

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.

ANZCA Annual Report 2012

The year 2012 was a watershed for the College and Faculty, a time to reflect on the past and plan for the future.





Lindy Roberts

Dr Lindy Roberts
President, ANZCA

Celebrating 20 years of our College

In 2012, ANZCA celebrated its 20th anniversary. Established in 1992 after 40 years as the Faculty of Anaesthetists, Royal Australasian College of Surgeons, the past two decades have seen us build on the legacy of our founders. The numerous contributions of Fellows, trainees and professional staff, over many years, are the core upon which our professions, our College and its Faculty of Pain Medicine (FPM) are founded.

The College and FPM aim to support Fellows and trainees throughout their careers; to assist them in meeting regulatory body requirements and to advance the collegiality of our specialties. The year 2012 was a watershed for the College and Faculty, a time to reflect on the past and plan for the future.

Closing out ANZCA strategic plan 2010 – 2012

This strategic triennium gave priority to Fellow engagement, quality and safety, support for Fellows who supervise trainees, increasing research support, raising the profiles of anaesthesia and pain medicine, addressing workforce issues, indigenous health, overseas aid, and constitutional review.

In 2011, we welcomed new chief executive officer, Linda Sorrell. We sadly farewelled a number of colleagues and witnessed trauma and bravery in our communities affected by natural disasters.

We celebrated with our new Fellows as they completed their training, and with those receiving College and Faculty awards and external honours.

Key achievements over this three-year period included:

- **Improved understanding of Fellows' needs** through the fellowship survey (2010), the "road shows" by the New Zealand National Committee chair (2010-12) and our CEO (2012), and the La Trobe University study of Fellow engagement (2012).

In 2010, Fellows told us that services including the continuing professional development (CPD) program, ANZCA Library, professional documents, the annual scientific meeting (ASM) and publications (for example, *Acute Pain Management: Scientific Evidence*) were well used and highly valued.

Whilst ANZCA was viewed as professional and reputable, it was also sometimes seen as bureaucratic and remote. Expanding and improving our services for Fellows and trainees (our future Fellows) has been a focus and will remain so in the years ahead. Above all, we will continue to seek Fellows' and trainees' views and respond to that feedback.

- **An expanded trainee role in College affairs.** The ANZCA Trainee Committee chair regularly attends ANZCA Council meetings (commenced 2010). There has been increasing trainee representation across the College (for example, on the Examinations Committee from 2012).

- **Quality services for Fellows and trainees.** These include:

- The ANZCA Library with more electronic journals, e-books (introduced 2010) and assistance with searches.

- The FANZCA logo (designed 2012) for business cards, letterhead, presentations and emails.

- Outstanding ASMs – "How meets why", Christchurch (2010); "Seeking the dragon pearl", Hong Kong (2011, with the Hong Kong College of Anaesthesiologists); and "Evolution: grow, develop, thrive", Perth (2012).

- The ASM e-newsletter (introduced 2010) for those unable to attend.

- Assistance with meeting mandatory CPD requirements through the release of CPD mobile (2012), ongoing improvements to the CPD program and standard, educational events and a growing library of podcasts for Fellows and trainees on key clinical topics.

- Numerous educational events such as the New Fellows Conference, FPM Spring meeting, special interest group (SIG) meetings, workshops, lectures, problem-based learning discussions and quality assurance meetings, many in conjunction with our sister societies.

- The *Training E-Newsletter* (introduced 2011).

- Supervisor and teacher support such as the Foundation Teachers' Course (launched 2010), the online in-training assessment process (introduced 2010), more help for Fellows assisting trainees experiencing difficulty, workplace-based assessment (WBA) workshops, the ANZCA Online Teacher Course (piloted 2011), and the *ANZCA Handbook for Training and Accreditation* (released 2012).

- Formation of two new tripartite SIGs, the Airway Management SIG (2010) and the Perioperative Medicine SIG (2011), as well as ongoing support for existing SIGs.

- Regional and national support through the Australian regional committees and the New Zealand National Committee and offices, with enhanced policy (2011) and communications (2010) capability in NZ, and office relocations in WA (2010) and SA/NT (2011).

- A Fellowship Affairs Unit (established 2010) to better co-ordinate services for Fellows.

- Customer service charters to handle Fellow and trainee inquiries quickly and effectively (introduced 2012).

- **Supporting quality and safety in clinical practice.** These include:

- New and revised ANZCA professional documents on difficult airway equipment, regional analgesia, assisting trainees experiencing difficulty, checking the machine, local anaesthesia administered by other health practitioners, anaesthesia handover, and anaesthesia machines.

- A more robust professional document process, with widespread consultation and background papers explaining decision-making and evidence (from 2010).

- External guideline endorsement including blood management, local anaesthetic toxicity, injectable medicines labelling and clinical handover.

- The ANZCA Anaesthetic Allergy Subcommittee (founded 2012), working with the Australian and New Zealand Anaesthetic Allergy Group (ANZAAG) to develop incident reporting and clinical guidelines on anaesthesia-related allergy.

- Safety alerts on the website, in the *Bulletin* and the *ANZCA E-Newsletter*.

- Clinical reviews on topics such as "can't intubate, can't ventilate", allergy and acute pain.

- Triennial mortality reports.

- Web-based incident reporting: WebAIRS (launched 2010) under the Australian and New Zealand Tripartite Anaesthesia Data Committee (ANZTADC, www.anztadc.net), a collaborative project with the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists.

- **The curriculum redesign project.**

This involved input from many Fellows and trainees. Highlights included accreditation by the Australian Medical Council (AMC) and Medical Council of New Zealand (2012), introduction of the ANZCA Roles in Practice and ANZCA Clinical Fundamentals, explicit learning outcomes, workplace-based assessment (WBA) training supported by our WBA champions, the training portfolio system, and teaching and learning cases.

(continued next page)

- **Pain medicine initiatives** such as the (Australian) National Pain Summit (2010) resulting in the National Pain Strategy, PainAustralia and a national award for ANZCA (2010); appointment of the inaugural FPM director of professional affairs (2010); New Zealand recognition of pain medicine as a vocational scope of practice (2012); the online GP education project (launched 2012), collaboratively with the Royal Australian College of General Practitioners and supported by the BUPA Health Foundation; and constitutional review formalising the role of the FPM Dean as an ANZCA director and non-FANZCA FPM Fellows as College members. The relationship between ANZCA and the FPM remains strong and collaborative.
- **The Asian Transition Working Group** which was established in 2012 to oversee arrangements and consult with ANZCA trainees, supervisors and training departments in Hong Kong, Malaysia and Singapore.
- **Growing support for research** with funding increasing from \$A757,000 in 2010 to over \$A1 million in 2012 (page 28); revitalisation of the ANZCA Anaesthesia and Pain Medicine Foundation; an active ANZCA Trials Group and Fellows achieving international recognition. I acknowledge the generosity of Fellows through donations towards research that changes clinical practice.

- **Raising the profile of anaesthesia and pain medicine.** Improving community and government understanding of our training, skills and professionalism, has included the ANZCA Media Award (introduced 2011), and redesign of the ANZCA website with a patient information section (2011). A successful media strategy increased media releases to 45 in 2012, generating many positive stories about our professions in nearly 1000 media reports (pages 34-35).
- **An effective voice in a complex health reform environment,** representing a very significant investment of ANZCA resources on behalf of Fellows, trainees and their patients to ensure that high standards of healthcare and training are maintained. The past three years have seen the introduction of national registration and mandatory reporting (Australia, 2010), the formation in 2010 of Health Workforce New Zealand and Health Workforce Australia (HWA), mandatory CPD (Australia, 2010), a revalidation conversation (Medical Board of Australia, 2012), and HWA workforce reports (2012).

In New Zealand, ANZCA has responded with an advocacy strategy, a dedicated policy project adviser, a workforce study (2012) and increasing formal submissions (to more than 20 in 2012).

In Australia, ANZCA has averaged more than 40 submissions each year on topics ranging from alternative prescribers to doctors' health. Additionally, many Fellows and trainees represent ANZCA on external organisations and projects, and their contributions are greatly appreciated.

- **The ANZCA Indigenous Health Committee** (formed 2011) has produced indigenous health podcasts (see ANZCA website), and strategies to support indigenous doctors and medical students in Australia and New Zealand, through mentoring, collaboration and data collection.
- **The ANZCA Overseas Aid Committee** (established 2010) supports the Essential Pain Management Course (piloted 2010) and run in Papua New Guinea, the Pacific, Asia, Africa and Central America; a scholarship to foster trainee involvement in overseas aid (started 2012); generous donations by Fellows and trainees to the Lifebox global oximetry project (ASM 2012); and ongoing international scholarships to upskill anaesthetists from neighbouring countries.
- **Capturing our history and heritage for future generations** through our history and heritage strategy (2011), the development of "Anaesthesia stories" (2012), ongoing support for the Geoffrey Kaye Museum of Anaesthetic History and related events.

What next? Strategic plans 2013-2017

In 2012, much effort was spent developing the ANZCA and FPM strategic plans for the next five years (pages 16-17).

A "grassroots up" approach sought feedback from Fellows, trainees, staff and external organisations to determine our priorities. New projects for 2013 and beyond will advance standards in anaesthesia and pain medicine, improve services for Fellows and trainees, ensure strong collaborations and advocacy, and strengthen our College and Faculty for the future.

There are many current issues – clinical leadership; workforce; health reform and innovation; health spending; maintenance of standards; services in regional, rural and remote settings; equity; increasing regulation; revalidation; sustainability; support for Fellows and trainees, and appropriate acknowledgement of their contributions.

The meaning and value of fellowship

There is enormous value in our fellowships. The post-nominals FANZCA and FFPMANZCA indicate specialists of the highest standing. Fellows and trainees can be rightly proud of their College and Faculty. However, I take nothing for granted.

As in our clinical work, the College should preserve traditions and services that are effective, as well as move with the times and away from practices that are outdated. We must remain responsive and relevant in a changing environment.

Collegiality remains the strength of our organisation. Working together, we can embrace opportunities and be proactive in the way we collaborate with and influence others. Above all, we must ensure that messages about safe and high quality anaesthesia, perioperative care and pain medicine are heard, understood and acted upon.

I acknowledge all ANZCA and FPM Fellows, trainees and staff who have contributed to our evolution over the past 20 years. We can together look forward to an exciting, challenging and successful future.

"The numerous contributions of Fellows, trainees and professional staff, over many years, are the core upon which our professions, our College and its Faculty of Pain Medicine (FPM) are founded."

Chief executive officer's report



Linda Sorrell

Linda Sorrell
Chief Executive Officer, ANZCA

We have seen a period of great change and achievement at ANZCA in 2012, which is a credit to the many Fellows, trainees of ANZCA who have been strongly supported by College staff.

The final stages of the revised curriculum development occurred, ready for implementation in the 2013 hospital employment year.

This enormous project – the biggest yet undertaken by the College – involved thousands of hours' work by hundreds of Fellows, trainees and approximately 50 per cent of the College's staff. It has been closely watched by the Faculty of Pain Medicine (FPM), which continues to develop its revised curriculum for 2015.

College staff co-ordinated the development of key documentation to support the revised training program, including the curriculum itself, the handbook and the new regulation.

A comprehensive change management and communication strategy was also developed to provide education and orientation in relation to the program.

The Education Development Unit ran a series of workplace-based assessment workshops to inform our supervisors of training and other trainers about how workplace-based assessments work under the revised curriculum. The Education Development Unit also continued to develop and deliver e-learning resources for trainees and Fellows and progressed development of the Foundation Teacher Course (online pilot).

The College created a new state-of-the-art training portfolio system, allowing trainees and their supervisors to record all aspects of training, including their clinical experiences, workplace-based assessments, clinical placement and core unit reviews, to provide details about courses attended and view details of examinations.

The Strategic Project Office, which was formed in August 2012, assumed responsibility for implementing the training portfolio system and successfully delivered the continuing professional development (CPD) mobile solution with the Fellowship Affairs unit. The CPD mobile allows Fellows to complete their CPD portfolio functions "on the go" using smartphones and tablets. The College plans to continue to advance the CPD experiences of Fellows in 2013.

Staff from across the College continued to support continuing medical education events in 2012, from the hugely successful 2012 Perth Annual Scientific Meeting (which attracted more than 1500 Fellows and trainees) and FPM Refresher Course Day, to successful special interest group meetings, the FPM Spring Meeting and events in the Australian regions and New Zealand.

The reaccreditation process of the College and FPM by the Australian Medical Council and the Medical Council of New Zealand was co-ordinated by the ANZCA Policy unit, which also facilitated some 50 submissions to government in Australia and New Zealand on behalf of ANZCA and FPM.

The promotion of anaesthesia and pain medicine continued to grow, largely thanks to the work of our Communications unit, which issued 45 media releases that resulted in nearly 1000 media reports about anaesthesia and pain medicine that reached an estimated cumulative audience of 18.6 million people in Australia and New Zealand.

In 2012 the Communications unit also developed the FANZCA logo, which is made up of the College coat of arms and the words "Fellow of the Australian and New Zealand College of Anaesthetists". The logo is designed for use on stationery, allowing Fellows to more visibly display their FANZCA post-nominals.

Our online resources, including additions to the ANZCA Library and our podcasts and webinar collections, continue to grow. In 2012, FPM was involved in the successful launch of a GP Online Education Program on pain management, in collaboration with the Royal Australian College of General Practitioners. Three web-based oral histories, Anaesthesia Stories, were produced.

The College and FPM both have new strategic plans for 2013-2017. The development of these plans involved wide consultation with groups and individuals, within and outside the College.

The strategic plans have guided the development of business plans established by each unit within the College, which will see the College move forward in 2013.

"The College created a new state-of-the-art training portfolio system, allowing trainees and their supervisors to record all aspects of training."

Expanding and improving our services for Fellows and trainees (our future Fellows) has been a focus and will remain so in the years ahead.



Awards, prizes and honours

College awards in 2012

Robert Orton Medal

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

Dr Duncan Campbell – For positively affecting the professional life of thousands of anaesthetists and the care of millions of patients by the invention of a fluidic ventilator that is widely known as “The Campbell Ventilator”.

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 Mary Katherina Hegarty – “Does take-home analgesia improve post-operative pain after elective day case surgery? A comparison of hospital versus parent-supplied analgesia”.

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 Rohan David Mahendran –

“Measuring cardiac output in the setting of different intra-abdominal and positive endexpiratory pressures: Comparison of trans-cardiac and trans-pulmonary thermodilution in a porcine model”.

Renton Prize

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

Dr Katrina Pamela Pirie, May 2011

Dr On Yat Wong, September 2011

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 Jai Nair LePoer Darvall, May 2011

Dr Stuart Lachlan Hastings,
September 2011

New Zealand New Year Honour

Dr Jeremy Cooper was made a Member of the New Zealand Order of Merit (MNZM) in the New Year Honours List for services to medicine.

Australia Day Honours

Ambulance Service Medal (ASM)

Dr Andrew Kenneth Bacon was awarded the Ambulance Service Medal (ASM), Victorian Ambulance Service.

Member (AM) in the General Division

Dr John Patrick Keneally: For service to medicine as a clinician and academic, to the specialty of paediatric anaesthesia and pain management, and through advisory roles with public health organisations.

Dr Harry Frank Oxer: For service to hyperbaric and underwater medicine, to medical education, and continuing service to St John Ambulance in Western Australia.

Medal (OAM) in the General Division

Dr Neil Thomas Matthews: For service to medicine in the field of paediatric critical care as a practitioner and academic.

Dr Rodney Neill Westhorpe: For service to medicine as an anaesthetist.

Dudley Buxton Medal of the Royal College of Anaesthetists

Professor Teik Oh has been awarded the Dudley Buxton Medal of the Royal College of Anaesthetists in recognition of his estimable services to the specialty. The medal was established in 1967 to provide an annual award of a prize for meritorious work in anaesthesia or in a science contributing to the progress of anaesthesia.

Australian Queen’s Birthday Honours

Associate Professor Malcolm Wright has been appointed a Member of the Order of Australia in the General Division, for service to intensive care medicine, as a clinician, teacher and administrator, and through advanced medical training programs in developing countries.

Dr David Henry McConnel has been awarded the Medal of the Order of Australia in the General Division, for service to medicine, particularly as an anaesthetist, through a range of executive and professional roles.

Dr Drew James Wenck has been awarded the Medal of the Order of Australia in the General Division, for service to intensive care medicine through advisory roles, and to the community.

New Zealand Queen’s Birthday Honours

Sir Roderick Deane has been made a Knight Companion of the New Zealand Order of Merit (KNZM) for his contribution to business and policymaking, and for supporting the arts and disability sector for more than 30 years. Sir Roderick is on the board of ANZCA’s Anaesthesia and Pain Medicine Foundation.

Dr James Judson, FANZCA, FCICM, received an MNZM (Member of the New Zealand Order of Merit) for services to intensive care medicine. Dr Judson works as an intensive care specialist at Auckland City Hospital’s Intensive Care Unit.

ANZCA Council

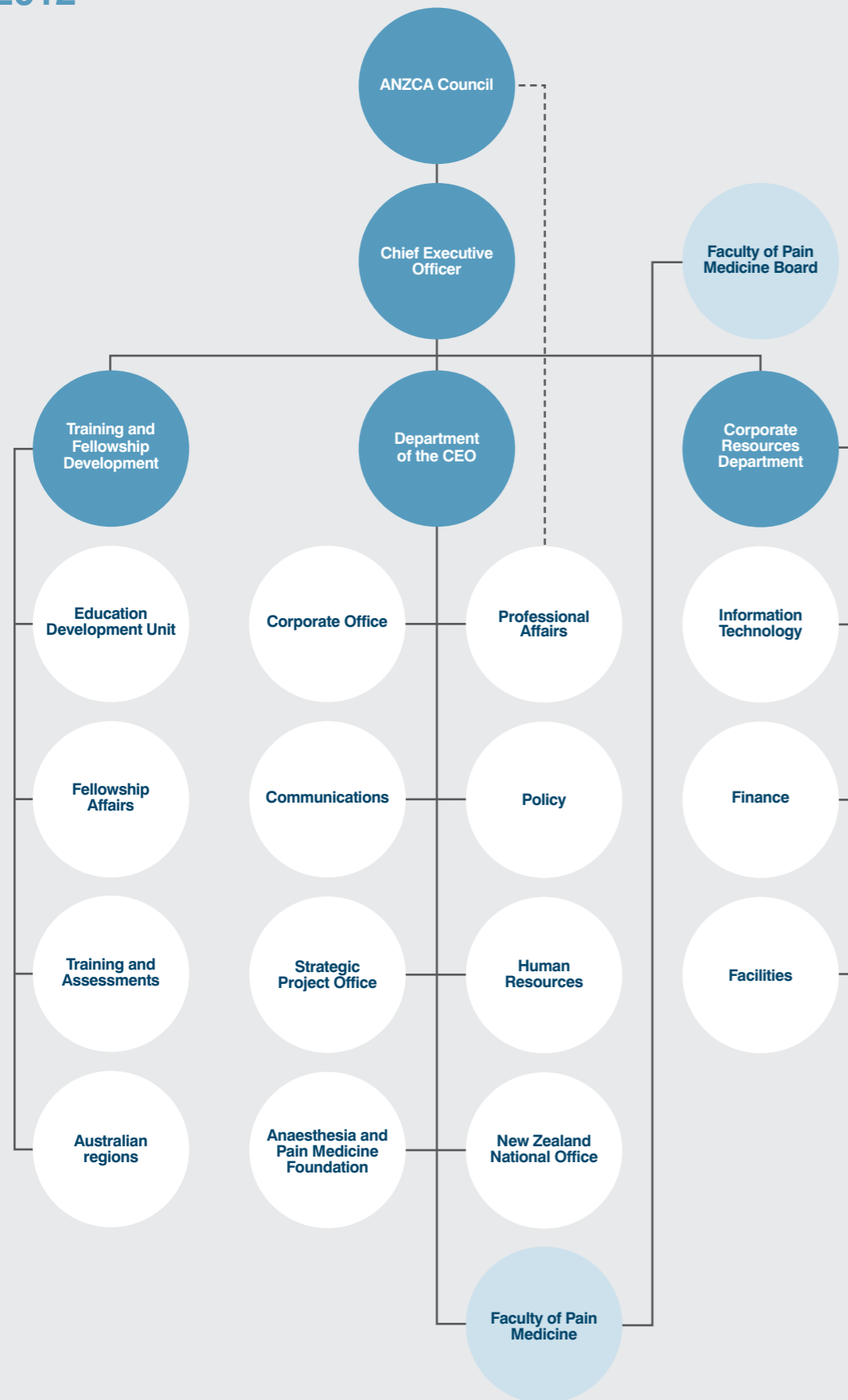


ANZCA Council

In accordance with the provisions of the constitution, nominations were called for three vacancies on the ANZCA Council. Six nominations were received. Dr Vanessa Beavis was elected as a new councillor. Dr Frank Moloney and Dr Michelle Mulligan were reelected for a period of three years.

From left: Professor Alan Merry, Dr Michelle Mulligan, Dr Rodney Mitchell, Professor Kate Leslie, Dr Patrick Farrell, Associate Professor Brendan Moore (Dean, Faculty of Pain Medicine), Associate Professor David Scott, Dr Lindy Roberts (President, ANZCA), Dr Frank Moloney, Dr Genevieve Goulding (Vice-President, ANZCA), Dr Gabriel Snyder (New Fellow councillor), Dr Vanessa Beavis, Dr Mark Reeves, Ms Linda Sorrell (CEO, ANZCA), Dr Kerry Brandis.

**ANZCA
organisation
chart 2012**



Highlights included accreditation by the Australian Medical Council and Medical Council of New Zealand.



The revised training program

The 2013 anaesthesia training program has been designed in line with recommendations from the curriculum review, which began in 2008. Throughout 2012, authorship workshops were held to finalise the program with thousands of hours' of work by hundreds of Fellows, trainees and staff. This resulted in the publication of the curriculum, handbook and regulation, which outline all components of the training program.

The streams of work for delivery of the revised training program included:

- Curriculum, handbook and regulation development.
- Training portfolio system development.
- Transitioning of trainees to the revised training program.
- Change management and communication activities to prepare all stakeholders for the launch.

Revised curriculum

The Curriculum Redesign Steering Group and curriculum authoring groups developed the content of the curriculum, and teaching and learning cases, for effective delivery of the training program.

The teaching and learning cases were developed throughout the year as teaching resources integral to the revised curriculum. These evolving case scenarios are clinically based and are presented in a format to encourage discussion and reflection rather than didactic teaching.

They are available to trainees, consultants and supervisors. The teaching and learning outcomes were linked to the learning outcomes in the curriculum and demonstrate the way these outcomes underpin the knowledge, skills and attitudes necessary for clinical practice.

References and resources were identified for each case to assist the trainee and facilitator to address areas where their knowledge, experience or understanding may be insufficient or as an aide memoir.

Handbook and regulation

The TE-Document Development Group (TE-DDG) developed ANZCA's *Handbook for Training and Accreditation* and the new *Regulation 37: Training in Anaesthesia Leading to FANZCA, and Accreditation of Facilities for the Delivery of the Curriculum*. The regulation outlines the rules relating to the training program for trainees, Fellows and accredited units. The TE-DDG comprehensively reviewed existing regulations and translated these to apply to the requirements of the revised curriculum. The TE-DDG also combined existing TE professional documents and developed new information to allow trainees, supervisors and tutors to understand how to implement the revised curriculum in practice.

New roles were developed and sections of the handbook outline the duties of Fellows involved in curriculum delivery as supervisors and assessors including:

- Education officers.
- Supervisors of training.
- Introductory training tutors.
- Clinical fundamental tutors.
- Specialised study unit supervisors.
- Scholar role tutors and supervisors.
- Workplace-based assessors.
- Rotational supervisors.
- Examiners.

Training portfolio system

Project groups ensured the requirements of the curriculum were translated into specifications for the development of ANZCA's customised training portfolio system (TPS). The Curriculum Operations and Implementation Group, Curriculum Implementations and Planning Group and Curriculum Project Governance Group oversaw development of the TPS and all new College administration processes to manage training program delivery.

The TPS was developed for trainees and supervisors to record and track all components of training. It is the hub for training program data and is where trainees:

- Record their clinical experiences including volume of practice (cases, procedures, time), clinical placement plans and other achievements.
- View workplace-based assessments.
- View clinical placement reviews and core unit reviews.
- Provide details about courses attended.
- View details of examinations.

Anaesthetists who supervise trainees and perform workplace-based assessments have access to the TPS for completing the assessments. Trainees, supervisors and workplace-based assessment assessors can access the system from devices including Apple and Windows desktop computers and laptops, android tablets, Apple iPads and iPhones and numerous smart phones. ANZCA contacted the IT departments of accredited training sites to ensure that technical restrictions did not prevent access for ANZCA trainees and Fellows.

Preparing for the launch

A comprehensive change management and communication strategy was delivered throughout the year to provide education and orientation for the launch of the training program. This included the development of online resources such as podcasts, the co-ordination of webinars and also face-to-face workshops. The change program paid significant attention to the new workplace-based assessment (WBA) tools of the revised curriculum. WBA champions and the education, training and development manager co-ordinated more than 77 workshops, overseen and guided by the Workplace-based Assessment Committee.

The inclusion of new WBA tools in the revised curriculum improves the teaching and assessing of important areas, such as skill acquisition and demonstration of professional attributes. In 2012, the WBA tools were finalised following comprehensive piloting in previous years. The assessments were blueprinted to the revised curriculum along with the primary exam and final exam learning outcomes.

WBAs improve the structure of in-and out-of-theatre teaching, critical thinking and reflection, and feedback in all areas. The tools are used in a clinical setting and aim to ensure that the trainee not only has required knowledge but also can demonstrate flexibility using that knowledge in their clinical performance. This formalises the teaching that already occurs in ANZCA training and the workshops allow Fellows and provisional Fellows to become familiar with the tools. As the year progressed, many departments began using the tools in training to prepare for the launch.

Transitioning and supporting trainees

The second half of 2012 focused on developing criteria and processes for transitioning trainees to the revised curriculum. Each trainee's transition status was subject to a preliminary assessment by the College and the trainees were advised of the outcome. By the end of 2012, trainees were made aware of their transition status and processes were defined to allow trainees to understand how partial completion of 2004 curriculum modules would be credited to the revised curriculum.

Launching the curriculum

Between October and December, the general manager, education development, the training portfolio system (TPS) project manager and TPS team visited local supervisor of training events to teach education officers and supervisors of training how to use the TPS and to learn more about the training program. The TPS and curriculum were launched in New Zealand in December and College staff provided close support to trainees and supervisors with scheduled teleconference events and through regular publication of launch e-newsletters and online TPS user guides and support resources.

Oliver Jones

General Manager,
Education Development Unit

Strategic planning

New strategic directions for both ANZCA and FPM

During 2012, the College and Faculty of Pain Medicine reviewed their strategic plans.

The review provided a great opportunity to engage with members and key stakeholders, to seek their views, and to develop a revitalised mission, vision and key strategic priorities. A careful analysis of the challenging external environment coupled with responses from major stakeholders provided the basis upon which the strategies were developed. The outcome is a modernised mission and a clear, achievable vision.

Major initiatives such as the implementation of the revised curriculum, the move from a provider to a collegial relationship with our Asian partners, and the spotlight on health workforce innovation, were among major challenges and opportunities that ANZCA and FPM considered during the strategy development.

Beginning in late 2011, ANZCA staff reviewed the previous strategic plan then consulted extensively with internal and external stakeholders to gauge where ANZCA is positioned, and where it wants to be in five years. The consultation included all the major ANZCA committees, including the New Zealand National Committee and the Australian regions.

The results were workshopped with ANZCA Council, the CEO and general managers into a set of strategic priorities and associated objectives. These form the basis for the ANZCA Strategic Plan 2013-2017. A similar process was undertaken for FPM, ensuring relevant stakeholders were involved, as well as ensuring alignment with the ANZCA plan.

The plan is intended to inform the work of ANZCA and FPM, respectively, and communicates the mission, vision and scope of work to external stakeholders in Australia and New Zealand. These include (but are not limited to) government agencies, hospitals, other colleges and societies, interest groups and the public. It encapsulates why ANZCA/FPM exists, what it does, and its key areas of work for the next five years.

Some things are unchanged: ANZCA's core mission, the driver for everything we do, keeps us firmly focused on the provision of safe, high quality patient care for our community. Also unwavering is the dedication and expertise of all those who work to advance standards of training and practice. However, the economic, political and social landscape in which we deliver on our mission has changed, and will continue to do so.

The revised anaesthesia curriculum and associated training program, which starts in 2013, is a good example of how ANZCA stays true to its core purpose while leading innovation and improvement. Similarly, FPM's work in this area will produce an updated curriculum for pain medicine for 2015.

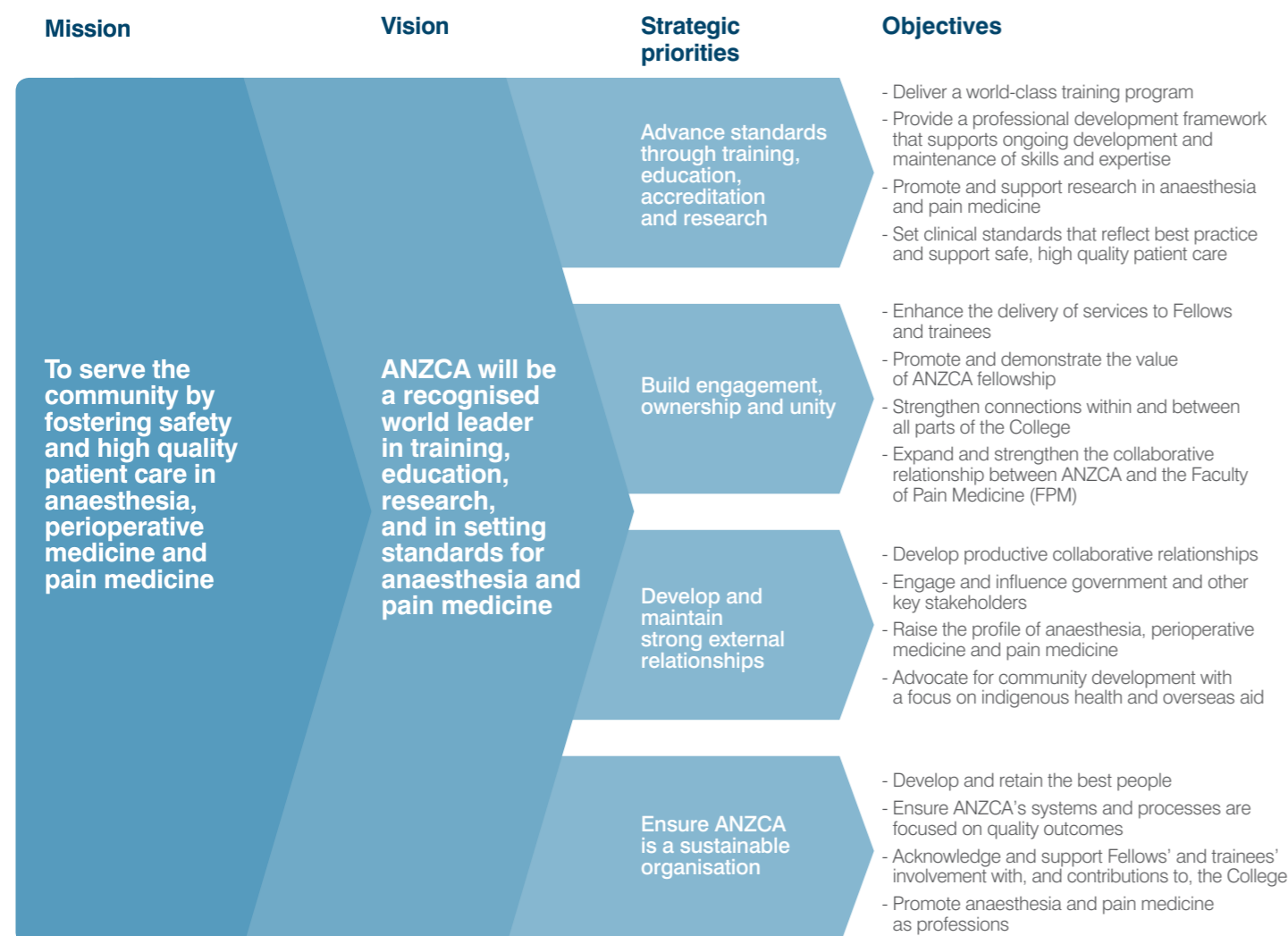
Collegiality remains at the heart of our strength as an organisation and the recognition, support and acknowledgement of contributions from Fellows and trainees is a key objective. It is critical that we work together to embrace opportunities, and be proactive in the way we collaborate with and influence others. We must remain responsive to changing needs and new challenges, as well as fostering work environments that support and advance education and scholarship. Above all, we must ensure that messages about safe and high quality anaesthesia, perioperative care and pain medicine are heard, understood and acted upon.

The strategic plans below will be put into action through the College's comprehensive business planning process, which is under way.

John Biviano
General Manager, Policy

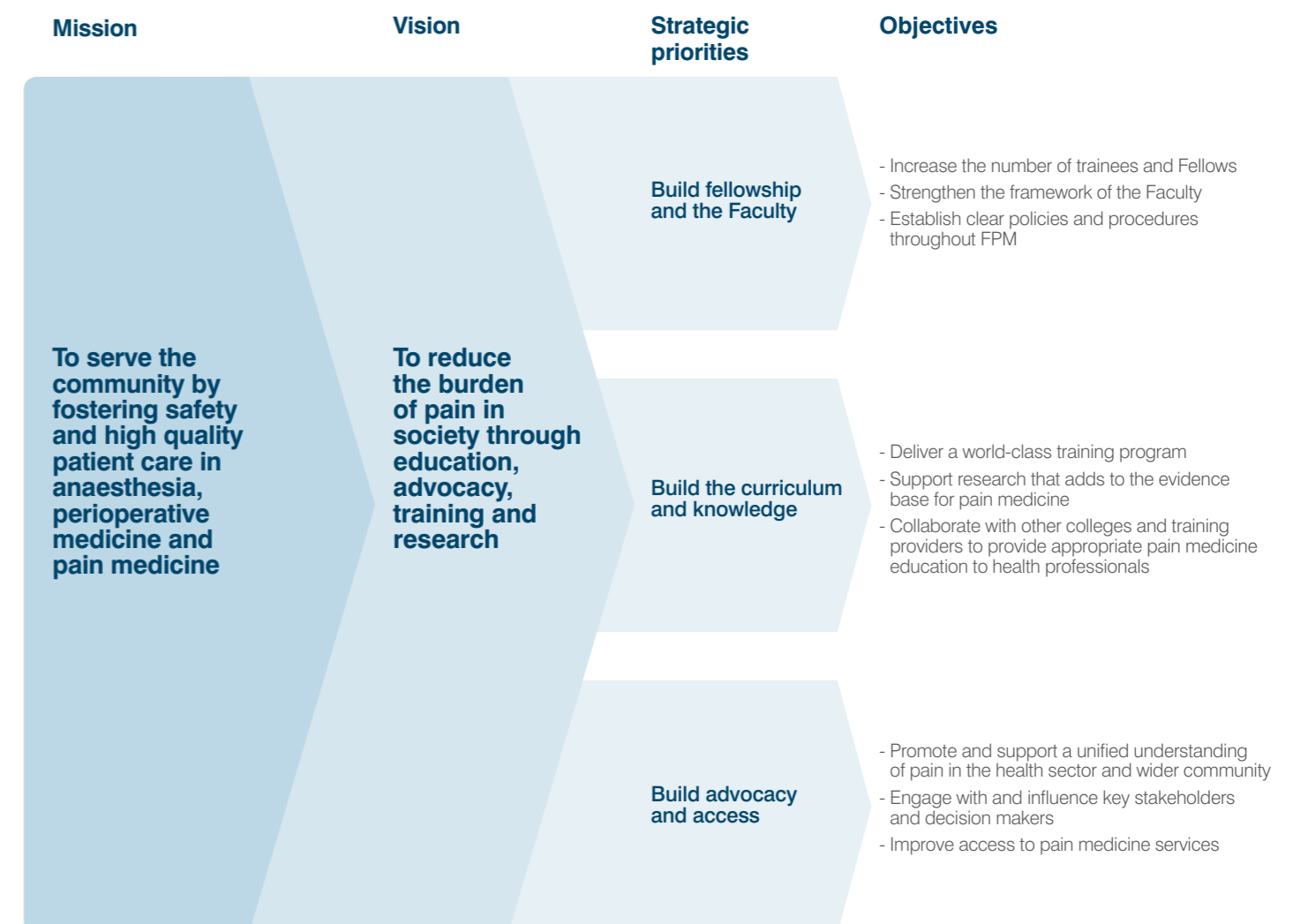
ANZCA Strategic Plan 2013-2017

Advancing anaesthesia, improving patient care



FPM Strategic Plan 2013-2017

Advancing pain medicine: Improving patient care



Fellowship affairs

Providing relevant, professional and accessible services to Fellows continues to be the focus of the Fellowship Affairs unit, which is guided by the Fellowship Affairs Committee. During 2012, there was substantial investment in IT infrastructure to deliver services through an ever-increasing number of digital channels.

The highly valued ANZCA Library continued to expand its online collection and accessibility and demand for an increasing number of continuing medical education events grew with more than 3000 Fellows and trainees attending ANZCA-run events in 2012.

Our continuing professional development (CPD) program was successfully accredited and we delivered CPD for smartphones. The College also commenced engagement with regulatory bodies around revalidation and recertification.

The Quality and Safety Committee and its sub-committees focused on setting the standards for anaesthesia practice in Australia and New Zealand and there was continued focus on our History and Heritage Strategy. During 2012, “Anaesthesia Stories”, a new series of short interviews with luminary Fellows commenced.

Highlights

- More than 1500 Fellows and trainees attended the 2012 Annual Scientific Meeting in Perth, “Grow Develop Thrive”.
- Co-ordination and delivery of seven key special interest group meetings across Australia and New Zealand.
- The Anaesthetic Allergy Sub-Committee of the Quality and Safety Committee was established to produce guidelines and other resources.
- Documents for airway management, expert witness, infection control, anaesthesia and echocardiography, end of life issues were addressed by the Quality and Safety Committee.
- ANZCA's CPD program was successfully accredited by the Australian Medical Council and the Medical Council of New Zealand.
- CPD for smartphones was introduced.
- The number of ANZCA Library e-books increased with 50 new titles and a subscription service to Ovid SP.
- There was increased hospital participation in web-based anaesthesia incident reporting with more than 40 hospitals now reporting through the Australian and New Zealand Tripartite Anaesthetic Data Committee (ANZTADC) website.
- “Anaesthesia stories”, a series of short interviews with luminary Fellows, commenced as part of the History and Heritage Strategy.

Workforce

The geographical distribution of Fellows in active practice as of December 31, 2012, was:

	ANZCA	FPM
Australia	3815	238
New Zealand	559	26
Singapore	67	9
Hong Kong	201	11
Malaysia	44	2
Other	169	29
Total	4855	315

There were 285 new Fellows admitted in 2012.

Continuing professional development

The ANZCA CPD program was successfully accredited as part of the College's overall reaccreditation process by the Australian Medical Council (AMC) and New Zealand Medical Council (NZMC).

The CPD unit and the CPD Committee continue to engage with the AMC and MCNZ to ensure we maintain our standard-setting CPD program. Fellows' interests are being represented with the relevant Australian and New Zealand regulatory agencies as the discussions on clinical audit, revalidation and recertification continue to evolve.

In 2012, further work on the delivery channels of the CPD program was done based on Fellow feedback and user requirements. The CPD committee approved the development and subsequent delivery of CPD for smartphones. This capability allows Fellows to conveniently access their CPD portfolio and add activities on the go as well as track progress from their smartphone. It is a further evolution of the online CPD portfolio which can now be accessed across any device at anytime.

Compliance with the program by Fellows was also achieved with a successful 2012 audit.

Knowledge resources

The ANZCA Library now has more than 200 e-books and new subscriptions including OVID Anesthesiology, Pain collection and the Lange Basic Science Collection. New on-line journal access was also expanded with the addition of MDConsult and the Anesthesiology collection.

Fellows and trainees have welcomed the additional resources with usage in 2012 at 130,000 downloads, more than three times the number in 2011. The number of books borrowed by Fellows and trainees also increased to more than 700 sent throughout Australia and New Zealand.

The Geoffrey Kaye Museum of Anaesthetic History enjoys an international reputation as one of the major anaesthesia collections in the world and many international historians admire and envy the role the museum has played in furthering professional and public knowledge of the history and practice of anaesthesia.

The honorary curator, honorary archivist and museum collections officer expanded our collaborative ties with other anaesthetic museums of note, in particular the Wood Library museum. Items of historical significance were also donated to the Geoffrey Kaye Museum of Anaesthetic History including donations from the Asociacion de Anestesia, Analgesia y Reanimacion de Buenos Aires.

As part of the History and Heritage Strategy to preserve our history, the collections officer and the museum's assistant honorary curator, Dr Christine Ball, captured three oral histories entitled “Anaesthesia Stories: People and events shaping a modern specialty”. Interviews with Professor Tess Cramond, AO, OBE, Dr Duncan Campbell and Dr Nerida Dilworth, AM, were launched and are available on the ANZCA website.

Quality and safety

ANZCA's professional documents set the standard for anaesthesia practice in Australia and New Zealand.

Documents in development or review during 2012 include airways management, the expert witness, anaesthesia and echocardiography, infection control, pain and relief and end-of-life issues.

In 2012 ANZCA established the Anaesthetic Allergy Sub-Committee, to produce guidelines and other resources for prevention and management of anaesthesia-related allergy. Participation on web-based anaesthesia incident reporting continues to increase with more than 40 hospitals now reporting through the tripartite ANZTADC website.

Events

Perth ASM 2012

More than 1500 Fellows and trainees attended the Perth Annual Scientific Meeting in May. The scientific program included 13 plenary sessions, 178 concurrent session presentations, 47 workshops, 42 small group discussions and quality assurance sessions, and 59 ePoster presentations, complemented by an excellent social program and other important events, such as the College Ceremony.

ASM prize winners can be found on page 10.

Named lectures – 2012 ASM

Mary Burnell Lecture

Professor Ruth Landau (ANZCA ASM Visitor), Seattle, US – “Pharmacogenetics and anaesthesia: not yet ready for prime time?”

Michael Cousins Lecture

Dr Daniel Bennett (FPM ASM Visitor), Colorado, US – “Opiophobia, regulation and risk management: developments in the USA, a cautionary tale.”

Ellis Gillespie Lecture

Professor Patrick Wouters (ANZCA WA Visitor), Ghent, Belgium – “The right ventricle: more than a passive conduit?”

FPM WA Visitor Lecture

Professor Henrick Kehelt (FPM WA Visitor), Copenhagen, Denmark – “Progression from acute to chronic pain: what do we know and need to know?”

Australian Visitor's Lecture

Associate Professor Andrew Davidson (Lennard Travers Professor), Victoria, Australia – “Translational research in anaesthesia”

Regional Organising Committee Visitor's Lecture

Professor Joseph Neal (western Australian Organising Committee Visitor), Seattle, US – “Ultrasound – guided regional anaesthesia: a game-changer or just steady progress?”

Special interest group meetings

There were six special interest group meetings in 2012 attended by more than 700 delegates:

- Airway Management SIG Meeting “Everything airways: Airway problems outside the OT” – Mantra Lorne, Victoria.
- Trauma/ACCUTE SIG Meeting “Mass casualty-burns”, Perth, WA.
- Rural SIG Meeting “Staying afloat on the shipwreck coast: The return of the accidental intensivist”, Victoria.
- Perioperative/Acute Pain Medicine SIG meeting, “When worlds collide: Perioperative medicine – The new specialty on the block?”, Byron Bay, NSW.
- Combined Education, Management, Simulation and Welfare SIG Meeting “Workforce: Future force”, Hyatt Regency, Sanctuary Cove, Queensland.
- Obstetrics SIG Meeting “High risk obstetric anaesthesia”, Bunker Bay, WA.

Mark Harrison

General Manager, Fellowship Affairs

A successful media strategy increased media releases to 45 in 2012, generating many positive stories about our professions.



Training and assessments

In 2012, the Training and Assessments unit was very active in preparing for the roll-out of the 2013 revised curriculum while ensuring business as usual continued smoothly.

Highlights

- Begun a staged rollout of the revised curriculum.
- Conducted 39 hospital inspections.
- Implemented the strategic and business plans.
- Implemented the ANZCA Service Charter.
- Conducted successful primary and final examinations.
- Integrated training and assessments into records management systems.

Primary and final examinations

Primary examination

Two primary examinations were held during 2012. Record numbers attended the two sittings of the exam in 2012.

In February/April, 164 candidates successfully completed the primary fellowship examination. Of the 266 candidates who presented for pharmacology, 149 were successful. Of the 309 candidates who presented for physiology, 183 were successful.

The Court of Examiners recommended that the Renton Prize for the half-year ending June 30 be awarded to Ing-Kye Sim from Western Australia. Merit certificates were awarded to Adam Richard Storey (SA); Alexandra Alison Bull (SA); Andrew Mena Nikola (NSW); Daniel Eric Anderson (WA); Emily Claire Rowbotham (NZ); Gregory Michael Bulman (Vic); Jacqueline Yung (Qld); Jen Aik Tan (WA); Jeremy Stephen Young (NZ); Jolyon Jay Bond (Qld); Julia Kuchinsky (Vic); Julie Yin Mei Chan (Vic); Sangeetha Murthi (Vic); Selene Yan Ling Tan (Singapore); Thomas Peter Sullivan (Vic) and Yiyi Zhang (NZ).

In July/September, 192 candidates successfully completed the primary fellowship examination. Of the 328 candidates presented for pharmacology, 187 were successful. Of the 353 candidates who presented for physiology, 212 were successful.

The Court of Examiners recommended that the Renton Prize for the half-year ending December 31, 2012 be awarded to Mark Philip Plummer from South Australia.

Merit certificates were awarded to Andrew Thomas Woolley (Vic); Annette Carin Lye (Qld); Blake Kesby (NSW); Christopher Larnoch Johnson (Vic); Daniel Brook Wood (NZ); Daniel Moi (NSW); Earlene Silvapulle (Vic); Eddie Khoo (SA); Emilia Gisella McGhee (Qld); Gregg Miller (Vic); Heng-Yi Wu (NZ); James Ming Zeng (Vic); Jennifer Ellen Hudson (NZ); Jim Po-Chun Liou (NSW); Joanne Louise Chapman (NSW); Julia Elizabeth Day (Qld); Justin Mark Nazareth (Vic); Ka Chung Shek (HKG); Laura Wei Shaan Kwan (NZ); Linda Xue Zhou (NZ); Manimala Dharmangadan (HKG); Matthew Durie (Vic); Ryan James Kavanagh Salter (NZ); Stephanie Pei Pei Chen (Vic); Vivian Nga Man Lau (HKG) and Yip, Chi Pang (HKG).

The chair of the Primary Examination Sub-Committee is Associate Professor Ross McPherson.

Final examination

Two final examinations were held during 2012. In March/May, 186 candidates sat the examination and 135 candidates were successful. The Court of Examiners recommended that the Cecil Grey Prize for the half-year ending June 30 be awarded to Dr Hon Earn Sim from the ACT. Merit certificates were awarded to Andrew Norman Richard Wing (SA); Chuan-Whei Lee (Vic); Ian Thomas Chao (Vic); Jamahal Maeng-Ho Luxford (Vic); Lahiru Nipin Amaratunge (Vic) and Marlene Louise Johnson (WA).

In August/October, 160 candidates sat the examination and 110 were successful. The Court of Examiners recommended that the Cecil Grey Prize for the half-year ending December 31 be awarded to Dr Anders John Bown from Tasmania. Merit certificates were awarded to Simon Alexander Collins (NSW) and Jennifer Anne Myers (ACT).

The chair of the Final Examination Sub-Committee is Dr Vida Viliunas.

Training 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 speciality and sub-specialty training constitutes a rotational training scheme. ANZCA accredits both public and private facilities.

In 2012, the College visited 39 facilities; four of these were new accreditations, three were to accredit departments who had received Specialist Training Program funding and two were joint ANZCA-College of Intensive Care Medicine (CICM) inspections to accredit departments for the anaesthesia component of CICM training.

The joint accreditation process between ANZCA and CICM is a new process which will result in more facilities, especially rural facilities, being accredited for the anaesthesia component for CICM trainees.

ANZCA has been involved in the Accreditation of Specialist Medical Training Sites Project, which aims to develop overarching standards and accreditation processes for all specialist medical colleges.

The College also developed the *ANZCA Handbook for Training and Accreditation*, which covers all requirements for training accreditation including the seven ANZCA accreditation standards. All training accreditation documentation has been updated in light of the revised ANZCA curriculum.

Accreditation training was held in Melbourne and 14 new inspectors were trained.

International medical graduate specialists

Highlights

- A total of 109 international medical graduate specialist (IMGS) applications assessed in Australia and New Zealand.
- 34 workplace-based assessments were undertaken in Australia.
- 14 workplace-based assessments were undertaken in New Zealand.
- 65 international medical graduate specialists became Fellows.
- One international medical graduate specialist was elected to fellowship under regulation 6.3 *Admission to Fellowship by election via application*.

In 2012, the College assessed 92 IMGS applications in Australia and New Zealand. In Australia, 34 workplace-based assessments were undertaken and 14 were undertaken in New Zealand. Sixty-five IMGS became Fellows, including one who was elected to fellowship under regulation 6.3.

Background

IMGS who are assessed as substantial comparability (SC) are required to undertake 12 months of clinical practice assessment (CPA) and a workplace-based assessment (WBA) to be eligible to apply for fellowship.

An IMGS assessed as partially comparable (PC) is required to undertake up to 24 months of clinical practice assessment plus an examination to be eligible to apply for fellowship. All IMGS who are categorised as either partially comparable or substantial comparability also are required to provide evidence of having completed an Effective Management of Anaesthetic Crises (EMAC) or similar course and to show participation in a continuing professional development program.

Any IMGS categorised as not comparable (NC) would not be accepted in to the IMGS assessment pathway.

In Australia the requirements to be completed in order to gain recognition as a specialist in anaesthesia and those for eligibility to apply for fellowship of ANZCA are the same.

In New Zealand, the New Zealand Medical Council sets the criteria for eligibility for vocational registration following consultation with the College. The College sets the requirements for eligibility to apply for fellowship of ANZCA.

IMGS activity in Australia

During 2012, the College assessed 85 IMGS in Australia, 32 more than in 2011. Assessments were made by a four-member panel, 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.

The IMGS came from countries including Brazil (1), Colombia (1), Egypt (3), France (1), Germany (4), India (16), Iran (3), Iraq (3), Ireland (5), Jamaica (1), Lebanon (1), Norway (1), Pakistan (4), Philippines (1), Russia (1), Saudi Arabia (1), Serbia (1), South Africa (6), Sri Lanka (1), Switzerland (2), UK (25), US (2) and Zimbabwe (1).

(continued next page)

Training and assessments (continued)

Of these applicants, nine have not yet agreed to attend an interview, 23 were determined to be partially comparable, five were determined to be partially comparable requiring and were exempted the written section of the exam, of which four required 12 months of clinical practice assessment and one required 18 months of clinical practice assessment, eight were determined to be partially comparable and not exempted the written section of the exam. Of those not exempted the written section of the exam one was required to complete 12 months of clinical practice assessment and six require a clinical practice assessment period of 24 months. Three applications were determined to be not comparable on the basis that the gap between their training and that required for FANZCA was too great for the IMGS process and four withdrew from the process prior to interview.

IMG activity in New Zealand

In New Zealand, the Medical Council of New Zealand (MCNZ) refers overseas trained specialist applications for vocational registration to the College for assessment. As part of that assessment for the MCNZ, the College also assesses the applicant for requirements he or she needs to meet for eligibility to apply for fellowship of ANZCA.

In 2012 the NZ National Committee interviewed and assessed 24 international medical graduates for the Medical Council of New Zealand and one international medical graduate for fellowship of ANZCA. The 25 international medical graduates came from Canada (2), Denmark (1), Germany (5), South Africa (4), Sudan (1), United Kingdom (9), United States of America (2) and Belgium (1).

Of these applicants, 12 were determined to be substantially comparable (all required to complete 12 months of clinical practice assessment), 12 were determined to be partially comparable (with 11 required to complete 12 months clinical practice assessment, and one required to complete 18 months clinical practice assessment) and one was determined to be not comparable.

Area of need assessments

During 2012, the director of professional affairs (IMGS) conducted 16 area of need (AON) assessments according to the College document *Anaesthesia Services for Areas of Need in Australia*. Of these, eight have commenced in positions and six have commenced in the international medical graduate specialist process.

Records management

During 2012, the Records Management unit played an integral part in preparing to implement the revised ANZCA curriculum. The key activities for records management around this have been:

- Involvement in the development and testing of the training portfolio system.
- Preparing the training records of trainees for transition to the training portfolio system.
- Involvement in the development of the *ANZCA Handbook for Training and Accreditation*.
- Developing new processes and forms to meet the requirements of regulation 37.

Records Management was separated from Training and Assessments for two years to concentrate on building a stable department to focus on the collection, review and maintenance of ANZCA's trainee records and to answer trainee queries. The capability of the unit has increased substantially and Records Management was amalgamated back into the Training and Assessments unit as a discrete department in 2012.

ANZCA Trainee Committee

The ANZCA Trainee Committee was established in 2004. As a committee of the ANZCA Council it is responsible for considering and providing trainee input on all issues relating to training and education. The committee comprises the chairs of each of the regional training committees. From 2013, the ANZCA Trainee Committee will meet twice face-to-face in Melbourne and three times by teleconference.

The ANZCA Trainee Committee was very active in 2012, with a large turnover of membership at the beginning of the year. The workload included input into ANZCA Curriculum Revision 2013. This input included continuing to review the proposed learning outcomes and requirements for volume of practice, as well as suggestions regarding both the new training and accreditation handbook and the desirable features of training portfolio system, where trainees interact with the new curriculum on a daily and case-by-case basis.

The committee continued to provide input into ANZCA professional documents under routine review and, from 2013 onwards, will hold an additional face-to-face meeting. This aims to reduce the loss of corporate knowledge between successive committees.

Through the ANZCA Trainee Committee, trainees remain well represented on a large number of ANZCA committees and working groups, including ANZCA Council, the Education and Training Committee, the Assessments Committee, the Workplace-based Assessments Committee, the Examinations Committee, the Training Accreditation Committee, the Curriculum Redesign Steering Group, the Provisional Fellowship Assessment Panel, the Training and Education Document Development Group, the e-Learning Working Group and the Welfare of Anaesthetists Special Interest Group. Trainees also are represented on several special interest groups.

Working alongside the Group of Australian Society of Anaesthetists Clinical Trainees (GASACT) and trainee representatives from the New Zealand Society of Anaesthetists (NZSA), anaesthesia trainees can be confident that their best interests are being looked after across not only training, but also the industrial domain as a whole.

EMAC Sub-Committee

The EMAC Sub-Committee was formed in 2012 to replace the Courses Working Group. This sub-committee oversees the Effective Management of Anaesthetic Crises (EMAC) course. EMAC is owned by ANZCA and simulation centres in Australia, New Zealand and south-east Asia. These centres are accredited and licensed to offer the course to ANZCA trainees and other participants. The EMAC course is mandatory in the revised curriculum.

ANZCA reviewed two simulation centres in 2012 and granted continuing accreditation to both.

New Programs Committee

The New Programs Committee oversees the management of certificates offered by ANZCA. Its responsibilities include consideration of applications for new certificate programs, monitoring of certificate programs, accreditation of the training programs and facilities and recommendations to the ANZCA Council for certification of practitioners. Currently the only such certificate is the Certificate in Diving and Hyperbaric Medicine (DHM). One new application was received in 2012.

Lee-Anne Pollard

General Manager,
Training and Assessments

Education development

In 2012, the Education Development Unit worked with the Curriculum Redesign Steering Group to gain ANZCA Council approval of the revised anaesthesia training program curriculum.

Workplace-based assessment training was delivered throughout Australia and New Zealand and all regional and national committees were educated about the training program, and prepared for the launch of the training portfolio system (TPS).

Curriculum launch events began in the final months of the year in Australia and New Zealand and the TPS launched in New Zealand in December.

Four Foundation Teacher Courses were delivered, the first pilot of the online Foundation Teacher Course was run and the e-learning section of the website was enhanced.

Highlights

- Completion of the anaesthesia training program curriculum.
- Delivery of workplace-based assessment workshops, curriculum and training portfolio system training events throughout Australia and New Zealand.
- Delivery of the face-to-face Foundation Teacher Course and launch and piloting of the online Foundation Teacher Course.
- Publication of podcasts to prepare trainees for both the primary and final examination.
- Launch of the improved e-learning section of the website and improved video hosting solution.

Training and support for clinical teachers

Four face-to-face Foundation Teacher Courses were delivered in 2012. These allowed participants to develop the expertise needed to teach ANZCA trainees. The education, training and development manager also focused on co-facilitating and supporting the workplace-based assessment workshops delivered in Australia and New Zealand.

The Clinical Teacher Development Working Group (CTDWG) was re-established to review the face-to-face and online Foundation Teacher Courses. The group met in November to plan a review of the courses and to plan the extended roll out of the course by developing a teacher course faculty. The CTDWG has initiated the development of an intermediate course to train individuals with teaching experience to act as local champions for facilitating future Foundation Teacher Courses. All face-to-face courses had full attendance in 2012 and expansion will ensure that the College can properly meet the needs of Fellows involved in teaching.

Development of the online Foundation Teacher Course progressed throughout the year. The first four modules were launched at the Perth annual scientific meeting in May and piloted by the first group of registered Fellows. The pilot provided the Education Development Unit with rich feedback to continue to improve online modules and to complete an additional four modules so that all modules of the face-to-face Foundation Teacher Course also exist in an online format. Participants can then benefit from a blended face-to-face and online learning experience when developing new knowledge and advanced teaching expertise.

The online course provides an interactive experience for Fellows and provisional Fellows who are unable to attend the face-to-face course or prefer the online experience. Webinars were delivered for participants periodically throughout the course to enable real-time collaboration to share experiences in teaching and to seek expert advice from ANZCA's education, training and development manager. The course provides interactive activities for participants to follow at their own pace and to develop expertise in teaching trainees in the clinical and educational environment.

The College's virtual learning environment "Moodle" was upgraded in November 2012. It now provides a superior interactive arena for learning with improved access to forums, a more contemporary, improved interface for a stimulating online experience. There is further potential for integration with the College's IT infrastructure and learning media solutions in the digital age. The College's e-learning development manager and the Strategic Project Office delivered this project.

Podcasts and webinars

During 2012, video podcasts were recorded covering the new areas of the primary exam and introductory training, thanks to funding from Queensland Health. Podcasts also were recorded covering cultural competency and indigenous health. These podcasts will be of interest to rural medical specialists, trainees or international medical graduate specialists caring for indigenous Australians. They were developed using funding from the Committee of Presidents of Medical Colleges (CPMC) under the Rural Health Continuing Education (RHCE) sub-program stream.

Podcasts were accompanied with real-time, interactive webinars presented by Fellows and the monthly webinars were popular throughout 2012. The webinars were facilitated by the College e-Learning Project Officer using online webinar technology.

In December, a new, improved e-learning section was added to the ANZCA website. All media was transferred to a new video hosting solution to enable higher quality, richer media delivery to meet the expectations of trainees and Fellows for high definition e-learning resources. The new e-learning section will provide easy access to podcasts and categorises ANZCA's podcast library in the following areas:

- Podcasts to support trainees in introductory training.
- Podcasts to prepare trainees for the primary exam.
- Podcasts and e-learning resources to prepare trainees for the final exam.
- Podcasts providing information and education relating to the revised curriculum for trainees and Fellows.
- Podcasts for trainees and Fellows learning about specialist topics in pain medicine.
- Podcasts assisting trainees and Fellows who work with indigenous and culturally diverse patients.

Oliver Jones
General Manager,
Education Development Unit

ANZCA webinars – a snapshot of 2012

- 10 Interactive webinars took place to assist trainees with their preparation for the primary and final exam.
- A total of 233 trainees participated.
- Trainees logged in to webinars from all over Australia, Singapore, Malaysia and New Zealand.
- Webinars covered a range of topics including: anaesthetic breathing circuits, foetal and neonatal physiology, measurement of CVS function and trauma.
- The most popular webinar was Tips for the final exam with a total of 71 trainees logging in at one time.
- The most popular feature of the webinar as indicated by the feedback from trainees was the ability to interact with the presenter and other trainees in a safe and casual environment.

Anaesthesia and Pain Medicine Foundation

ANZCA granted \$1,054,691 through the Anaesthesia and Pain Medicine Foundation for research projects in 2013, a 22 per cent increase over the previous year. The foundation worked to increase its capacity to support research and education programs led by Fellows, vital for the future quality and safety of patient care. A high priority was placed on attempting to re-engage three founding sponsors after their sponsorship agreements expired in 2011, five years after commencing in 2007.

The foundation sought to expand its funding base by researching and lodging submissions with philanthropic trusts and foundations, appeals to Fellows and significantly improving the online information and giving options through new foundation pages and a more visible profile on the ANZCA website.

Highlights

- \$1,054,691 granted to Fellows for new research projects.
- Foundation board endorsement of purpose statement and strategic action plan.
- New foundation pages on the ANZCA website.
- Pfizer invitation to submit pain research sponsorship proposal.
- Trusts and foundations program commencement.
- New foundation presence in New Zealand.
- Growth of the foundation's profile.
- Re-engaging corporate sponsors.

\$1,054,691 granted to Fellows for new research projects

The record amount of \$1,054,691 granted for research projects commencing in 2013 came from an additional Academic Enhancement Grant (AEG) using funding held over from 2010 when an AEG grant was not made, the quadrennial Douglas Joseph Professorship, and annual project, simulation, novice and pilot grants.

A clearer purpose

A strategic review of the Anaesthesia and Pain Medicine Foundation completed in late 2011 was used to develop strategic and operational plans for 2012 and 2013. The foundation's separate purpose and objectives statements were combined into a single, clear purpose statement, focusing on increasing support for research, education and overseas aid in the specialties. The foundation board endorsed these plans and the new purpose statement.

A new case for support

The new purpose statement was used to develop a case for support document as the basis for increased future fundraising activities. The messages in the case for support will be tested in future campaigns, and further developed to produce the best fundraising results, while reinforcing high-priority ANZCA communication strategies and messages.

A higher online profile

The existing single foundation page on the ANZCA website was replaced with a series of pages covering the foundation's purpose and activities, the research and education programs it supports, ways in which people can provide support, recognition for donors, the Patrons Program, the bequest program and the support options and benefits packages available for corporate supporters.

Several new corporate support packages were developed to increase the appeal and value delivered by corporate sponsorship and these were included in the new corporate support page. The packages detail the corporate recognition benefits available to sponsors at progressively higher levels of support.

Individual donors who wish to make a difference to the future of healthcare can download and use a new donation form. An online donation facility is planned for early 2013.

Direct mail appeals

Direct mail appeals were sent to Australian Fellows in May and to New Zealand Fellows in November, and an appeal was included in the end-of-year subscriptions mailing. Modest initial results highlighted the need to improve awareness of the Anaesthesia and Pain Medicine Foundation and its purpose among Fellows. However, the response from the subscriptions mailing appeal was encouraging, and surpassed that of the 2011 subscriptions mailing in less than half the elapsed time. Donations have continued to arrive at the foundation office into 2013.

Trusts and foundations

Work continued to establish a presence in the philanthropic trusts and foundations sector during the year, and several funding submissions and expressions of interest were lodged for research projects, indigenous and overseas aid projects, and the Geoffrey Kaye Museum. Three submissions were lodged for 2013 funding rounds (for which outcomes will be advised in June) and research was conducted to identify further opportunities for 2013.

New Zealand

With ANZCA listed as a "donee" organisation by Inland Revenue in New Zealand and the New Zealand National Committee listed as a charity by the Charities Commission, the Anaesthesia and Pain Medicine Foundation and the New Zealand National Committee launched a direct-mail campaign to Fellows in November heralding a new presence for the foundation in New Zealand. For the first time, an appeal letter was sent out on New Zealand letterhead signed by the New Zealand National Committee Chair, Dr Geoff Long. Fellows were able to send their responses to the New Zealand office rather than the Melbourne office for receipting.

The foundation's profile

The Anaesthesia and Pain Medicine Foundation did much work during the year to increase awareness of the foundation and its cause, not only among Fellows, but also within external audiences of potential supporters including corporations and the philanthropic sector. The foundation's profile gradually improved during 2012, which is crucial to preparing the way for increasing fundraising returns in future years.

Corporate sponsorship

After the five-year sponsorship agreements with the foundation's founding sponsors, Mundipharma, Pfizer Australia and St Jude Medical Australia expired in 2011, the foundation team approached each company regarding the possibility of new sponsorship agreements. As a result, Mundipharma agreed to continue to sponsor the foundation, and although financial constraints initially prevented Pfizer Australia from continuing its sponsorship, it has since invited the foundation to submit a proposal for a new sponsorship focusing on support for research into pain medicine. The foundation submitted a proposal in November and a decision is expected during 2013. St Jude Medical is currently considering the possibility of support during 2013.

The foundation greatly appreciates the contribution made by these sponsors and its valued individual donors to the advancement of medical research in pain medicine and anaesthesia.

Rob Packer

General Manager, Anaesthesia and Pain Medicine Foundation

Research funding increased
from \$A757,000 in 2010 to
over \$A1 million in 2012.



Policy and government

ANZCA's Policy unit is a skilled multidisciplinary team that 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.

In 2012, the Policy unit co-ordinated the development of a new five-year strategic plan, a comprehensive training and accreditation handbook and ANZCA's submissions and assessment process for accreditation by the Australian Medical Council.

To influence policy and represent anaesthesia and pain medicine, the Policy unit regularly meets with external stakeholders. Key meetings were held with the Australian Medical Council, Health Workforce Australia and the Australian Department of Health and Ageing in 2012.

Highlights

- ANZCA/FPM re-accredited by the Australian Medical Council and the Medical Council of New Zealand (NZ pending).
- Development of *Regulation 37: Training in Anaesthesia Leading to FANZCA, and Accreditation of Facilities to Deliver this Curriculum* and the complementary *ANZCA Handbook for Training and Accreditation*.
- Development of the ANZCA Strategic Plan 2013-2017; support of the FPM strategic planning process.
- Extension of Australian government funding under the Specialist Training Program to the end of the 2015-16 financial year.
- 93 Lifebox pulse oximeters purchased through funds raised by donations from Fellows and trainees.
- Nine indigenous health podcasts for anaesthesia, perioperative medicine and pain medicine healthcare providers.

Australian Medical Council and other submissions

Each year ANZCA seeks to inform and influence health policy and service delivery across Australia and New Zealand by participating in government inquiries. In 2012 ANZCA made several submissions on various topics, which are available on the ANZCA website: www.anzca.edu.au/communications/submissions.

In March 2012 the College, including the Faculty of Pain Medicine, provided comprehensive submissions for reaccreditation to the Australian Medical Council and the Medical Council of New Zealand. The submissions, addressing nine accreditation standards, were the first phase of the re-accreditation process in both Australia and New Zealand. After considering these submissions, the Australian Medical Council undertook a series of consultations at ANZCA and FPM's offices and accredited training sites. In December, the College's training and continuing professional development programs were granted accreditation to December 31, 2018 (New Zealand pending).

Professional documents

In November 2011, the ANZCA Council approved a new policy model relating to the 2013 training program, designed to maximise clarity and accessibility. During 2012, the College undertook significant effort to rationalise and streamline the College's professional documents, mainly through the work of the Training and Education Document Development Group. Following extensive consultation, *Regulation 37: Training in Anaesthesia Leading to FANZCA, and Accreditation of Facilities to Deliver this Curriculum* and the complementary *ANZCA Handbook for Training and Accreditation* were launched. These documents replace the training and educational (TE) professional documents for trainees, Fellows and facilities in Australia and New Zealand, from the start of the 2013 hospital employment year.

Further, the technical (T) category of professional documents was abolished and these documents rebadged as professional standards (PS). Several other professional documents were subjected to the standard review process in addition to these achievements.

Overseas aid

ANZCA provides educational activities and resources for anaesthesia delivery in the Asia-Pacific region. Educational activities were funded via courses in Papua New Guinea (PNG) and attendance at PNG's annual medical and anaesthesia symposium. Several Lifebox pulse oximeters (purchased using funds raised by donations from Fellows and trainees at the 2012 Perth annual scientific meeting) and 40 copies of the real world anaesthesia library were distributed to representatives from 40 PNG hospitals and clinics during PNG's annual anaesthesia refresher course. PNG anaesthetist Dr Lisa Akelisi-Yockopua was sponsored to attend ANZCA's Perth ASM. The inaugural overseas aid trainee scholarship was awarded in 2012 to Dr Stephen Smith, who travelled to Vanuatu to provide relief clinical support at the Vila Central Hospital during the Pacific Society of Anaesthetists conference.

Delivery of the Essential Pain Management (EPM) program continued to expand with courses introduced into the Americas in Honduras, Vietnam, Malaysia, Thailand and additional courses run in PNG, Cook Islands, Kenya, Nepal, Fiji and Vanuatu. The ANZCA Council approved the establishment of an Essential Pain Management Sub-Committee to manage the increasingly popular pain management program, developed specifically for doctors working in developing countries.

Indigenous health

ANZCA's Indigenous Health Committee has continued to develop initiatives to improve access to mainstream health services, and to ensure high quality and safe anaesthesia, perioperative medicine and pain medicine for people in indigenous communities in Australia and New Zealand.

It has been working on the following initiatives:

1. Finalised recordings of the indigenous health podcast series to facilitate better understanding of indigenous health issues among anaesthesia, perioperative medicine and pain medicine healthcare providers.
2. Developed case studies as part of ANZCA revised curriculum to explore various indigenous health issues.
3. Supported existing indigenous medical student and high school student mentoring programs, and established a new mentoring program in Newcastle.
4. Represented ANZCA on cross-college initiatives to develop intercultural e-learning for medical specialists and the Network for Indigenous Cultural and Health Education project.
5. Attended the Pacific Region Indigenous Doctors' Congress in October, which was hosted by the Australian Indigenous Doctors' Association in Alice Springs, and provided encouragement to indigenous doctors considering specialising in anaesthesia.
6. Developed a standardised indigenous status identifier question, to facilitate the monitoring of numbers of indigenous trainees and Fellows.

Specialist Training Program

The College has developed a successful relationship with the Australian Department of Health and Ageing through the Specialist Training Program (STP). The College managed 37 training positions during the 2012 training year. In addition, the College implemented related support projects including e-learning initiatives for Fellows and trainees, as well as training and support for international medical graduate specialists (IMGS) via the Overseas Trained Specialist Anaesthesia Network.

STP funding supports increased specialist training in private, rural and regional hospitals and the Australian government has committed funding until the end of the 2015-16. The College will continue to manage training posts for anaesthesia and pain medicine and intensive care medicine during this period.

The College received nine new training positions, including three allocated to pain medicine, as part of the 2013 STP application round. This means the College will manage 48 training positions in 2013, including 11 positions managed on behalf of the College of Intensive Care Medicine. In 2012 the College also began visiting Australian regions with the aim of improving engagement with regional committees, Fellows, trainees and hospitals, to gain advice on local matters and assess areas where capacity could be developed in the future.

New Zealand

The health policy environment in New Zealand continues to be dominated by workforce issues, including proposals to introduce new and extended scopes of practice. The New Zealand office has been actively engaged with Health Workforce New Zealand (HWNZ) on physician assistants, and on the funding of training places for anaesthesia relative to other disciplines. The New Zealand National Committee submitted on the first stage of the HWNZ-led review of the Health Practitioner Competence Assurance Act, noting the emphasis placed on legislation as a means to manage workforce issues. ANZCA will submit on the second and third rounds of consultation on this review in mid-2013.

Quality and safety in healthcare and the competence of health professionals are areas that will continue to be key policy themes in 2013. The Medical Council of New Zealand, the Health Quality and Safety Commission and the Health and Disability Commissioner are actively developing and promoting policies and programs to improve patient safety and outcomes.

John Biviano
General Manager, Policy

Communications

High quality, informative communications with Fellows, trainees, staff and external audiences remains the goal of the Communications unit. In 2012, the unit produced four high-quality issues of the ANZCA Bulletin, 11 informative ANZCA E-Newsletters and six editions of Gasbag. The unit also supported the production of 10 editions of the Training E-Newsletter and four editions of Synapse. Media activity continues to grow and improvements to the website continue.

Highlights

- Informed the community about anaesthesia and pain medicine through 45 media releases distributed throughout Australia and New Zealand.
- Initiated media reports about anaesthesia and pain medicine that reached an estimated cumulative audience of 18.6 million.
- Awarded the inaugural 2011 ANZCA Media Award to New Zealand journalist Lorelei Mason from TVNZ.
- Produced six quality multi-media e-newsletters during the 2012 Perth Annual Scientific Meeting.
- Developed and distributed the FANZCA logo.

Publications

The Communications unit continued to produce high quality publications including the quarterly *ANZCA Bulletin*, the 2011 *ANZCA Annual Report*, e-newsletters including the *ANZCA E-Newsletter*, *Gasbag* (New Zealand), the weekly internal e-newsletter, *Staff Update*, the 2011 *ANZCA Annual Report* and supported the production of the *Training E-Newsletter* and *Synapse*.

The March edition of the *ANZCA Bulletin* featured a series of articles on ANZCA's 20th anniversary, the June edition highlighted the Perth annual scientific meeting and the September edition carried a well-received feature on scientific misconduct and its effect on anaesthesia while the December edition featured the launch of the revised anaesthesia training program.

The Communications unit also produced daily multimedia e-newsletters during the Perth annual scientific meeting for Fellows and trainees at the meeting and others who did not attend. The e-newsletters contained recordings of many lectures including all keynote speaker presentations. They included brief interviews with the keynote speakers, daily messages from key College figures, photographs and media updates.

Support to ANZCA business units included proofing and designing the College's Australian Medical Council/Medical Council of New Zealand submission, designing collateral for the revised curriculum and designing the ANZCA and FPM strategic plans. Ongoing activities, such as providing design and editing of new College materials (such as flyers, brochures etc) and updating the design and content of existing College materials (for example, forms and handbooks) and providing communications advice, continue.

The Bulk Communications Policy has been developed. The policy aims to ensure that ANZCA applies a consistent approach in its bulk communications to Fellows, trainees and other key stakeholders via mail and email and focuses on accuracy, compliance with the *ANZCA Style Guide*, correct messaging, and professional design standards.

Media

College-initiated media reports about anaesthesia and pain medicine reached an estimated cumulative audience of 18.6 million people in Australia and New Zealand in 2012, according to ANZCA's media monitoring service – a 175 per cent increase on 2011. The Communications unit issued 45 media releases and generated 968 media reports.

Media coverage at the Perth annual scientific meeting was very successful with nine media releases issued, resulting in 347 media reports. This coverage reached a potential cumulative audience of 6,333,646 and was valued at more than \$709,000 (advertising space rates). The Communications unit invited the health editors of *The Australian* (News Ltd), *The Age* (Fairfax) and AAP to attend the ASM and this was well justified. The journalists wrote 18 stories between them that were widely syndicated.

The work of the Overseas Aid Committee was highlighted by a trip to Papua New Guinea by ANZCA Media Manager, Meaghan Shaw, who accompanied the Chair of ANZCA's Overseas Aid Committee, Dr Michael Cooper, and senior Adelaide anaesthetist, Dr Chris Acott, to the PNG Medical Symposium in September. Nearly 60 media reports in Australia, New Zealand and PNG were generated following the donation of 93 Lifebox pulse oximeters and medical textbooks to 40 PNG hospitals, as well as the subsequent paediatric surgical trip to Mount Hagen conducted by Dr Cooper.

ANZCA-related research attracted much media attention, including studies led by Professor Paul Myles on redheads and pain, Dr Mary Hegarty on the effects of anaesthesia on young children, Dr Ben van der Griend on the risk of death related to anaesthesia in healthy children undergoing operations, and Professor Kate Leslie, Associate Professor Andrew Davidson and Professor Jamie Sleight on a possible genetic link to anaesthesia awareness.

Another media highlight was Dr Rob Ray, from the Anaesthetic Group Ballarat, who is also a qualified commercial pilot and trained in aviation medicine, who addressed a meeting of rural anaesthetists and intensivists in Torquay, Victoria, about what to expect when responding to in-flight emergencies. This story was covered by 45 media outlets.

The Communications unit issued 18 pain-related media releases, with several media stories generating huge audience numbers, including features in Fairfax papers and in *The Australian* on chronic pain and opioid misuse.

Five media statements were issued specifically for a New Zealand audience, including three publicising the NZ Anaesthesia Annual Scientific Meeting and 13th International Congress of Cardiothoracic and Vascular Anesthesia, one welcoming the inaugural report of the Perioperative Mortality Review Committee, and one welcoming the accreditation of pain medicine as a scope of practice in New Zealand.

The inaugural 2011 ANZCA Media Award was presented to New Zealand journalist Lorelei Mason from TVNZ in early 2012.

FANZCA logo

The Communications unit designed the new FANZCA logo, seen as a tangible benefit of fellowship that can be used designed for use on stationery, business cards and slides. A CD containing guidelines and the logo was included a much-improved subscriptions pack that was developed by Communications and Fellowship Affairs. The pack outlined some of the College's plans for 2013 and contained a brochure outlining many of the benefits of being a Fellow, a much-improved invoice and information about the Anaesthesia and Pain Medicine Foundation.

Website

Improvements to the website continue in consultation with responsible units. The Education Development Unit made major changes to the "Trainees" section, changing it to "Training" and adding information pertaining to the revised training program.

The Anaesthesia and Pain Medicine Foundation also underwent a significant upgrade and a "Benefits of fellowship" section was added to outline the many activities undertaken by the College that benefit Fellows.

The homepage of the website has been used on many occasions for important safety alerts.

Clea Hincks

General Manager, Communications

Strategic projects

The Strategic Project office was formed in August 2012 to provide the overarching governance and management of ANZCA's strategic and compliance projects, with a focus on those projects delivering technology-based outcomes to Fellows and trainees of the College. It reports directly to the ANZCA CEO.

The Strategic Project Office, whose roles were previously part of IT successfully delivered the continuing professional development (CPD) for mobile solution and assumed responsibility for implementing the new training portfolio system (TPS) to support the revised ANZCA curriculum.

The Strategic Project Office was established to deliver customer-centric solutions to engage the Fellows and trainees and provide ownership of their own information, through the use of flexible online services via website and mobile-based technology.

Highlights

- Delivery of the ANZCA information management (IM)/IT roadmap paving the way for future information systems delivering customer centric solutions.
- Delivery of the training portfolio system (TPS) to support the revised ANZCA curriculum.
- Delivery of the revised exam management system (EMS) foundation system to provide an enhanced user experience for management of exams.
- Upgrade of ANZCA's core platform of iMIS and implementation of new technical infrastructure, both of which provide a solid base from which the future roadmap can be achieved.
- Delivery of the CPD for mobile solution.
- Delivery of enhancements to the existing online services and EMS systems to support the revised ANZCA curriculum.

ANZCA IM/IT roadmap

In October 2012, the ANZCA Council approved the ANZCA IM/IT roadmap, which provides a clear plan of the technology-based outcomes that the College will deliver to improve the services provided to trainees and Fellows throughout 2013 and 2014.

During 2012 there was a strong focus on delivery of systems that will support trainees and the introduction of the revised curriculum. In 2013 the focus will move towards Fellows, with the introduction of multiple online services initiatives, including a revised continuing professional development (CPD) system and improved online library services.

To support the future delivery of the ANZCA IM/IT roadmap, a number of initiatives were delivered in 2012 to upgrade existing core platforms and information technology environments. These initiatives have provided the building blocks for work that will be undertaken during 2013 and 2014.

Exam management system foundation release

In May 2012, the Strategic Project Office and Training and Assessments unit implemented the revised EMS foundation system to provide a more stable technical platform to support the operations of the ANZCA primary and final examinations.

In December, to coincide with the release of the revised ANZCA curriculum, the EMS system was further enhanced to support the new integrated primary exam.

Enhancements to EMS will continue in 2013 to provide further improvements to support the operations of both the ANZCA primary and final examinations.

CPD for mobile

CPD for mobile was launched by the Strategic Project office in conjunction with the Fellowship Affairs unit in November 2012, providing ANZCA Fellows with simple and easy-to-use access via a mobile phone to their online CPD portfolio. As a result, the CPD system is now accessible anytime and anywhere (via desktop, laptop, tablet, iPad, iPhone and other devices) making it much easier to record CPD activities as they occur.

Training portfolio system

In December 2012, the training portfolio system was launched to support the delivery of the revised ANZCA curriculum. The system was launched on December 10 with the transition of 196 New Zealand trainees into the program.

The training portfolio system provides trainees, supervisory roles and ANZCA administration real-time access to the trainees' portfolio. This delivers up-to-date information on how the trainee is tracking against the revised training program. The system also provides a consolidated view of trainee data to support the progression of a trainee through the training program and finally to become an ANZCA Fellow.

Online event registration

The Strategic Project office and Fellowship Affairs unit initiated a redevelopment of the events area of the ANZCA website, significantly improving the view and search facilities of both ANZCA and non-ANZCA events.

Following the revision of the events area of the website, a project was launched to deliver an online event registration system for ANZCA-run events. This system will facilitate the registration and payment over a web-based platform greatly reducing the time that it takes for a Fellow to register and pay for an event. This system will be delivered early in 2013.

Vicki Russell

General Manager,
Strategic Project Office

In New Zealand, ANZCA has responded with an advocacy strategy, a dedicated policy project adviser, a workforce study and increasing formal submissions.



Australian regions

The regions play an important role in supporting Fellows and trainees throughout Australia.

Queensland

The Queensland Regional Committee has welcomed the release of the ANZCA strategic plan and is aligning its activity to address the four strategic priorities.

The first priority of advancing standards through training, education, accreditation and research has been the major focus as the regional education officer, Jeneen Thatcher, has led the comprehensive preparation for the roll out of the revised curriculum.

Funding from the Queensland Health Ministerial Taskforce to support delivery of anaesthetic services in regional areas has allowed the education officer and workplace-based assessor champions to visit all regional hospitals to ensure that practical implications of the revised curriculum have been expertly communicated to all stakeholders. This funding also is supporting the continuation of the podcast/webinar project, which began in 2011. Podcasts have been recorded to address the learning outcomes of introductory training and the webinar series will follow in 2013.

As in previous years, education and training activity has been delivered by a capable team of course convenors, lecturers and mock examiners. The annual conference was well attended and set new standards of excellence.

The newly elected Queensland Regional Committee expanded its regional representation by welcoming three new members, who practise outside the Brisbane metropolitan area.

Queensland Regional Committee

Chair	Dr Sean McManus (until May) Dr Mark Young (from May)
Deputy Chair	Associate Professor Michael Steyn (until May) Dr Sean McManus (from May)
Honorary Secretary	Dr Pal Sivalingam (until May)
Honorary Secretary and Treasurer	Dr Charmaine Barrett
Regional Education Officer	Dr Mark Young (until May) Dr Jeneen Thatcher (from May)
Rotational Co-ordinator	Dr Mark Gibbs
Assistant to Regional Education Officer	Dr Emile Kurukchi (until May)
Course Co-ordinator	Dr James Hosking
Formal Project Officer	Dr Derstin Wyssusek
Quality & Safety Officer	Dr Charles Willmott
Committee Member	Dr Peter Duff Dr Brian Lewer (from May) Associate Professor Michael Steyn (from May) Dr Joseph Williams (from May)
Councillors (Ex-officio Members)	Dr Genevieve Goulding Dr Kerry Brandis

Co-opted Members

Continuing Medical Education Chair	Dr Chris Breen
New Fellows Representative	Dr James Hosking (until May) Dr Dale Kerr (from May)
IMG Rotation Supervisor	Dr Kersi Taraporewalla
Trainee Committee Representative	Dr Paul Nicholas
ASA Representative	Dr Martin Culwick

New South Wales

The NSW Regional Committee farewelled some long-standing hard-working committee members in the first half of 2012.

Six new members joined the committee in time to help guide the introduction of the revised curriculum. The regional education officer and educational champions conducted extensive training at departmental level and with supervisors of training. There were frequent meetings with ANZCA representatives, including officers responsible for the revised curriculum, throughout the year. All concerned worked diligently to prepare for the delivery of the revised curriculum.

The NSW Regional Committee continued its advocacy and dialogue with the NSW Ministry of Health through the Agency of Clinical Innovation and Clinical Excellence Commission, covering areas such as safe sedation, surgical checklists, workforce and trainee employment.

ANZCA and the NSW Regional Committee made a strong commitment to hospital accreditation in what was a busy accreditation year.

Education continued with the NSW ACE Committee combined with the Australian Society of Anaesthetists successfully producing both metropolitan and rural education meetings.

New South Wales Regional Committee

Chair and Representative to RACS	Dr Richard Halliwell (until May) Dr Gregory O'Sullivan (from May)
Deputy Chair and Formal Project Officer	Dr Michael Rose (until May) Dr Scott Fortey (from May)
Deputy Formal Project Officer	Dr Karsoon Lim (until May) Dr Michael Stone (from May)
Honorary Secretary /Treasurer and Representative to ASA	Dr Michael Amos (until May)
Honorary Secretary/ Treasurer	Dr Michelle Moyle (from May)
Regional Education Officer	Dr Natalie Smith
Deputy Regional Education Officer	Dr Nicole Phillips (until May)
Quality & Safety Officer	Dr John Leyden
Regional Committee Representative to NSW Continuing Medical Education	Dr Gregory O'Sullivan (until May) Dr John Leyden (from May)
Committee Member and Representative to ASA	Dr Micah Friend
Committee Member	Dr Sarah Green Dr Tracey Tay (until May) Dr Joanna Sutherland (until May) Dr Suyin Tan (from May) Dr Emily Wilcox (from May) Dr Andrew Armstrong (from May)
Councillors (Ex-officio Members)	Dr Patrick Farrell Dr Frank Moloney Dr Michelle Mulligan

Co-opted Members

NSW New Fellow Representative	Dr Emily Wilcox (until May) Dr Simon Martel (from May) Dr Carl D'Souza (until November)
NSW Trainee Committee Representative	Dr Simon Martel (until February) Dr Michael Wirth (from February)
ACT Representative	Dr Carmel McInerney
Faculty of Pain Representative	Dr Gavin Pattullo
ASA Representative	Dr Michael Farr

Australian regions (continued)

Australian Capital Territory

The ACT region held the “Art of Anaesthesia” meeting, chaired and organised by Professor Thomas Bruessel, on the first weekend of March. Titled “Outcome: What really makes a difference?”, the meeting was well received with talks from international and local speakers. Registrant numbers were pleasing despite the region flooding during the conference and feedback about the event has been positive.

The ACT region also ran a successful trainee workshop at the Canberra Hospital in November with speaker Patsy Tremayne. This year the focus was on more general approaches to examinations and coping with the fallout in the event of failure. Attendance was excellent, reflecting the value of such sessions.

Australian Capital Territory Regional Committee

Chair	Dr Carmel McInerney
Deputy Chair	Dr Caroline Fahey
Honorary Secretary /Treasurer	Dr Ross Peake
Regional Education Officer	Dr Simon Robertson
Formal Project Officer	Dr Don Lu

Co-opted Members

Committee Member	Professor Thomas Bruessel
New Fellow Representative and Quality and Safety Officer	Dr Catherine Muggeridge (from May)
Trainee Representative	Dr David Neale
Faculty of Pain Representative	Dr Geoffrey Speldewinde
ASA Representative	Dr Guy Buchanan

Victoria

In May 2012 the Victorian Regional Committee (VRC) began a new term of office, which will expire in April 2014.

New office bearers were elected and in accordance with our terms of reference a new Fellow was co-opted to the VRC for 12 months from June 2012. An additional general member was also co-opted and the new Fellow to Council was welcomed as an ex-officio member of the VRC.

In 2012 the Faculty of Pain Medicine nominated Dr Michael Vagg to sit on our committee as their representative.

Committee meetings were held as scheduled throughout the year.

Dedicated time and effort from the conveners and lecturers of our final and primary pre-fellowship courses ensured the trainees would be prepared for the revised ANZCA curriculum in 2013. We continue to reach full capacity in all our courses with positive feedback from participants.

The VRC also ran a successful combined ANZCA/Australian Society of Anaesthetists continuing medical education meeting in July with a record number of attendees.

Victorian Regional Committee

Dr Chair	Dr Craig Noonan
Deputy Chair	Dr Debra Devonshire
Honorary Secretary and Assistant Continuing Medical Education Officer	Dr David Bramley
Honorary Treasurer	Dr Andrew Schneider
Regional Education Officer	Dr Richard Horton
Formal Project Officer	Dr Irene Ng
Assistant Formal Project Officer	Dr Jane Calder
Continuing Medical Officer	Dr Mark Hurley
IMGS/AON Officer	Dr Fred Rosewarne
3rd Year Training Position Liaison	Dr Andrew Buettner
GP Liaison Officer	Dr Fred Rosewarne
Rural Issues	Dr Fred Rosewarne
Quality and Safety Officer	Dr Craig Noonan

Social Officer	Dr Mahsa Adabi (from June)
Councillors (Ex-officio Members)	Professor Kate Leslie Associate Professor David Scott Dr Gabriel Snyder (New Fellow to Council from June)

Co-opted Members

VCCAMM Representative	Associate Professor Larry McNicol
ASA Representative	Dr Antonio Grossi
VTC Chair	Dr Mark Heynes
Chair, Associate of Directors	Dr Andrew Jeffreys
New Fellow Representative	Dr Sarah Freeman (from June)
General Member	Dr Shiva Maleksedah (from August)

Tasmania

The 2012 Joint ANZCA/Australian Society of Anaesthetists scientific meeting was held at the Tramsheds, Launceston on February 17-19 and was titled “Great expectations? Out with the old and in with the new”.

The annual general meeting for the Tasmanian Regional Committee was held during the conference, along with the annual general meeting for the Tasmanian branch of the Australian Society of Anaesthetists.

The Tasmanian Regional Committee received a notice of resignation from its long-standing regional co-ordinator, Di Cornish. Di had been Tasmanian ANZCA and ASA regional co-ordinator for more than 20 years. She finished work on December 31.

Tasmanian Regional Committee

Chair	Dr Simon Morphet (until February) Dr Richard Waldron (from February)
Deputy Chair	Dr Matthew Yarrow
Honorary Secretary	Dr Lia Freestone (until February) Dr Jennifer Plummer (from February)

Treasurer	Dr Stuart Day
Regional Education Officer	Dr Lia Freestone
Formal Project Officer	Dr Mark Reeves
Quality and Safety Officer	Dr Deborah Wilson
Committee Member and Representative to ASA	Dr David Brown
Committee Member	Dr Deborah Wilson (from February) Dr Nico Terblanche Dr Colin Chilvers

Co-opted Members

Trainee Committee Representative	Dr Shona Bright (until February) Dr Michael Lunsden-Steel (from February)
New Fellow Representative	Dr Darren Pereira
Faculty of Pain Medicine Representative	Dr Gajinder Oberoi

South Australia/ Northern Territory

The South Australia and Northern Territory Regional Office celebrated its first year in new accommodation, which proved to be a huge success. There has been an increase by at least 50 per cent in the use of College facilities by both Fellows and trainees. A “hot desk” has been established in a designated quiet room, which is now regularly frequented by ANZCA trainees seeking undisturbed study time and consultants escaping their busy workplaces to undertake committee and supervisor of training administration work.

Trainee welfare representatives (FANZCAs) have been established in the anaesthesia department of accredited ANZCA hospitals, a key resource to provide support and resources for South Australian and Northern Territory anaesthesia trainees during their busy and sometimes stressful training journey.

The third annual trainee dinner was held in November, providing trainees with an opportunity to socialise and network after a year of hard work and exams.

Continuing medical education highlights for South Australia and Northern Territory included the evening meeting “Indigenous health and anaesthesia” featuring a video conference with Dr Janelle Trees, a GP who works in a closed Aboriginal community in Mutijulu, near Yulara. Dr Trees gave a very insightful and personal talk on indigenous spiritual beliefs, “spirit in and out” to SA and NT hospitals from Uluru-Kata Tjuta National Park.

The ANZCA/Australian Society of Anaesthetists South Australia and Northern Territory Annual Scientific Meeting, “Anaesthesia and the failing organ”, was held in November at The Sanctuary, Adelaide Zoo. With just under 100 delegates in attendance and an excellent speaker program, including controversial topics such as organ procurement and what Australia needs to do to increase its organ donation rate, the meeting was highly commended by attendees.

South Australia and Northern Territory Regional Committee

Chair	Dr Thien le Cong
Deputy Chair	Dr Angelo Ricciardelli (from May)
Regional Education Officer	Dr Margaret Wiese
Rotational Supervisors	Dr Ken Chin Dr Sam Willis
Formal Project Officer	Dr Simon Jenkins
Quality and Safety Officer and AMA Representative	Dr Margaret Cowling
Committee Member and Continuing Medical Education Representative	Dr Nathan Davis

Committee Member	Dr Tim Porter Dr Andrew Beinssen Dr Kym Osborn Dr Lynne Rainey (until May) Dr Charlie Clegg (until May) Dr Islan Elhalawani (from May)
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Co-opted Members

New Fellow Representative	Dr Christine Huxtable
Trainee Committee Representative	Dr Rowan Ousley
Councillors (Ex-officio Member)	Dr Rodney Mitchell
Directors of Anaesthesia Group Representative	Dr Peter Lillie
College of Intensive Care Medicine Representative	Dr Peter Sharley
Northern Territory Representative	Dr Brian Spain
South Australian Anaesthetic Mortality Committee Chair	Professor John Russell
ASA Representative	Dr Douglas Fahlbusch

Australian regions (continued)

Western Australia

In 2012, the Western Australian Regional Office has focused on education through events and tutorials. The ANZCA/Australian Society of Anaesthetists WA combined continuing medical education committee presented two conferences in 2012 and hosted the ANZCA annual scientific meeting. The combined conferences focused on "Hectic obstetrics and frenetic anaesthetics", with Dr Warwick Ngan Kee from Hong Kong as the key speaker and "What's new in anaesthesia" with the key speaker Dr Tracey Tay.

Part 2 tutorials have continued to be held at the ANZCA office and through the hospital campuses. All trainees are encouraged to attend these tutorials. The WA office also has prepared for the new curriculum through teleconferences and meetings with the Melbourne office.

Western Australia Regional Committee

Chair	Dr Jenny Stedmon (until May) Dr Alison Corbett (from May)
Deputy Chair	Dr Malcolm Thompson (until February) Dr Alison Corbett (until May) Dr Nolan McDonnell (from May)
Honorary Secretary /Treasurer	Dr Irina Kurowski
Regional Education Officer	Dr Jodi Graham
Deputy Regional Education Officer	Dr Jay Bruce (from May)
Formal Project Officer	Dr John Martyr
Quality and Safety Officer	Dr Kevin Elks (until May) Dr Michael Ward (from May)

Committee Member	Dr Alison Corbett (until February) Dr Michaela Salvadore (from May) Dr Markus Schmidt (until May) Dr Paul Sadlier (from May) Dr Michael Veltman
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Co-opted Members

New Fellow Representative	Dr Paul Sadleir (until May) Dr Celine Baber (from May)
ISL Representative	Associate Professor Richard Riley
Continuing Medical Education Officer	Dr Anton Van Niekerk
Trainee Committee Representative	Dr Yvette Gainey (until May) Dr Scott Douglas (from May)
Deputy Regional Education Officer	Dr Jay Bruce (until May)
University of WA Representative	Professor Stephan Schug
Faculty of Pain Representative	Dr John Akers
WA Anaesthetic Mortality Committee Representative	Dr Neville Gibbs
ASA Representative	Dr Andrew Miller
Councillors (Ex-officio Members)	Dr Lindy Roberts (ANZCA Vice President and Honorary Treasurer)
Notre Dame University Representative	Dr John Faris

In 2012, much effort was spent developing the ANZCA and FPM strategic plans for the next five years.



New Zealand National Committee (NZNC)

Major achievements for the New Zealand National Committee in 2012 included winning Medical Council of New Zealand accreditation of pain medicine as a scope of practice in New Zealand, the formal release of the ANZCA New Zealand Anaesthesia Workforce Study, a round of visits to New Zealand anaesthesia departments, New Zealand Fellows and office staff making a significant contribution to the outstanding success of the major anaesthesia conference in Auckland and starting work on establishing a New Zealand trainee welfare support system.

Pain medicine recognition

The NZNC was delighted after a lengthy application process, in October the Medical Council of New Zealand (MCNZ) accredited pain medicine as a scope of practice. See also the Faculty of Pain Medicine section, page 54.

The two-stage application process was led by ANZCA's Director of Professional Affairs, Dr Stuart Henderson, the immediate past FPM dean, New-Zealand based Dr David Jones, and Heather Ann Moodie, the General Manager of ANZCA's New Zealand National Office.

ANZCA New Zealand Snaesthesia Workforce Study

The ANZCA New Zealand Anaesthesia Workforce Study (*The Demand For and Supply of Anaesthesia Services in New Zealand 2010-2030* – available on www.anzca.org.nz) was discussed with key stakeholders before being released generally. This staggered release was in keeping with the NZNC's advocacy strategy.

The process began with a briefing with the health minister in March, followed by discussions with the Association of Salaried Medical Specialists, the Medical Council of New Zealand, the NZ Medical Association, Health Workforce New Zealand and the Medical Sciences Council.

ANZCA received a very positive response to the study, being congratulated on the robustness of its data and for making this level of analysis available for consideration in workforce issues. A highly beneficial aspect of releasing the study this way was the opportunity for strengthening ANZCA's relationship with these stakeholders.

The NZNC uses the study's results to inform its policy deliberations with government and other key stakeholders on the critical issues of anaesthesia service delivery in New Zealand, the timely delivery of these services, and the maintenance of quality and safety standards within the profession.

NZ Anaesthesia ASM/ICCVA

ANZCA, along with the New Zealand Society of Anaesthetists, co-hosted the 2012 NZ Anaesthesia ASM and 13th International Congress of Cardiothoracic and Vascular Anesthesia combined conference held in Auckland in November. The organising committee was drawn from Auckland City Hospital and led by co-convenors Dr Marian Hussey and Dr Ivan Bergman, with Professor Alan Merry heading the Scientific Program Advisory Group. Highlights were:

- Total attendance of more than 650.
- Over 100 speakers, some 55 from Australia and New Zealand and another 50 from various countries – probably the best line-up of speakers yet at an anaesthesia conference in New Zealand.
- A fully-subscribed healthcare industry exhibition.
- Registrants from some 22 countries, though most from Australia and New Zealand.
- An outstanding scientific program covering both the specialist cardiothoracic and vascular stream as well as a wide range of other anaesthesia topics.
- Extensive range of workshops, breakfast sessions and PBLDs.
- Approximately 50 posters.
- A healthy financial surplus.
- Raising \$NZ18,000 at the gala dinner for the World Federation of Societies of Anaesthesiology Lifebox Project.

Anaesthesia department visits

ANZCA CEO Ms Linda Sorrell and NZNC Chair Dr Geoff Long visited nine departments of anaesthesia around New Zealand during the last week in August: Christchurch, Taranaki Base, Wellington, Auckland (L4 and L8), Waikato, Middlemore, Timaru and Dunedin, attracting a total attendance of about 155. Linda Sorrell spoke mainly about developments to do with the introduction of the revised curriculum, while Geoff Long outlined NZNC activities and achievements. Both were available to answer questions.

General registrants

The Medical Council of New Zealand (MCNZ) introduced new prescriptive recertification requirements for general registrants (with some exceptions) and selected Best Practice Advocacy Service of Dunedin (bpacnz) to develop and run mandatory and prescriptive recertification programs for general registrants. Following consultation with ANZCA (and others), the MCNZ agreed that general registrants who were enrolled in a college continuing professional development program as at March 14, 2012 would not have to undertake the bpacnz program as well, as long as the college program fulfils all the MCNZ requirements by 2014.

Trainee welfare

The NZNC is supporting a major new initiative from the NZ Trainee Committee (NZTC), which looks at how to establish a welfare system for New Zealand trainees, along the lines of the system in South Australia/Northern Territory. A working group comprising members of the NZTC and the national education officer prepared a proposal and New Zealand trainees were surveyed to determine the level of support available, any regional variations and the types of support services trainees would like to have. The survey also sought information about stressors inside and outside the workplace.

Christchurch citation

The ANZCA Council recognised the sterling work of those in the Christchurch Hospital Department of Anaesthesia during and since the February 22, 2011 earthquake by awarding the department an ANZCA Citation. This was presented during the NZ Anaesthesia Annual Scientific Meeting in November.

New Zealand National Committee (Election year but poll not required)

Chair	Dr Geoff Long
Deputy Chair	Dr Nigel Robertson
Honorary secretary	Dr Gary Hopgood
Honorary treasurer	Dr Gary Hopgood
National education officer	Dr Indu Kapoor
Formal project officer	Dr Jennifer Woods
National quality and safety officer	Dr Joe Sherriff
Chair, NZ Panel for Vocational Registration	Dr Vaughan Laurenson (until June)
	Dr Vanessa Beavis (from June)
Elected members	Dr Vanessa Beavis (until May)
	Dr Kerry Gunn (Fellowship Affairs Officer)
	Dr Vaughan Laurenson (until June)
	Dr Gerard McHugh (until June)
	Dr Sabine Pecher (from June)
	Dr Malcolm Stuart
	Dr Sally Ure (from June)

Co-opted members	Dr Geoff Laney (from June)
	Dr Sally Ure (until June)
New Fellows' representative	Dr Sabine Pecher (until June)
	Dr John Smithells (from June)
Ex-officio as ANZCA councillors	Professor Alan Merry
	Dr Leona Wilson (until May)
	Dr Vanessa Beavis (from May)
Co-opted representatives	Dr Kieran Davis (Faculty of Pain Medicine)
	Dr Sheila Barnett (Chair, NZ Trainee Committee)
Co-opted observers	Dr Rob Carpenter (President, NZSA)
	Dr Tony Williams (Chair, CICM NZNC)
Attendees	Dr Stuart Henderson (ANZCA Director of Professional Affairs, Assessor)
	Dr Vaughan Laurenson (ANZCA Director of Professional Affairs, Deputy Assessor)
	Dr Leona Wilson (ANZCA Director of Professional Affairs, IMGS) (from October)

Committees of council

Executive Committee

President (Chair)	Professor Kate Leslie (until May)	Vic
	Dr Lindy Roberts (from May)	WA
Vice-President	Dr Lindy Roberts (until May)	WA
	Dr Genevieve Goulding (from May)	Qld
Executive Director of Professional Affairs	Professor Barry Baker	NSW
Chief Executive Officer	Dr Linda Sorrell	Vic

Education and Training Committee

Chair (appointed by council)	Dr Genevieve Goulding	Qld
Dean of Education	Professor Barry Baker (from June)	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 (from June)	Tas
Chair, New Programs Committee	Dr Kerry Brandis (from June)	Qld
Chair of Examinations	Dr Patrick Farrell	NSW
Chair, Assessments Committee	Associate Professor Jennifer Weller	NZ
Chair, Workplace Based Assessment Committee	Dr Richard Horton	Vic
Chair, EMAC Sub-Committee	Dr Alexander Garden (from June)	NZ
Chair, Trainee Committee or nominee	Dr Simon Martel (until February)	NSW
	Dr Paul Nicholas (from February)	Qld
Chair, Faculty of Pain Medicine Education Committee	Professor Edward Shipton	NZ
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 (from June)	NSW
	Associate Professor Kersi Taraporewalla	Qld

Training Accreditation Committee (TAC)

Chair (appointed by council)	Dr Frank Moloney (until May)	NSW
	Dr Mark Reeves (from May)	Tas
Director of Professional Affairs (Assessor)	Dr Stuart Henderson	NZ
Chair, Education and Training Committee or nominee	Dr Genevieve Goulding	Qld
Chair, Trainee Committee or nominee	Dr Andrew Thomas (until May)	SA
	Dr Michael Lumsden-Steel (from May)	Tas
Chair, Faculty of Pain Medicine Training Unit Accreditation Committee or nominee	Dr Carolyn Arnold (until May)	Vic
	Dr Melissa Viney (from May)	Vic
Community representative	Mrs Susan Sherson	Vic
Other members as the council may appoint	Dr Kerry Brandis	Qld
	Dr Mark Gibbs	Qld
	Dr Vanessa Beavis (from May)	NZ
	Dr Frank Moloney (from May)	NSW
	Dr Lindy Roberts (until May)	WA
	Dr Thien LeCong (from May)	SA
	Dr Jenny Stedmon (from May)	WA

Continuing Professional Development (CPD) Committee

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

Fellowship Affairs Committee (FAC)

Chair (appointed by council)	Dr Michelle Mulligan (until May)	NSW
	Dr Rod Mitchell (from May)	SA
Annual scientific meeting officer	Dr Vanessa Beavis	NZ
Chair, Continuing Professional Development	Dr Rod Mitchell (until May)	SA
	Dr Vanessa Beavis (from May)	NZ
New Fellow councillor	Dr Justin Burke (until May)	Vic
	Dr Gabriel Snyder (from May)	Vic
Faculty of Pain Medicine scientific meeting officer	Dr Penelope Briscoe	SA
Up to three regional organising committee convenors or nominees	Dr David Vyse/ Dr Tanya Farrell (until June)	WA
	Dr Deborah Devonshire /Dr Mark Hurley	Vic
	Dr Michael Paleologos (until June)	NSW
	Dr Nicole Phillips (from June)	NSW
	Dr Aileen Craig (from June)	SA

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 councillors as appointed by council	Dr Leonie Watterson	NSW
	Dr Rowan Thomas	Vic
	Associate Professor Marcus Skinner	Tas

Quality and Safety (Q&S) Committee

Chair (appointed by council)	Associate Professor David Scott	Vic
Councillor (at least one)	Professor Alan Merry	NZ
Faculty of Pain Medicine representative	Dr Jane Trinca (from June)	Vic
President, Australian Society of Anaesthetists or nominee	Dr Andrew Mulcahy (until September)	NSW
	Dr Richard Grutzner (from October)	Vic
President, New Zealand Society of Anaesthetists or nominee	Dr Robert Carpenter	NZ
Chair, Mortality Sub-Committee	Dr Neville Gibbs (from May)	WA
Chair, Allergy Sub-Committee	Dr Michael Rose (from May)	NSW
Such other members as appointed by council	Dr Leona Wilson	NZ
	Mr Bruce Corkill	NZ
	Mr Michael Gorton	Vic
	Dr Margaret Cowling	SA
	Dr Neville Gibbs	WA
	Dr Patricia Mackay (until November)	Vic
	Dr Patricia Hore (from April)	Vic
	Professor Paul Myles	Vic
Director of Professional Affairs (co-opted)	Dr Peter Roessler	Vic
Co-opted member	Dr Elizabeth Feeney (until April)	NSW

Committees of council (continued)

Research Committee

Chair (appointed by 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 council	Professor Matthew Chan (from May)	HK
	Professor Kate Leslie (from May)	Vic
	Professor Paul Myles	Vic
	Professor Michael Paech	WA
	Professor Tony Quail	NSW
	Professor Tony Gin (until May)	HK
	Associate 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	

New Programs Committee

Chair (appointed by council)	Dr Mark Reeves (until May)	Tas
	Dr Kerry Brandis (from May)	Qld
Second councillor	Dr Michelle Mulligan	NSW
Chair, Final Examinations Sub-Committee or nominee	Dr Vida Viliunas (until December)	ACT
	Dr Mark Buckland (from December)	Vic
Chair Training Accreditation Committee or nominee	Dr Frank Moloney (until May)	NSW
	Dr Mark Reeves (from May)	Tas
Director of Professional Affairs	Dr Steuart Henderson	NZ
Fellow of ANZCA	Dr Margaret Walker	Tas
Two co-opted nominees from the particular area of expertise as appointed by council	Professor Mike Bennett	NSW
	Dr Robert Wong	WA

International Medical Graduate Specialists (IMGS) Committee

Chair (appointed by council)	Dr Leona Wilson (until May)	NZ
	Professor Kate Leslie (from May)	VIC
Councillor(s) (at least one)	Dr Patrick Farrell	SA
Director of Professional Affairs (Assessor)	Dr Steuart Henderson (until December)	NZ
	Dr Vaughan Laurenson (from December)	NZ
Director of Professional Affairs (IMGS)	Dr Richard Willis (until September)	SA
	Dr Leona Wilson (from September)	NZ
Chair, New Zealand Panel for Vocational Registration	Dr Vaughan Laurenson (until May)	NZ
Final Examinations Sub-Committee nominee	Dr Rajesh Brijball (until May)	Qld

Faculty of Pain Medicine representative	Dr Frank New	Qld
Community and/or jurisdictional representative	Ms Helen Maxwell-Wright	Vic
Two other Fellows nominated by council	Dr Peter Roessler	Vic
	Associate Professor Michael Steyn	Qld
Such other members as appointed by council	Dr Kerstin Wyssusek	Qld
	Dr Indu Kapoor	NZ
	Associate Professor Michael Steyn (from June)	Qld

Finance, Audit and Risk Management (FARM) Committee

Vice-President	Dr Lindy Roberts (until May)	WA
	Dr Genevieve Goulding (from May)	Qld
Honorary treasurer	Dr Lindy Roberts (until May)	WA
	Dr Michelle Mulligan (from May)	NSW
Three members (one of whom will normally be chair)	Mr Tom O'Brien (until May)	Vic
	Mr Geoffrey Linton (from May)	Vic
	Mr Henry Bosch	Vic
	Mr Michael Gorton	Vic

Trainee Committee (appointed for 2012 calendar year)

Co-Chairs (trainees to be appointed by the committee)	Dr Simon Martel (until February)	NSW
	Dr Paul Nicholas (from February)	Qld
	Dr Yvette Gainey (until February)	WA
	Dr Michael Lumsden-Steel (from February)	Tas

Members (chairs of the regional/national trainee committees)	Dr Rowan Owsley (until February)	SA/NT
	Dr Vicki Pentelow (February until July)	SA/NT
	Dr May Leung (until October)	HK
	Dr Brett Segal (until February)	Qld
	Dr Kym Saunders (until February)	Vic
	Dr Mark Heynes (from February)	Vic
	Dr Ashokka Balakrishnan (until October)	Sing
	Dr Fan Yin Kwok (until February)	Mal
	Dr Ye Yun Phang (from February until October)	Mal
	Dr Sheila Hart (until February)	NZ
	Dr Sheila Barnett (from February)	NZ
	Dr Jennifer Myers	ACT
	Dr Shona Bright (until February)	Tas
	Dr Vanessa Percival (from February)	WA
	Dr Michael Wirth (from February)	NSW
	Chair, Education and Training Committee	Dr Genevieve Goulding
General Manager, Education Development Unit or nominee	Mr Oliver Jones	Vic
General Manager, Training and Assessment Unit or nominee	Mrs Lee-Anne Pollard (from October)	Vic
Observer (by invitation) federal chair, GASACT	Dr Michelle Spencer (until February)	Vic
	Dr Natalie Kruit (from February)	Vic
Observer (by invitation) trainee representative NZSA	Dr Thomas Fernandez (until February)	NZ
	Dr Kathryn Hagen (from February)	NZ

Committees of council (continued)

Investment Committee

Chair, honorary treasurer (appointed by council)	Dr Lindy Roberts (until May)	WA
	Dr Michelle Mulligan (from May)	NSW
President	Professor Kate Leslie (until May)	Vic
	Dr Lindy Roberts (from May)	WA
Chief Executive Officer	Ms Linda Sorrell	Vic
Acting Executive General Manager, Corporate Resources	Mr Geoff Tory (until April)	Vic
Executive General Manager, Corporate Resources	Ms Jess McKay (from April)	Vic

Overseas Aid Committee

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

Indigenous Health Committee

Chair (appointed by council)	Dr Rodney Mitchell	SA
Fellow	Dr Jack Hill	NZ
	Dr Jenny Stedmon	WA
	Dr Penny Stewart	SA
	Dr Edward Hughes	NZ
	Dr Michele Poppinghaus (from February)	NSW
In attendance	Ms Dasha Newington (from September)	NSW

Anaesthesia and Pain Medicine Foundation

Chair (appointed by council)	Professor Kate Leslie	Vic
Members	Mr Neil Batt (until December)	Vic
	Mr Michael Gorton	Vic
	Ms Yvonne Kenny	UK
	Mr John Astbury	Vic
	Sir Roderick Deane	NZ
Former president	Dr Leona Wilson	NZ
President	Dr Lindy Roberts	WA
Chair, Research Committee	Professor Alan Merry	NZ
Deputy Chair, Research Committee	Associate Professor David Scott (until April)	Vic
Foundation director	Mr Robert Packer	Vic

There is enormous value in our fellowships. The post-nominals FANZCA and FFPMANZCA indicate specialists of the highest standing.



Faculty of Pain Medicine

Since its formation in 1998, the Faculty of Pain Medicine (FPM) has grown into an organisation with more than 300 Fellows in Australia and New Zealand.

In 2012 FPM developed its Strategic Plan 2013-2017 which is based around our mission and vision, and three strategic priorities.

The Faculty arrives in 2013 with a strong foundation through the hard work and dedication of its boards and members.

Highlights

- Phase 1 of FPM Curriculum Redesign Project 2015 completed, including a proposed new curriculum framework.
- Completed Australian Medical Council Australian Medical Council processes for re-accreditation, including a submission and consultations.
- Successful application for specialty recognition of pain medicine in New Zealand.
- Successful development and launch of a GP Online Education Program on pain management in collaboration with the Royal Australian College of General Practitioners (RACGP) and funded by a \$A200,000 grant from the Bupa Health Foundation.
- Development and launch of the FPM Strategic Plan 2013-2017.
- Contribution to policy submissions by ANZCA to authorities in Australia and New Zealand.
- Successful regional representation in NSW towards the NSW Pain Management Plan that has allocated \$26 million of funding over four years.
- As part of this plan, \$300,000 of annual recurrent funding has been allocated to support the benchmarking of outcomes in chronic pain across NSW via the electronic Persistent Pain Outcomes Collaboration (ePPOC). A two-year pilot study will commence in NSW in 2013 with this funding.
- Successful delivery of a comprehensive FPM continuing medical education (CME) program including the refresher course day and annual scientific meeting programs in Perth, the spring meeting in Coolumb and regional CME events.
- Contributed funding and representation to PainAustralia to support the implementation of the National Pain Strategy recommendations.
- Expansion of the educational podcast library for FPM Fellows and trainees.
- Widespread media coverage and publicity for pain medicine and FPM.

FPM Board and committees

Dr David Jones stepped down as dean of the Faculty in May 2012 following his two-year tenure and retired from the board after representing New Zealand Fellows since 1998. Past deans and inaugural board members Dr Penny Briscoe and Associate Professor Leigh Atkinson also retired from the board. Dr Carolyn Arnold and Dr Guy Bashford resigned from the board in May having served for six years and three years respectively.

In May 2012, Dr Ray Garrick FRACP (NSW), Dr Michael Vagg FAFRM (RACP) (Vic) and Dr Andrew Zacest FRACS (SA) were elected unopposed in accordance with FPM regulations 1.1.3 and 1.1.4. A postal ballot was conducted in April for the three remaining places. Dr Meredith Craigie FANZCA (SA), Dr Dilip Kapur FANZCA (SA) and Dr Melissa Viney FANZCA (Vic) were successful.

Associate Professor Brendan Moore, FANZCA was elected as dean and Professor Ted Shipton, FANZCA as vice-dean. Professor Stephan Schug (FANZCA) and Dr Kieran Davis, FRCA were again co-opted to the board as Western Australian and North Island of New Zealand representatives respectively. Dr David Scott was welcomed to the board as ANZCA Council representative replacing Dr Lindy Roberts.

FPM Board, opposite page, back row from left: Dr Chris Hayes, Dr Frank New, Associate Professor Andrew Zacest, Dr Dilip Kapur, Associate Professor Ray Garrick, Ms Helen Morris (General Manager); front row from left: Dr Kieran Davis, Dr Michael Vagg, Professor Ted Shipton (Vice-Dean), Associate Professor Brendan Moore (Dean), Associate Professor David Scott, Dr Meredith Craigie, Professor Stephan Schug. Absent: Dr Melissa Viney.



FPM Board

Associate Professor Brendan J Moore, FANZCA (Dean, Chair, Relationships Portfolio), Qld.

Professor Edward A Shipton, FANZCA (Chair, Trainee Affairs Portfolio, Chair, Education Committee, Chair, Curriculum Redesign Sub-Committee), New Zealand.

Dr Meredith Craigie, FANZCA (Chair, Examination Committee), SA.

Dr Kieran Davis, FRCA (co-opted North Island of NZ representative, assistant assessor), NZ.

Dr Raymond Garrick, FRACP, NSW.

Dr Christopher Hayes, FANZCA (Chair, Fellowship Affairs Portfolio, Chair, Research Committee), NSW.

Dr Dilip Kapur, FANZCA (Chair, Resources Portfolio, treasurer, assistant assessor), SA.

Dr Frank J New, FRANZCP (assessor), Qld.

Dr Stephan Schug, FANZCA (co-opted WA representative), WA.

Dr David A Scott, FANZCA (co-opted council representative), Vic.

Dr Michael Vagg, FAFRM (RACP) (Chair, Continuing Professional Development Committee), Vic.

Dr Melissa Viney, FANZCA (Chair, Training Unit Accreditation Committee, Vic.

Associate Professor Andrew Zacest, FRACS, SA.

Board committees

The principal committees of the board are:

- Executive Committee.
- Education Committee.
- Examination Committee.
- Training Unit Accreditation Committee.
- Continuing Professional Development Committee.
- Research Committee.

Sub-committees

- Curriculum Redesign Sub-Committee (Education Committee).
- Supervisors of Training Sub-Committee (Education Committee).

Following on from the development of committee terms of reference in 2011, terms of reference for the board and senior officers were developed as part of an extensive project covering all College committees and roles. These can be found on the FPM website at: www.fpm.anzca.edu.au/about-fpm/committees.

(continued next page)

Faculty of Pain Medicine (continued)

Relationships Portfolio

Relationships Liaison with colleges

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

Australian and New Zealand College of Anaesthetists

The ANZCA President, Dr Lindy Roberts, and CEO, Ms Linda Sorrell, have a standing invitation to FPM Board meetings. Associate Professor David A Scott was nominated as ANZCA Council's representative to the board in May and was welcomed at the August board meeting. The Faculty continued to have representation on most ANZCA committees and functions.

ANZCA and the Faculty collaborated closely on the development and consultation processes of their respective strategic plans and submissions to the Australian Medical Council for reaccreditation in 2012.

ANZCA's Policy and Communications units provided support in co-ordinating the Faculty's strategic planning and consultation processes in alignment with ANZCA's. The Policy unit also co-ordinates Faculty contributions to an increasing number of submissions.

ANZCA's Education Development Unit continued to provide support and resources to the Faculty, including educational expertise in the development of the Faculty's curriculum redesign project, access to teacher and examiner training programs and e-learning resource development.

ANZCA's Fellowship Affairs unit support included:

- Management of Fellows' participation in the ANZCA/FPM CPD Program.
- Organisation of the FPM annual spring meeting.
- Organisation of FPM component to the annual scientific meeting.

The board endorsed the *ANZCA Policy on Bullying Discrimination and Harassment for Fellows and Trainees Acting on Behalf of the College or Undertaking College Functions*.

Australasian Faculty of Rehabilitation Medicine (Royal Australasian College of Physicians)

Dr Stephan de Graaff, Australasian Faculty of Rehabilitation Medicine (AFRM) president-elect and chair of the Policy and Advocacy Committee met with the board in October and offered useful advice for advancing the FPM electronic Persistent Pain Outcomes Collaboration initiative, based on the AFRM's experience. The AFRM generously provided ongoing access to FPM trainees to their Bi-National Training Program (BNTP) sessions relevant to their training. Faculty trainees continued to take advantage of this opportunity.

Royal Australasian College of Surgeons

The highlight for the Royal Australasian College of Surgeons (RACS) Pain Medicine section was its involvement in the 2012 RACS Annual Scientific Congress (ASC) program. Associate Professor Zacest, chair of the RACS Pain Medicine section, was invited to observe the February 2012 board meeting and was elected to the board in May.

Royal Australian and New Zealand College of Psychiatrists

Psychiatrist Fellows continue involvement in all Faculty of Pain Medicine activities, both clinical and organisational. They correspond and meet regularly, and have more recently begun involving psychiatrists who are not FPM Fellows in these communications, with a view to promoting their interest in pain medicine while also supporting their clinical involvement with pain patients, nationally and internationally.

Royal Australian College of General Practitioners

The new GP Online educational program, a collaboration between FPM, the Royal Australian College of General Practitioners (RACGP) and the Bupa Health Foundation, was successfully delivered in 2012 and launched at both the FPM Spring Meeting in Cooloom in September, and at the RACGP GP12 meeting on the Gold Coast in October. This new program will ensure healthcare providers have access to the best available evidence in cross-practice pain management, resulting in better outcomes for patients.

Australian Pain Society/New Zealand Pain Society

Regular quarterly teleconferences with the Australian Pain Society (APS) and New Zealand Pain Society (NZPS) continued in 2012 to share information and co-ordinate activities, especially educational events. Dr Chris Hayes was nominated as FPM Board representative to the APS Relationships and Communications Committee, replacing Dr Penny Briscoe.

The three organisations collaborated to develop a poster for launch of the IASP Global Year Against Visceral Pain on October 15. The Australian and New Zealand pain societies also collaborated in the electronic Persistent Pain Outcomes Collaboration (ePPOC) referred to elsewhere in this report.

Australian and New Zealand Tripartite Anaesthetic Data Committee (ANZTADC)

The board supported inclusion of reporting pain management-related complications and incidents, aimed at improving practice. The pathway for Fellows to notify such incidents is under investigation with ANZTADC and Fellows encouraged to submit data via the WebAIRS anaesthetic-incident reporting system.

Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Dr Rupert Sherwood, President of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), met with the board in February to explore areas for collaboration and opportunities to include pain medicine in the RANZCOG curriculum training and practice.

In 2012, FPM Fellow, Dr Susan Evans published an article, *Pelvic Pain – An E-booklet for Women, Girls and Families*, which has been widely distributed. Former FPM dean Associate Professor Roger Goucke and FPM Fellow Dr Tim Pavy, co-authored a review article published in the *Australian and New Zealand Journal of Obstetrics and Gynaecology* in December 2012, "Persistent pelvic pain: rising to the challenge". An editorial, "Chronic pelvic pain in Australia and New Zealand", by Dr Evans, accompanied this article. The *Pelvic Pain Report* released in 2012, written

by the Pelvic Pain Steering Committee and endorsed by the FPM and PainAustralia, is an initiative to address human and fiscal burdens associated with conditions causing pelvic pain and aimed to provide solutions to improve women's health services and outcomes.

Australian Rheumatology Association

The Australian Rheumatology Association (ARA) President, Associate Professor Sue Piper, met with the board in August to discuss opportunities for collaboration between the two organisations, including the potential for collaboration on a future spring meeting.

Corporate Affairs

Strategic planning

A number of initiatives relating to the Faculty's 2010-2012 Strategic Plan were advanced in 2012 and are included elsewhere in this report:

In 2012, an updated strategic plan for 2013-2017 was developed in alignment with ANZCA's planning process and launched at the Faculty's Spring Meeting in Cooloom. Strategic planning workshops were held in February and May. A project plan and a consultation and communications were developed and the consultation process commenced with the CEO meeting FPM regional chairs in conjunction with visits to ANZCA regions during February and March. External stakeholders were invited to comment and their feedback was considered at the May workshop. A summary of responses from the consultation process with key stakeholders helped identify strategic goals for FPM to 2017.

Arising from the workshops and consultations, the Faculty's driving aim for 2013-2017 is "building strength". Key pillars of the strategy will be to:

- Build fellowship and the Faculty.
- Build the curriculum and knowledge.
- Build advocacy and access.

The Faculty shares the College's mission "to serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine". The vision for the FPM is "to reduce the burden of pain in society through education, advocacy, training and research".

National Pain Strategy

A key pillar of the Faculty's strategic plan is to build advocacy and access through collaborative initiatives with PainAustralia and the pain societies. The College and Faculty are a Category A member of PainAustralia with a seat on its board.

A combined breakfast meeting of the boards of the Faculty, the Australian Pain Society (APS) and PainAustralia was convened during the APS ASM in March. A further meeting in Cooloom in October brought together key representatives of the APS, NZPS, PainAustralia, FPM and ANZCA to discuss opportunities for closer collaboration to progress the implementation of the National Pain Strategy.

Regional committees Western Australia

Dr John Akers chaired two FPM WA Regional Committee meetings in 2012. The impact of the expansion of WA Health on the anaesthetic trainee and fellowship positions was discussed and Dr Moutaz Burwaiss presented to the committee on opioid use at Sir Charles Gairdner Hospital.

New South Wales

The FPM NSW Regional Committee held elections in 2012. The committee is chaired by Dr Charles Brooker and retains a multidisciplinary membership. A continuing medical education evening was a success with an excellent talk on surgical management of back pain by Dr Jonathon Ball, head of neurosurgery at Royal North Shore Hospital presenting. The Department of Health gave permission via the Faculty for departments in NSW to advertise for Fellow positions early, which is a positive development.

A highlight of the year in NSW was the announcement of the NSW Pain Plan, including funding for clinical care, education and research. Dr Paul Wrigley and Dr Chris Hayes, both committee members, were prominent figures in the NSW Agency for Clinical Innovation (ACI) discussions leading to this outcome. Several other committee members and other fellows were involved in the implementation of the plan and many

other NSW Fellows are involved with the various working groups within the ACI pain management network. The NSW Pain Plan will result in the development of several new pain management clinics in NSW under supervision of existing teaching departments.

The local training program continued to develop, co-ordinated by Dr Paul Wrigley. Many other fellows generously contributed to co-ordination of the program.

Queensland

The Queensland Regional Committee of the Faculty of Pain Medicine, chaired by Dr Mark Tadros, continued to grow and provide an active program in support of 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 29 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 have seen a range of stimulating evenings this year. The meetings were well attended and provoked discussion and interest.

Two members – Professor Leigh Atkinson and Professor Arthur Duggan – retired from the committee in 2012. Both are thanked publicly and sincerely for their efforts and contributions in support of the Faculty.

(continued next page)

Faculty of Pain Medicine (continued)

South Australia

The interim committee, which had been active since November 2010, was phased out in February 2012 and replaced by an elected committee, with Dr Graham Wright as chair. Meetings were held in February, July and November. Michelle Gully has provided support to the committee. Each meeting has followed the format of: committee meeting, followed by a simple meal and then an education section. Standard items on the agenda have been reshaped to reflect the Faculty's strategic plan. The fellowship has maintained a policy of not accepting sponsorship for meetings. February 2012 was a combined meeting with the Australasian Chapter of Addiction Medicine, on the topic of opioid hazards and opioid reduction, with presentations from Dr Dilip Kapur from the Faculty, and Chris Holmwood from the Chapter of Addiction Medicine. In July, neurosurgeons Associate Professor Andrew Zacest and Mr Y H Yau gave presentations on the place of spinal surgery in the context of chronic pain and workers compensation. In November, psychiatrists Dr Peter Herriot and Dr Tony Davis presented on antidepressants in pain medicine, and psychopathology in chronic pain.

Victoria

The FPM Victorian Regional Committee is now established with roles being finalised following a committee meeting held in June 2012. Professor Robert Helme was nominated chair, Dr Diarmuid McCoy as vice-chair and Dr Clayton Thomas as the education meeting officer (for full membership please see the Faculty website: www.fpm.anzca.edu.au/about-fpm/committees/victorian-regional-committee.html)

Dr Thomas organised a continuing medical education event, 'What should we do in Melbourne? Lessons from Milan', which was held on October 31 at the ANZCA head office. The meeting was a great success with a high attendance from Faculty Fellows and trainees and great input and discussion from all involved. Topics included the new International Association for the Study of Pain (IASP) definition and grading system

for neuropathic pain, gabapentinoid abuse, pain in older people, interventional therapies and facilitating return to work.

Dr Michael Vagg, as FPM scientific convenor, has prepared an exciting program for both the Refresher Course Day and Annual Scientific Meeting to be held in May 2013. The regional committee intends to meet with the directors from Victoria at the time of the meeting to discuss matters of mutual interest.

Support for developing countries

The Essential Pain Management (EPM) program, initiated by former FPM dean Dr Roger Goucke and Dr Wayne Morris, has now been widely delivered throughout the Pacific Islands and has been translated into Vietnamese, Mongolian and Spanish with consideration for translating into Swahili. This endeavour reflects positively on the international profile of both the FPM and ANZCA.

Communications

Publications

The Faculty circulates the bi-monthly e-newsletter *Synapse*, the *Training E-newsletter* and contribute to the *ANZCA E-Newsletter* and the *ANZCA Bulletin*.

Publicity for pain medicine and FPM

The Faculty continued to work closely with the ANZCA Communications Unit as part of the College's communication program. In 2012 there were 18 media releases distributed relating to pain medicine. The highlights included:

FPM Spring Meeting

Two media releases were issued for the FPM Spring Meeting – one looking at a proposal for urine and drug screening of chronic pain patients and another highlighting that children with chronic pain miss out on services and treatment. These releases generated more than 200 media reports accessed by more than 3.3 million people.

Global Year Against Visceral Pain

FPM Fellows Dr Susan Evans and Dr Thierry Vancaillie worked with the ANZCA Communications Unit to produce a media release titled 'Pelvic pain: the last of the modern taboos' to help publicise the Global Year Against Visceral Pain.

Seven media reports resulted from this release, with coverage reaching a potential audience of nearly 30,000 people.

2012 Annual Scientific Meeting and Refresher Course Day

The FPM stream at the Perth ASM and Refresher Course Day were promoted to the media with the highlights being FPM Fellow Dr Bob Large talking about hypnosis and pain management; US-based ANZCA ASM Visitor Professor Ruth Landau talking about the role of oxytocin in pain relief; and Fremantle pain specialist Dr Stephanie Davies outlining the success of the STEPS (Self-Training Educative Pain Sessions) program in helping patients self-manage their pain. These stories alone generated 97 media reports, accessed by an estimated 2.7 million people.

Other highlights

Media releases were also issued to publicise a meeting at ANZCA House where medical experts with a broad range of experience in the use of opioids for pain relief sought a consensus view on the prescribing of opioids (generating 12 media reports for a potential audience of 261,036); a study looking at whether redheads feel more pain (potential audience 1.56 million, 50 media reports); and a paper written by FPM Fellows Associate Professor Milton Cohen and Dr John Quintner, which urged health professionals to have greater empathy for patients (potential audience 10,700, nine media reports).

Trainee Affairs Portfolio

Education

FPM Curriculum Redesign Project

Substantial progress was made toward developing the new curriculum for implementation in 2015. Phase 1 of the project was completed including the curriculum framework and accompanying program, for the training of junior specialist pain medicine physicians. Project information videos were developed and published on the FPM website in advance of webinars and face-to-face regional forums early in 2013 intended to give Fellows and trainees the opportunity to provide feedback. Phases 2 and 3 of the project will be advanced in 2013 and 2014 including content development, training design and change management.

Supervisors of training

A supervisors of training workshop was convened in Perth in May, focusing on the examination, revised clinical case study requirements and the Curriculum Redesign Project. Faculty Supervisors continued to have full access to basic and advanced ANZCA Teacher Courses.

Training agreement

A revised training agreement was developed and circulated to current trainees in 2012

International medical graduates

In March, the Faculty received its first international medical graduate specialist (IMGS) application for assessment in the field of pain medicine. Subsequently the Faculty formed an IMGS Working Group, including representation from the ANZCA IMGS Committee and manager IMGS to review ANZCA regulation 23 with a view to the Faculty adapting this regulation in the development of Faculty processes. The group will also develop criteria for assessment of primary specialist qualifications from international jurisdictions for the board's consideration.

Medical student prize

The Faculty continued its annual prize for the best medical student in pain medicine in either of the final two years of undergraduate medical training. As the reputation of the prize has expanded, several medical schools (Adelaide, Auckland, Deakin, Newcastle, Notre Dame, Otago, Sydney and Wollongong) have accepted the invitation to participate. The prize was awarded in December 2012 to Liam Marsden Back from the bachelor of medicine - joint medical program, University of Newcastle.

E-learning resources

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

Dr Meredith Craigie
FPM examination (updated)

Dr Greta Palmer
Acute pain management in children

Dr Lindy Roberts

Acute pain management in opioid-tolerant patients: a growing challenge

Professor Stephan Schug
Mechanisms of neuropathic pain

Professor Stephan Schug
Treatment of neuropathic pain

Professor Maree Smith
Opioid receptors

Examinations

2012 examination

The first Faculty of Pain Medicine examination to be convened outside of Australia was held in November 2012 at the Starship Children's Health and Auckland City Hospital, Auckland. Twenty-eight candidates sat the exam; 22 were successful, giving a pass rate of 78.6 per cent. The examination report is available on the Faculty website. Local observer Dr Michel Kluger and new FPM examiner observers, Dr Clayton Thomas and Associate Professor Andrew Zacest, provided valuable feedback on the examination processes.

From 2013 the written component of the FPM examination will be held separately from the clinical examinations.

Examiners appointments

There were seven new appointments to the panel. Four examiners were reappointed to the examination panel for a further three-year period. There was one resignation from the panel. This takes the examination panel to 36 (FANZCA – 22, FRACP – two, FRACS – three, FAFRM (RACP) – five, FRANZCP – three, PhD - one).

Short courses

Specialist Pain Medicine Physician Preparation Course, Geelong

Geelong Hospital held its annual pre-examination short course for all FPM trainees from March 17-18, 2012. This two-day course focused on introducing trainees to the philosophy and practice of pain medicine including topics such as how the Faculty evolved; examination structure; the governance surrounding the examination process and timetable of the exam.

Pre-Examination Short Course

The annual Pre-Examination Short Course gives intensive exposure to selected topics in pain medicine and to examination technique. The FPM Queensland Regional Committee once again convened this event in 2012 with 29 trainees in attendance. The convenors have identified further opportunities to enhance the course for 2013.

Training Unit Accreditation

In 2012, Townsville Hospital (Qld), Royal North Shore Hospital (NSW), Concord Repatriation General Hospital (NSW), Royal Children's Hospital (Vic), Flinders Medical Centre (SA), Kowloon East Cluster Pain Management Centre (Hong Kong) and St Vincent's Hospital (NSW) were approved for continued accreditation. Following an initial review, The Gold Coast Hospital Interdisciplinary Persistent Pain Centre (Qld) was also accredited for pain medicine training.

Faculty professional document *PM2: Guidelines for Units Offering Training in Multidisciplinary Pain Medicine* was revised in 2012 to include criteria for Tier 2 accreditation for units unable to satisfy all criteria set out in FPM professional document *PM2: Guidelines for Units Offering Training in Multidisciplinary Pain Medicine*, but still with the capacity to be of significant benefit to a trainee. A maximum of six months training can be spent by a trainee in a Tier 2 unit. The Peter MacCallum Cancer Centre (Vic) and the Melbourne Pain Group subsequently underwent initial accreditation reviews and were approved for accreditation as Tier 2 units.

At the end of 2012, there were 29 accredited pain medicine training units in Australia, New Zealand, Hong Kong and Singapore.

(continued next page)

Faculty of Pain Medicine (continued)

Fellowship Affairs Portfolio Fellowship

In 2012, the number of Fellows reached 335, of whom 12 are honorary and 167 who were admitted through training and examination. Of the 315 active Fellows, 238 were based in Australia, 26 in New Zealand and 51 in other countries. Those whose primary specialty is anaesthesia make up 65 per cent of the fellowship.

Twenty-three Fellows were admitted to fellowship in 2012; 22 by training and examination, and one honorary Fellow. Although the majority of trainees continue to be anaesthetists by primary specialty, 2012 admissions included three rehabilitation physicians, one physician, one psychiatrist, one emergency medicine physician, one intensivist one primary care specialist.

Awards, prizes and honours

Professor Michael Cousins, AM (NSW) was awarded an honorary doctor of science, McMaster University in Ontario Canada.

Associate Professor Victor Callanan AM (Qld), was awarded the ANZCA Medal.

Dean's Prize

The Dean's Prize was not awarded in 2012.

Best Free Paper Award

The Best Free paper Award is awarded for original work judged to be the best contribution to the Free Paper session at the FPM ASM.

Dr Sarika Kumar (SA) "*Total and free ropivacaine drug levels during continuous Transversus Abdominis Plane (TAP) block for postoperative analgesia after abdominal surgery: A pilot study*".

Barbara Walker Prize

The Barbara Walker Prize is awarded to the candidate obtaining the highest marks in the pain medicine examination of at least 70 per cent.

Dr Meena Mittal (Vic)

Merit award

Merit award certificates recognise a pass with merit in the Faculty examination.

Dr Laurent Wallace (Qld)

Continuing Education and Quality Assurance

Scientific meetings

2012 Refresher Course Day and Annual Scientific Meeting – Perth

The Faculty's Refresher Course Day and ASM programs were a great success with more than 130 delegates and strong support from healthcare industry sponsors and exhibitors. Media coverage was widespread and the ASM e-newsletter was well received.

Dr Simon Tame, FANZCA, FFPMANZCA (NSW) was the FPM representative to the New Fellows' Conference and Dr Ray Garrick was the board representative to this event.

Annual Spring Meeting - Coolum

The 2012 Spring Meeting, 'From a ripple to a wave – the rising tides in pain medicine', convened by Associate Professor Leigh Atkinson and Associate Professor Brendan Moore, attracted more than 100 delegates. The well-received program included a launch of both the GP Online education initiative and FPM Strategic Plan 2013-2017.

Future meetings

Plans were advanced for the Faculty's 2013/2014 meeting program:

- 2013 Refresher Course Day and Annual Scientific Meeting, Melbourne, Vic – May 3-5. FPM ASM Visitor: Professor Edzard Ernst (UK) and FPM Victorian Visitor: Professor Fabrizio Benedetti (Italy).
- 2013 Spring Meeting, Byron Bay, NSW. International speaker being finalised.
- Dr Louise Brennan (Vic) and Dr Matthew Bryant (Qld) were confirmed as the FPM nominees to the 2013 New Fellows' conference. Dr Dilip Kapur will be the board representative to this event.

- 2014 Refresher Course Day and Annual Scientific Meeting, Singapore – May 4-8. FPM ASM Visitor: Professor Sean Mackey (USA) and FPM Singapore Visitor: Professor Jane Ballantyne (USA). Dr Kian Hian Tan (Singapore) was appointed co-FPM scientific convenor, to work with Dr Lewis Holford.

- Dr Gary Clothier was appointed FPM scientific convenor to the 2015 ASM in Adelaide.

- Dr Jane Thomas was appointed FPM scientific convenor to the 2016 ASM in Auckland.

Continued professional development

The Faculty of Pain Medicine (FPM) policy is that Fellows must complete either the continuing professional development (CPD) program of the College of their primary fellowship or the ANZCA/FPM CPD program. All completed CPD must be relevant to their individual scope of practice.

In 2012, the ANZCA/FPM CPD program became available for use via mobile smart phone devices, offering participants a tailored version of the existing desktop CPD portfolio. Accessing the CPD portfolio via smart phone browser will present participants with key features of the online CPD portfolio; with the ability to check current CPD status, enter popular CPD activities and generate relevant statements and/or certificates.

CPD participation

FPM	Total	New Zealand	Singapore	Hong Kong	Malaysia	Other overseas	Australia
FPM Fellows participating in the ANZCA CPD Program	200	24	9	11	1	25	130
FPM Fellows participating in an external CPD program	99	n/a	8	6	n/a	18	67

Research

The FPM Research Committee continued its focus on promoting a culture of research to its Fellows and trainees. Faculty Fellows were well represented in the ANZCA Research Awards for 2012. Of the 16 successful applications, three project grants were awarded to investigations with a pain focus:

- Associate Professor Philip Siddall (NSW) – 'Levels and associations of existential distress in people with persistent pain'.
- Dr Kelly Byrne (NZ) – 'Tramadol vs morphine for refractory postoperative pain in the recovery room'.
- Dr Dr Nolan McDonnell (WA) – 'Evaluation of the safety of intrathecal administration of magnesium sulphate in a sheep model'.

The St Jude Medical Research Award was awarded to Associate Professor Philip Siddall. The John Boyd Craig Research Award was awarded to Dr Nolan McDonnell. An academic enhancement grant was awarded to Professor Matthew Chan (HK) for 'Transcriptional regulation of chronic postsurgical pain'.

Professional

Specialty recognition of pain medicine in New Zealand

Recognition of pain medicine as a scope of practice in New Zealand by the Medical Council of New Zealand was welcome news after a lengthy application process. The new scope and its associated qualification (Fellowship of the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists – FFPMANZCA) came into effect on December 3. Accreditation was granted for a five-year period. This development is expected to lead to a growth of interest in the pain medicine specialty in New Zealand with consequent greater care for pain sufferers.

NSW Pain Management Plan/ePPOC

The Faculty provided successful regional representation in NSW towards the NSW Pain Management Plan that has allocated \$26 million of funding over four years to support the development of new pain management services in regional areas, enhance existing teaching, hospital services and support research into chronic pain.

As part of this plan, \$300,000 of annual recurrent funding has been allocated to support the benchmarking of outcomes in chronic pain across NSW via the electronic Persistent Pain Outcomes Collaboration (ePPOC). A two-year pilot study will commence in NSW in 2013 with this funding. Further planning of the national benchmarking process will continue collaboratively with FPM, Australian Pain Society and New Zealand Pain Society.

Online education for Allied Health Pain Management in Primary Care

In December, the Faculty made a submission to the Bupa Health Foundation for the development of online education for allied health pain management in primary care, building on the success of the joint RACGP/FPM initiative. A response to the submission is expected in April 2013.

Policy and government

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.

AMC reaccreditation

As part of the re-accreditation of the College's training and continuing professional development programs, the Faculty provided a comprehensive submission to the Australian Medical Council (AMC) for ongoing accreditation at the end of March 2012. Following consideration of the submission, the AMC undertook consultations at the College offices and accredited training sites as well as undertaking a survey of key stakeholder groups. In December, the Faculty was advised by the AMC that its training program in pain medicine and its continuing professional development program had been granted accreditation to December 31, 2018.

Submissions

The Faculty contributed to over 20 submissions including:

- Australian Health Practitioners Regulation Agency (AHPRA) public consultation paper on the definition of practice.
- National Prescribing Service (NPS) prescribing competencies framework project core competencies to prescribe medicines safely and effectively.
- Medical Board of Australia – support for funding of external doctors' health programs.
- Health workforce Principal Committee – development of national criteria under the National Registration and Accreditation Scheme (NRAS) – April 2012.

(continued next page)

Faculty of Pain Medicine (continued)

- Medical Board of Australia – consultation on the board funding external doctors' health programs – April 2012.
- Department of Health and Ageing – evidence requirements for assessment of applications for the prostheses list: A discussion paper – February 2012.
- Deputy Director General, Governance, Workforce and Corporate – request for information to support NSW medical specialist modeling – March 2012.
- Health Workforce Australia – Pain Medicine Chapter – July 2012.
- Pharmaceutical Benefits Scheme – a review of current listings of opioids – August 2012.
- Therapeutic Goods Administration – proposed withdrawal of products containing dextropropoxyphene (DPP) – August 2012.
- Health Workforce Australia – Health Professionals Prescribing Pathway (HPPP) Australia – May 2012.
- AMC review of the approved accreditation standards for medical schools – August 2012.
- Pharmaceutical Benefits Advisory Committee – PBS access to gabapentin – August 2012.
- Royal Australian and New Zealand College of Radiologists Accreditation – September 2012.

Pharmaceutical Benefits Advisory Committee (PBAC)

Subsequent to the Faculty's May submission regarding PBS-subsidised opioids, we are advised of this being referred to the National Medicines Policy Committee, and that no changes were to be made to the PBS arrangements for the time being. The Faculty has indicated to the National Medicines Policy Committee its willingness to be further involved.

Increased rate of prescribing is not the only concern, but an increased mortality from prescription opioids (in times of heroin short supply) is emerging as a public health issue. Faculty representations have brought this to the attention of relevant authorities along with the development of strategies to deal with it.

A constructive dialogue with the PBAC has been established.

Opioid prescription tracking

In February 2012 the government announced the establishment of a national electronic records system to combat abuse of controlled drugs. Representations from the Faculty had been ongoing since at least 2007 in several professional and government agencies to recommend this type of real-time monitoring.

Grants

The Faculty received three new pain medicine training positions as part of the 2013 Specialist Training Program (STP) application round. This brings the total pain medicine positions being managed by the College to four. The STP unit has welcomed approaches during the year from Fellows and hospitals in the private sector and rural and regional areas seeking to expand pain medicine training capacity. The Faculty continues to benefit from the additional funding for expansion of the College's e-learning program and teacher training for rural and regional teachers.

Pain device implant register

Discussions commenced with statisticians at the Data Management and Analysis Centre (DMAC) at the University of Adelaide to advance development of a pain device implant register with a focus on implants and their performance.

Resources Portfolio

Pain Medicine Journal

Editorial and access relationships with the American Academy of Pain Medicine remain very satisfactory, with hard-copy and online access to the journal Pain Medicine included in Fellows' subscriptions. The Faculty's senior editor is active in editorial board conversations and Fellows contribute to editorial sections and increasingly via published papers

Staff

The Faculty employs four full-time administrative staff, a part-time director of professional affairs and a part-time education and training advisor and project support offer to advance the curriculum redesign project.

The FPM organisational chart is available at: www.fpm.anzca.edu.au/about-fpm/structure-and-governance

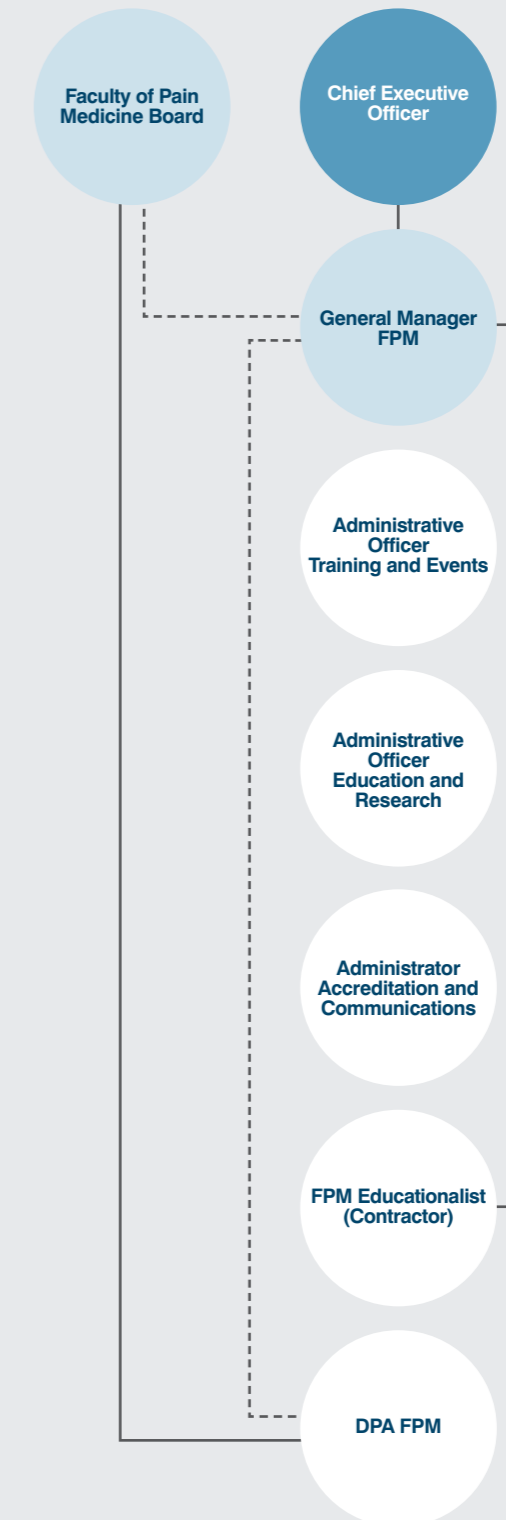
Finance

The 2013 budget was approved by the ANZCA Council to provide adequate funding to meet the requirements of expanding Faculty activities, including support for the Curriculum Redesign Project.

Associate Professor

Brendan Moore
Dean

FPM organisation chart





Faculty of Pain Medicine committees

Executive Committee

Dean/Chair, Relationships Portfolio (chair)	Associate Professor Brendan Moore (from May)
	Dr David Jones (until May)
Vice-Dean/Chair, Trainee Affairs Portfolio	Professor Ted Shipton
Vice-Dean/Chair, Fellowship Affairs Portfolio	Associate Professor Brendan Moore (until May)
Chair, Fellowship Affairs Portfolio	Dr Chris Hayes (from May)
Chair, Resources Portfolio	Associate Professor Leigh Atkinson (until May)
FPM General Manager	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) Dr Faizur Noore (from August)
New Fellows representative	Dr Clifton Timmins (until May) Dr Jordan Wood (from May)
Director of Professional Affairs	Associate Professor Milton Cohen
ANZCA General Manager Education Development	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 Meredith Craigie
Deputy Chair	Dr Newman Harris
Dean	Dr David Jones (until May) Associate Professor Brendan Moore (from May)
Assessor	Dr Frank New
Education Committee representative	Professor Ted Shipton
New Fellows representative	Dr Simon Cohen (from June) Dr Max Sarma (until June)
Members	Dr Carolyn Arnold Associate Professor Leigh Atkinson Dr Penny Briscoe Associate Professor Ray Garrick Professor George Mendelson Dr Mark Tadros (until June) Dr Melissa Viney Associate Professor Andrew Zacest (from June)

Training Unit Accreditation Committee

Chair (appointed by the board)	Dr Melissa Viney (from May) Dr Carolyn Arnold (to May)
Deputy Chair	Dr Paul Gray
Assessor	Dr Frank New
Chair, Trainee Affairs Portfolio	Professor Ted Shipton (from October)
Members	Dr Carolyn Arnold Dr Matthew Crawford Dr David Gronow Dr Diarmuid McCoy Dr Gajinder Oberoi Dr Pauline Waites
Ex-officio	Associate Professor Brendan Moore

Continuing Professional Development Committee

Chair (appointed by the board)	Dr Guy Bashford (until May)
Chair (appointed by the board) /2013 ASM Convenor	Dr Michael Vagg
Scientific meeting officer	Associate Professor Leigh Atkinson
ASM officer	Dr Penelope Briscoe
2011 ASM convenor	Dr Phoon-Ping Chen (until May)
2012 ASM convenor	Dr Max Majedi (until May)
2014 ASM co-convenor	Dr Lewis Holford Dr Kian Hian Tan (from May)
2015 ASM convenor	Dr Gary Clothier
Members	Associate Professor Milton Cohen Associate Professor Pam Macintyre Dr Diarmuid McCoy (until May) Professor Stephan Schug (from May) Dr Geoffrey Speldewinde

Research Committee

Chair (appointed by the board)	Dr Chris Hayes
Senior editor, Pain Medicine (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, Mentoring Sub-Committee	Dr Clif Timmins
Chair, Education Committee	Professor Ted Shipton
Members	Dr Duncan Wood Dr Jordan Wood

Faculty of Pain Medicine committees (continued)

Supervisor of Training Sub-Committee

Chair/Supervisor of supervisors of training	Dr Melissa Viney
	Dr Faizur Noore (from August)
Supervisors of training	Dr Timothy Brake
	Dr Richard Burstal (until February)
	Associate Professor 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

Curriculum Revision Sub-Committee (formed in 2011)

Chair, Education Committee (chair)	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 (from August)
Trainee representative	Dr Harry Eeman Dr Ian Thong
Members	Associate Professor Ray Garrick Dr David Jones Dr Tobie Sacks Dr Jane Trinca Dr Milana Votrubec Dr Paul Wrigley (from October)

Regional Committees

Queensland Regional Committee

Chair	Dr Mark Tadros
Secretary	Dr Richard Pendleton
Treasurer	Dr Leigh Dotchin
CME co-ordinator	Dr Kathleen Cooke Dr Matthew Bryant
Co-opted <i>Transmitter</i> editor	Dr Arthur Duggan (until May) Dr Paul Gray
New Fellow representative	Dr Symon McCallum
Ex officio	Associate Professor Brendan Moore Dr Frank New Associate Professor Leigh Atkinson (until May)

New South Wales Regional Committee

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

Victorian Regional Committee

Chair	Professor Robert Helme
Deputy Chair	Dr Diarmuid McCoy
Education Meeting Officer	Dr Clayton Thomas
Representative on ANZCA VRC (ex-officio)	Dr Michael Vagg
New Fellows representative	Dr Louise Brennan Dr Corry De Neef 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 Schugg

South Australian Regional Committee

Chair	Dr Graham Wright
Deputy Chair/honorary treasurer/secretary	Dr Bruce Rounsefell Dr Garry Clothier Dr Penny Briscoe Dr Susan Evans
Multidisciplinary representative	Dr Andrew Somogyi
Australian Pain Society representative	Dr Tim Semple
ANZCA representative/ New Fellows representative	Dr Philip Cornish
Trainee representative	Dr Jonathan Chan
Ex officio	Associate Professor Andrew Zacest Dr Meredith Craigie Dr Dilip Kapur

Honorary treasurer's report



Mulligan

Dr Michelle Mulligan
Honorary Treasurer

In May 2012, I was appointed as the honorary treasurer of the Australian and New Zealand College of Anaesthetists. Looking back over 2012 it is rewarding to see the significant contribution made by Fellows, trainees and staff in meeting the College's objectives. The most significant investment in the future of the College over past few years was the revised training program, which was successfully implemented in 2012 for the commencement of the 2013 hospital year.

I have great pleasure in presenting my first treasurer's report and to be able to report that ANZCA achieved a sound financial position representing the College net worth of \$24.033 million and no debt.

The College was budgeting to finish 2012 with an operating surplus of \$778,023 and it is pleasing to see that the College achieved a greater than budget operating surplus of \$1.893 million.

The overall result for the College was positively affected by the performance of the investment markets, which produced a positive return of \$1.588 million (compared with a negative return of \$88,887 in 2011). I will comment further on this result later in this report.

The College operated through a difficult period of economic uncertainty and budget challenges. In particular the need to address the effect of the new training program on the revenue stream and to ensure that the College continues to maintain its financial sustainability and operate effectively despite the temporary revenue turmoil, which is expected to last through 2013. As a result, training-related fees have been critically reviewed through the fees modelling and increased to fund the revised training program and increased services provided to trainees.

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

Key elements of the 2013 budget continue to reflect strong investment in the College's future, consolidating on the emphasis on trainees through further training program enhancements and placing renewed focus on the fellowship, particularly through better use of technology to support an improved online experience for Fellows interacting with the College.

Statement of comprehensive income

This is a summary of the revenue, expenses and surplus from the activities of the College.

In 2012 overall revenue from operating activities for the year was \$28.143 million (\$22.509 million in 2011). Expenses totalled \$26.250 million (\$22.614 million for 2011), leaving an operating surplus of \$1.893 million (deficit of \$105,509 in 2011).

The improved result came through revenue growth from key activity areas: subscriptions and entry fees (up \$776,956), registration, training and examination fees (up \$1.248 million) and additional funds for specialist training program (up \$4.565 million).

This was partially offset by lower revenue from meetings and courses (down \$778,523) and other income, which includes foundation sponsorship and donations, advertising in ANZCA publications, international medical graduate specialist (IMGS) assessments, secretarial services and expense recoveries (down \$176,688).

I wish to note that the IMGS applications have increased as compared to last year and this increase resulted in the overall reduction of the other income unfavourable variance. Expenditure growth, up from \$22.614 million in 2011 to \$26.250 million in 2012, largely reflected the costs of the specialist training program. This includes funding of specialist training posts salaries and rural loadings in the various hospitals, increased activity which is evident in the higher revenue outcome, and minor land and buildings impairment loss due to decline in fair value as compared to a book value.

Although in 2012 investment markets worldwide continued to display a high level of volatility, the College's investments delivered a higher than budget return. The overall investment portfolio delivered a positive return of \$1.588 million (compared with a negative \$88,887 in 2011). The result was driven by unrealised capital gains of \$880,562 (up from unrealised capital losses of \$1.324 million in 2011) and income earnings (dividends and interest) of \$706,959 (down from \$1.235 million in 2011).

After taking account of the positive investment return, the College was left with a consolidated surplus of \$3.481 million (compared with a deficit of \$194,396 in 2011). Further positive exchange translation differences between the New Zealand and Australian dollar at balance date and recognition of the College's gifted artwork and decorative arts at fair value allowed for the total comprehensive income for the year to finish at a positive \$3.795 million (compared with a negative \$190,598 in 2011).

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 \$24.033 million (compared with \$20.238 million at the end of 2011). This net asset position reflects that the College is financially strong, secure and well positioned to endure any future economic conditions.

Statement of cash flows

Despite additional payments for the capital projects such as the training program and enhanced technology projects, the College's cash position as at end of the reporting period is similar to the last year cash position.

The cash holdings at the end of 2012 were \$4.942 million, a minor decrease of \$33,602 on the corresponding balance at the end of 2011, driven by strong receipts in December for 2013 events and subscriptions, tight operational and capital expenditure control and sound cash-flow management.

It is expected that during 2013 there will be calls on the College cash reserves to fund further training program and infrastructure enhancements as well as any shortage of cash receipts resulted from the initial implementation of the new training program. The need for and impact of these calls has been fully recognised in the manner in which the 2013 budget has been framed and the forward cash-flow projections undertaken indicate that the College will be able to meet its cash needs.

Without doubt, the College continues to be in good financial health, however the ANZCA Council continues to move cautiously as it directs management to target a surplus position to facilitate future reinvestment on our operations and reduce reliance on the volatile investment earnings for capital expenditure funding.

"The College was budgeting to finish 2012 with an operating surplus of \$778,023 and it is pleasing to see that the College achieved a greater than budget operating surplus of \$1.893 million."

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 2012 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 \$1,893,339 compared to a deficit of \$105,509 in the prior year.

Combined with positive earnings on investments of \$1,587,521 (compared to negative earnings in 2011 of \$88,887) this produced an overall surplus for the year of \$3,480,860 compared to a net deficit of \$194,396 in 2011.

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 \$22,915 (2011: favourable \$3,798) and the recognition of cultural assets (artworks and decorative art) of \$291,157, giving a total comprehensive income surplus for the year of \$3,794,932 (2011: deficit \$190,598).

Total operating revenue increased by 25% to \$28,143,487 whilst operating expenditure rose by 16% to \$26,250,148.

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 2012.

Statement of financial position

Total assets increased by 16% to \$38,836,866.

The major contributors to this were the increase in current assets reflecting a higher level of prepayments and subscription debtors and the increase in non-current assets reflecting a higher fair value of investments and a higher level of intangible assets resulted from investing in the revised training program and overall College infrastructure and technology.

Total liabilities increased by 12% to \$14,803,926 primarily due to higher levels of subscriptions, examination and trainee fees received in advance.

The result of this is that net assets increased by almost 19% to \$24,032,940 compared to \$20,238,008 last year.

Statement of changes in equity

Total equity for the year increased by \$3,794,932 from \$20,238,008 in 2011 to \$24,032,940.

This arose from the net effect of the overall surplus of \$3,480,860, a gain on exchange translation differences of the New Zealand assets and liabilities of \$22,915 and the recognition of cultural assets of \$291,157.

Statement of cash flows

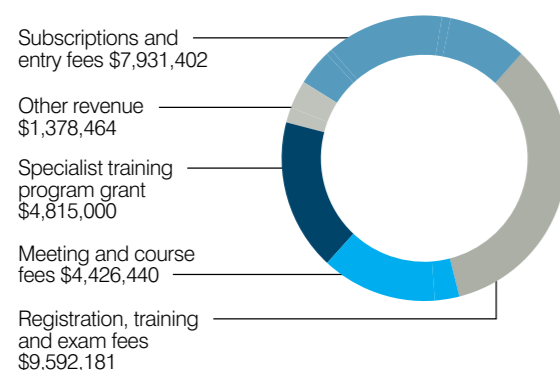
Cash flow for the year marginally decreased by \$33,602 (2011: increased by \$708,643) primarily due to investment in property, office equipment and intangible assets.

Financial statements

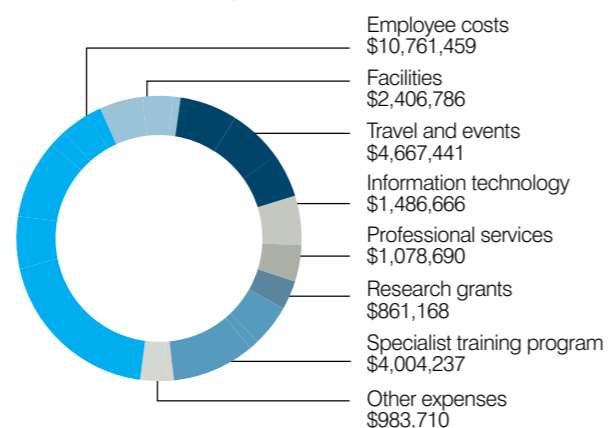
Statement of comprehensive income for the financial year ended December 31, 2012

	2012 \$	2011 \$
Revenue		
Subscriptions and entry fees	7,931,402	7,154,446
Registrations, training and exam fees	9,592,181	8,344,174
Meeting and course fees	4,426,440	5,204,963
Specialist training program grant	4,815,000	250,000
Other revenue	1,378,464	1,555,152
Total revenue from operating activities	28,143,487	22,508,735
Expenses		
Employment	10,761,459	10,157,508
Facilities	2,406,786	2,301,079
Travel and events	4,667,441	5,365,191
Information technology	1,486,666	1,421,311
Professional services	1,078,690	1,679,980
Research grants	861,168	913,523
Specialist training program employment and rural loading	4,004,237	-
Other expenses	983,701	775,652
Total expenses from operating activities	26,250,148	22,614,244
Surplus / (deficit) before non-operating activities	1,893,339	(105,509)
Income from non-operating activities		
Investment (expenses) income	1,587,521	(88,887)
Surplus / (deficit) for the year	3,480,860	(194,396)
Other comprehensive income		
Items that may be reclassified to profit or loss		
Exchange differences on translation of foreign operations	22,915	3,798
Changes in the fair value of cultural assets	291,157	-
Total comprehensive income for the year	3,794,932	(190,598)

Total revenue for the 12 months ended December 31, 2012



Total expenses for the 12 months ended December 31, 2012



Financial statements (continued)

Statement of financial position as at December 31, 2012

	2012 \$	2011 \$
ASSETS		
Current assets		
Cash and cash equivalents	4,941,568	4,975,169
Trade and other receivables	8,457,108	6,895,461
Other financial assets	129,017	166,055
Total current assets	13,527,693	12,036,685
Non-current assets		
Property and office equipment	11,072,442	11,166,151
Intangible assets	4,840,330	1,513,301
Other financial assets	9,396,401	8,700,448
Total non-current assets	25,309,173	21,379,900
Total assets	38,836,866	33,416,585
LIABILITIES		
Current liabilities		
Trade and other payables	3,328,241	2,644,100
Other liabilities	10,880,143	10,068,222
Provisions	251,288	214,238
Total current liabilities	14,459,672	12,926,560
Non-current liabilities		
Provisions	344,254	252,017
Total non-current liabilities	344,254	252,017
Total liabilities	14,803,926	13,178,577
Net assets	24,032,940	20,238,008
EQUITY		
Retained earnings	23,699,193	20,218,333
Foreign currency translation reserve	42,590	19,675
Asset revaluation reserve	291,157	-
Total equity	24,032,940	20,238,008

Statement of changes in equity for the financial year ended December 31, 2012

	Retained earnings \$	Foreign currency translation \$	Asset revaluation reserve \$	Total \$
Balance at January 1, 2011	20,412,729	15,877	-	20,428,606
Total comprehensive income for the year	(194,396)	-	-	(194,396)
Currency translation differences arising during the year	-	3,798	-	3,798
Balance at January 1, 2012	20,218,333	19,675	-	20,238,008
Total comprehensive income 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
Balance at December 31, 2012	23,699,193	42,590	291,157	24,032,940

Statement of cash flows for the financial year ended December 31, 2012

	2012 \$	2011 \$
Cash flows from operating activities		
Receipts from members, customers and government bodies	29,348,080	23,465,835
Interest received	95,553	90,079
Donations received	69,284	34,397
Payments to employees, suppliers and other parties	(26,126,639)	(20,573,663)
Research grants and bequests paid	(826,168)	(900,772)
Net cash inflow from operating activities	2,560,110	2,115,876
Cash flows from investing activities		
Proceeds (net) from other financial assets	686,186	517,655
Payments for property and office equipment	(1,055,774)	(757,848)
Payments for project development	(2,261,162)	(1,087,905)
Receipts from / (payments for) other financial assets	37,038	(79,135)
Net cash outflow from investing activities	(2,593,712)	(1,407,233)
Cash flows from financing activities		
Net cash inflow / (outflow) from financing activities	-	-
Net (decrease) / increase in cash and cash equivalents	(33,602)	708,643
Cash and cash equivalents at the beginning of the financial year	4,975,170	4,266,527
Cash and cash equivalents at the end of the financial year	4,941,568	4,975,170

Financial statements (continued)

Notes to the concise financial report for the year ended December 31, 2012

1. General information

The concise financial report is an extract from the full financial report for the year ended December 31, 2012. The financial statements and specific disclosures included in the concise financial report have been derived from the full financial report. The concise financial report cannot be expected to provide as full an understanding of the financial performance, financial position and financing and investing activities of the Australian and New Zealand College of Anaesthetists as the full financial report. Further financial information can be obtained from the full financial report.

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

2. Basis of preparation of the concise financial report

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

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, 2012, as set out in pages 72 to 79:

- a) complies with Accounting Standard AASB 1039: Concise Financial Reports; and
- b) is an extract from the full financial report for the year ended December 31, 2012 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.

Dr Lindy Roberts
President
March 26, 2013

Dr Michelle Mulligan
Honorary treasurer
March 26, 2013



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AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of the Australian and New Zealand College of Anaesthetists for the year ended 31 December 2012, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- (i) auditor independence requirements of the Australian professional accounting bodies in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

RSM BIRD CAMERON

P A RANSOM
Director

Dated: 26 March 2013
Melbourne, Victoria

Liability limited by
a scheme approved
under Professional
Standards Legislation

Birdanco Nominees Pty Ltd
ABN 33 009 321 377
Practising as
RSM Bird Cameron
ABN 65 319 382 479

Major Offices in:
Perth, Sydney,
Melbourne, Adelaide
and Canberra

RSM Bird Cameron is a member of the RSM network. Each member of the RSM network is an independent accounting and advisory firm which practises in its own right. The RSM network is not itself a separate legal entity in any jurisdiction.

**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF
THE AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS**

Report on the concise financial report

The accompanying concise financial report of The Australian and New Zealand College of Anaesthetists comprises the statement of financial position as at 31 December 2012, 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 The Australian and New Zealand College of Anaesthetists for the year ended 31 December 2012 and the discussion and analysis. 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 and presentation of the concise financial report in accordance with Accounting Standard AASB 1039 *Concise Financial Reports* and for such internal control as the directors determine is 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 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 The Australian and New Zealand College of Anaesthetists for the year ended 31 December 2012. We expressed an unmodified audit opinion on that financial report in our report dated 27 March 2013. 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.

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 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 audit evidence supporting the amounts, discussion and analysis, 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 AASB 1039 *Concise Financial Report* and whether the discussion and analysis complies with the requirements laid down in AASB 1039 *Concise Financial Reports*.

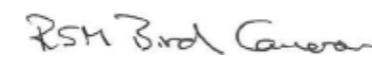
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

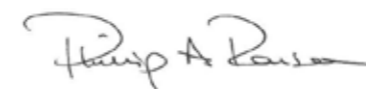
In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*. We confirm that the independence declaration required by the *Corporations Act 2001*, which has been given to the directors of The Australian and New Zealand College of Anaesthetists, would be in the same terms if given to the directors as at the time of this auditor's report.

Opinion

In our opinion, the concise financial report, including the discussion and analysis of The Australian and New Zealand College of Anaesthetists for the year ended 31 December 2012 complies with Accounting Standard AASB 1039 *Concise Financial Reports*.



RSM BIRD CAMERON



P A RANSOM
Director

Melbourne, Victoria
Dated: 27 March 2013

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