council	Professor Matthew Chan	HK
	Professor Kate Leslie	Vic
	Professor Paul Myles	Vic
	Professor Michael Paech	WA
	Professor Tony Quail	NSW
	Professor Tony Gin	HK
	Professor Phillip Siddall	NSW
	Associate Professor David Story	Vic
	Dr Dan Wheeler	UK
	Professor Bala Venkatesh	Qld
	Associate Professor Andrew Davies	Vic
	Associate Professor Jennifer Weller	NZ
	Associate Professor David Scott	Vic
	Professor Stephan Schug	WA

	Associate Professor Simon Mitchell (from May 2013)	NZ
	Professor Britta Regli-von Ungern-Sternberg (from May 2013)	WA

Trainee Committee (appointed for 2013 calendar year)

Co-chairs (trainees to be appointed by the committee)	Dr Paul Nicholas	Qld
	Dr Michael Lumsden-Steel	Tas
Members (chairs of ANZCA's regional/national trainee committees) (to August)	Dr Vicki Pentelow	SA/NT
	Dr Richard Samuel Lumb (from September)	SA/NT
	Dr May Leung	HK
	Dr Brett Segal	Qld
	Dr Noam Winter (from February)	Vic
	Dr Mark Heynes (to February)	Vic
	Dr Ashokka Balakrishnan	Sing
	Dr Ye Yun Phang	Mal
	Dr Rochelle Barron (from February)	NZ
	Dr Sheila Barnett (to February)	NZ
	Dr Jennifer Myers (to June)	ACT
	Dr Candida Marane (from July)	ACT
	Dr Vanessa Percival (to February)	WA
	Dr Scott Douglas (from February)	WA
	Dr Michael Wirth (to February)	NSW
	Dr Jamie Rickcord (from February to June)	NSW

	Dr Chetan Reddy (from July)	NSW
Chair, Education and Training Committee	Dr Genevieve Goulding (to August)	Qld
Chair, Education, Training and Assessments Management Committee	Dr Richard Horton (from August)	Vic
General Manager, Education Development unit or nominee	Mr Oliver Jones	Vic
General Manager, Training and Assessment unit or nominee	Mrs Lee-Anne Pollard	Vic
Observer (by invitation), federal chair, GASACT	Dr Natalie Kruit	Vic
Observer (by invitation), trainee representative NZSA	Dr Kathryn Hagen	NZ

Training Accreditation Committee (TAC)

Chair (appointed by ANZCA Council)	Dr Mark Reeves	Tas
Deputy Chair (appointed by ANZCA Council)	Dr Vanessa Beavis	NZ
ANZCA councillor	Dr Frank Moloney	NSW
Director of Professional Affairs Assessor	Dr Steuart Henderson	NZ
Chair, Education and Training Committee or nominee	Dr Genevieve Goulding (to August)	Qld
Chair, Trainee Committee or nominee	Dr Michael Lumsden-Steel	Tas
Chair, FPM Training Unit Accreditation Committee	Dr Melissa Viney (from May)	Vic
Community representative and such other members as the ANZCA Council may appoint	Mrs Susan Sherson	Vic
	Dr Kerry Brandis	Qld
	Dr Lindy Roberts	WA
	Dr Thien LeCong	SA
	Dr Jenny Stedmon	WA

Regional committees

Queensland

Chair	Dr Mark Young
Deputy Chair	Dr Sean McManus
Formal Project Officer	Dr Kerstin Wysusek
Honorary Treasurer	Dr Charmaine Barrett
Education Officer	Dr Jeneen Thatcher (until July)
	Dr Shirley Cheung (from October)
Deputy Education Officer	Dr Suzanne Bertrand (from October)
Quality and Safety Officer	Dr Charles Willmott
Representative to Continuing Medical Education Committee	Dr David McCormack (from September)
	Dr Christopher Breen (until September)
Committee Member	Dr Joseph Williams
	Dr Professor Michael Steyn
	Dr Brian Lewer
Elected member/Course coordinator	Dr James Hosking
Rotational coordinator	Dr Mark Gibbs
Coopted IMG representative	Dr Kersi Taraporewalla
Ex -officio Members	Dr Kerry Brandis
	Dr Genevieve Goulding
	Dr Brendan Moore
Co-opted Members:	
New Fellow Representative	Dr Scott Smith
New Fellow Representative	Dr Dale Kerr
Qld Trainee Committee Representative	Dr Paul Nicholas (until March)
	Dr Joanne Cummins
	Dr Christian Van Nieuwenhuysen
Faculty of Pain Representative	Dr Richard Pendleton
ASA Representative	Dr Martin Culwick

New South Wales

Chair	Dr Gregory O'Sullivan
Representative to ASA	Dr Gregory O'Sullivan (from April)
Deputy Chair, Formal Project Officer	Dr Scott Fortey
Deputy Formal Project Officer	Dr Michael Stone (until February)
	Dr Suyin Tan (from February)
Honorary Secretary/Treasurer	Dr Michelle Moyle
Deputy Education Officer	Dr Michelle Moyle (until June)
Education Officer	Dr Natalie Smith
Deputy Education Officer	Dr Nicole Phillips
Deputy Education Officer co-opted	Dr Donald Innes (from April)
Quality and Safety Officer	Dr John Leyden
Representative to NSW Continuing Medical Education Committee	Dr John Leyden
Committee Member and Representative to RACS	Dr Andrew Armstrong
Committee Member and Representative to ASA	Dr Micah Friend (until April)
Committee Member	Dr Sarah Green
	Dr Emily Wilcox
Ex -officio Members	Dr Patrick Farrell
	Dr Frank Moloney
	Dr Michelle Mulligan
New Fellow Representative	Dr Simon Martel
	Dr Fiona Shields (until September)
Trainee Committee Representative	Dr Chetan Reddy
ACT Representative	Dr Carmel McInerney
Faculty of Pain Representative	Dr Gavin Pattullo
ASA Representative	Dr Michael Farr

Australian Capital Territory

Chair	Dr Carmel McInerney
Deputy Chair	Dr Caroline Fahey
Finance Officer	Dr Ross Peake
Formal Projects Officer	Dr Don Lu
Quality and Safety Officer	Dr Catherine Muggidge
FPM representative	Dr Romil Jain
Australian Society of Anaesthetists representative	Dr Guy Buchanan
Trainee Committee representative	Dr Candida Marane
Education Officer	Dr Natalie Marshall

Victoria

Chair and Quality and Safety Officer	Dr Craig Noonan
Deputy Chair	Dr Debra Devonshire
Honorary Secretary and Assistant Continuing Medical Education Officer	Dr David Bramley
Education Officer Victoria	Dr Richard Horton (until November)
Formal Project Officer	Dr Irene Ng
Assistant Formal Project Officer	Dr Jane Calder
Continuing Medical Education Officer	Dr Mark Hurley
Member	Dr Andrew Buettner (until September)
Chair, Association of Directors of Anaesthesia Victoria	Dr Andrew Buettner (from October)
Member	Dr Andrew Schneider
Rural Officer/IMGS/AON/GP Liaison Officer	Dr Fred Rosewarne
Social Officer	Dr Mahsa Adabi

Convenor QA Meetings and Victorian Registrars' Scientific Meeting - Coopted General Member	Dr Shiva Malekzedah
ANZCA Councillor - Ex-officio	Professor Kate Leslie
ANZCA Councilloir - Ex-officio	Associate Professor David Scott
New Fellow to Council - Ex-officio	Dr Gabe Snyder
Faculty of Pain Medicine representative - Co-opted	Dr Michael Vagg
Representative for VCCAMM - Co-opted	Associate Professor Larry McNicol
Representative for the Australian Society of Anaesthetists - Victoria - Co-opted	Dr Antonio Grossi
Chair, Association of Directors of Anaesthesia Victoria - Co-opted	Dr Andrew Jeffreys
New Fellow to Victorian Regional Committee	Dr Sarah Freeman (until May)
New Fellow to Victorian Regional Committee - Co-opted	Dr Andrea Bowyer (from June)
Chair, Victorian Training Committee - Co-opted	Dr Noam Winter

Regional committees (continued)

Tasmania

Chair	Dr Richard Waldron (until May)
	Dr Nico Terblanche (from June)
Deputy Chair	Dr Jenny Plummer (from June)
Formal Project Officer	Dr Mark Reeves (until May)
Quality and Safety Officer	Dr Deborah Wilson
Education Officer	Dr Colin Chilvers
Continuing Education Officer co-opted member	Dr Peter Wright (from June)
Treasurer	Dr Stuart Day
Committee Member	Dr Jenny Plummer
Committee Member	Dr Lia Freestone
Committee Member	Dr Simon Morphet (Honorary Member)
Ex-Officio Member	Dr Richard Waldron
Ex-Officio Member	Dr Mark Reeves
ASA representative	Dr David Brown Dr Mike Challis
New Fellows representative	Dr Darren Pereira Dr Margo Peart
Trainee Committee Chair	Dr Michael Lumsden-Steel
FPM representative	Dr Gajinder Oberoi Dr Max Sarma

South Australia/Northern Territory

Chair/Elected Member	Dr Angelo Ricciardelli
Elected Member	Dr Andrew Beinssen
CME Representative/ Elected Member	Dr Nathan Davis
Elected Member	Dr Islam Elhalawani
Elected Member	Dr Christine Huxtable
Formal Project Officer/ SAAMC Chair/Elected Member	Dr Simon Jenkins
Elected Member	Dr Thien Le Cong
Elected Member/New Fellows Representative	Dr Gurunath Murthy
Elected Member	Dr Kym Osborn Dr Tim Porter Dr Perry Fabian (from December)
Rotational Supervisor	Dr Ken Chin
Faculty of Pain Medicine Representative	Dr Philip Cornish
Safety and Quality Representative/AMA Representative	Dr Margie Cowling
Directors Group Representative	Dr Peter Lillie
ASA Representative (May)	Dr Simon Macklin (from May)
Ex Officio, Council Representative	Dr Rod Mitchell
Trainee Committee Representative	Dr Sam Lumb (from August)
CICM Representative	Dr Peter Sharley
NT Representative	Dr Brian Spain
Education Officer, SA & NT	Dr Margaret Wiese
Rotational Supervisor	Dr Sam Willis
Trainee Committee Representative	Dr Vicki Pentelow (from August)
SA Anaesthetic Mortality Committee Representative	Dr John Russell (from August)
ASA Representative	Dr Doug Fahlbusch (from May)

Western Australia

Chair	Dr Alison Corbett
Vice chair, SCGH Representative	Dr Irina Kurowski (from October)
	Dr Jenny Stedmon (until September)
Education Officer	Dr Jodi Graham
Formal Projects Officer	Dr John Martyr
Quality and Safety Officer	Dr Michael Ward
Committee Member	Dr Paul Sadleir Dr Michael Veltman
Committee Member Deputy EOD	Jennifer (Jay) Bruce
Committee Member continuing medical education officer	Dr Michela Salvatore
Committee Member	Dr Nolan McDonnell
ANZCA President	Dr Lindy Roberts
Faculty of Pain Medicine	Dr John Akers
New Fellows' Representative	Dr Celine Baber
CME Officer	Dr Anton Van Niekerk
ISL Committee	Clinical Associate Professor Richard Riley
Trainee Committee	Dr Scott Douglas
ASA Representative	Dr Ralph Longhorn
UWA Representative	Professor Stephan Schug

FPM Dean's report



In 2013, the Faculty of Pain Medicine made excellent progress in its key initiatives, including the Curriculum Redesign Project, the electronic Persistent Pain Outcomes Collaboration, the FPM Pain Device Implant Registry Project and expanding the accessibility of the FPM Online Education initiative. Advocacy for increased support for pain medicine training positions resulted in additional funding through the Specialist Training Program and Training More Specialist Doctors in Tasmanian initiative.

A key focus in 2013 has been the Curriculum Redesign Project, towards launching of the new curriculum and training program in late 2014 in New Zealand and early 2015 in Australia. This project has been enthusiastically supported by the fellowship, especially in terms of volunteering to assist.

Successful delivery in 2013 of the 2013-2017 FPM Strategic Plan, based around our mission, vision and three strategic priorities, is a testament to the continued hard work and dedication of the Faculty board and members.

Associate Professor Brendan Moore
Dean, Faculty of Pain Medicine

Faculty of Pain Medicine

Awards, prizes and honours

Australia Day honours

Inaugural Faculty of Pain Medicine Board member, Associate Professor Jenó (Ben) Marosszéký appointed a Member of the Order of Australia in the 2013 Australia Day honours.

Queen's Birthday honours

Professor Nikolai Bogduk (NSW) appointed a Member of the Order of Australia in the 2013 Queen's Birthday honours, for significant services to medical research and education, particularly in the specialties of anatomy, spinal health and chronic pain management.

Dean's Prize

Dr Chui Chin Chong (Vic) "*Analgesic efficacy of oral versus sublingual ketamine*".

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

Best Free Paper Award

Associate Professor David Champion (NSW) "*Genetic influences and associations of common idiopathic/functional pain syndromes of childhood: evidence from twin family case-controlled studies*".

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. To further raise the profile of this award, the board approved the presentation of a monetary prize of \$500 in addition to the certificate.

Barbara Walker Prize

The Barbara Walker Prize was not awarded in 2013.

Merit Award

No merit award was given in 2013.

FPM Board and committees

Associate Professor Brendan Moore was re-elected as dean for a second year. Professor Ted Shipton was re-elected vice-dean. Dr Newman Harris, FRANZCP was elected to the board in May, replacing Dr Frank New, who was warmly farewelled at the Faculty annual dinner after serving for eight years on the board. Professor Stephan Schug continued as the co-opted WA representative and Dr Kieran Davis as the North Island of New Zealand representative. Dr David A Scott continued as ANZCA Council representative to the board.

Fellowship

In 2013, the number of Fellows admitted reached 358, of whom 12 are honorary and 186 admitted through training and examination. Of the 337, active Fellows, 258 were based in Australia, 28 in NZ and 51 in other countries. Those whose primary specialty is anaesthesia make up 65 per cent of the fellowship.

Twenty two Fellows were admitted to fellowship in 2013; 19 by training and examination and three by election. Although the majority of trainees continue to be anaesthetists by primary specialty, 2013 admissions included three rehabilitation physicians, one psychiatrist and one primary care specialist.

FPM Board

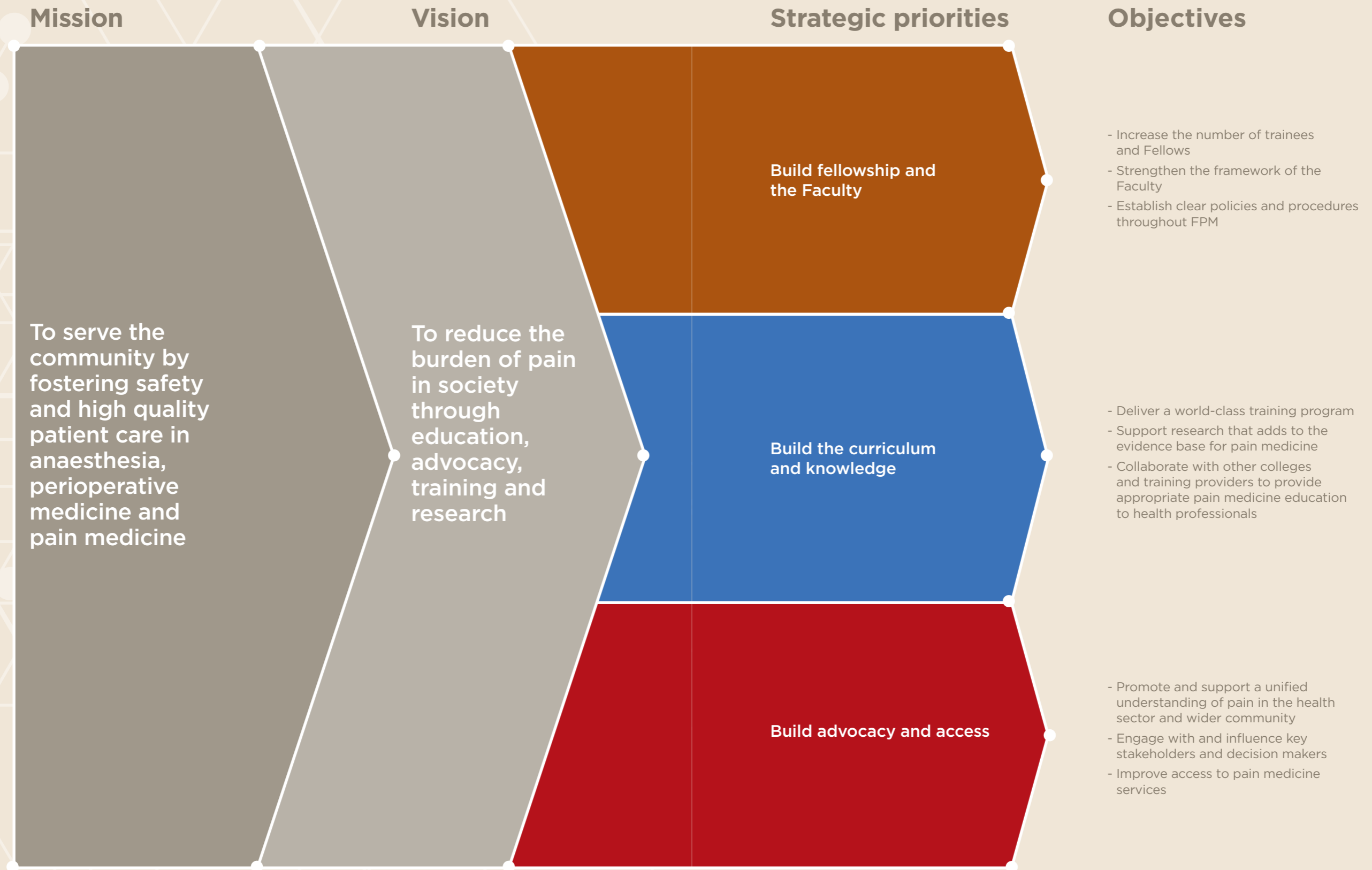


Back row: Dr Chris Hayes, Dr Michael Vagg, Dr Newman Harris, Professor Stephan Schug, Associate Professor Ray Garrick, Associate Professor David Scott, Ms Helen Morris (General Manager)

Front row: Dr Kieran Davis, Dr Melissa Viney, Professor Ted Shipton (Vice-Dean), Associate Professor Brendan Moore (Dean), Dr Dilip Kapur, Dr Meredith Craigie, Associate Professor Andrew Zacest.

FPM organisational chart





Strategic priorities

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

Subsequent to the accreditation in December 2012 of pain medicine as a vocational scope of practice in New Zealand, the board ratified the appointment of Dr Kieran Davis, FRCA (Auckland), Dr Paul Hardy, FRCA (Wellington) and Professor Ted Shipton FANZCA (Christchurch) as the inaugural FPM New Zealand National Committee following elections in March. Dr Lorna Fox, FRCA, FFPMANZCA (New Plymouth) was subsequently appointed to the committee. Terms of reference for the committee were ratified in October.

The committee first met in May 2013 and subsequently entered into a memorandum of understanding with the Medical Council of New Zealand as the Vocational Education and Advisory Body (VEAB) for pain medicine. In August, Dr Davis contributed to a report on the public health consequences of chronic pain in New Zealand with the chief medical officer at the Ministry of Health, anaesthetist Dr Don Mackie. At its second meeting in September, the committee heard from Pharmac about the prescription patterns for oxycodone, and discussed the report on chronic pain in New Zealand and workforce planning.

The FPM New Zealand National Committee is keen for all those practising pain medicine in New Zealand as their primary area of practice to register in the scope so that a true picture of the size of the specialty can be established.

Reflecting the formation of the FPM New Zealand National Committee, revised FPM regional and national committee regulations were accepted for promulgation at board. The revised regulation 15 is available on the FPM website.

The FPM NSW Regional Committee was active for the year with four meetings being held. Teleconference facilities allowed representation from outside the Sydney basin to continue. The Chair for the year was Dr Charles Brooker and deputy chair was Dr Marc Russo.

One successful continuing medical education meeting was held on Thursday March 7, 2013. The guest speaker occupational physician David Allen, presented on introduction to telehealth.

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 had representation on the Agency for Clinical Innovation (ACI) through Dr Paul Wrigley and Dr Chris Hayes and they are thanked for their ongoing involvement.

Dr Wrigley also co-ordinates the local training program to which Fellows generously contributed. Trainees are able to participate in person or by teleconference (video/audio).

The Queensland Regional Committee of the Faculty of Pain Medicine, chaired by Dr Richard Pendleton following the resignation of Dr Mark Tadros, continued to grow and provide an active program to support members within the state. The committee also continued to develop the links between interest groups within the scientific community.

The region again convened the Faculty's pre-examination short course in Brisbane in September with 28 candidates registered from Australia and overseas. This three-day course continues to improve through the dedication and commitment of the Fellows who co-ordinate it.

The continuing medical education evenings hosted by the Queensland branch saw a range of stimulating evenings throughout the year. The meetings were well attended and provoked discussion and interest.

We take this opportunity to thank Dr Mark Tadros for his commitment and contribution throughout his tenure on this committee and wish him well for the future.

The FPM South Australian Regional Committee, chaired by Dr Graham Wright, expanded their continuing medical education meetings to include various chapters into the evenings. The joint meeting with the occupational physicians on "Surgery, pain management and workcover" was well attended by both FPM and AFOEM/ANZSOM members. In July a collaborative meeting with the Chapter of Palliative Care was held. The final meeting for 2013 discussed "The complex pain patient in the acute pain setting".

Members of the FPM Committee attended a national careers expo to promote the specialty.

The FPM Victorian Regional Committee, chaired by Professor Robert Helme, held two committee meetings in 2013 and continues to consolidate. A continuing medical education seminar was held on June 12 titled "The role of the IME: working with(in) the system". Dr Lisa Sherry represented the Worksafe clinical panel with Professor George Mendelson and Dr Clayton Thomas presenting as independent medical examiners. The forum aimed to focus on ways to interact with Worksafe on pain-related treatments to ensure the best outcome for patients. The seminar was well attended by Fellows and trainees alike.

The FPM Western Australian Regional Committee, chaired by Dr John Akers, held three meetings in 2013. Issues discussed include radiological interventions, worker's compensation, the updated curriculum, sharing patient notes, improving training, reducing the burden of opioids and easing up inter-hospital referral and second opinions. The committee was well attended by FPM observers in 2013. Elections will be held in 2014.

Support for developing countries

Building on the success of this program, Essential Pain Management (EPM) Lite was developed and run in the Auckland University medical school over the course of 2013. The program was led by Faculty Fellow Dr Linda Huggins and a multidisciplinary teaching staff, and consisted of a condensed four-hour version of the one-day EPM course tailored to the needs of medical students. In preparation for the program, medical students were asked to bring a pain case for discussion. The program was evaluated at the end of 2013 with participant feedback used to guide the revision of an EPM Lite handbook.

The Geoffrey Kaye Museum of Anaesthetic History

The exhibition at ANZCA House was updated in 2013 to include rare and unique objects from the collection showcasing pain medicine and quality and safety through monitoring as part of the permanent anaesthesia timeline display. These two areas have seen significant advances.

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Build fellowship and the Faculty (continued)

Communications

The Faculty continued to circulate bi-monthly e-newsletters Synapse and Training E-Newsletter and contribute to the *ANZCA E-Newsletter* and the *ANZCA Bulletin*. An expanded library section in Synapse provided a useful resource. Faculty Fellows contributed articles to the 2013 edition of *Australasian Anaesthesia* (the Blue Book).

Eleven media releases about pain medicine were generated and widely distributed across Australia and New Zealand by the ANZCA Communications unit in 2013. Media coverage at the Perth annual scientific meeting (ASM) held in Melbourne was very successful and there was strong interest in the FPM Refresher Course Day on Friday May 3 and across the ASM from May 4-8.

The FPM Spring Meeting in October also attracted strong media interest, with a highlight being a presentation by Dr Mark Hutchinson on the difference in perception of pain between the sexes.

Journalist Christine Jackman won the 2012 media prize presented in early 2013 for a story on pain, which appeared in a News Ltd weekend magazine.

A promotional poster for the Global Year Against Orofacial Pain, a joint initiative of FPM and Australian and New Zealand pain societies, was developed by the ANZCA Communications unit and received international approval and requests to reproduce.

Relationships – other colleges and organisations

The Faculty continued to establish and maintain communications with participating and other colleges and organisations.

The ANZCA president and CEO were regular attendees at Faculty board meetings and Associate Professor David A Scott continued as the council representative to the board. The Faculty continued to have representation on most ANZCA committees and functions and was closely involved in the ANZCA Advancing CPD project launched in January 2014.

Royal Australasian College of Surgeons

This was a particularly productive year for collaboration between the Royal Australasian College of Surgeons and FPM on numerous levels.

The challenge of pain management for surgeons was firmly brought to the attention of surgeons in an editorial written by Associate Professor Andrew Zacest and commentary from Professor Milton Cohen in the *Australian and New Zealand Journal of Surgery* titled “A painful problem for surgeons – What is to be done?” The need for greater education of surgeons about the complexity of chronic pain and its multidisciplinary management was highlighted as an important measure to better equip surgeons to treat increasing numbers of patients with chronic pain.

A local initiative that led directly from this was the inaugural “Successful pain management for surgeons” seminar convened in Adelaide by Associate Professor Andrew Zacest at the Royal Australasian College of Surgeons (RACS) venue in November, which attracted surgeons from multiple disciplines and of varying ages. Following enthusiastic support from the local college of surgeons and the Faculty of Pain Medicine, a local faculty was assembled and controversial topics were presented and discussed. With an attendance of nearly 30 registrants, positive feedback, sponsorship and continuing medical education accreditation further seminars will be planned.

Pain medicine has been an integral part of the neurosurgical training curriculum and is illustrative of a close collaboration between surgeons and pain medicine physicians. In November, a training seminar was held for Australasian trainees at the Gold Coast. Associate Professor Andrew Zacest and Dr Mark Dexter convened the pain section of the three-day program, which focused on trigeminal neuralgia, facial pain and general pain problems of relevance to training neurosurgeons.

The education of trainees, anaesthetists and surgeons in pain medicine lies at the heart of future collaboration between the Faculty of Pain Medicine and the Royal Australasian College of Surgeons and was recently highlighted in a letter to the Faculty by Associate Professor Leigh Atkinson, neurosurgeon and

past dean of the Faculty. Recently developed online pain education modules potentially could become a potent means to broaden pain education to surgeons using new technology and this is being explored.

The culmination of collaboration between our organisations will be the combined RACS/ANZCA meeting in Singapore in May 2014, which will focus on topics of interest for anaesthetists, pain medicine specialists and surgeons. Professor Peter Teddy is thanked for his tireless efforts in putting together a superb program and securing excellent speakers. This is a fine example of successful collaboration between our two colleges.

Australasian Faculty of Rehabilitation Medicine

Ongoing access for Faculty trainees to the Australasian Faculty of Rehabilitation Medicine (AFRM, Royal Australasian College of Physicians) bi-national training program was generously provided. There was a strong pain presence in the AFRM annual scientific meeting program, including a half-day workshop on running pain programs.

Pain societies

Regular teleconferences continued with the Australian and New Zealand pain societies throughout 2013. Dr Malcolm Hogg, then president-elect, met with the board in February. The Faculty, Australian Pain Society and New Zealand Pain Society collaborated on the development of a poster for the IASP Global Year Against Orofacial Pain.

AML Alliance

Ms Claire Austin, CEO of the Australian Medical Local Alliance (AML Alliance) met with the board in May to discuss areas of potential co-operation and collaboration with regard to GP education in pain management, building on the success of the collaboration with the RACGP. In October, following the provision of funding by the Department of Health and Ageing to advance pain medicine education, the Faculty entered into a consultancy agreement with the AML Alliance for the development and delivery of an online education program to educate allied health care professionals in the appropriate management of chronic and acute pain.

Hong Kong

In November, the FPM dean was invited to Hong Kong as a guest of the Hong Kong Health Authority and Hong Kong Faculty of Pain Medicine to be part of a panel formed to discuss the best structure for a model of pain management in Hong Kong and to participate as an overseas invited examiner on a panel for special assessments of applicants for induction as first Fellows of the Faculty of Pain Medicine in Hong Kong. The Faculty's ongoing commitment to supporting the development of pain medicine in Hong Kong was welcome and highly appreciated.

In a move toward inclusion of new Fellow representation on the board from 2015, the board has commenced a program of inviting a new Fellow to attend the morning session of each board meeting. In October 2013, Dr Jordan Wood attended in this capacity.

FFPMANZCA logo

A FFPMANZCA logo for professional use by Fellows on business cards, letterhead, slide presentations and email was developed and distributed to Fellows in CD format and made available in downloadable from the FPM website.

FPM policy on privileges of current and past board members

This policy was accepted for promulgation in October.

PM6 Guidelines for Long Term Intrathecal Infusions (Analgesics /Adjuvants /Antispasmodics)

The board approved a revised professional document, an amalgamation of PM4 (2005) *Guidelines for Patient Assessment and Implantation of Intrathecal Catheters, Ports and Pumps for Intrathecal Therapy and PM6 (2007) Guidelines for long intrathecal infusions (analgesics/adjuvants/antispasmodics)*.

The Faculty also contributed to update of joint ANZCA/FPM professional documents.

Strategic priorities

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 consultation and communication process for phase one of the Faculty's Curriculum Redesign Project (CRP) commenced in December 2012 with the publication of information videos. Regional face-to-face forums were held from late January to mid-February 2013 to provide an opportunity for Fellows and trainees to clarify points and provide feedback on the proposed curriculum framework. Twenty-two per cent of Fellows and trainees provided feedback, which was considered by the Curriculum Redesign Project Steering Group. A Curriculum Redesign Project e-newsletter was developed to keep Fellows and trainees informed of developments.

A presentation entitled "Training the next generation" was made at the FPM Refresher Course Day in May. Calls for expression of interest for volunteers to help develop the FPM curriculum, resources and tools for the program met with an excellent response. Many of the 70 volunteers are now actively engaged in the project.

Following an interim analysis of the project in July, the board approved a revised governance structure and terms of reference for the Project Governance Group and the Project Steering Group. The revised scope, timeline, resource requirements and budget were approved. Project management capacity and capability was strengthened. ANZCA's Strategic Project Office assumed responsibility for the curriculum

redesign's project management support. A project manager and project officer were appointed to the project. Dr Meredith Craigie stepped down as chair of the Education Committee to assume a central role as chair of the Curriculum Redesign Project Steering Group. Professor Ted Shipton was appointed chair of the Education Committee and chair of the Curriculum Redesign Project Governance Group.

Phases 2 and 3 of the project were advanced in 2013 including content development, training design and change management. In October the board reviewed and accepted modifications to the curriculum program structure and in November endorsed proposals for the recognition of prior experience and for transition of vocational trainees to the revised curriculum and program. An updated overview document of the redesigned curriculum and program is published on the FPM website.

In November, nine program development groups commenced the intensive exercise of developing the learning objectives for the essential topic areas that will be delivered in the core training stage (first year of the program). The Medical Expert Panel began work on reviewing these essential topic areas. The formative and summative assessment groups have been formed and have started work on defining assessment processes for the new program. Other groups are being formed and will start work on their designated tasks in 2014.

Training and accreditation

The board approved the development of the Certification of Completion of Training and Summative Assessment (CCTSA), to be awarded to trainees who successfully complete all the requirements of FPM training and summative assessment, but do not hold a primary specialist qualification acceptable to the board. The CCTSA is not equivalent to fellowship and does not provide grounds for eligibility for registration as a specialist pain medicine physician in Australia or New Zealand. Faculty regulation 3.5 was approved reflecting this development.

A revised in-training assessment form was developed to include Tier 2 units.

A revised trainee agreement incorporating a paragraph to reflect the professional codes of conduct of the Australian Medical Board and the Medical Council of New Zealand was developed and circulated to trainees in 2013.

In 2013, the Royal Hobart Hospital (Tas), Barbara Walker Center for Pain Management St Vincent's Hospital (Vic), Sir Charles Gardiner Hospital (WA), Townsville Hospital (Qld) and the Hunter Integrated Pain Services (NSW) were approved for continued accreditation. Following an initial review, the Wellington Hospital (NZ) was also accredited for pain medicine training.

Faculty professional document PM2: *Guidelines for Units Offering Training in Multidisciplinary Pain Medicine* was revised to better define the accreditation process and timelines.

At the end of 2013, there were 29 accredited pain medicine training units in Australia, New Zealand, Hong Kong and Singapore. Tier 2 level of accreditation has been introduced to assist smaller training centres.

Examinations in 2013

Geelong Hospital (Vic) held its annual pre-examination Specialist Pain Medicine Physician Preparation Course for all FPM trainees from April 6-7, 2013. This two-day course aimed to introduce trainees in pain medicine to the entire spectrum of the specialty. Ten trainees from across Australia travelled to Geelong for the weekend.

The FPM Pre-Examination Short Course, convened by Dr Frank Thomas and Dr Richard Pendleton, was held from September 13-15, 2013 in Brisbane with 28 candidates registered. Participants were provided with a detailed course handbook which was subsequently made available for purchase to Faculty trainees unable to attend the course as a useful resource.

For the first time, the written component of the FPM examination was held separately from the clinical examination. The written examination was held on November 8, 2013 in the regions including Auckland, Hong Kong and Singapore. The clinical examination was held from November 23-24 at the Geelong Hospital. Twenty-seven of the thirty-three candidates were successful, a pass rate of 82 per cent. The examination report is available on the Faculty website. Invited observers Dr Faizur Noore (supervisor of supervisors of training) and Associate Professor Jon Watson (Head of School, Deakin University) provided useful feedback on the processes. No Barbara Walker Prize or merit awards were awarded this year.

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Build the curriculum and knowledge (continued)

There were three new appointments to the panel in 2013. Six examiners were reappointed to the examination panel for a further three year period. This takes the panel to 35 (FANZCA – 21, FRACP – one, FRACS – three, FAFRM (RACP) – seven, FRANZCP – two, PhD – one). Examiner terms of reference were accepted for promulgation in October.

The significant contributions over many years from retiring examiners Dr Penny Briscoe, Associate Professor Ray Garrick, Dr David Gronow and Dr Frank New are gratefully acknowledged.

The board approved guidelines (known as POST), developed by the Examination Committee, to outline standardised terminology, equipment and technique for Pain Oriented Sensory Testing during clinical examination for trainees.

Continuing professional development

In 2013 ANZCA and FPM's continuing professional development (CPD) program was revised to align with modern developments in CPD and in response to the changing medical regulatory environment facing specialist anaesthetists and specialist pain medicine physicians. The Advancing CPD Project was established to review the CPD program and to ensure it meets these requirements and that activity entry is easy on a new CPD portfolio system. FPM CPD officer Dr Penny Briscoe and FPM CPD chair Dr Michael Vagg were involved in the development of the program, including tools and resources to support Fellows completing their CPD activities.

The Faculty Board endorsed the principle that FPM Fellows should undertake CPD that is at least comparable in nature and standard to the ANZCA CPD Program, and which includes a substantial commitment to pain medicine CPD. FPM Fellows participating in the ANZCA/FPM CPD program:

CPD Program participation

FPM	Number	Proportion of active Fellows
FFPMANZCA participating in the ANZCA/FPM CPD program	199	64 per cent
FFPMANZCA participating in an external CPD program	113	36 per cent

(As of December 2013 – Membership categories not included: Honorary, Retired, Deceased, Withdrawn or Resigned)

Scientific meetings

The Faculty's 2013 Refresher Course Day and annual scientific meeting programs in Melbourne were a great success and a tribute to the hard work of the Faculty's scientific convenor, Dr Michael Vagg, and organising committee members Dr Kerry Thompson and Dr Richard Talbot. The refresher course attracted 160 delegates and strong support from the healthcare industry. The program explored the diversity of communication issues in pain medicine, including consultation skills, interprofessional communication, health literacy and the pain medicine 'brand' in the wider culture of our country. Although the FPM ASM Visitor, Professor Edzard Ernst, was unable to travel to the meeting due to family illness, his pre-recorded lecture "The Prince and me" was very well received at the meeting and has attracted significant interest online. Media coverage of both the Refresher Course Day and the pain stream of the annual scientific meeting was widespread and included media releases and interviews from speakers including Professor Roly Sussex, Ms Loretta Marron, Dr Melita Giummarra and FPM scientific convenor Dr Michael Vagg. The ASM e-newsletter was also well received. The FPM Annual General Meeting was held during the ASM with 36 Fellows in attendance.

Dr Louise Brennan FANZCA, FFPMANZCA (Vic) and Dr Matthew Bryant FANZCA, FFPMANZCA (Qld) represented the FPM at the New Fellows' Conference and Dr Dilip Kapur was the board representative to this event.

The 2013 Spring Meeting "Internal pain is eternal pain", convened by Dr Michael Vagg and Associate Professor Brendan Moore, attracted more than 120 delegates from a range of background specialties, including obstetricians and gynaecologists. The program explored some of the most challenging pain-related diagnosis and attracted significant media coverage. Guest dinner speaker was Jim Hearn, a researcher, writer, chef and reformed drug addict, who spoke about his own experience of "functioning" opiate addiction and the human desire to numb pain before reading from his successful novel *River Street*.

Education

A supervisor of training workshop was convened in Melbourne in May, with a significant focus on the revised curriculum. There were eight supervisor of training appointments and nine reappointments in 2013. Faculty supervisors continue to have full access to ANZCA's Foundation Teacher Course and other courses as offered.

In 2013 the board approved the regulation *Recognition as a specialist in pain medicine for international medical graduate specialists (IMGS) and admission to fellowship by assessment for IMGS* (regulation 16) and guidelines for the accreditation of positions for substantially comparable and partially comparable IMGS applicants. Suitable employment opportunities will not be restricted to Faculty-accredited training units for those required to undertake a period of clinical practice assessment under supervision. The board reviewed all pathways to fellowship in order to align the standards required for trainees, Australian and New Zealand specialists and international medical graduate specialists.

IMGS Committee terms of reference and regulations for the *Recognition as a specialist in pain medicine for international medical graduate specialists (IMGS) and admission to fellowship by assessment for IMGS* were developed. An IMGS Committee and IMGS Interview panel were appointed and an IMGS section was developed on the FPM website. ANZCA's Training and Assessments unit is providing experienced administrative support to this activity.

The Faculty received four applications for assessment via regulation 16. Of those one has withdrawn from the process and the remainder are being assessed.

A revised trainees exit questionnaire and an amendment to FPM regulation 3.1.3.3 were approved so that trainees must submit a completed exit questionnaire for each individual unit at which they have undertaken training toward the structured training period in order to obtain fellowship by training and examination. The aim is to gain a longitudinal perspective and provide an independent means of bringing information back to board, an Australian Medical Council requirement

Pain medicine trainees and Fellows identified a need for mentoring during their training period and early post-fellowship years and 2013 saw the introduction of the FPM Mentoring Facility, a project of the Education Committee, driven by the Mentoring Sub-Committee. Guidelines for mentors and mentees were developed and a database published on the FPM website with the aim of facilitating FPM Fellows and trainees to engage with suitable mentors by listing their location, interests and specialty areas. Ongoing mentoring activities will be conducted in a manner that is at the discretion and privacy of the mentor and mentee. The program will be monitored every six months for quality assurance.

The Faculty continued to progress its Online Pain Management Education Initiative with a project to house the education modules on a new learning platform at ANZCA to make the education more accessible to the broader medical community, including allied health and primary healthcare professionals.

The benefits of the extended program include: a broader reach for learning as members of the medical, or allied health, groups can potentially access the program via arrangements with their own peak professional body's online learning systems; provision of the latest learning in pain management, content revision can be made in a central location and users will have access to expanded content as it is developed. The program is being overseen by a working group of the Education Committee of the Faculty. The longer term plans of the Faculty provide for further review and expansion of content to ensure it remains up to date and relevant.

The undergraduate medical student prize of \$A500 prize and certificate is awarded to the best undergraduate student in pain medicine in the last two years of

undergraduate training in medical schools across Australia and New Zealand as part of FPM's strategic plan to increase education and training in pain medicine. Recipients of the 2013 FPM Undergraduate Prize in Pain Medicine are Mr Oscar Horky from the Graduate School of Medicine, University of Wollongong (NSW); Ms Catriona Downie from the Undergraduate Medicine (Bachelor of Medicine – Joint Medical Program), University of Newcastle (NSW), and Ms Katherine Stead from the Bachelor of Medicine/Bachelor of Surgery, University of Notre Dame.

The Faculty's podcast library, available at www.fpm.anzca.edu.au/resources/learning/podcasts was expanded with presentations on:

- Dr Frank Meumann
Can working with difficult patients make us better doctors?
- Professor Roland Sussex
How language and culture conspire against transparent pain talk
- Ms Loretta Marron
Superstition and quackery amongst non-medical health practitioners
- Associate Professor Damien Finniss
The importance of context in medical treatments
- Professor Fabrizio Benedetti
The science of placebo

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Build the curriculum and knowledge (continued)

Research

The Faculty progressed a number of important research initiatives in 2013. An expanded "Pain research matters" section was included in *Synapse*.

The Faculty launched a research database on the FPM website with the intention that the site can be used to help "facilitate a culture of research within FPM". By entering information about projects, researchers can encourage collaboration and also provide inspiration for others. It is hoped that the site might allow emerging researchers to contact more established workers in their field of interest. Fellows were encouraged to enter information about their work on the site.

FPM's Electronic Persistent Pain Outcomes Collaboration (ePPOC) initiative, developed in collaboration with the Australian Pain Society, New Zealand Pain Society and the wider pain sector, is a program that aims to improve services and outcomes for patients suffering with chronic pain through benchmarking of care and treatment. The information will also enable development of a co-ordinated approach to research into the management of pain in Australasia.

The ePPOC pilot commenced on August 16, 2013 in a staged implementation at eleven sites across NSW, including three paediatric services. This is supported by funding from NSW Ministry of Health and Medical Research. Six further sites in NSW, 16 in Victoria, five in Queensland, two in New Zealand and one in WA, have expressed interest in being involved.

A media release was circulated on August 20, 2013. Updated EpiCentre software has been released, and an updated version is due in February 2014. Supporting documentation for epiCentre has been developed. As the project expands, the Faculty will maintain its pivotal role through representation on the National Reference Group, which will oversee ePPOC for the first 12 months, and subsequently on the Management Advisory Board or Clinical and Scientific Advisory Committee.

The team at the Australian Health Services Research Institute of the University of Wollongong provides ePPOC management, statistical support and high-level strategic input.

In line with the Faculty's strategic objective "to support research that adds to the evidence-base for pain medicine", a high-level business plan for seeking industry funding for a Pain Device Implant Registry was presented to a forum of key stakeholders including industry, Medical Technology Association of Australia and the Australian Commission on Safety and Quality in Health Care at ANZCA House in September. There was strong support for this initiative with an appropriate governance structure. It is proposed that a steering committee, including representation from the groups who attended, will be formed to advance a four-year pilot project. The Faculty now intends to plan and sequence the actions needed to progress this initiative as a matter of priority in 2014.

Development of this initiative by the Faculty would be a world first for an independent body to hold and control an implant registry for pain.

The board approved a working group, terms of reference and a business plan for the *Acute Pain Management: Scientific Evidence* 4th edition. The editorial group chaired by Professor Stephan Schug commenced work on the publication to be launched at the 2015 annual scientific meeting.

Investigations with a pain focus were well represented in the ANZCA Research Awards. Of the 17 project grants awarded, six had a pain focus, two by Fellows of FPM (highlighted). In addition an academic enhancement grant was awarded to Professor Philip Siddall (NSW).

- Professor Stephan Schug – *Osteoarthritis pain: mechanisms and mediators. The roles of NGF and IL-1.*
- Dr Michal Kluger – *Predictors of persistent postsurgical pain following total knee joint arthroplasty.*
- Professor Matthew Chan – *Epigenetic: regulation of chronic postsurgical pain with nitrous oxide.*
- Dr Alex Konstantatos – *Cultural influence of postoperative pain.*
- Professor Paul Myles – *Proteolytic mechanisms of chronic pain: research translation.*
- Associate Professor Philip Peyton – *Reduction of chronic post-surgical pain with ketamine – a pilot study.*

An academic enhancement grant was awarded to Professor Philip Siddall (NSW) for his project *Neurobiological, psychological and existential contributors to pain: an integrated approach.*

In 2013, the Faculty of Pain Medicine made excellent progress in its key initiatives.

Strategic priorities

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

Working with governments

The Faculty's director of professional affairs and general manager continued to work closely with the ANZCA Policy unit with respect to policy development and strategy and liaison with government and related bodies.

Following Australian Medical Council (AMC) re-accreditation of the FPM's training programs in pain medicine and its continuing professional development to December 31, 2018, the Faculty submitted an annual report in March, including responses to the conditions and recommendations outlined in the AMC team's final report.

In 2013, all eligible Colleges were invited to submit proposals for federal funding under the Training More Specialist Doctors in Tasmania initiative. This initiative provides \$39.613 million in funding from the Australian Government over three years from 2014-16 to support approved specialist fellowship training undertaken and completed in Tasmania and to support the training and retention of specialist doctors in the Tasmanian public health system. Consultation for this proposal was extensive and pain medicine specialist representatives in Tasmania provided significant input. Through this process it was identified that there was an urgent workforce and patient service need for specialist pain medicine physicians in Tasmania.

Our Tasmanian Fellows, notably Dr Max Sarma, provided advocacy in highlighting the significant unmet need across Tasmania as well as expediting negotiations at a federal level. The College was successful in gaining new funding to support two new specialist pain registrar positions with additional allocations to supervisor positions to support this new work. The College will work closely with Tasmanian health organisations to implement the initiative during 2014 and hope that the funding will go a long way to protecting existing patient services and to extend service provision to overcome regional inequity.

National pain strategy

Reflecting the Faculty's key pillar of the strategic plan to build advocacy and access through collaborative initiatives, the Faculty and College remain a category A member of Painaustralia with a seat on its board.

The Faculty contributed to a number of submissions and media releases issued by Painaustralia, including a measured response to the NSW Legislative Council General Purpose Standing Committee No 4 Inquiry into the safety and efficacy of cannabis for medical purposes. A "campaign for pain" website was launched by Painaustralia with wide support.

A report from the Agency for Clinical Innovation, NSW, showed significant achievements over the year, with new clinics established in Orange, Tamworth and Port Macquarie. A new private clinic has been established in Brisbane.

Through Painaustralia, the Faculty received a grant from the Commonwealth Department of Health and Ageing to support its online education programs.

Throughout the year the Faculty contributed to many submissions including:

- Cancer Council of Australia - Cancer Pain guidelines - January 2013.
- Health Workforce Medical Board of Australia
 - Draft Revised Good Medical Practice: A Code of Conduct for Doctors in Australia - May 2013.
 - International Medical Graduate Orientation and Supervision Discussion Paper - August 2013.
 - Draft Health Professionals Prescribing Pathway - March 2013.
- Australian Medical Council
 - RANZCOG accreditation assessment - July 2013.
 - RACGP reaccreditation submission - July 2013.
 - Review of the Accreditation Standards for Specialist Medical Education and Continuing Professional Development Programs (October 2013).

- Therapeutic Goods Administration (Department of Health and Ageing)
 - Discussion paper on a possible regulatory framework for the Australian New Zealand Therapeutic Products Agency (ANZTPA) - February 2013.

- Comment on interim decision concerning Benzodiazepines following Advisory Committee on Medicines Scheduling - March 2013.

- Department of Health and Ageing - Paediatric pharmaceuticals prescribing resource project.

- The Australian Treasury: Reform to deductions for education expenses - July 2013.

- Tasmanian Department of Health and Human Services - Proposal for training more specialist doctors in Tasmania funding - March 2013.

- Public Consultation of Accreditation of Specialist Medical Training Sites Project Interim Report - January 2013.

- ACT Health - Discussion Paper: Options for Controlled Medicine Prescribing in the ACT - October 2013.

- Australian Commission on Safety and Quality in Health Care: Shared Decision Making (13 September 2013).

(continued next page)

Build advocacy and access (continued)

Other representations:

Pharmaceutical Benefits Advisory Committee (PBAC)

The FPM Director of Professional Affairs, Associate Professor Milton Cohen, and ANZCA General Manager Policy, John Biviano, met with Dr Suzanne Hill, Chairman PBAC, in February 2013 to discuss opioid regulation. The meeting was positive, including a request for the FPM to articulate a guideline based on FPM professional document PM1 Principles regarding the use of opioid analgesics in patients with chronic non-cancer pain. The Faculty is pursuing the issue with the PBAC.

The Faculty also responded to a request for a submission on the use of intranasal fentanyl.

Electronic Recording and Reporting of Controlled Drugs (ERRCD)

The Faculty has contacted all jurisdictions in Australia to ascertain plans for implementation of this real-time online system for tracking prescription of controlled drugs. The Faculty will continue to advocate for this important reform.

Health Workforce 2025, Medical Specialties – Volume 3:

Recognising that this document may be influential in changing the landscape of medicine, the Faculty highlighted to Health Workforce Australia our expanding numbers and offered co-operation. The HWA were receptive and sought information on the FPM fellowship. A survey of Fellows will be considered to assist in providing information.

Medical use of cannabis

A NSW parliamentary inquiry found that people with a terminal illness should have access to cannabis. Painaustralia was invited to make a submission to that inquiry in the absence of the Faculty having a position on the medical use of cannabis. The Painaustralia submission was along the lines of supporting the access of patients with intractable pain to registered therapeutic products containing cannabinoids, by medical prescription under Schedule 8, where other analgesic medications have been ineffective or not tolerated. Painaustralia also submitted that the science underpinning the use of cannabinoids in patients with chronic non-cancer pain needs to be rigorously reviewed by a panel expert in pharmacology, pain medicine and addiction medicine, in order to determine whether a therapeutic argument can be made.

The Faculty Board agreed that a professional document on the medical use of cannabis in patients with chronic pain be developed. Fellows have been invited to contribute.

Department of Health and Ageing Panel of Clinical Experts

The FPM nominated Dr Diarmuid McCoy to this panel.

Faculty of Pain Medicine committees

Executive Committee

Dean/Chair, Relationships Portfolio (Chair)	Associate Professor Brendan Moore
Vice-Dean/Chair, Trainee Affairs Portfolio	Professor Ted Shipton
Chair, Fellowship Affairs Portfolio	Dr Christopher Hayes
General Manager, Faculty of Pain Medicine	Ms Helen Morris

Education Committee

Chair (appointed by the board)	Professor Ted Shipton
Deputy Chair	Associate Professor Ray Garrick
Dean (ex officio)	Associate Professor Brendan Moore
Chair, Examination Committee	Dr Meredith Craigie
Supervisor, Supervisors of training	Dr Melissa Viney (until August)
Supervisor, Supervisors of training	Dr Faizur Noore (from August)
New Fellow representative	Dr Clifton Timmins (until May)
New Fellow representative	Dr Jordan Wood (from May)
Director of Professional Affairs	Associate Professor Milton Cohen
ANZCA General Manager Education	Mr Oliver Jones
Members	Dr Anthony Davis (until January)
	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 (from May)
Dean	Associate Professor Brendan Moore
Assessor	Dr Frank New (until May)
Education Committee representative	Professor Ted Shipton
New Fellows representative	Dr Simon Cohen
Members	Dr Carolyn Arnold
	Associate Professor Leigh Atkinson
	Dr Penny Briscoe
	Associate Professor Ray Garrick
	Dr Frank New (from May)
	Dr Melissa Viney
	Associate Professor Andrew Zacest

Training Unit Accreditation Committee

Chair (appointed by the board)	Dr Melissa Viney (until May)
Deputy Chair	Dr Paul Gray
Assessor	Dr Dilip Kapur
Dean (ex-officio)	Associate Professor Brendan Moore (until May)
New Fellow representative	Dr Romil Jain
Chair, Trainee Affairs Portfolio	Professor Ted Shipton (until May)
Members	Dr Carolyn Arnold
	Dr David Gronow
	Dr Diarmuid McCoy
	Dr Matthew Crawford
	Dr Gajinder Oberoi

Faculty of Pain Medicine committees (continued)

Continuing Professional Development Committee

Chair /2013 ASM convenor/ 2013 Spring Meeting convenor/ASM officer (appointed by the board)	Dr Michael Vagg (from May)
Deputy Chair	Dr Geoffrey Speldewinde (from August)
Scientific meeting officer Atkinson	Associate Professor Leigh Atkinson
ASM officer (until May)	Dr Penelope Briscoe
CPD officer (from May)	Dr Penelope Briscoe
2014 ASM co-convenor	Dr Lewis Holford
2014 ASM co-convenor	Dr Kian Hian Tan (from May)
2014 Spring Meeting convenor	Dr Matthew Crawford
2015 ASM convenor	Dr Gary Clothier
2016 ASM convenor	Dr Jane Thomas
Members	Associate Professor Milton Cohen Associate Professor Pam Macintyre Professor Stephan Schug Dr Geoffrey Speldewinde (until August)

Research Committee

Chair (appointed by the board)	Dr Chris Hayes
Senior editor, <i>Pain Medicine</i> journal (ex officio)	Associate Professor Milton Cohen
Members	Dr Carolyn Arnold Dr Guy Bashford Dr Paul Hardy (from November) Professor Julia Fleming Professor Colin Goodchild (until October) Dr Malcolm Hogg Dr Diarmuid McCoy (from May) Dr Tim Pavy Professor Stephan Schug Associate Professor Philip Siddall Professor Maree Smith Professor Andrew Somogyi Associate Professor Andrew Zacest (from May)

Mentoring Sub-Committee

Chair	Dr Clif Timmins
Chair, Education Committee	Professor Ted Shipton
Members	Dr Duncan Wood Dr Jordan Wood

Supervisor of Training Sub-Committee

Chair/Supervisor of supervisors of training	Dr Faizur Noore
Supervisors of training	Dr Timothy Brake Dr Richard Burstal (until February) Associate Professor Prof Milton Cohen Dr Peter Cox (from November) Dr Jason Chou Dr Matthew Crawford Dr Leigh Dotchin Dr Porhan Kang Dr Charles Kim Dr Daniel Lee Dr David Lindholm Dr Max Majedi Professor Ben Marosszeky (until November) Dr Andrew Muir (until February) Dr Bridin Murnion Dr Chris Orlikowski Dr Dianne Pacey (until May) Dr Greta Palmer Dr Andrew Powell (from February) Dr Leah Power Dr Max Sarma Dr Timothy Semple Dr Glen Sheh Dr Scott Simpson Dr Michelle Tan Dr Jane Thomas Dr Eric Visser Dr Aston Wan (from February) Dr Bronwyn Williams Dr Paul Wrigley

International Medical Graduates Committee

Chair, IMGS Committee, assessor (appointed by the board)	Dr Dilip Kapur
Assistant assessor, NZ representative	Dr Kieran Davies
Members	Dr Marc Russo Dr Kerry Thompson

Curriculum Redesign Project Governance Group (formed in February 2013)

Chair, Education Committee (Chair) (appointed by the board)	Professor Ted Shipton
ANZCA Chief Executive Officer	Ms Linda Sorrell
Dean	Associate Professor Brendan Moore
General Manager, Faculty of Pain Medicine	Ms Helen Morris
General Manager, Education	Mr Oliver Jones
General Manager, Strategic Project Office	Ms Vicki Russell
Chair, Curriculum Redesign Project Steering Group	Dr Meredith Craigie
Director of Professional Affairs	Professor Milton Cohen
Curriculum Redesign Project project manager (until November)	Pak Ng (from September)
Curriculum Redesign Project project manager	Ms Maria Bishop (from November)
Members	Dr Michael Vagg (until August) Ms Ann Maree Bullard (until June)

Curriculum Redesign Project Steering Group (April – August 2013)

Chair, Education Committee (Chair) (appointed by the board)	Professor Ted Shipton
Director of Professional Affairs	Associate Professor Milton Cohen
Chair, Examinations Committee	Dr Meredith Craigie
Chair, Training Unit Accreditation Committee	Dr Melissa Viney
Supervisor, Supervisors of training	Dr Faizur Noore
Trainee representative	Dr Harry Eeman
Trainee representative	Dr Ian Thong
Members Garrick	Associate Professor Ray Dr David Jones Dr Tobie Sacks Dr Jane Trinca Dr Milana Votrubec Dr Paul Wrigley

Curriculum Redesign Project Steering Group (from August 2013)

Chair (appointed by the board)	Dr Meredith Craigie
Director of Professional Affairs (Deputy Chair)	Professor Milton Cohen
Chair, Education Committee	Professor Ted Shipton
Chair, Training Unit Accreditation Committee	Dr Melissa Viney
Trainee representative	Dr Harry Eeman
General Manager, Education	Mr Oliver Jones
Curriculum Redesign Project project officer	Dr Cassandra Sparkes (from September)

Faculty of Pain Medicine committees (continued)

FPM Regional Committees

Queensland Regional Committee

Chair	Dr Richard Pendleton (from March)
Vice-Chair	Dr Matthew Bryant (from April)
Treasurer	Dr Leigh Dotchin (until November)
CME co-ordinator	Dr Kathleen Cooke
Elected member	Dr Paul Gray
New Fellow representative	Dr Symon McCallum (until November)
Ex officio	Associate Professor Brendan Moore
Ex officio	Dr Frank New (until May)
Trainee representative	Dr Joshua Daly (from July)
Trainee representative	Dr Jacqueline Evans (from July)

New South Wales Regional Committee

Chair	Dr Charles Brooker
Deputy Chair	Dr Marc Russo
Secretary/treasurer	Dr Kok Khor
Member	Dr Lewis Holford
Member	Dr Glen Sheh
Member	Dr Paul Wrigley
New Fellow representative	Dr Renata Bazina
FPM representative to ANZCA NSW Regional Committee	Dr Gavin Pattullo
ACT FPM representative	Dr Geoff Speldewinde
Ex officio	Associate Professor Ray Garrick
Ex officio	Dr Chris Hayes
Ex officio	Dr Newman Harris (from May)

Victorian Regional Committee

Chair	Professor Robert Helme
Deputy Chair	Dr Diarmuid McCoy
Education meeting officer	Dr Clayton Thomas
Representative on ANZCA Victorian Regional Committee (ex-officio)	Dr Michael Vagg
New Fellows representative	Dr Louise Brennan
New Fellows representative	Dr Corry De Neef
Member	Professor George Mendelson
Ex officio	Dr Melissa Viney

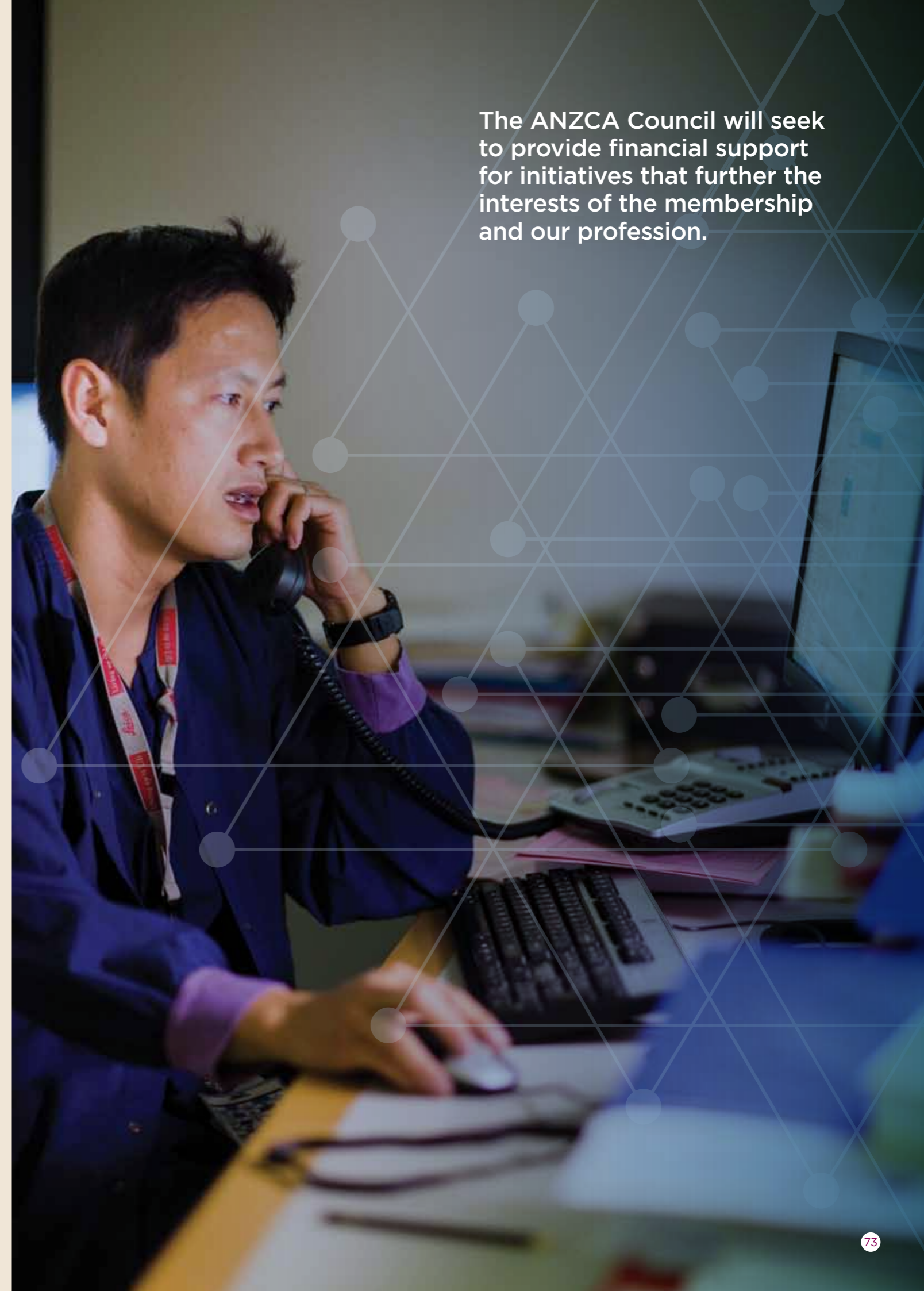
Western Australia Regional Committee

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

South Australian Regional Committee

Chair	Dr Graham Wright
Deputy Chair/honorary treasurer/secretary	Dr Bruce Rounsefell
Member	Dr Gary Clothier
Member	Dr Penny Briscoe
Member	Dr Susan Evans
Multidisciplinary representative	Dr Andrew Somogyi
Australian Pain Society representative	Dr Tim Semple
New Fellow representative	Dr Andrew Wilkinson (from July)
ANZCA representative	Dr Philip Cornish
Trainee representative	Dr Jonathan Chan (until July)
Trainee representative	Dr Kim Hattingh (from July)
Ex officio	Associate Professor Andrew Zacest
Ex officio	Dr Meredith Craigie
Ex officio	Dr Dilip Kapur

The ANZCA Council will seek to provide financial support for initiatives that further the interests of the membership and our profession.



Honorary treasurer's report



I am pleased to report that the College continues to be in good financial health. It was anticipated that 2013 would be a more challenging year for the College due to the number of capital projects being undertaken. However 2013 proved that the College can manage well through budget challenges resulting from changing internal and external operating environments. The College has consolidated its strong financial position due to the ongoing support of you, the members, and our valued trainees and sponsors. I would like to thank my Fellow council members and CEO, 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 \$A27.218 million, an increase of \$A3.185 million compared to last financial year. The College 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 sound investment strategy that has been determined by the investment committee 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.

Statement of comprehensive income

In 2013, overall revenue from operating activities for the year was \$A30.152 million (\$A28.143 million in 2012). Expenses totalled \$A29.084 million (\$A26.250 million for 2012), leaving an operating surplus of \$A1.068 million (surplus of \$A1.893 million in 2012).

The reduction in 2013 operating surplus was expected due to changes in the delivery of services to achieve high quality outcomes in training through the revised training program, and better utilisation of technology to support the online experience of Fellows.

In 2013 the College received additional funding for the specialist training program (STP) from the Australian government (up \$A1,141,356). These additional funds substantially, but almost equally, increased both revenue and expenditure and therefore had a very minimal impact on the operational surplus in 2013. The program is now well established, expanding from the original 37 funded positions in 2012 to 48 in 2013 and an expected 57 in 2014. I am pleased to report that in 2013 the College also took a proactive role in administering government funding for the Training More Specialist Doctors in Tasmania package, to be implemented within existing College resources.

In line with the increase in volume and modest increase in fees, the College has recorded a marginal growth in membership fees (up \$A740,621), events fees (up \$A336,366) and other income through advertising in ANZCA's publications and sponsorship (up \$A126,226).

Expenditure growth, from \$A26.250 million in 2012 to \$A29.084 million in 2013, largely reflected the costs of the STP.

Although investment markets worldwide continued to be volatile in 2013 the College's investments delivered a higher-than-budgeted return, the result of prudent financial management over a number of years.

The overall investment portfolio delivered a positive return of \$A1.957million (compared with \$A1.588 million in 2012). The result was driven by unrealised capital gains of \$A1.390 million

(up from unrealised capital gains of \$A880,562 in 2012) and income earnings (dividends and interest) of \$A567,232 (down from \$A706,959 in 2012).

After taking account of the positive investment return, the College was left with a consolidated surplus of \$A3.025 million (compared with a surplus of \$A3.481 million in 2012). Further positive exchange translation differences between the New Zealand and Australian dollar allowed for the total comprehensive income for the year to finish at a positive \$A3.185 million (compared with a positive \$A3.795 million in 2012).

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 \$A27.218 million (compared with \$A24.033 million at the end of 2012). 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 capital projects the College's cash position at end of the reporting period has greatly improved compared to last year. The cash holdings at the end of 2013 were \$A6.620 million, an increase of \$A1.678 million on the corresponding balance at the end of 2012, driven by strong receipts in December 2013 for prepayment of 2014 events and subscriptions, tight operational and capital expenditure control and sound cash flow management including short-term cash investment strategy.

2014 budget overview

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

The College takes a proactive approach in harnessing constantly evolving technologies, through its information management and information technology (IM/IT) strategic road map. The College has further improved the online experience of Fellows and trainees through enhancements to the training portfolio system, exam management system, continuing professional development (CPD) system and online educational resources. There is much more that will be achieved though this process in 2014.

The adopted budget for 2014 does not forecast an outcome that will match this year's, however I am certain that a better-than-budget result can be achieved through the effective management of the College's resources, through tight controls on all discretionary expenditure and raising higher-than-budget revenue through attracting a higher number of delegates and sponsors at events.

The ANZCA Council will continue to seek to provide financial support for initiatives that further the interests of the membership and our profession.

In closing, I would like to thank all the staff of the College, and particularly in this context, the Finance unit, led by general manager, Galina Fidler, for their tireless efforts and diligence. This will be my last report as honorary treasurer as I am stepping down from council in 2014. I wish the new honorary treasurer and council well.

Dr Michelle Mulligan
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 2013 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 \$A1,068,202 compared to a surplus of \$A1,893,339 in the prior year.

Combined with positive earnings on investments of \$A1,957,235 (compared to positive earnings in 2012 of \$A1,587,521) this produced an overall surplus for the year of \$A3,025,437 compared to a net surplus of \$A3,480,860 in 2012.

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 \$A159,627 (2012: favourable \$A22,915), giving a total comprehensive income surplus for the year of \$A3,185,064 (2012: surplus \$A3,794,932).

Total operating revenue increased by 7 per cent to \$A30,151,791 whilst operating expenditure rose by 11 per cent to \$A29,083,589.

The increase in both revenue and expenditure is predominantly related to the additional funding of the specialist training program that was awarded to the College by the Australian Department of Health and Ageing in 2013. The number of specialist training funded positions has increased to 48 compared to 37 in 2012 and the number of rural loadings has increased to 19 compared to 15 in 2012.

Although the specialist training program additional funds increased both the revenue and expenditure overall these funds had a very minimal impact on this year's surplus position.

The decrease in this year's surplus was caused by the decrease in revenue from training and increase in expenditure related to operating costs of implemented new technology and revised training program, which was operational from the 2013 hospital employment year. The revised training program operating changes have resulted in a decrease in operating revenue however they have been necessary to deliver the high quality outcome.

Statement of financial position

Total assets increased by 23 per cent or \$A8,912,009 to \$A47,748,875.

The major contributors to this were the increase in current assets reflecting a higher level of cash and cash equivalents, pre-payments and subscription/training debtors and the increase in non-current assets reflecting a higher fair value of investments and a higher level of intangible assets resulting from investing in the College infrastructure and technology.

Total liabilities increased by 39 per cent or \$A5,726,945 to \$A20,530,871 primarily due to higher levels of subscriptions, examination and trainee fees received in advance.

The result of this is that net assets increased by 13 per cent to \$A27,218,004 compared to \$A24,032,940 last year.

Statement of changes in equity

Total equity for the year increased by \$A3,185,064 from \$A24,032,940 in 2012 to \$A27,218,004.

This arose from the net effect of the overall surplus of \$A3,025,437 and a gain on exchange translation differences of the New Zealand assets and liabilities of \$A159,627.

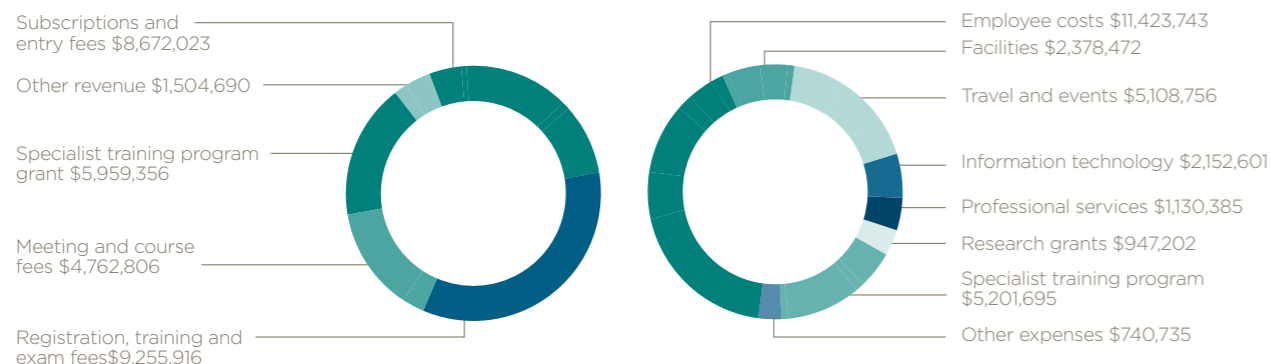
Statement of cash flows

Cash flow for the year substantially increased by \$A1,678,182 (2012: decreased by \$A33,602) primarily due to increase in 2014 prepaid subscription receipts paid by Fellows before the due date and decrease in payments for office equipment and intangible assets.

Financial statements

Statement of profit or loss and other comprehensive income for the year ended December 31, 2013

	2013 \$	2012 \$
Revenue		
Subscriptions and entry fees	8,672,023	7,931,402
Registrations, training and exam fees	9,255,916	9,592,181
Meeting and course fees	4,762,806	4,426,440
Specialist training program grant	5,956,356	4,815,000
Other income	1,504,690	1,378,464
Total revenue from operating activities	30,151,791	28,143,487
Expenses		
Employment	11,423,743	10,761,459
Facilities	2,378,472	2,406,786
Travel and events	5,108,756	4,667,441
Information technology	2,152,601	1,486,666
Professional services	1,130,385	1,078,690
Research grants	947,202	861,168
Specialist training program employment and rural loading	5,201,695	4,004,237
Other expenses	740,735	983,701
Total expenses from operating activities	29,083,589	26,250,148
Surplus before non-operating activities	1,068,202	1,893,339
Income from non-operating activities		
Investment income	1,957,235	1,587,521
Surplus for the year	3,025,437	3,480,860
Other comprehensive income		
<i>Items that may be reclassified to profit or loss</i>		
Exchange differences on translation of foreign operations	159,627	22,915
Changes in the fair value of cultural assets		291,157
Total comprehensive income for the year	3,185,064	3,794,932



Financial statements

(continued)

Statement of financial position at December 31, 2013

	2013 \$	2012 \$
ASSETS		
Current assets		
Cash and cash equivalents	6,619,750	4,941,568
Trade and other receivables	13,262,781	8,457,108
Other financial assets	139,521	129,017
Total current assets	20,022,052	13,527,693
Non-current assets		
Property and office equipment	10,143,898	11,072,442
Intangible assets	6,358,446	4,840,330
Other financial assets	11,224,479	9,396,401
Total non-current assets	27,726,823	25,309,173
Total assets	47,748,875	38,836,866
LIABILITIES		
Current liabilities		
Trade and other payables	3,035,351	3,328,241
Other liabilities	16,797,539	10,880,143
Provisions	292,106	251,288
Total current liabilities	20,124,996	14,459,672
Non-current liabilities		
Provisions	405,875	344,254
Total non-current liabilities	405,875	344,254
Total liabilities	20,530,871	14,803,926
Net assets	27,218,004	24,032,940
EQUITY		
Retained earnings	26,724,630	23,699,193
Foreign currency translation reserve	202,217	42,590
Assets revaluation reserve	291,157	291,157
Total equity	27,218,004	24,032,940

Statement of changes in equity for the year ended December 31, 2013

	Retained earnings \$	Foreign currency translation reserve \$	Assets revaluation reserve \$	Total \$
Balance at January 1, 2012	20,218,333	19,675	-	20,238,008
Surplus for the year	3,480,860	-	-	3,480,860
Currency translation differences arising during the year	-	22,915	-	22,915
Revaluation of assets during the year	-	-	291,157	291,157
Total comprehensive income for the year	3,480,860	22,915	291,157	3,794,932
Balance at January 1, 2013	23,699,193	42,590	291,157	24,032,940
Surplus for the year	3,025,437	-	-	3,025,437
Currency translation differences arising during the year	-	159,627	-	159,627
Revaluation of assets during the year	-	-	-	-
Total comprehensive income for the year	3,025,437	159,627	-	3,185,064
Balance at December 31, 2013	26,724,630	202,217	291,157	27,218,004

Statement of profit or loss and other comprehensive income for the year ended December 31, 2013

	2013 \$	2012 \$
Cash flows from operating activities		
Receipts from members, customers and government bodies	35,773,944	29,250,611
Interest received	117,445	95,553
Donations received	97,473	69,284
Payments to employees, suppliers and other parties	(31,413,919)	(26,064,951)
Research grants and bequests paid	(971,950)	(826,168)
Net cash inflow from operating activities	3,602,993	2,524,329
Cash flows from investing activities		
Proceeds from sale of financial assets	-	1,000,000
Payments for financial assets	(100,000)	(313,814)
Payments for property and office equipment	(402,489)	(1,055,774)
Payments for project development	(1,599,763)	(2,261,162)
Receipts from/(payments for) other financial assets	(8,511)	37,038
Net cash outflow from investing activities	(2,110,763)	(2,593,712)
Cash flows from financing activities		
Net cash inflow/(outflow) from financing activities	-	-
Net increase/(decrease) in cash and cash equivalents	1,492,230	(69,383)
Cash and cash equivalents at the beginning of the financial year	4,941,568	4,975,170
Total effect of exchange rate fluctuation of cash held	185,952	35,781
Cash and cash equivalents at the end of the financial year	6,619,750	4,941,568

Financial statements (continued)

Notes to the concise financial report

General information

The concise financial report is an extract from the full financial report for the year ended December 31, 2013. 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.

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, other authoritative pronouncements of the Australian Accounting Standards Board and Urgent Issues Group Interpretations.

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.

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.

Directors' declaration

The directors of the Australian and New Zealand College of Anaesthetists declare that the concise financial report of the Australian and New Zealand College of Anaesthetists for the financial year ended December 31, 2013, as set out in pages 76 to 83:

- complies with Accounting Standard AASB 1039: Concise Financial Reports; and
- is an extract from the full financial report for the year ended December 31, 2013 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 Lindy Roberts
President, ANZCA
March 26, 2014



Dr Michelle Mulligan
Honorary Treasurer, ANZCA
March 26, 2014



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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 2013, I declare that, to the best of my knowledge and belief, there have been:

- no contraventions of the auditor independence requirements of the Corporations Act 2001 in relation to the audit; and
- 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, 26 March 2014

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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 2013, the statement of 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 2013. 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 2013. Our audit report on the financial report for the year was signed on 26 March 2014 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. We confirm that the independence declaration required by the Corporations Act 2001, which has been given to the directors of Australian and New Zealand College of Anaesthetists would be in the same terms if given to the directors as at the time of this auditor's report.

Auditor's opinion

In our opinion, the concise financial report of Australian and New Zealand College of Anaesthetists for the year ended 31 December 2013 complies with Accounting Standard AASB 1039 Concise Financial Reports.



GRANT THORNTON AUDIT PTY LTD
Chartered Accountants



Adrian Nathanielsz
Partner - Audit & Assurance

Melbourne, 26 March 2014

Contact information

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