



**ANZCA**

AUSTRALIAN AND NEW ZEALAND  
COLLEGE OF ANAESTHETISTS

**ANZCA has dedicated much of the past two years to increasing its engagement with Fellows and trainees. This is in keeping with the first initiative of the ANZCA Strategy which is designed to further the College's objectives and strengthen the profession.**

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## How are we going with ENGAGE?

### Embrace new training environments

We need you to embrace training in the private sector, and rural and remote areas. There are insufficient opportunities for trainees in metropolitan public hospitals and increased diversity of training settings can only benefit trainees.

### Negotiate and influence people

We need you to be an ambassador of our specialty with every patient, healthcare provider and jurisdiction. This will ensure that our voice is heard, that our influence increases and that our standards form a benchmark for medical care.

### Get involved

We need you to get involved by responding to research surveys and voting in elections. Only involvement will make the results representative. We also need you to engage in continuing professional development (CPD) events and participate fully in ANZCA's CPD program.

### Advocate quality and safety

We need you to participate in quality and safety activities in your practice and in our upcoming Australasian incident monitoring system. Safe use of anaesthesia, sedation and pain management techniques by all doctors can be promoted if you make your colleagues aware of ANZCA's standards.

### Give your support

We need you to support the ANZCA Foundation (now the Anaesthesia and Pain Medicine Foundation) and the highly-valued research of our Fellows. The health outcomes of our indigenous peoples and near-neighbours fall far short of our aspirations: they need your support.

### Educate yourself and others

Finally, and most importantly, we need you to enhance your clinical teaching by teaching wherever you work. Whenever feasible you can choose to undertake a clinical teacher's course and be a great role model for our trainees!

## President's report



"I would like to acknowledge the thousands of Fellows and trainees who contribute to making our College the great, world-leading organisation that it is."

When I began my term as president in 2010, I outlined my vision for the College: "It's our future – we need to ENGAGE". In 2011, we made significant progress towards achieving this vision.

### **Embrace new training environments**

In 2011, ANZCA won significant Specialist Training Program funding from the Australian government for specialist training posts in settings beyond traditional public teaching hospitals. This resulted in the establishment of 25 training posts in private and rural settings in 2011, with 28 confirmed for 2012.

The College also received Australian government funding for continuing e-learning initiatives for Fellows and trainees, international medical graduate specialist support via the Overseas Trained Specialist Anaesthetists Network and the development of indigenous health podcasts on cultural competency.

### **Negotiate and influence people**

ANZCA's role as the voice of specialist anaesthetists and specialist pain medicine physicians continues to grow. In 2011, the College made more than 40 submissions to governments and other bodies in Australia and New Zealand.

Our presence in the media also continues to grow, ensuring improved understanding of anaesthesia and pain medicine in the community.

An advocacy strategy for New Zealand has been developed following a nationwide consultation process to obtain feedback from Fellows and trainees about key issues affecting them.

A workforce study was also completed in New Zealand, a vital piece of work that will inform our negotiations with government on future needs for our profession.

In 2011, we appointed our new Chief Executive Officer, Ms Linda Sorrell, who brought to ANZCA nearly 20 years' experience in high-level management positions in the healthcare sector in Victoria and NSW. Linda was awarded Telstra Victorian Business Woman of the Year in 2007.

### **Get involved**

The ANZCA Curriculum Revision 2013 project has involved more than 50 steering group members and curriculum authors, and hundreds of other Fellows and trainees, as well as staff from the Education Development Unit and nearly every other unit in the College. These dedicated people have contributed enormous amounts of time and effort to this project, and we are very proud of the curriculum document and regulatory framework that has been developed to support it. The redesigned curriculum is due for implementation in the 2013 hospital employment year.

Work by Faculty of Pain Medicine Fellows in submitting the Faculty's stage 2 application for the recognition of pain medicine as a specialty in New Zealand occurred last year. The Faculty continues to work on its Curriculum Revision Project that involves implementing an outcomes focused, competency-based approach to learning and assessment. The revised curriculum is scheduled for implementation in 2015.

The 2011 Hong Kong combined scientific meeting was a wonderful example of Fellows' and trainees' involvement in their College. More than 2000 delegates attended the meeting, making it one of the most successful yet.

And finally, 100 per cent of Fellows enrolled in a continuing professional development program. The ANZCA CPD Program was successfully audited in 2011.

### **Advocate quality and safety**

The Australasian incident monitoring system (Webairs) is now up and running and hundreds of incidents have been collected.

We continue to review and update our professional documents with six revised documents promulgated in 2011.

### **Give your support**

The recent establishment of the Overseas Aid Committee and the Indigenous Health Committee will ensure that the College plays a role in supporting these two important areas.

In 2011, Fellows donated more than \$34,000 to the Anaesthesia and Pain Medicine Foundation and new initiatives directed by our new general manager should see this figure grow in 2012.

ANZCA strongly supports research via the Anaesthesia and Pain Medicine Foundation, dedicating more than \$860,000 to research in 2011. This was achieved via an allocation of 10 per cent of all Fellows' subscriptions and an allocation of income from ANZCA's investment portfolio. Founding sponsors Mundipharma, St Jude Medical and Pfizer Australia again each contributed \$50,000 towards research fellowships. A New Zealand appointment was also made to the Anaesthesia and Pain Medicine Foundation Board.

### **Educate yourself and others**

More than 240 candidates passed the final fellowship examination while 286 passed the primary exam in 2011. A total of 71 international medical graduate specialists became Fellows through the assessment process and one was elected to fellowship.

ANZCA continues to grow its library of audio and video podcasts that cover general medical education, as well as topics relevant to the final examination and the online in-training assessment process. In 2011, eight webinars were held involving 300 participants.

The College also delivered two Foundation Teacher Courses and is developing an Online Teacher Course, demonstrating the College's support for Fellows involved in clinical teaching.

In 2011, ANZCA ran 29 regional continuing medical education meetings and special interest group meetings on behalf of the College, the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists. More than 600 people attended special interest group meetings.

As previously mentioned, more than 2000 delegates attended more than 150 presentations, 66 workshops and 47 problem-based learning discussions at the Hong Kong combined scientific meeting where quality assurance sessions and 100 posters sessions were also a highlight.

### **Finally**

I would like to acknowledge the thousands of Fellows and trainees who contribute to making our College the great, world-leading organisation that it is. Much of this work is done on a pro bono basis and, on behalf of ANZCA Council, I would like to thank everyone most sincerely for their efforts.

I would also like to acknowledge the hard work of the ANZCA staff, led by Dr Mike Richards until July 2011 and by Ms Sorrell from September 2011.

We can all be very proud of our achievements.

Professor Kate Leslie  
President, ANZCA

## CEO's report



“The ANZCA website was relaunched in September following many hours of hard work undertaken by the Communications and IT units in consultation with ANZCA business leaders and senior Fellows.”

There has been much activity in 2011 with significant achievements made by the College, underpinned by an organisational restructure of staff that has established a solid framework from which the needs and requirements of Fellows, trainees and other key stakeholders could be met.

A key aspect of the restructure was the formation of the Fellowship Affairs Unit which has enhanced support for fellowship activity. Comprising teams to manage events, continuing professional development, quality and safety and knowledge resources, the Fellowship Affairs Unit is also responsible for the Australian and New Zealand Tripartite Anaesthesia Data Committee (ANZTADC).

A major project undertaken by the Fellowship Affairs Unit in collaboration with the information technology and communications teams was the redevelopment of the online continuing professional development (CPD) portfolio. The new system, based on feedback from Fellows, is more user-friendly.

The events team managed a very successful offshore combined scientific meeting with the Hong Kong College of Anaesthesiologists that attracted more than 2000 delegates.

The ongoing ANZCA Curriculum Revision 2013 project is a massive and very important undertaking being co-ordinated by the Education Development Unit (EDU) with a team of consultants managing the day-to-day aspects of the project in consultation with many key Fellows and trainees.

In February, the ANZCA Council approved recommendations for a revised curriculum structure and volume of practice requirements that would underpin the revised training program.

A change management and communication strategy was developed and work also commenced on the development of a new online training portfolio system that will streamline the recording of information, including assessments and volume of practice requirements, for trainees and their supervisors.

Workplace-based assessments (WBAs) are key components of the revised curriculum and in December a “training the trainer” workshop was held for 25 “WBA champions” who have been identified as key people to help disseminate information and provide workshops to our supervisors of training (SOTs) and other trainers about how WBAs work under the revised curriculum.

EDU also continued to develop and deliver more e-learning resources and commenced the pilot for the Online Teacher Course. A number of new podcasts were also developed for trainees.

The ANZCA website was relaunched in September following many hours of hard work undertaken by the Communications and IT units in consultation with ANZCA business leaders and senior Fellows. It was redesigned to improve its appearance and make it more user-friendly and relevant with a more logical arrangement of content and an improved search function. The content was updated and functionality improved, making it easier for Fellows, trainees and the general community to use.

A new patient information section on the website has enhanced our ability to educate the general public about anaesthesia and pain medicine.

The release of 26 media releases in 2011 resulted in media coverage that reached a cumulative potential audience of more than 10 million according to the College's media monitoring service. In two successful initiatives aimed at increasing the media profile of ANZCA and the Faculty of Pain Medicine (FPM), the College hosted three journalists at the Hong Kong combined scientific meeting and launched the inaugural ANZCA Media Award.

Growing media coverage of ANZCA, FPM and anaesthesia and pain medicine in general reflects ANZCA's commitment to educating the community about the role of anaesthetists and specialist pain medicine physicians as identified in the College constitution and the 2010 fellowship survey findings that Fellows want ANZCA to play more of a role as the “voice” of anaesthetists.

Our “voice” at government level also continues to grow. More than 40 policy submissions and responses to government departments, agencies and regulatory bodies in Australia and New Zealand were prepared by our Policy Unit in 2011.

One of these submissions resulted in a substantial Specialist Training Program (STP) grant from the Australian government's Department of Health and Ageing for training posts in expanded settings.

The appointment of a policy officer in New Zealand enhanced our capabilities in this area in New Zealand.

The appointment in late 2011 of a General Manager, Anaesthesia and Pain Medicine Foundation to replace the former director of the foundation will consolidate our efforts to attract funding for important research.

In mid-2011, FPM and the Royal Australian College of General Practitioners received a \$200,000 grant from the Bupa Health Foundation to develop a modular educational program for primary health care professionals on pain management.

FPM also submitted its stage 2 application for the recognition of pain medicine as a specialty in New Zealand and continued to work on its Blueprinting Curriculum Revision Project. A professional educationalist has been appointed to support the project.

ANZCA's commitment to supporting Fellows and trainees in the Australian regions has been reflected in the relocation of South Australian and Northern Territory office staff to better facilities that will enable improved support for Fellows and trainees in this region. New, better facilities in WA were also officially opened in 2011 and a new regional manager was appointed in Queensland.

Linda Sorrell  
Chief Executive Officer, ANZCA



### ANZCA Council

In accordance with the provisions of the constitution, nominations were called for four vacancies on the council. Five nominations were received. Professor Alan Merry, Associate Professor David Scott, Dr Kerry Brandis and Professor Kate Leslie were re-elected for a period of three years.

Front row from left: Associate Professor David Scott, Professor Alan Merry, Dr Mark Reeves, Dr Kerry Brandis, Professor Kate Leslie (ANZCA President), Dr David Jones (Dean, Faculty Pain Medicine), Dr Lindy Roberts (ANZCA Vice-President).

Clockwise from top: Dr Michelle Mulligan, Dr Genevieve Goulding, Ms Linda Sorrell (CEO, appointed September 2011), Dr Frank Moloney, Dr Leona Wilson, Dr Patrick Farrell, Dr Rodney Mitchell.

Absent: Dr Justin Burke (New Fellow councillor).

Dr Mike Richards (CEO) resigned in July 2011.

## Awards, prizes and honours

### College awards in 2011

#### Orton Medal

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

Dr Duncan Islay Campbell has been awarded the 2011 Orton Medal for his contributions to anaesthesia, in particular his invention of the Campbell ventilator. He will be invited to receive the medal at the annual scientific meeting to be held in Perth in 2012.

#### Ray Hader Award for Compassion

Dr Katherine Jeffrey from NSW has been awarded the Ray Hader Award for Compassion for her contribution to the welfare of junior doctors and students. The award promotes a compassionate approach to the welfare of anaesthetists, other colleagues, patients and the community.

#### 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 Paul Sadleir – “Sugammadex unlikely to attenuate rocuronium-induced anaphylaxis – evidence from an in-vivo model”.

### 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 Sharnie Wu – “Anterior sub-Tenon’s anaesthesia for cataract surgery”.

### Renton Prize

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

Dr Katrina Pirie, Victoria

Dr Wong On Yat, Hong Kong

### 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, Victoria

Dr Stuart Lachlan Hastings, Victoria

### Australia Day honours

Dr Walter Ross Thompson (WA) was made a Member of the Order of Australia (AM), for service to medicine as a clinician in anaesthesia and intensive care, through contributions to the development of an educational framework and through executive roles within professional organisations.

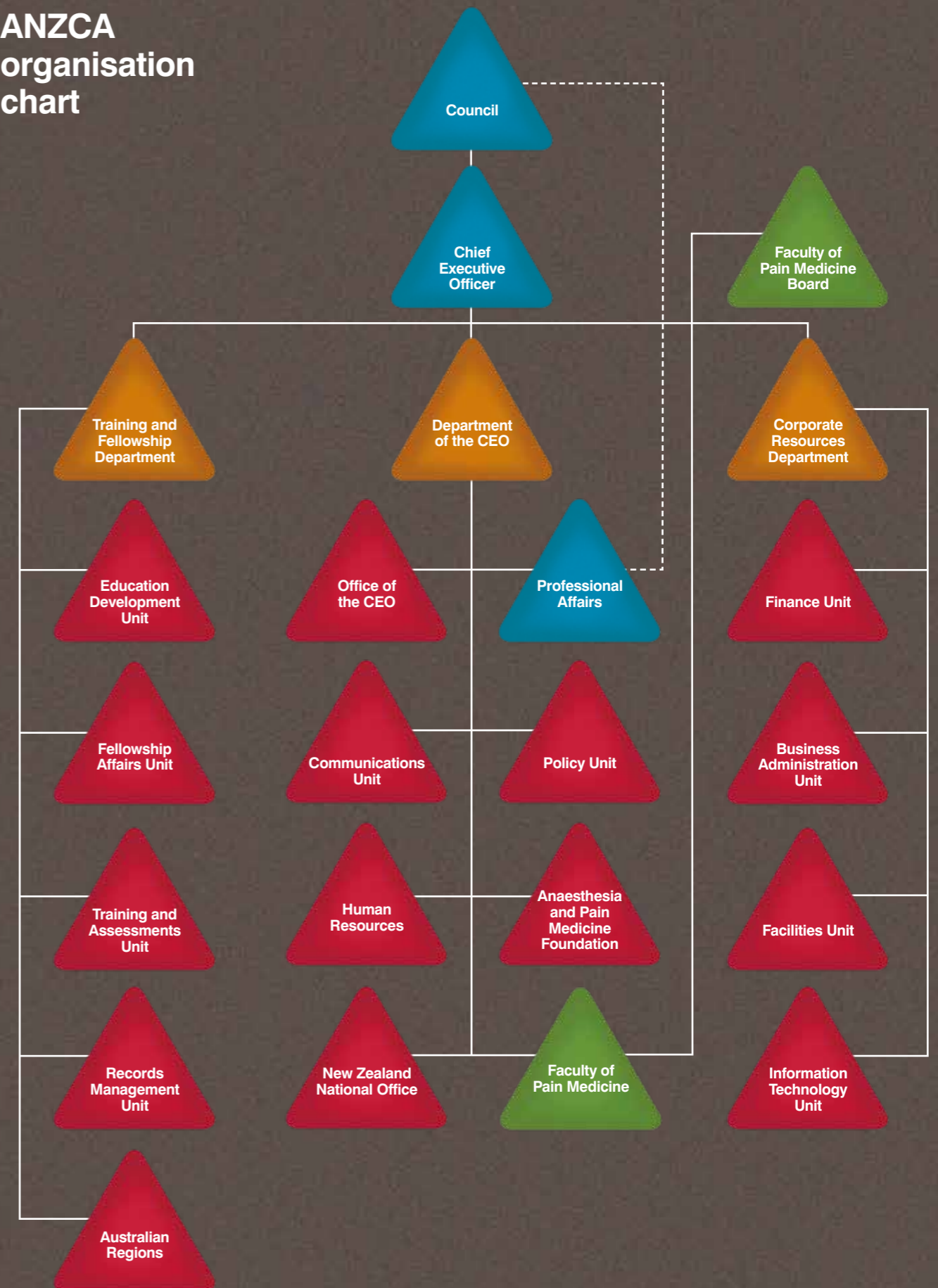
Dr John Francis Oswald (Vic) was awarded the Medal of the Order of Australia (OAM), for service to medicine as an anaesthetist, and to the community.

Dr John Collins (NSW) was made a Member of the Order of Australia (AM), for service to medicine in the field of paediatric palliative care as a practitioner, academic and researcher, and to professional organisations.

### Queen’s Birthday honours

Dr Anthony Kirkwood from Orange, NSW, was a recipient of the Order of Australia Medal (OAM) for his services to medicine as an anaesthetist.

## ANZCA organisation chart



# Fellowship affairs



Fellowship affairs activities, which are governed by the Fellowship Affairs Committee (FAC) and the Quality and Safety Committee, represent Fellows' interests. In 2011, the activities and actions driven by FAC were focused on driving Fellow engagement, maintenance of education, skills, and improved communications. The Quality and Safety Committee continued the focus on fostering safety and quality in patient care in anaesthesia.

## Highlights

- More than 2000 delegates attended a successful combined scientific meeting in Hong Kong.
- The New Fellows Conference in Hong Kong, "Manage the change", was attended by 31 delegates.
- A new pathway to publish safety alerts to Fellows on the ANZCA website was established.
- *The Safety of Anaesthesia report (2006-2008)* was completed.
- A new, intuitive, user-friendly online continuing professional development portfolio was developed.
- 294 were admitted to fellowship.

## Workforce

Geographical distribution of Fellows in active practice as of December 31, 2011, was as follows.

	ANZCA	FPM
Australia	3612	219
New Zealand	542	23
Singapore	63	9
Hong Kong	198	10
Malaysia	43	1
Other	159	29
<b>Total</b>	<b>4617</b>	<b>291</b>

There were 294 new Fellows admitted in 2011.

## Continuing professional development

The Continuing Professional Development (CPD) Program continues to evolve with the objective of being relevant and meaningful for Fellows while meeting accreditation requirements.

In 2011, a redesigned online portfolio was developed and deployed. The design was based on feedback from Fellows with the aim of simplifying the navigation. Further improvements are planned for 2012 that will enable Fellows to access their CPD portfolios from mobile devices.

Compliance with the program was achieved after a successful audit in the first half of 2011 co-ordinated by ANZCA's CPD Manager.

Geographic breakdown of CPD participation:

	Australia	New Zealand	Singapore	Hong Kong	Malaysia	Other
ANZCA Fellows	78%	12%	1%	4%	1%	4%
FPM Fellows	75%	8%	3%	4%	1%	9%
Non Fellows	47%	51%				2%

## Continued medical education

### Hong Kong Combined Scientific Meeting

"Seeking the Dragon Pearl", the combined scientific meeting (CSM) of ANZCA, the Faculty of Pain Medicine (FPM) and the Hong Kong College of Anaesthesiologists (HKCA) was delivered to more than 2000 Fellows and trainees in Hong Kong. To the credit of the convenor, Dr Chi-Wai Cheung and his committee the lectures and meeting were well attended with the workshops and problem-based learning discussions at capacity.

Features included:

- A list of world-renowned keynote presenters.
- More than 150 presentations.
- 66 workshops.
- 47 problem-based learning discussions (PBLDs).
- Quality assurance sessions.
- 100 posters.

Prize winners were:

Gilbert Brown Prize: Dr Paul Sadleir – "Sugammadex unlikely to attenuate rocuronium-induced anaphylaxis – evidence from an in-vivo model".

ANZCA Formal Project Prize: Dr Sharnie Wu – "Anterior sub-Tenon's anaesthesia for cataract surgery".

HKCA Formal Project Prize: Dr Yee-Wah Tse – "Sudden blackout of the Dräger Zeus Anaesthetic Machine".

CSM 2011 Trainee Poster Prize: Dr Natalie Kruit – "25 year retrospective analysis of trends in management of liver trauma".

CSM 2011 Open Poster Prize: Associate Professor Ross Kennedy – "Use of intrathecal morphine does not influence 'MAC-awake' of sevoflurane".

Renton Prize: Ann-Lynn Kuok (April 2008); Vivian Vy Nguyen (May 2010); Lachlan Fraser Miles (September 2010).

Cecil Gray Prize: Abhijett Bhalchandra Tandel (May 2010); Sheila Hart (October 2010).

### New Fellows Conference

More than 30 delegates from Australia, New Zealand, Malaysia, Singapore and Hong Kong attended the New Fellows Conference, "Manage the change".

The three-day meeting was held at the Hong Kong Disneyland Hotel in the lead-up to the CSM.

### Special interest group meetings

More than 600 delegates attended special interest group (SIG) meetings in 2011. The airway management meeting was held at Coolumb, Queensland; the cardiac, vascular and perfusion meeting at Hamilton Island, Queensland; the rural meeting in the Barossa Valley, SA; and a combined meeting of the Medical Education, Simulation and Skills Training, Welfare of Anaesthetists and Anaesthetists in Management SIGs was held at Ayres Rock, Uluru.

The meetings provided an opportunity for focused learning, exchange of specialty expertise, and promotion of high standards in anaesthesia patient care.

Special interest groups are governed by the Anaesthesia Continuing Education Co-ordinating Committee (ACECC) which is a tripartite committee representing ANZCA, the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists.

## Fellowship affairs (continued)

### Special interest groups – chairs:

Acute Pain – Dr Jane Trinca  
Airway Management – Dr Pierre Bradley

Anaesthesia and Critical Care in Unusual and Transport Environments (ACCUTE) – Dr Allan MacKillop

Anaesthetists in Management – Professor Thomas Bruessel

Cardiothoracic, Vascular and Perfusion – Dr David Daly

Day Care Anaesthesia – Dr Maggie Wong (to September 2011); Dr Mark Bukofzer (September-October 2011)

Diving and Hyperbaric Medicine – Dr Margaret Walker (to October 2011); Dr Suzanne Szekely (from October 2011)

History of Anaesthesia – Dr Jeanette Thirlwell

Neuroanaesthesia – Dr Doug Campbell

Obstetric Anaesthesia – Associate Professor Alicia Dennis

Perioperative Medicine – Dr Vanessa Beavis

Regional Anaesthesia – Dr Michael Barrington

Rural – Dr Craig Mitchell

Simulation and Skills Training – Dr Rowan Molnar

Trauma – Associate Professor John Moloney

Welfare of Anaesthetists – Dr Diana Khursandi (to September 2011); Dr Prani Shrivastava (from September 2011)

Medical Education – Dr Jodi Graham (to September 2011); Dr Natalie Smith (from September 2011)

### Knowledge resources

The knowledge resources group was formed in 2011 to guide the works of ANZCA's library, archives and the Geoffrey Kaye Museum of Anaesthetic History. The subsequent strategy approved by council will be implemented in 2012-13 to enhance services and resources.

Over 2011, the museum provided resources and support for Fellows and trainees on research requests. Museum tours were also offered to medical students, trainees and other groups.

The e-book collection in the ANZCA Library was expanded as usage increased by more than 50 per cent in 2011. Improved online textbook formats and the increasing need for this information immediately and remotely is driving this expansion. In line with previous years, Fellows and trainees downloaded some 200,000 articles from the online journals service provided by the library.

### Quality and safety

The Quality and Safety Committee governs the Mortality Subcommittee and supports the Australian and New Zealand Tripartite Anaesthetic Data Committee (ANZTADC).

In addition, the Quality and Safety Committee has the following portfolios: clinical indicators; evidence-based medicine; communications/liaison and legal matters. These portfolios assist in encompassing all aspects of safety, ranging from data collection to publication of information relevant to the safe practice of anaesthesia.

The committee provides reviews and comments on draft documentation from a variety of organisations and collaborates on projects, including the World Health Organization Safe Surgery Saves Lives, and parenteral medicines, fluids and lines labelling projects.

Associate Professor David A Scott was appointed Chair of the Quality and Safety Committee in May 2011. Previous chair Professor Alan Merry was acknowledged for his strong contributions in the role.

### Mortality Subcommittee highlights

Lead by the chair, Dr Neville Gibbs, with representatives from Australian state/territory and New Zealand mortality committees, the report *Safety of Anaesthesia, A review of anaesthesia-related mortality reporting in Australian and New Zealand 2006-2008*, was developed and reviewed with distribution to occur in 2012.

### Australian and New Zealand Tripartite Anaesthetic Data Committee highlights

The Australian and New Zealand Tripartite Anaesthetic Data Committee (ANZTADC) continued the rollout of the web-based anaesthetic incident reporting system (webAIRS) to hospitals within Australia and New Zealand.

Thirty sites have completed the process with another 90 having commenced the process. Within Australia, Queensland, New South Wales and Victoria have released a process for a single ethics review process (SERP), which may be beneficial in assisting the remaining Australian sites with ethics approval.

Incident reporting is increasing with some 800 incidents reported to October 2011. Analysis and categorisation by the committee led to presentations at the Hong Kong combined scientific meeting and the Australian Society of Anaesthetists' national scientific congress. Strong collaboration continues with the US Anesthesia Quality Institute (AQI) with both parties having agreed to use the same dataset schema for coding the incidents.

Updated program features included the ability to register directly from the website, and users may now register for multiple hospitals with one email address.

### Portfolio highlights Clinical indicators

Dr Margaret Cowling and Professor Paul Myles have had continuing input into the ongoing development of the anaesthesia clinical standards by the Australian Council on Healthcare Standards (ACHS). Dr Cowling was nominated by the Quality and Safety Committee as the ANZCA representative for the *ACHS Australasian Clinical Indicator Report 2003-2010, 12th edition*.

### Evidenced-based medicine

Throughout 2011 the evidence-based medicine portfolio commenced the review of *PS46 Recommendations for Training and Practice of Diagnostic Perioperative Transoesophageal Echocardiography in Adults and PS28 Guidelines on Infection Control in Anaesthesia*. Both of these reviews are ongoing.

*TG4 Equipment to Manage a Difficult Airway During Anaesthesia*, which was promulgated in 2010, came to the completion of its pilot phase in 2011 along with the background document.

During 2011 the committee was kept informed of progress overseas relating to neuraxial connectors and products available.

Endorsement was given to the "Patient Blood Management Guidelines: Module One Critical Bleeding/ Massive Transfusion and the National Recommendation for User-applied Labelling of Injectable Medicine, Fluids and Lines".

### Communication/liaison portfolio

The communications/liaison portfolio, headed by Dr Patricia Mackay, helped source 14 *ANZCA Bulletin* articles ranging from a series of crisis airways pieces to updates on ANZTADC as well as many published alerts.

With the assistance of Dr Mackay and Associate Professor David A Scott, a new reporting pathway for alerts was developed with new alerts being published on the website as well as reported in the *ANZCA E-Newsletter* and *ANZCA Bulletin*.

### Legal matters

Valuable legal guidance was provided on a range of matters pertaining to quality and safety by Mr Bruce Corkill, New Zealand and Mr Michael Gorton, Australia.

The number of candidates presenting for both the primary and final examinations continued to increase as did the number of Training Accreditation Committee inspections.

A reduction in the number of international medical graduate specialist (IMGS) assessments was evident although the number of admissions to fellowship via the IMGS process remained relatively stable.

A restructure resulted in the establishment of a separate Records Management Unit to improve efficiencies in the administration of trainee records occurred and support to trainees through the Trainee Committee remained strong.

### Highlights

- 143 candidates passed the final fellowship examination in March/May and 98 in July/September.
- 119 candidates passed the primary fellowship examination in March/May and 167 in July September.
- 71 IMGSs became Fellows and one was elected to fellowship.
- The Records Management Unit was formed to maintain trainee data records as the result of a restructure.
- 45 training facilities were inspected. Three were new accreditations and 23 were in Hong Kong.
- Accreditation training was held in Sydney and 20 new inspectors were trained.

### Primary and final examinations

#### Final examination

Two final examinations were held during 2011. In March/May, 190 candidates sat the examination and 143 candidates were successful.

The Court of Examiners recommended that the Cecil Grey Prize for the half year ending June 30 be awarded to Dr Jai Nair LePoer Darvall from Victoria. Merit certificates were awarded to Dr Catherine Lisa Purdy (NZ), Dr Kathryn Mary Hagen (NZ), Dr Lloyd Antony Roberts (Vic), Dr Benjamin Andrew Crooke (Qld), Dr Daniel William Ellyard (WA) and Catherine Marie Ashes (WA)

In July/September 150 candidates sat the examination and 98 were successful.

The Court of Examiners recommended that the Cecil Grey Prize for the half year ending December 31 be awarded to Dr Stuart Lachlan Hastings from Victoria. Merit certificates were awarded to Dr Daniel Mattathiah Levine (NZ), Dr Claire Bronwyn McArthur (Vic), Dr Peter Shea (Vic), Dr Gabrielle Louise Bullock (NSW), Dr Nicole Rani Khangure (WA) and Dr Jakob Chakera (WA).

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

#### Primary examination

Two primary examinations were held during 2011. In March/May, 119 candidates successfully completed the primary fellowship examination. Of the 231 candidates who presented for the pharmacology section, 115 were successful. Of the 232 candidates who presented for the physiology section, 119 were successful.



The Court of Examiners recommended that the Renton Prize for the half year ending 30 June 2011 be awarded to Dr Katrina Pirie from Victoria. Merit certificates were awarded to Dr Jonathan Evans (Vic), Dr Jolyon Bond (Qld), Dr Kristie Julian Mornadell (WA), Dr Timothy Weston (NSW), Dr Vinay Kumar Rao (NSW), Dr Marcin Teisseyre (NSW), Dr Stephen Francis Watty (Vic), Dr Megan Patricia Farrell (Vic), Dr Trylon Tsang (NSW), Dr Chang Joon Kim (NZ) and Dr Wai Hui Cheng (HK).

In July/September, 167 candidates successfully completed the primary fellowship examination. Of the 276 candidates who presented for the pharmacology section, 195 were successful. Of the 281 candidates who presented for the physiology section, 140 were successful.

The Court of Examiners recommended that the Renton Prize for the half year ending December 31 be awarded to Wong On Yat from Hong Kong. Merit certificates were awarded to Dr Chang Joon Kim (NZ), Dr Lisa May Lin Stanton (Qld), Dr Pungavi Kailainathan (Vic), Dr Martin John O'Reilly (SA), Dr Polly Spencer (Vic), Dr Yoshiaki Uda (Vic), Dr Adam David Badenoch (Qld), Dr Nathan John Peters (Qld), Dr Debra Weng Sze Leung (Vic), Dr Timothy Guy Coulson (Vic) and Dr Patrick J. Glover (Qld).

The Chair of the Primary Examination Sub-Committee is Associate Professor Ross MacPherson.

### Training accreditation

ANZCA accredits hospital departments of anaesthesia and other facilities that comply with its requirements for recognition. Accredited departments and facilities must be incorporated into a rotational training scheme and there must be the opportunity for experience in a rural centre. A grouping of hospitals providing such a program of specialty and sub-specialty training constitutes a training program. ANZCA accredits both public and private facilities.

In 2011, 45 facilities were inspected, three of these were new accreditations and 23 of the facilities inspected were in Hong Kong. The 2011 accreditation training was held in Sydney and 20 new inspectors were trained.

### International medical graduate specialists

In 2011, 68 international medical graduate specialist (IMGS) applications were assessed in Australia and New Zealand. In Australia, 38 workplace-based assessments (WBAs) were undertaken and 16 were undertaken in New Zealand.

Overall, 71 IMGSs became Fellows through the assessment process and one was elected to fellowship.

### Regulation changes

From February 1, the College introduced changes to its regulations relating to IMGS assessment (Regulation 23). The key changes were:

- Expanded criteria for exemption from the written section of the examination.

- The time frame for completion of all requirements for eligibility for recommendation for specialist recognition and admission to fellowship of the College has been reduced from five years to four years in line with registration limitations imposed by the Medical Board of Australia.

An IMGS assessed as substantially comparable (SC) would still be required to undertake 12 months of clinical practice assessment (CPA) and a workplace-based assessment (WBA). Those IMGSs assessed as partially comparable (PC) still require up to 24 months of CPA plus an examination to be recommended for specialist recognition, and for eligibility to apply for fellowship. An IMGS categorised as not comparable (NC) would not be accepted in to the IMGS assessment pathway.

All IMGSs who are categorised as either PC or SC are also required to provide evidence of having completed an Effective Management of Anaesthetic Crises (EMAC) or equivalent course and to show participation in the ANZCA Continuing Professional Development (CPD) Program.

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 criteria for eligibility for vocational registration are set by the New Zealand Medical Council following consultation with the College. The requirements for eligibility to apply for fellowship of ANZCA are set by the College.

## Training and assessments (continued)

### IMGS activity in Australia

The College assessed 50 IMGs in Australia, 22 fewer than in 2010. Assessments were made by four-member panels that included community representation. Interviews were held, on average, once a month. Criteria assessed included training in comparison with ANZCA, specialist qualification and practice as a specialist, experience as a specialist, and participation in continuing education and quality assurance activities by participation in a program comparable to the ANZCA CPD program.

Countries of IMGS origin included Brazil (one), Colombia (one), Egypt (two), Germany (three), India (10), Iran (one), Ireland (one), Malaysia (one), Singapore (four), South Africa (four), Spain (one), Sri Lanka (two), Sweden (two), United Kingdom (16), and the United States (one).

Of these applicants:

- Nine have not yet agreed to attend an interview.
- Twenty-three were determined to be SC.
- Five were determined to be PC and were exempted the written section of the exam, of whom four required 12 months of CPA and one required 18 months of CPA.
- Eight were determined to be PC and not exempted from the written section of the exam. Of those exempted from the written section of the exam, one was required to complete 12 months of CPA and six required a clinical practice assessment period of 24 months.

- Three applications were determined to be on the basis that the gap between their training and that required for FANZCA was too great for the IMGS process.

- Four withdrew from the process prior to interview.

### International medical graduate (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 2011, the New Zealand National Committee interviewed and assessed 18 IMGs. Countries of origin included Canada (one), South Africa (one), United Kingdom (11), Netherlands (one), Denmark (one), Austria (one), Sweden (one) and Germany (one). Of these applicants, 13 were determined to be SC, five were determined to be PC, all of whom were required to complete 12 months CPA.

### Area of need assessments

During 2011, 16 area of need (AON) assessments were undertaken by the director of professional affairs, IMGS, according to the College document "Anaesthesia Services for Areas of Need in Australia". Of these, eight have commenced in positions and six have commenced in the IMGS process.

### Records management

The Records Management Unit was set up in April 2011 as the result of a restructure to ensure committed resources and focus to the collection, review and maintenance of ANZCA's trainee data records and to answer trainees' queries.

Each year the College receives a wide range of trainee documentation in paper form or via other data channels:

- Approximately 450 registrations.
- 4000 module completion forms.
- 2000 fee payments.
- 4500 in-training assessments.
- 400 fellowship applications.

One of the primary objectives of the unit is to ensure that all trainee records are correctly captured on iMIS, the College's database, and are complete and compliant with the relevant training regulations.

The unit also maintains the database of ANZCA representatives (supervisors of training, module supervisors, rotational supervisors and regional/national education officers), overseeing the appointment and approval processes, and ensuring that their online access is activated and that their contact details are up-to-date.

Another important role for the unit will be the implementation of data requirements, staff training and required process change associated with the revised curriculum. Starting in 2012, the unit will systematically train staff and prepare trainees' files to help streamline the transition to the revised curriculum.

### ANZCA Trainee Committee

The ANZCA Trainee Committee was established in 2004. As a committee of 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 trainee committees. Each year, the ANZCA Trainee Committee meets once face-to-face in Melbourne and three times by teleconference.

The ANZCA Trainee Committee was extraordinarily busy in 2011. Much of the workload related to input into ANZCA Curriculum Revision 2013. This input included an extensive review of the proposed learning outcomes and requirements for volume of practice, as well as suggestions regarding the desirable features of College logbooks and online data management systems.

The committee continued to provide input into ANZCA professional documents under routine review, and further developed internal governance documents aimed at reducing 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 Assessment Committee, the Workplace-based Assessments Committee, the Examinations Committee, the Training Accreditation Committee, the Curriculum Redesign Steering Group, the Training and Education Document Development Group, the E-Learning Working Group and the Welfare of Anaesthetists Special Interest Group.

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

### Dr Ray Hader Award for Compassion

Dr Katherine Jeffrey from NSW was awarded the Dr Ray Hader Award for Compassion. The award recognises individuals who have made a significant contribution to promoting a compassionate approach to the welfare of anaesthetists, other colleagues, patients and the community.

### Courses Working Group

The Courses Working Group oversees the running of courses, which are approved by council for ANZCA trainees, and where satisfactory completion is an integral requirement for the awarding of the ANZCA fellowship. The only such course at present is the Effective Management of Anaesthetic Crises (EMAC) course. This is owned by ANZCA and simulation centres across Australia, New Zealand and south-east Asia are accredited and licensed to offer the course to ANZCA trainees and other participants.

Two simulation centres were reviewed in 2011 and continuing accreditation was granted to all. There were no new applications.

### 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 council for certification of practitioners. Currently the only such certificate is the Certificate in Diving and Hyperbaric Medicine (DHM).

No new DHM units were granted accreditation in 2011 and no new applications were received.

## Education development



In 2011, council approved recommendations for a new ANZCA curriculum framework and throughout the year, the Curriculum Redesign Steering Group and key education and training committees worked on the redesign of the anaesthesia curriculum.

The roll-out of workplace-based assessment training commenced and workshops focusing on assessment principles and giving effective feedback were co-ordinated in addition to the delivery of two Foundation Teacher Courses and the commencement of the development of an Online Teacher Course. Planning also began on the development of the Training Portfolio System.

### Highlights

- Council approved recommendations for a revised curriculum structure.
- A workplace-based assessment (WBA) champion group was established to ensure successful roll out of the workplace-based assessment tools of the revised curriculum.
- The Foundation Teacher Course was delivered.
- Development of the Online Teacher Course commenced.
- Podcasts and interactive webinars were delivered.

### ANZCA Curriculum Revision 2013

The curriculum revision project continued during 2011, with a number of key milestones achieved.

At its February meeting, ANZCA Council approved recommendations from the Curriculum Redesign Steering Group (CRSG) for a revised curriculum structure and volume of practice requirements that would underpin the revised training program. The revised structure formed the basis for the authoring of the curriculum, including the learning outcomes for each of the clinical fundamentals and specialised study units.

While the formal engagement of authors finished in late 2010, a small number of curriculum authoring group members continued work on refining curriculum content and, in late 2011, began working on content for the teaching and learning cases that will support the curriculum.

The CRSG held regular workshops throughout 2011. Late in the year the group met with members of the Assessment Committee, Workplace-based Assessments Committee and primary and final examination subcommittees, to discuss the mapping of learning outcomes to assessment methods.

This included mapping learning outcomes on both knowledge and skills (ensuring inclusion of all the ANZCA roles) to both workplace-based assessment and other assessment methods such as the examinations and simulation.

From mid-year the CRSG and business units were increasingly engaged in discussions with the project team to define the change management and communication strategy and to establish how the program processes would impact on the development of the online training portfolio system (TPS).

In December 2011, a forum of 30 workplace-based assessment champions met at ANZCA House to be trained in the principles of workplace-based assessment and in using the tools selected for the revised curriculum. The champions were led by Dr Rick Horton, Dr Jodie Graham and the Education Development Unit (EDU) and attendees were trained to deliver versions of the ANZCA WBA workshop in regional and national meetings throughout 2012.

### Training and support for clinical teachers

The development of a critical mass of anaesthetist medical educators continued to develop momentum. Building on the work of 2010, the 2011 Foundation Teacher Courses were offered in August and November with 33 participants from Australia and New Zealand attending.

The courses equipped participants with the knowledge, skills and professional behaviours fundamental to teaching ANZCA trainees effectively. Participants identified the opportunity to engage with peers on teaching and learning matters, and the interactive structure of the course was a real benefit. Suggestions for ongoing improvement of the course were identified including ensuring a balance of educational theory and practical application of concepts to address the individual teaching learning challenges in the clinical environment.

During November and December 2011, six one-day workshops, with a total of 85 participants, were held in Australia and New Zealand. The workshops focused on developing a general understanding of the principles of effective assessment and feedback in the clinical context and practical application of the concepts.

### Online Teacher Course

The development of the Online Teacher Course progressed throughout the year.

This course mirrors the learning objectives of the face-to-face Foundation Teacher Course and is targeted at participants who continue to develop their educational knowledge and skills in a supervisory role but who cannot attend or prefer not to attend the face-to-face course. After developing expertise in e-learning authorship, video production, design and multimedia tools selection with the appointment of an e-learning development manager, the EDU completed the introductory module in 2011 which was evaluated by a number of individuals within the pilot group of 52 Fellows and trainees.

Toward the latter half of the year, the EDU continued to leverage off Moodle, an open-source learning management system. The system was selected to provide a truly interactive arena for learning. The learning management system hosts online resources and online forums for the exchange of ideas and opinions. Interactive presentations with accompanying audio have been constructed to ensure learner engagement, and quizzes and surveys have been enabled to gather constructive feedback.

### Podcasts and webinars

During 2011, video podcasts were recorded for ANZCA's e-learning library and covered a variety of subject areas. The podcasts were presented by ANZCA and FPM Fellows as well as other clinicians, medical education experts and staff of the College. The podcasts have generally been developed as a resource for trainees who are preparing to sit the ANZCA primary or final examination and international medical graduate specialists.

Podcasts are accompanied with interactive webinars presented by Fellows. The webinars are facilitated by EDU in conjunction with the subject matter expert using online webinar technology and were run in the evening to accommodate geographically dispersed trainees. In 2011, eight webinars were successfully co-ordinated with a total of 300 trainees logging in from Australia, New Zealand, Singapore, Malaysia and Hong Kong.

### 2011 webinar schedule

Date	Topic	Participants
Feb 2011	Tips for the final exam	71
Mar 2011	Anaesthesia and spinal cord injury	28
May 2011	Basic principles of neuroanaesthesia	44
Jul 2011	Tips for the final exam	44
Aug 2011	Obstetric anaesthesia	42
Oct 2011	Burns anaesthesia	28
Nov 2011	Anaesthesia for eye surgery	15
Nov 2011	Demystifying statistics	28

Funding for the development of video podcasts and the licence fee associated with using web conferencing software was provided by the federal government through the Specialist Training Program (STP) grant. Additional funding for podcasts produced to assist trainees preparing for the primary exam was provided by Queensland Health through the Ministerial Taskforce Speciality Grant.

# Anaesthesia and Pain Medicine Foundation

**For the Anaesthesia and Pain Medicine Foundation, 2011 was a year of adapting to change as it repositioned itself to embark on a concerted growth effort from 2012. Cornerstones were firmly laid for sustainable growth in the foundation's capacity to support ANZCA research and education priorities, and to engage with existing and new supporters. These included changes to the foundation's board and leadership, an external audit of its ANZCA research program administration, the commencement of a strategic review and the introduction of a major new publication.**

## Highlights

- Dr Roderick Deane (NZ) appointed to the foundation board.
- New foundation general manager appointed.
- Foundation strategic review commenced.
- Research audit and implementation plan completed.
- Funding round granted \$A861,000 to research projects for 2012.
- Research program procedures manual developed.
- *Research Highlights 2011* published.

## The foundation board

Changes in the Anaesthesia and Pain Medicine Foundation Board composition saw long-serving members Professor Michael Cousins, Mr James Strong AO, Mr Kieran Perkins OAM and Mr Geoff Linton resign after several years of dedicated service.

Dr Roderick Deane joined as a new member in October 2011, bringing a wealth of experience in the fields of commerce, economics, public policy and philanthropy. Dr Deane has held chair and director roles in a number of major Australian and New Zealand companies and senior roles in the public sector, including deputy governor of the Reserve Bank of New Zealand, chair of the New Zealand State Services Commission, and chair and chief executive officer of Telecom New Zealand. Dr Deane is currently a director of Woolworths Limited and chair of the New Zealand Seed Fund, and retains substantial involvement with philanthropic and cultural organisations.

In November, Robert Packer commenced as the new general manager of the foundation, after previous fundraising and communications positions at the Royal Botanic Gardens Melbourne, the Brotherhood of St Laurence and World Vision International in its Thailand and Australian offices.

The foundation conducted an internal review in December and began drafting strategic recommendations for developing its long-term capacity to financially support the life-changing medical research projects being conducted by Fellows of the College and the Faculty of Pain Medicine. Vital areas of focus included greater engagement with Fellows, more communication highlighting foundation activities and the research program, working to improve awareness of the College and anaesthesia and pain medicine, and broadening engagement with other philanthropic organisations and donors.

The foundation continued to support ANZCA research projects, with the ANZCA Council approving Research Committee recommendations to fund projects to commence in 2012 to a total value of \$A861,000.

As part of the College's and the foundation's commitment to ensuring the highest standards of governance, accountability and transparency in its research program, an independent audit of the program was completed. An action plan was subsequently developed as a basis for implementing the findings during 2012, covering functions such as project progress and outcome reporting, grant acquittals, grant agreements and application templates.

Existing conflict of interest procedures were strictly adhered to throughout the 2011 grant application process. These procedures require any committee member with a conflict of interest related to a particular funding submission to abstain from participation in the decision process for that submission.

*A Research Highlights 2011* publication was produced for the first time, heralding a move towards greater communication of foundation-funded research projects, in formats designed to appeal to multiple audiences and potential donors. The report showcases a selection of some of the most significant projects and their outcomes, which have included worldwide improvements in clinical practice as well as the attraction of significant government funding for further research.

One of the most important highlights for the foundation in 2011 was the continued support provided by its generous donors and sponsors, particularly the commitment of its patrons, and its corporate supporters: Mundipharma, Pfizer Australia, St Jude Medical and MDS. The foundation greatly appreciated the contributions of its supporters throughout the year.



Through the Anaesthesia and Pain Medicine Foundation, ANZCA has allocated more than \$860,000 for projects to commence in 2012. These research initiatives are being carried out in leading hospitals and universities in Australia, New Zealand and Hong Kong. The quality, innovation and diversity of these projects will continue to contribute to the significant advancements of anaesthesia and pain medicine in Australia, New Zealand and around the world.

## Research Grant Awards

Each year members of the ANZCA community contribute many pro bono hours to the process of selecting the best research grants for support by thoroughly reviewing and rating each grant application. Each application is reviewed by three independent reviewers who are chosen for their expertise in relation to the particular focus of the proposed investigation.

The ANZCA Research Committee members read all of the applications, select the reviewers, read the reviews and collate the information. A committee member then acts as the overall spokesperson for each application during the committee's grant allocation process, which produces grant recommendations for final approval by council.

The process is rigorous and transparent, and all conflicts of interest are recorded. Any member of the committee who has a conflict of interest in relation to a particular application is excluded from the entire review and decision-making process for that grant application. An independent community representative, Dr Angela Watt, is a member of the committee and contributes to the impartiality and appropriateness of the process.

## Research awards

The **Harry Daly Research Award** was awarded to **Dr Neil Pollock** for his project "Malignant hyperthermia: exome sequencing for gene discovery".

The **Mundipharma ANZCA Research Fellowship** was awarded to **Professor Michael Paech** for his project "Methylalntrexone to prevent intrathecal morphine-induced pruritus after caesarean delivery: a randomised clinical trial (the MEAN ITCH trial)".

The **Pfizer ANZCA Research Fellowship** was awarded to **Dr Philip Finch** for his project "Investigating the adrenergic component of neuropathic pain".

The **St Jude Medical ANZCA Research Fellowship** was awarded to **Dr Paul Wrigley** for his project "Neurophysiological assessment of residual thermnociceptive sensation following spinal cord injury - a pilot study".

## Project grants

### **Malignant hyperthermia: exome sequencing for gene discovery**

Dr Neil Pollock, Palmerston North Hospital, New Zealand, Dr Robyn Gillies, Royal Melbourne Hospital, Australia, Dr Kathryn Stowell, Massey University, New Zealand, Dr Terasa Bulger, Palmerston North Hospital, New Zealand  
**\$161,180 over three years**

### **ENIGMA-II trial long-term follow-up study**

Professor Paul Myles, Alfred Hospital, Professor Kate Leslie, Royal Melbourne Hospital, Professor Matthew Chan, the Chinese University of Hong Kong, Prince of Wales Hospital, Associate Professor Philip Peyton, Austin Hospital  
**\$180,000 over three years**

### **Methylalntrexone to prevent intrathecal morphine-induced pruritus after caesarean delivery: a randomised clinical trial (The MEAN ITCH Trial)**

Professor Michael Paech, King Edward Memorial Hospital for Women, Western Australia  
**\$40,273**

### **Long-term anaesthesia cognition evaluation (LOTACE) study**

Associate Professor Brendan Silbert, Associate Professor David Scott, St Vincent's Hospital, Melbourne  
**\$60,000**

### **Development of a behaviourally anchored rating scale to assess use of the WHO surgical checklist: the WHO's BARS Study**

Professor Alan Merry, Associate Professor Jennifer Weller, Associate Professor Simon Mitchell, University of Auckland, New Zealand  
**\$47,000**

### **The influence of inspired oxygen concentration on oxidative stress, resolution of inflammation and lymphocyte subsets in human sub-lethal reperfusion injury**

Associate Professor Tomas Corcoran, Professor Martyn French, Professor Trevor Mori, Professor Anne Barden, Professor Emilie Mas, Royal Perth Hospital, Australia  
**\$48,000**

### **The optimal timing of preoperative smoking cessation**

Dr Matthew TV Chan, the Chinese University of Hong Kong, Prince of Wales Hospital, Hong Kong  
**\$43,000**

### **Tissue perfusion monitoring in paediatric liver transplantation using near infra-red spectroscopy**

Dr Justin Skowno, Dr Jonathan Karpelowsky, Professor David Little, The Children's Hospital at Westmead, Australia  
**\$41,000**

### **An exploratory study of perceived risks, benefits and barriers to the use of selective decontamination of the digestive tract in Australasian ICUs (SuDDICU)**

Dr Ian Seppelt, Professor John Myburgh, Dr Parisa Glass, George Institute for Global Health, Dr Andrea Marshall, University of Sydney, Professor Jeffrey Lipman, Royal Brisbane and Women's Hospital, Dr Jillian Francis, University of Aberdeen, Scotland, Professor Brian Cuthbertson, Sunnybrook Health Sciences Centre, Canada  
**\$42,000**

### **Neurophysiological assessment of residual thermnociceptive sensation following spinal cord injury – a pilot study**

Dr Paul Wrigley, Associate Professor Philip Siddall, Pain Management Research Institute, Royal North Shore Hospital, Sydney  
**\$28,000**

### **Investigating the adrenergic component of neuropathic pain**

Dr Philip Finch, Professor Peter Drummond, Murdoch University, Western Australia  
**\$30,000**

### **"Light" versus "deep" sedation for elective outpatient colonoscopy: recall, procedural conditions and recovery**

Dr Megan Allen, Professor Kate Leslie, The Royal Melbourne Hospital  
**\$19,000**

### **Predictors of persistent postsurgical pain following total knee joint arthroplasty**

Dr Michal Kluger, North Shore Hospital, Professor Peter McNair, Dr Gwyn Lewis, Dr David Rice, AUT University, New Zealand, Professor Andrew Somogyi, University of Adelaide, Australia  
**\$18,000**

### **Recovery and wellbeing after major surgery: complications, functional recovery and the measurement of disability-free survival**

Professor Paul Myles, Ms Sophia Wallace, Alfred Hospital, Dr David McIlroy, Columbia-Presbyterian Medical Center, New York, USA, Dr Mark Shulman, Royal Melbourne Hospital, Professor Jennie Ponsford, Monash University  
**\$30,000**

### **Novice investigator grants Hyaluronidase and peripheral nerve blockade – influence on onset time, extent of block and plasma local anaesthetic levels**

Dr Andrew Lansdown, Royal Prince Alfred Hospital, NSW  
**\$12,215**

### **The paediatric pharmacokinetics and pharmacodynamics of parecoxib**

Dr Elsa Taylor, Starship Children's Health, Auckland, New Zealand  
**\$8000**

### **Simulation/education grant Disposition of sedative, analgesic and antibiotic drugs during simulated extracorporeal membrane oxygenation**

Dr Daniel Mullany, Dr Kiran Shekar, Professor John Fraser, The Prince Charles Hospital, Dr Jason Roberts, The Royal Brisbane and Women's Hospital, Professor Maree Smith, The University of Queensland  
**\$35,000**

### **Academic enhancement grant Cognitive decline following anaesthesia and surgery – is inflammation the cause?**

Professor Colin Royse, The Royal Melbourne Hospital, The University of Melbourne  
**\$90,000**

## Research (continued)

### Grant reviewers for the 2012 grant round

Professor Tony Absalom

Dr Christopher Acott

Dr Carolyn Arnold

Associate Professor Robert Baker

Dr Maryanne Balkin

Dr Michael Barrington

Dr Guy Bashford

Dr Vanessa Beavis

Dr Stephen Bolsin

Dr Simon Body

Dr David Bramley

Dr Roger Browning

Dr Douglas Campbell

Dr George Chalkiadis

Professor Matthew Chan

Professor MacDonald Christie

Associate Professor Tomas Corcoran

Associate Professor David Cottee

Dr Peter Dawson

Professor Angela Dulhunty

Dr Michael Fink

Professor Julia Fleming

Dr Craig French

Associate Professor Duncan Galletly

Dr Andrew Gardner

Dr Lenore George

Professor Colin Goodchild

Dr Roger Goucke\*

Dr Keith Greenland

Professor Russell Gruen

Dr Philip Guise

Dr Kerry Gunn

Dr Richard Halliwell

Associate Professor Michael Harrison

Professor Robert Helme

Dr Brien Hennessy

Dr Malcolm Hogg

Dr Jason Hollard

Professor Philip Hopkins

Dr William Howard

Professor Michael James\*

Dr Rachael James

Dr Daryl Jones

Dr David Jones

Professor Peter Kam

Associate Professor Janet Keast

Associate Professor Ross Kennedy

Dr Ross Kerridge

Dr Peter Kruger

Dr James Lai

Dr Mike Lee

Professor Kate Leslie

Dr Enjam Lin

Dr Susan Lord

Professor Guy Ludbrook

Associate Professor Ross MacPherson

Professor Ian FC McKenzie\*

Associate Professor Simon Mitchell

Dr Allan Molloy

Dr Richard Morris

Professor Paul Myles\*

Dr Priya Nair

Dr Philip Nelson

Professor Warwick Ngan Kee

Professor Michael Paech

Dr Alex Padiglione

Associate Professor Philip Peyton\*

Dr Andrew Pybus\*

Dr Michael Reade\*

Dr Jill Reckless

Dr Mark Reeves

Dr John Reeves

Dr Andrew Ross

Professor Colin Royse

Professor Stephan Schug\*

Associate Professor David Scott\*

Dr Ian Seppelt

Dr Bill Shearer

Professor Ted Shipton

Associate Professor Tim Short

Dr David Sidebotham

Associate Professor Brendan Silbert

Dr Craig Sims

Professor James Sleigh\*

Dr Scott Smid

Professor Maree Smith

Professor Paul Smith

Professor Robert Sneyd

Professor Andrew Somogyi

Dr Francois Stapelberg

Associate Professor David Story\*

Professor Duncan Topliss

Dr Christopher Vaughan

Dr Michael Veltman

Dr Alain Vuylsteke

Dr Stephen Watts

Dr Dan Wheeler

Dr Laurence Weinberg

Associate Professor Jennifer Weller

Associate Professor Daryl Williams

Dr Paul Wrigley

\*Reviewed more than one grant

## Research (continued)

### ANZCA Trials Group

The ANZCA Trials Group has 13 executive committee members from Australia, New Zealand and Hong Kong, and functions as a collaboration between Monash University and ANZCA. Its goal is to provide high quality research support to College Fellows, trainees and staff. This includes multi-centre studies in anaesthesia, perioperative and pain medicine, survey research, rapid funding of pilot studies and the development of collaborations with other trials groups, nationally and internationally.

### ANZCA Trials Group membership

Trials Group Chair, Associate Professor Tim Short (NZ)

Associate Professor Matthew Chan (HK)

Associate Professor Tomas Corcoran (WA)

Associate Professor Andrew Davidson (Vic)

Dr Richard Halliwell (NSW)

Professor Kate Leslie (ex officio) (Vic)

Professor Alan Merry (Research Committee representative) (NZ)

Professor Paul Myles (Vic)

Professor Michael Paech (WA)

Dr Mark Reeves (Tas)

Professor Stephan Schug (FPM representative) (WA)

Associate Professor David Scott (Vic, co-op for Alan Merry)

Associate Professor David Story (Vic)

Trials Group and Monash University Research Coordinator, Ms Stephanie Poustie (Vic)

### Research highlights

- Pilot grants of \$5000 awarded to a maximum of four applicants for the first time since 2006.
- ANZCA research funding of \$180,000 over three years awarded to Professor Paul Myles for the ENIGMA II long-term follow-up study.
- First patients randomised for the Perioperative Ischemic Evaluation-2 (POISE2) Trial in Australia and NZ
- A survey research policy developed for endorsement by council.
- 3rd Annual Strategic Research Workshop held in Queensland, attracting 65 participants.

### Combined scientific meeting, Hong Kong

One of the core activities for the trials group is the ANZCA annual scientific meeting. This year the combined scientific meeting in Hong Kong included two trials group sessions, the annual trials group lunch time meeting followed by the Trials Group Executive Committee meeting.

### 3rd Annual Strategic Research Workshop August 10-12, 2011

In 2011 the workshop was held in Palm Cove, Queensland attracting more than 65 participants from Australia, New Zealand, Hong Kong and Canada. Associate Professor Tim Short was appointed chair following the retirement of Associate Professor David Story.

There were three invited speakers: Professor Rinaldo Bellomo, Director of ICU Research Austin Health; Professor Andrew Forbes, Head Biostatistical Unit, Monash University; and Professor Richard Hall, Professor of Anesthesiology, Dalhousie University Halifax, Canada.

### Survey research

Thirteen applications for survey research were considered in 2011. Of these, five were facilitated electronically by the trials group.

### Pilot grant scheme

Four grants in 2011 were awarded to:

- Professor Julia Fleming for "Intra-brachial arterial guanethidine for the management of Raynaud's phenomenon".
- Associate Professor Steve Bolsin and Dr Cameron Osborne for "Geelong Rosuvastatin & Incidence of Myocardial Infarction Pilot Study" (GRIMIP Study).
- Professor Paul Myles for "Restrictive versus liberal fluid therapy in major abdominal surgery" (the Relief Study).
- Professor Matthew Chan for "Neurological impact of vascular events in non-cardiac surgery patients cohort evaluation study" (NeuroVISION Pilot Study).

### Publications

Story D, Gin V, Na Ranong V, Poustie S, Jones D. Inconsistent survey reporting in anaesthesia journals *Anesthesia and Analgesia* 2011; 113: 591-5.

Leslie K, Myles PS, Chan MTV, Forbes A, Paech M, Peyton P, Silbert BS, Williamson E. Nitrous oxide and long-term morbidity and mortality in the ENIGMA Trial. *Anesth Analg* 2011; 112:387-393.

Graham AM, Myles PS, Leslie K, Chan MT, Paech MJ, Peyton P, El Dawlatly AA. A cost-benefit analysis of the ENIGMA trial. *Anesthesiology*. 2011 Aug;115(2):265-72.

Myles PS; the ENIGMA Trial Investigators. *Anesthesiology*. 2012 Mar;116(3):736.

### Current multicentre research

#### ATACAS

The Aspirin and Tranexamic Acid for Coronary Artery Surgery Trial (ATACAS Trial), an international study involving more than 1500 patients with 18 active sites.

#### ENIGMA-II

At over 5000 patients, recruitment for the Nitrous Oxide Anaesthesia and Cardiac Morbidity after Major Surgery Trial (ENIGMA II Trial) is ahead of schedule. There are 42 active sites internationally, with completion expected in early 2013.

#### POISE-2 Study

A large, international study involving 30 sites in Australia and New Zealand comes from the Population Health and Research Institute at McMaster in Ontario, Canada. The study is led by Professor Kate Leslie.



**The policy capability within ANZCA continues to grow, supporting a strategic focus via the ANZCA policy team, which provides advice on policy development and strategy, co-ordinates reviews of the professional documents, and is responsible for liaison with government and related bodies. A policy officer in the New Zealand office means that the team can be more involved in interactions with the New Zealand government. The focus is on further developing relationships with health sector agencies, and assisting with response to consultation opportunities.**

### Highlights

- Ongoing interaction with government agencies, participation in forums and preparation of submissions for both Australia and New Zealand.
- Promulgation of six new or revised professional documents.
- Co-ordination and referral of requests on clinical practice standards and related issues from Fellows and other stakeholders (>130).
- Establishment of the Training and Education Document Development Group to revise the relevant professional documents and regulations relating to the ANZCA training program, in order to support the introduction of ANZCA Curriculum Revision 2013.
- Commencement of the development of a major submission for the re-accreditation of ANZCA to meet the Australian Medical Council and Medical Council of New Zealand standards for specialist medical colleges.
- Australian government funding received for:
  - Specialist Training Program training places in expanded settings for anaesthesia, pain medicine and intensive care.
  - Continuing e-learning initiatives for Fellows and trainees.
  - International medical graduate specialist support via the Overseas Trained Specialist Anaesthesia Network.
  - Development of indigenous health podcasts on cultural competency.
- Queensland government funding for telehealth initiatives to assist with the provision of training and development for Queensland Fellows and trainees.

### ANZCA Policy team

The Policy Officer in New Zealand, Brigid Borlase, brings dedicated policy support to the New Zealand office. In Australia, team members comprise John Biviano, General Manager Policy, Rebecca Conning, Policy Officer Professional Documents, Paul Cargill, Policy Officer Community Development (indigenous health and overseas aid), and Donna Fahie, Project Manager Specialist Training Program.

Team members work closely with Dr Peter Roessler, Director of Professional Affairs Professional Documents. All directors of professional affairs contribute to submissions by providing clinical and educational expertise across anaesthesia and pain medicine. The DPAs also represent ANZCA in a variety of forums. The policy team's expertise in the workings of government and understanding of the health landscape ensure ANZCA is engaged to best effect in this arena.

The College's relationships with the various government agencies and key stakeholders such as the national and state governments, medical councils and boards continue to develop. These relationships are fundamental to influencing policy development and debate, in turn benefiting Fellows, trainees and the community. Interactions have diversified, with increasing requests for ANZCA participation in consultations. A major achievement in 2011 was the substantial increase in funding from the Australian government.

In 2011, ANZCA provided advice to the Australian parliamentary inquiry into overseas trained doctors, the Australian government's Department of Health and Ageing on an array of issues arising from the implementation of the national health reform agenda, including e-health, specialist telehealth services, establishment of lead clinician groups, review of elective surgery and emergency targets, and the national performance and accountability framework. Advice was provided to other key stakeholders such as the Pharmaceutical Benefits Advisory Committee, National Blood Authority, and the Medical Board of Australia.

The establishment of Health Workforce Australia has required further engagement in the areas of workforce development, including the National Health Workforce Innovation and Reform Strategic Framework and the Clinical Supervision Support Program. Given the importance of these areas for the membership, ANZCA has provided data, remains involved in ongoing discussions and looks forward to continued collaboration with Health Workforce Australia.

Health Workforce New Zealand has also been active, looking at ways to prioritise the disciplines for funding of medical training, and considering the role of alternative providers such as physician assistants as a way of boosting capacity. The policy team have provided support to ANZCA's New Zealand National Committee in their responses to these emerging issues, as well as to other New Zealand key stakeholders such as the Medical Council of New Zealand, Pharmac, and the Ministry of Health.

The majority of submissions are publicly available via ANZCA's website, [www.anzca.edu.au/communications/submissions/government-submissions-2011](http://www.anzca.edu.au/communications/submissions/government-submissions-2011), a selection of which is listed below:

- House of Representatives Standing Committee on Health and Ageing – Inquiry into registration processes and support for overseas trained doctors.
- Department of Health and Ageing – A review of the elective surgery targets and national access guarantee and the four hour national access emergency department target.
- Department of Health and Ageing – National health reform - lead clinician groups.
- Australian Medical Association – Masters-level Doctor of Medicine programs.
- Australian Health Practitioner Regulation Agency – Public consultation paper on the definition of practice.

In New Zealand topics ranged from strategic planning for the health sector to requests for comment on the use of specific anaesthetic agents. Training and regulation of health professionals was another common theme. Notable submissions included:

- Health Workforce New Zealand – Prioritisation of medical disciplines for funding.
- Medical Council New Zealand and Health Workforce New Zealand – Registration of pre-vocational doctors PGY1 and PGY2.
- Medical Laboratory Science Board – Registration and recertification framework for the profession of anaesthetic technology.
- Health Workforce New Zealand – The contribution of medical colleges to the development of the New Zealand health workforce and the proposed concept of a single New Zealand college.

### Australian government funding

In November 2011 ANZCA received significant funding from the Australian government to manage training posts for anaesthetists, intensive care medicine and pain medicine specialists under the Specialist Training Program (STP) over the 2012-2013 period. This program provides funding to support accredited specialist training rotations in an expanded range of settings beyond traditional public teaching hospitals. The bulk of the funds from the Department of Health and Ageing will be transferred to the various hospitals that have successfully gained training posts under STP. Ongoing funding has been provided for infrastructure projects, enabling the continuation of e-learning initiatives for Fellows and trainees such as the production of podcasts and webinars as well as teacher training. The scope of the STP funding also provides an opportunity for ANZCA to increase the capacity of the Overseas Trained Specialist Anaesthetists Network to support international medical graduate specialists on an approved pathway to ANZCA fellowship.

### Indigenous health

The establishment of an Indigenous Health Committee during 2011 has enabled the development of a series of initiatives relating to the education of trainees and Fellows, supporting indigenous trainees and Fellows, and advocacy. The committee was awarded a grant from the Rural Health and Continuing Education sub-program to produce indigenous health continuing professional development podcasts for rural and regional Fellows, trainees and international medical graduate specialists. The podcasts will be featured as part of a wider online Network for Indigenous Cultural and Health Education (NICHE) project being supported by the committee and developed across the medical colleges. Topics being developed include culture, communication, pain management, consent, paediatrics, and semi-rural indigenous culture. In October, ANZCA was represented at the Australian Indigenous Doctors Association Symposium in Broome.

### Overseas aid

The ANZCA Overseas Aid Committee has continued the College's long-standing relationship with the Papua New Guinea anaesthetic community. The College provided funding for three educational visits: an introductory training week in February, basic science teaching in June and an equipment workshop in September. The 2010 PNG undergraduate book prize was awarded to Dr Hilbert Tovrika at the PNG Anaesthetic Refresher Course in Kimbe. The PNG educational initiative continued in 2011 with the purchase of 50 sets of anaesthetic texts to be distributed to departments across the country.

In addition to the projects in PNG the Essential Pain Management (EPM) program has continued to expand with support from ANZCA and other partners. Training courses and instructor workshops were held in Fiji, Micronesia, Tanzania, PNG, the Solomon Islands and the Cook Islands. The EPM workshop manual and slides were finalised and are now available online.



The Communications Unit maintained its goal of producing high quality communications well supported by advertising, and introducing new communications, such as the careers booklet, *Anaesthesia – a rewarding and challenging career*. Media activity continues to grow and Communications played a lead role in re-launching the ANZCA website, taking into account the ANZCA strategic plan and the views of Fellows from the 2010 fellowship survey.

## Highlights

- Redesigned, updated and re-launched a more user-friendly ANZCA website.
- Informed the community about anaesthesia and pain medicine through 26 media releases.
- Initiated media reports about anaesthesia and pain medicine that reached an estimated cumulative audience of 10.7 million.
- Conducted the inaugural ANZCA Media Award.
- Produced five quality multi-media e-newsletters during the 2011 Combined Scientific Meeting in Hong Kong.
- Created the *Training E-Newsletter* to disseminate information about the revised training program and other training issues.
- Produced the *ANZCA Style Guide* to assist with consistency in ANZCA's communications.
- Led the development of an advocacy strategy for the New Zealand National Committee.

## Publications

The Communications Unit continued to produce high quality publications including the quarterly *ANZCA Bulletin*, the annual report, e-newsletters including the *ANZCA E-Newsletter*, *Gasbag* (New Zealand), the weekly internal e-newsletter, *Staff Update*, and a new initiative, the *Training E-Newsletter*, which was established to better inform trainees and their teachers of issues affecting them, in particular the changes to the curriculum.

Communications also produced daily multimedia e-newsletters during the Hong Kong Combined Scientific Meeting that were very well received by Fellows and trainees at the meeting and others who did not attend. The e-newsletters contained daily highlights of the meeting, interviews with all keynote speakers and a selection of other speakers, audio recordings of keynote speaker presentations, daily messages from key College figures, photographs and daily media updates.

Consistency in the look and style of all College materials is a key aim of the Communications Unit. The *ANZCA Style Guide*, developed in consultation with the Council Executive Committee, was produced to improve readability and consistency of all College written materials, and build on its professional image.

The Communications Unit also started updating the design and content of existing College materials in 2011. The careers brochure, *Anaesthesia – a rewarding and challenging career*, was one such publication that will be updated again as the revised training program takes shape.

At the beginning of 2011, advertising was brought in-house to provide a more co-ordinated approach to advertising and sponsorship.

## Media

College-initiated media reports about anaesthesia and pain medicine reached an estimated cumulative audience of 10.7 million in Australia and New Zealand, according to ANZCA's media monitoring service. The Communications Unit issued 26 media releases.

More than three million of this audience was the result of media coverage generated by the 2011 Combined Scientific Meeting in Hong Kong and the FPM refresher course day. This coverage was estimated to be worth nearly \$680,000 in advertising dollars. In a new initiative, medical reporters from *The Australian* (News Ltd), *The Age* (Fairfax Media) and Australian Associated Press attended the meeting as guests of ANZCA.

Other issues that attracted attention during the year were the story about Christchurch anaesthetist Dr Bryce Curran's on-site amputation of the legs of a man trapped by the New Zealand earthquake; coverage of the NSW conference on opioids, which featured a warning for breastfeeding mothers about painkiller use and limiting problems from prescription opioids; and a discussion at the Rural Special Interest Group meeting about ways to improve access to blood products in rural towns.

An ANZCA Media Award to encourage media coverage of anaesthesia and pain medicine was inaugurated in 2011, attracting 15 entries. ANZCA also organised media training for key College officers in Australia and New Zealand.

## Website

The ANZCA website was relaunched in September. It was redesigned to improve its appearance and make it more user-friendly and relevant with a more logical arrangement of content and an improved search function. The content was updated and functionality improved, making it easier for Fellows, trainees and the general community to use.

The website redesign took into account ANZCA's strategic plan initiatives, outlining how Fellows can engage with the College, providing new patient information, improving the quality and safety section, and including an overseas aid section.

Subsequently, the regional and New Zealand sub-sites were redesigned to fit within the overall website template.

# New Zealand National Committee



**Engagement with Fellows, trainees and other key stakeholders was a priority for the NZNC in 2011. This included acknowledging colleagues in Christchurch coping with February's devastating earthquake, completing the roadshow visits to anaesthesia departments around the country, adopting an advocacy strategy and finalising the New Zealand anaesthesia workforce study.**

## Christchurch earthquake

The New Zealand National Committee (NZNC) acknowledges the magnificent contribution that anaesthetists and anaesthesia trainees in Christchurch made to help maintain services at the hospital and out in the field in the immediate aftermath of the February 22 earthquake in Christchurch. Despite the effect on them personally, they worked in challenging, even unimaginable, circumstances to uphold the best traditions of our profession.

## NZNC roadshow

In March, then NZNC Chair, Dr Vanessa Beavis, completed the last of her 26 visits to public hospital anaesthesia departments around New Zealand. Feedback from those meetings has helped the NZNC set priorities, develop its advocacy strategy and decide how it can better meet the needs of New Zealand anaesthetists and trainees, particularly those in more isolated areas.

## Advocacy strategy

The NZNC adopted an advocacy strategy to advance ANZCA's position on issues such as standards of practice, the composition of the anaesthesia team and workforce matters, and generally to improve the College's standing and recognition with government, other key stakeholders and the media. The strategy's most important objective is to gain acceptance of ANZCA's view that: *anaesthesia is a medical specialty and, for the safety of the public, quality of delivery and maintenance of the current high standards, it is essential that it remain the preserve of doctors fully trained and qualified in the practice of anaesthesia; that any use of alternative providers must be a matter of delegation under supervision and not substitution.*

The strategy, which underpins the NZNC's work generally, is reviewed as requirements and priorities change.

In 2011, it involved meetings with the Minister of Health, Health Workforce New Zealand (HWNZ) and the new Director-General of Health and the Medical Council of New Zealand; increased contact with the media and media releases; representing the NZNC position through various submissions; a very successful cocktail party for key stakeholders; and a major interview with HWNZ Chair Professor Des Gorman in the December *ANZCA Bulletin*. Adding a policy officer to the New Zealand staff has increased engagement with key stakeholders.

## Anaesthesia workforce

In 2011, the ANZCA New Zealand anaesthesia workforce study was completed and in October council approved it for release.

With a general election then looming, release was delayed until March 2012 to ensure the incoming government was well established. The study drew on the results of ANZCA's 2009 New Zealand workforce survey and hospital usage data to predict the likely demand for and supply of anaesthesia services in New Zealand for 2010-2030.

Its key finding is that a current shortfall in supply will increase until about 2015 and then gradually diminish until equilibrium is reached before moving to a surplus in supply. The study models scenarios that indicate that equilibrium in supply and demand can be reached sooner if more new specialists can be retained in New Zealand and current specialists can be encouraged to defer their retirement intentions.

The NZNC had also contributed to an HWNZ anaesthesia workforce service review to consider how to use existing workforces more productively and the possible introduction of new roles, scopes of practice and deployment practices to improve throughput, quality and access to care. This review also concluded that there was not a general shortage requiring radical solutions, though there was a maldistribution of anaesthetists affecting mainly rural areas.

## Council of Medical Colleges of New Zealand

The Council of Medical Colleges (CMC) brings together representatives of New Zealand's medical colleges, including ANZCA, to discuss issues of mutual interest. A focus in 2011 was on strengthening its secretariat and reviewing its strategic direction and structures. This is significant as the CMC is likely to play an increasingly important role in ANZCA's interface with government, with HWNZ looking to the CMC to act as a pan-college executive able to speak on behalf of all colleges on workforce issues, including trainee funding criteria.

## Anaesthetic technicians

After many years of preparation (including valuable input from ANZCA's representative, Dr Malcolm Stuart), government agreed that anaesthetic technicians could register under the Health Practitioners Competence Assurance Act 2003. A scope of practice was agreed, registration has been possible from the start of October 2011 and the new system becomes fully operational on April 1, 2012.

## Annual scientific meeting

A very successful 2011 NZ Anaesthesia annual scientific meeting, hosted jointly by the NZNC and New Zealand Society of Anaesthetists (NZSA), was held in November in Auckland.

It attracted nearly 300 participants with a notably strong representation from Australia – credited to the wide publicity ANZCA gave the ASM through its various media.

## Part 3 course

The NZ Trainee Committee initiated a part 3 course for advanced trainees, hosted jointly by the NZNC and NZSA, and held in Auckland in December. Its huge success has ensured that it will run again in 2012.

## New Zealand National Committee (note: only internal elections for office bearers required in 2011)

Chair	Dr Geoff Long (from July)
	Dr Vanessa Beavis (until July)
Deputy Chair	Dr Nigel Robertson (from July)
	Dr Geoff Long (until July)
Honorary Secretary	Dr Gary Hopgood (from July)
	Dr Gerard McHugh (until July)
Honorary Treasurer	Dr Gary Hopgood (from July)
	Dr Gerard McHugh (until July)
National Education Officer	Dr Indu Kapoor (from July)
	Dr Geoff Long (until July)
Formal Project Officer	Dr Jennifer Woods
National Quality and Safety Officer	Dr Joe Sherriff
Chair, NZ Panel for Vocational Registration	Dr Vaughan Laurenson (also ANZCA Director of Professional Affairs (Deputy Assessor))
Fellowship Affairs Officer	Dr Kerry Gunn

Elected members	Dr Amber Chisholm (until July)
	Dr Malcolm Stuart
Co-opted member	Dr Sally Ure (from July)
New Fellows' Representative	Dr Sabine Pecher
Ex-officio as ANZCA Councillors	Professor Alan Merry
	Dr Leona Wilson
Co-opted representatives	Dr Kieran Davis (Faculty of Pain Medicine)
	Dr Sheila Hart (Chair, NZ Trainee Committee)
Co-opted observers	Dr Rob Carpenter (President, NZSA)
	Dr Tony Williams (Chair, CICM NZNC) (from July)
	Dr Mike Gillham (Chair, CICM NZNC) (until July)
Attendees	Dr Stuart Henderson (ANZCA Director of Professional Affairs)

## Australian regions



**Regional staff continued to provide a high level of support to all committees in relation to meetings, events and workshops.**

**The South Australian and Northern Territory Committee and staff moved into new offices and the relocated Western Australia regional offices were officially opened in 2011.**

There were many interesting, and sometimes extremely difficult times, for the regions including the Brisbane floods.

On the morning of Wednesday January 12, a team of Fellows and trainees, led by Dr Peter Moran from the Princess Alexandra Hospital, gathered at the offices to help new Queensland Regional Manager, Sandy Shaw, and her staff, move anything at risk of flooding to higher ground.

The South Australia and Northern Territory regional offices relocated on December 8, giving Fellows and trainees a more modern environment in which to work and undertake training, workshops and examinations.

The official opening of the relocated Western Australian regional offices in a new "green" building by local member and Deputy Leader of the Opposition, Ms Julie Bishop, was on April 19.

WA's autumn scientific meeting was held on March 19, at the University Club, in the University of Western Australia. The meeting was the first in a two-part series, "Disasters in Anaesthesia". International speaker Professor Jan Davies from Canada presented her lecture "A human factors approach" to disasters in anaesthesia.

"The Art of Anaesthesia" meeting was held by the ACT region on the first weekend of March and was chaired and organised by Professor Thomas Bruessel. Titled "Pushing the limits of day surgery and operating room efficiency", the meeting was opened by the President of ANZCA, Professor Kate Leslie, and the President of the Australian Society of Anaesthetists, Dr Andrew Mulcahy. Talks from international and local speakers were very well received, registrant numbers pleasing and feedback positive.

In 2011 the Victorian Regional Committee continued to meet once a calendar month. The Victorian region was once again pro-active in planning events for Fellows and trainees. The regional continuing medical education (CME)

officer and assistant CME officer were successful in providing forums and events at which Fellows could accumulate continuing professional development (CPD) points, and exchange ideas and experiences including via the quality assurance meetings.

The convenors of the Victorian primary and final full-time pre-fellowship courses continued to put together interactive, interesting and rewarding programs for the trainees. These courses were very well attended by both local and interstate candidates. Once again, the Victorian Registrars' Scientific Meeting was a popular forum for the Victorian trainees to present their research projects.

The NSW winter continuing medical education (CME) meeting was held at the Hilton Hotel in Sydney on July 2 and was attended by 325 delegates. The annual weekend regional meeting was held at Orange over the weekend of October 29-30 and co-convened by Dr Tsung Chai and Dr Ming Chan from Orange Base Hospital. Delegate numbers were excellent at just over 120.

A regional committee meeting was held on June 6 with invited guests Ms Melinda Pavey, the NSW Parliamentary Secretary for Regional Health, and Ms Cassandra Smith, a policy adviser from the office of the NSW Health Minister and Minister for Medical Research, Mrs Jillian Skinner. Dr Charles Brooker, Chair NSW FPM regional committee was also invited.

The Tasmanian region held the local combined ANZCA/ASA CME meeting, "Anaesthesia – too much of a good thing?" at the Hobart Function and Conference Centre on February 19 and 20. Also supported by ANZCA and the ASA was an evening meeting held in Launceston on March 11. The guest speaker was Dr Gavin Patullo from Royal North Shore Hospital who presented "Femoral nerve blocks for pain management: as simple as it seems".

### Regional committees

#### Australian Capital Territory

Chair:	Dr Carmel McInerney
Deputy Chair:	Dr Caroline Fahey
Formal Project Officer:	Dr Don Lu
Hon. Secretary/ Hon. Treasurer:	Dr Ross Peake
Quality and Safety Officer:	Dr Stephen Brazenor (until November)
Regional Education Officer:	Dr Simon Robertson
Co-opted Member:	Professor Thomas Bruessel
Co-opted Faculty of Pain Medicine Representative:	Dr Geoffrey Speldewinde
Co-opted ASA Representative:	Dr Phil Morrissey
Co-opted Trainee Representative:	Dr Jennifer Myers
Ex-Officio Members	

#### New South Wales

Elected member and Chair	Dr Richard Halliwell
Elected member and Deputy Chair and Formal Project Officer	Dr Michael Rose
Elected member and Secretary/Treasurer	Dr Michael Amos
Elected member	Dr Scott Fortey
Co-opted member	Dr Micah Friend (from August)
Elected member	Dr Sarah Green
Elected member and Quality & Safety Officer	Dr John Leyden
Elected member and Deputy Formal Project Officer	Dr Kar-Soon Lim
Elected member and committee representative to NSW ACE committee	Dr Gregory O'Sullivan

Elected member and Regional Education Officer	Dr Natalie Smith
Elected member	Dr Keith Streatfeild (until April)
Elected member	Dr Joanna Sutherland
Elected member	Dr Tracey Tay
New Fellow Representative:	Dr Emily Wilcox
Faculty of Pain Medicine representative	Dr Lewis Holford
Ex Officio	Dr Patrick Farrell
Ex Officio	Dr Frank Moloney
Ex Officio	Dr Michelle Mulligan
NSW Trainee Committee representative	Dr Simon Martel
NSW New Fellow representative	Dr Emily Wilcox
ASA Representative	Dr Michael Farr
ACT representative	Dr Carmel McInerney

#### Queensland

##### Office Bearers

Chair	Dr Sean McManus
Vice Chair	Assoc Prof Michael Steyn
Honorary Secretary	Dr Pal Sivalingam
Honorary Treasurer	Dr Charmaine Barrett
Regional Education Officer	Dr Mark Gibbs (until August)
Rotational Coordinator	Dr Mark Gibbs (from September)
Assistant to the REO	Dr Emile Kurukchi
Formal Project Officer	Dr Kerstin Wyssusek
Quality & Safety Officer	Dr Paul Vella (from July)
Quality & Safety Officer	Dr Charles Willmott (from July)
Committee members	Dr Peter Duff Dr Jeneen Thatcher
Councillors (Ex-officio members)	Dr Genevieve Goulding Dr Kerry Brandis
Continuing Medical Education Chair	Dr Genevieve Goulding (until August)

## Australian regions (continued)

### Co-opted Members

Continuing Medical Education Chair	Dr Chris Breen (from September)
New Fellows Representative	Dr James Hosking
IMG Rotation Supervisor	Dr Kersi Taraporewalla
Trainee Committee Representative	Dr Brett Segal
ASA representative	Dr Martin Culwick
Regional Education Officer	Dr Mark Young (from September)

### South Australia and Northern Territory

Chair	Dr Thien Le Cong
Formal Project Officer	Dr Simon Jenkins
Elected Member	Dr Tim Porter
New Fellows representative	Dr Christine Huxtable
Elected Member	Dr Charlie Clegg
CME Committee representative	Dr Bill Wilson (until December)
CME Committee representative	Dr Nathan Davis (from December)
Elected Member	Dr Pam Macintyre
Elected Member	Dr Andrew Beinssen
Elected Member	Dr Kym Osborn
Elected Member	Dr Lynne Rainey
Regional Education Officer	Dr Margaret Wiese
Rotational Supervisor	Dr Sam Willis
Rotational Supervisor	Dr Ken Chin
Directors of Anaesthesia Group representative	Dr Peter Lillie
College of Intensive Care Medicine representative	Dr Peter Sharley
AMA Representative/Quality and Safety Officer	Dr Margie Cowling
ASA Representative	Dr Douglas Fahlbusch
Northern Territory representative	Dr Brian Spain
Trainee Committee representative	Dr Rowan Ousley
South Australian Anaesthetic Mortality Committee Chair	Professor John Russell
Ex officio member of Council	Dr Rodney Mitchell
Elected Member	Richard Lea (until October)

### Tasmanian Regional Committee

Chair	Dr Simon Morphet
Deputy Chair	Dr Matthew Yarrow
Secretary	Dr Lia Freestone
Treasurer	Dr Stuart Day
Regional Education Officer	Dr Lia Freestone
Committee Members	Dr David Brown
Ex-Officio Members	Dr Mark Reeves – Formal Project Officer
Co-opted Members	Dr Gajinder Oberoi Faculty of Pain Medicine Representative
New Fellow	Dr Matthew Yarrow
Trainee Representative	Dr Christopher Wilde (until June) Dr Shona Bright (from June until December)
Quality and Safety Officer	Dr Deborah Wilson

### Victoria

Chair	Dr Andrew Buettner
Deputy Chair	Dr Craig Noonan
Honorary Secretary	Dr Debra Devonshire
Honorary Treasurer	Dr Andrew Schneider
Regional Education Officer	Dr Richard Horton
Assistant Regional Education Officer	TBA
Social Officer	Dr Jane Calder
Formal Project Officer	Dr Irene Ng
Assistant Formal Project Officer	Dr David Pescod
Continuing Medical Education Officer	Dr Mark Hurley
Assistant Continuing Medical Education Officer	Dr David Bramley
IMGS/AON Officer	Dr Fred Rosewarne
Quality and Safety Officer	Dr Rowan Thomas

3rd Year Training Position Liaison	Dr Andrew Buettner
GP Liaison Officer	Dr Fred Rosewarne
Ex-officio	Professor Kate Leslie
Ex-officio	Associate Professor David Scott
New Fellow to Council	Dr Justin Burke
Representative for VCCAMM	Associate Professor Larry McNicol (co-opted member)
Representative for the Australian Society of Anaesthetist	Dr Antonio Grossi (co-opted member)
Chair, Associate of Directors of Anaesthesia	Dr Andrew Jeffreys (co-opted member)
New Fellow	Dr Chris Duffy (co-opted member)
Chair, Victorian Training Committee	Dr Mark Heynes (co-opted member)

### Western Australia

Chairman	Dr Jenny Stedmon
Vice Chairman	Dr Malcolm Thompson (until February)
Vice Chairman	Dr Alison Corbett (from February)
Honorary Secretary/ Immediate Past Chairman	Dr David Wright
Regional Education Officer	Dr Jodi Graham
Formal Projects Officer	Dr John Martyr
Quality and Safety Officer	Dr Kevin Elks
Committee Member	Dr Alison Corbett (until February)
Committee Member	Dr Markus Schmidt
Committee Member	Dr Michael Veltman
Committee Member	Dr Nolan McDonnell
Committee Member	Dr Michael Ward

### Ex-Officio Members

Vice President/Honorary Treasurer	Dr Lindy Roberts
ASA Representative	Dr Andrew Miller
<b>Co-Opted</b>	
New Fellows' Representative	Dr Paul Sadleir
ISL Representative	Associate Professor Richard Riley
CME Officer	Dr Anton Van Niekerk
Deputy REO	Dr Jay Bruce
SCGH Representative	Dr Irina Kurowski
University Of WA Representative	Professor Stephan Schug
Trainee Representative	Dr Yvette Gainey
Faculty of Pain Medicine	Dr John Akers
WA Mortality Committee	Dr Neville Gibbs
ASM 2012 Co-Convenors	Dr David Vyse Dr Tanya Farrell

## Committees of council



### Executive Committee

President (Chair)	Professor Kate Leslie	Vic
Vice-President	Dr Lindy Roberts	WA
Executive Director of Professional Affairs	Professor Barry Baker	NSW
Chief Executive Officer	Dr Mike Richards (until July)	Vic
Chief Executive Officer	Dr Linda Sorrell (from September)	Vic

### Education and Training Committee (ETC)

Chair (appointed by council)	Dr Genevieve Goulding	Qld
DPA Assessor	Dr Steuart Henderson	NZ
Director Education Development Unit	Ms Mary Lawson (until February)	Vic
General Manager, Education Development Unit	Mr Oliver Jones (from February)	Vic
Chair Training Accreditation Committee	Dr Frank Moloney (from May)	NSW
Chair New Programs Committee	Dr Mark Reeves (from May)	Tas
Chair of Examinations	Associate Professor David Scott (until May)	Vic
Chair of Examinations	Dr Patrick Farrell (from May)	NSW
Chair Assessment Committee	Associate Professor Jennifer Weller	NZ
Chair Workplace-based Assessments Committee	Dr Richard Horton	Vic
Chair Trainee Committee or nominee	Dr Simon Martel	NSW

Chair Faculty of Pain Medicine Education Committee	Professor Edward Shipton	NZ
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 Kerry Brandis	Qld
	Dr Michele Joseph (to October)	Vic
	Dr Patrick Farrell	NSW
	Associate Professor Kersi Taraporewalla	Qld

### Training Accreditation Committee (TAC)

Chair (appointed by council)	Dr Frank Moloney	NSW
DPA Assessor	Dr Steuart Henderson	NZ
Chair Education and Training Committee or nominee	Dr Genevieve Goulding	Qld
Chair Trainee Committee or nominee	Dr Andrew Thomas	SA
Chair of FPM Training Unit Accreditation Committee or nominee	Dr Carolyn Arnold (from August)	Vic
Community representative	Mrs Susan Sherson	Vic
and such other members as the council may appoint	Dr Kerry Brandis	Qld
	Dr Mark Gibbs	Qld
	Dr Vanessa Beavis (from April)	NZ
	Dr Richard Waldron	Tas
	Dr Mark Reeves	Tas
	Dr Lindy Roberts	WA

### Continuing Professional Development (CPD) Committee

CPD Officer (Chair)	Dr Rodney Mitchell	SA
Director of Professional Affairs	Dr Richard Willis	SA
Chair Fellowship Affairs Committee	Dr Michelle Mulligan	NSW
Up to four additional members	Dr Timothy Strong	Tas
	Dr Penelope Briscoe (from May)	SA
New Zealand representative	Dr Kerry Gunn (from July)	NZ

### Fellowship Affairs Committee (FAC)

Chair (appointed by council)	Dr Michelle Mulligan	NSW
Annual Scientific Meeting Officer	Dr Nicole Phillips (to November)	NSW
Annual Scientific Meeting Officer	Dr Vanessa Beavis (from November)	NZ
Chair of Continuing Professional Development Committee	Dr Rodney Mitchell	SA
New Fellow Councillor	Dr Justin Burke	Vic
Faculty of Pain Medicine Scientific Meeting Officer	Associate Professor Pamela Macintyre	SA
Up to three Regional Organising Committee Convenors or nominees	Dr Annabel Orr (until February)	Vic
	Dr Michael Paleologos (from June)	NSW

	Dr David Vyse/Dr Tanya Farrell	WA/WA
	Dr Deborah Devonshire/Dr Mark Hurley	Vic
General Manager Fellowship Affairs	Ms Caroline Kaur (until September)	Vic
General Manager Fellowship Affairs	Mr Mark Harrison (from September)	Vic
Director of Communications (or nominee)	Mr Nigel Henham (until February)	Vic
General Manager, Communications (or nominee)	Ms Clea Hincks (from February)	Vic
Director of Education Development Unit (or nominee)	Ms Mary Lawson (until February)	Vic
General Manager, Education Development Unit (or nominee)	Mr Oliver Jones (from February)	Vic
Up to four Fellows or councillors as appointed by council	Dr Patrick Farrell (to June)	NSW
	Dr Leonie Watterson	NSW
	Dr Rowan Thomas	Vic
	Dr Vanessa Beavis	NZ
	Dr Marcus Skinner (from June)	Tas

## Committees of council (continued)

### Quality and Safety (Q&S) Committee

Chair (appointed by council)	Professor Alan Merry (until May)	NZ
Chair (appointed by council)	Associate Professor David Scott (from May)	Vic
Councillor (at least one)	Associate Professor David Scott (until May)	Vic
	Professor Alan Merry (from May)	NZ
Faculty of Pain Medicine representative	Dr Jane Trinca (from June)	Vic
President Australian Society of Anaesthetists or nominee	Dr Andrew Mulcahy	NSW
President New Zealand Society of Anaesthetists or nominee	Dr Robert Carpenter	NZ
ANZCA President (ex officio)	Professor Kate Leslie	Vic
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	Vic
	Professor Paul Myles	Vic
Director of Professional Affairs (co-opted)	Dr Peter Roessler	Vic
Co-opted member	Dr Elizabeth Feeney	NSW

### 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 Paul Myles	Vic
	Professor Michael Paech	WA
	Professor Tony Quail	NSW
	Professor Tony Gin	HK
	Associate Professor Phillip Siddall	NSW
	Associate Professor David Story	Vic
	Dr Dan Wheeler	UK
	Professor Bala Venkatesh	Qld
	Dr 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	Tas
Second councillor	Dr Michelle Mulligan	NSW
Chair Final Examinations Subcommittee or nominee	Dr Vida Viliunas	ACT
Chair Training Accreditation Committee or nominee	Dr Frank Moloney	NSW
Director of Professional Affairs	Dr Stuart 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
	ANZCA President Professor Kate Leslie	Vic

### International Medical Graduate Specialists (IMGS) Committee

Chair (appointed by council)	Dr Leona Wilson	NZ
Councillor(s) (at least one)	Dr Patrick Farrell	SA
DPA Assessor	Dr Stuart Henderson	NZ
DPA IMGS	Dr Richard Willis	SA
Chair New Zealand Panel for Vocational Registration	Dr Vaughan Laurenson	NZ
Final Examinations Subcommittee nominee	Dr Rajesh Brijball	Qld
Faculty of Pain Medicine representative	Dr Frank New	Qld
Jurisdictional representative	Mr Dave Hallinan (until June)	ACT
Jurisdictional representative	Ms Abha Bedi (from June)	ACT

Community and/or jurisdictional representative	Ms Helen Maxwell-Wright (from August)	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

### Finance, Audit and Risk Management (FARM) Committee

Chair (appointed by council)	Mr Tom O'Brien	Vic
Vice-President	Dr Lindy Roberts (from May)	WA
Honorary Treasurer	Dr Lindy Roberts (from May)	WA
Three members (one of whom will normally be chair)	Mr Tom O'Brien	Vic
	Mr Henry Bosch	Vic
	Mr Michael Gorton	Vic
Additional councillor if Vice-President and Honorary Treasurer roles occupied by same councillor	Dr Michelle Mulligan (from May)	NSW

## Committees of council (continued)

### Trainee Committee (Appointed for 2010 calendar year)

Co-Chairs (Trainees to be appointed by the committee)	Dr Simon Martel	NSW
	Dr Yvette Gainey	WA
Members (Chairs of the regional/national trainee committees)	Dr Rowan Owsley	SA and NT
	Dr May Leung	HK
	Dr Brett Segal	Qld
	Dr Kym Saunders	Vic
	Dr Koo Boon Chan (until April)	Sing
	Dr Ashokka Balakrishnan (from April)	Sing
	Dr Fan Yin Kwok	Mal
	Dr Sheila Hart	NZ
	Dr Adam Eslick (until April)	ACT
	Dr Elizabeth Merenda, (from April until November)	ACT
	Dr Jennifer Myers (from November)	ACT
	Dr Christopher Wilde (to April)	Tas
	Dr Shona Bright (from July)	Tas
Chair Education and Training Committee	Dr Genevieve Goulding	

General Manager Education Development Unit or nominee	Ms Mary Lawson (until February)	Vic
General Manager Education Development Unit or nominee	Mr Oliver Jones (from February)	Vic
Observer (by invitation) Federal Chair, GASACT	Dr Michelle Spencer	Vic
Observer (by invitation) trainee representative NZSA	Dr Thomas Fernandez	NZ
<b>Investment Committee</b>		
Chair (appointed by council)	Dr Lindy Roberts (from May)	WA
President	Professor Kate Leslie (from May)	Vic
Honorary Treasurer	Dr Lindy Roberts (from May)	WA
Chief Executive Officer	Dr Mike Richards (until July)	Vic
	Ms Linda Sorrell (from September)	Vic
Executive General Manager, Corporate Resources	Ms Jess McKay (until September)	Vic
Acting Executive General Manager, Corporate Resources	Mr Geoff Tory (from September)	Vic

### Overseas Aid Committee

Chair (appointed by council)	Dr Wayne Morriss	NZ
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	Vic
Up to four Fellows	Dr Michael Cooper	NSW
	Dr Roni Krieser	Vic
	Dr David Pescod	Vic

### Anaesthesia and Pain Medicine Foundation Board

Chair (appointed by council)	Professor Michael Cousins (until March)	NSW
	Professor Kate Leslie (interim) (from May)	Vic
Members	Mr Neil Batt	Vic
	Mr Michael Gorton	Vic
	Ms Yvonne Kenny	UK
	Mr Kieren Perkins (until March)	Qld
	Mr James Strong (until March)	Vic
	Mr John Astbury	Vic
	Mr Geoffrey Linton (until November)	Vic
	Dr Roderick Deane (from May)	NZ
Former president	Dr Leona Wilson	NZ
President	Professor Kate Leslie	Vic
Chair Research Committee	Professor Alan Merry	NZ
Deputy Chair Research Committee	Associate Professor David Scott (from May)	Vic
Foundation General Manager	Mr Robert Packer (from November)	Vic

### Indigenous Health Committee

Chair	Dr Rodney Mitchell
Deputy Chair	Dr Jack Hill
Fellow	Dr Jenny Stedmon
Fellow	Dr Penny Stewart
Fellow	Dr Edward Hughes
ANZCA President	(ex officio) Professor Kate Leslie

Work on a revised pain medicine curriculum and the development of a strategic plan were two key activities undertaken by the Faculty of Pain Medicine in 2011. The stage two application for recognition of pain medicine as a specialty in New Zealand was submitted and a successful joint FPM/RACGP submission was made to Bupa Health Foundation to support the development of an online modular pain management educational program for primary health care professionals. A record 28 candidates presented for the November FPM fellowship examination.

## Highlights

- Appointment of an education and training advisor to progress curriculum revision project.
- Delivery of a successful continuing education program in Hong Kong and the Australian regions
- A record 28 candidates sat the 2011 fellowship examination.
- A fifth FPM regional committee was formed in Victoria.
- The PainAustralia Board with ANZCA/ FPM representation was formed.
- Successful joint FPM/RACGP submission for GP online learning initiative.

In September, we welcomed the new CEO for ANZCA and the Faculty of Pain Medicine, Ms Linda Sorrell. Ms Sorrell quickly grasped the details of our functions and identified ways in which more help can be offered from within ANZCA's resources. She especially helped with the consultation plan for formulating our strategy for the next five years, which we will align with ANZCA's wherever appropriate.

Steady progress is being made towards our strategic goals. One of the most important is improving pain education for the primary care area and we can take pride in the fact that we are already addressing at least four out of the "Five crises in pain management" described by Professor John Loeser.<sup>1</sup>

We are also moving on with an outcomes initiative, another of the deficits he listed. And, despite the "unknown value of the role of opioids in (many cases)", we do have published accessible recommendations for judicious use of opioids (FPM professional document PM1).

## FPM Board and committees

Dr David Jones was re-elected dean for a second year. Dr Chris Hayes, Associate Professor Brendan Moore, Dr Frank New and Professor Ted Shipton were re-elected to the board. Professor Stephan Schug was welcomed to the board in May as the co-opted WA representative, replacing Dr Max Majedi. Dr Kieran Davis was co-opted to the board as the North Island of New Zealand representative in November. There will be an election for new board members in April 2012.

Reference: <sup>1</sup> Loeser JD. Five crises in pain management. Pain Clinical Updates, IASP, Vol. XX, Issue 1, Jan 2012



### FPM Board

Dean, Dr David Jones FANZCA (NZ)  
Chair, Relationships Portfolio

Vice-Dean, Associate Professor Brendan Moore FANZCA (Qld)  
Chair, Fellowship Affairs Portfolio

Immediate Past Dean, Dr Penelope Briscoe FANZCA (SA)  
ASM Officer  
CPD Officer  
Assistant Assessor

Treasurer, Associate Professor Leigh Atkinson AO FRACS (QLD)  
Past Dean  
Chair, Resources Portfolio

Chair, Training Unit Accreditation Committee, Dr Carolyn Arnold FAFRM (RACP) (Vic)

Chair, Continuing Professional Development Committee, Dr Guy Bashford FAFRM (RACP) (NSW)

Co-opted North Island of NZ Representative, Dr Kieran Davis FRCA (NZ)

Dr Raymond Garrick FRACP (NSW)

Chair, Research Committee, Dr Christopher Hayes FANZCA (NSW)

Assessor, Dr Frank J New FRANZCP (Qld)

Co-opted WA Representative, Dr Stephan Schug FANZCA (WA)

Co-opted Council Representative, Dr Lindy Roberts FANZCA (WA)

Chair, Education Committee,  
Chair, Trainee Affairs Portfolio  
Chair, Curriculum Revision Sub-Committee  
Professor Ted Shipton FANZCA (NZ)

Back: Dr Guy Bashford, Dr Christopher Hayes, Dr Frank New, Professor Stephan Schug, Dr Raymond Garrick, Dr Lindy Roberts, Professor Edward Shipton, Ms Helen Morris (General Manager)

Front: Dr Carolyn Arnold, Associate Professor Brendan Moore (Vice-Dean), Dr David Jones (Dean), Dr Penelope Briscoe, Associate Professor Leigh Atkinson.

# Faculty of Pain Medicine (continued)

## FPM Committees

The board's principal committees are the:

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

## Sub-Committees

(committee to which it reports in brackets)

- Curriculum Revision Sub-Committee (Education Committee)
- Supervisors of Training Sub-Committee (Education Committee)

Terms of reference for each committee have been developed as part of an overall College project. They are available at [www.fpm.anzca.edu.au/about-fpm/committees](http://www.fpm.anzca.edu.au/about-fpm/committees). Terms of reference for the board and senior officers will be available following the May 2012 board meeting.

## Regional committees

### New South Wales

Chaired by Dr Charles Brooker, the committee has undergone changes but continues to maintain a multidisciplinary membership. Dr Renata Bazina joined the committee in November as the New Fellow representative. Dr Gavin Pattullo was co-opted in November and represents FPM on the ANZCA NSW Regional Committee. Dr Paul Wrigley and Dr Glen Sheh co-ordinate the weekly training program, which is popular and receives good support from Fellow-led teaching. The committee met four times, with elections due in 2012.

Committee members continued to engage with government via the Agency for Clinical Innovation (ACI) in regard to NSW government policy for pain medicine. Formal announcement regarding their plans is awaited. Other activities included organising Fellow education meetings and a trainee education program. Strategic planning continues with the assistance of College staff.

A continuing medical education dinner meeting was held in August ("Refractory Pain - Insights from Pain, Palliative and Addiction Medicine Perspectives"), at which specialists from all three specialties were both presenting and making up the audience.

### Queensland

Chaired by Dr Mark Tadros, the committee has continued an active program, including promoting links between pain interest groups, allied medical colleges and the scientific community.

This year saw the planning and early rollout of four new pain clinics in Queensland. The committee has taken a keen interest in the progress of the persistent pain advisory group (PPAG) and its role in establishing these units. It remains committed to supporting the PPAG and the units as they move from planning to operation.

The 2011 Faculty examinations were held at the Royal Brisbane and Women's Hospital and the committee hosted, for the first time, a successful FPM Pre-examination Short Course, organised by Dr Frank Thomas and Dr Richard Pendleton.

Well-attended continuing medical education evenings held during the year included: Dr Tania Morris on "Mindful Communication" (March); Professor Patrick McGrath on "Psychological Challenges of the Paediatric Patient" (April); Professor Jennifer Strong on "Beyond the pain intensity scale; reflections from the Academy" (August) and Professor Joe Lynch on "The molecular basis of chronic inflammatory pain" (October).

The FPM Board has sought representation on the Queensland Persistent Pain Statewide Steering Committee, trying to ensure wide representation.

### South Australia

A regional committee was established in South Australia with nine fellows appointed as an interim committee, chaired by Dr Graham Wright. Elections are planned for the first quarter of 2012.

This committee commenced an educational program for local Fellows aimed at promoting professional links between Fellows and understanding the trends in pain practice amongst Faculty Fellows. In May, local fellows contributed to the pain medicine section of the Royal Australasian College of Surgeons national congress in Adelaide. At the initial educational meeting in July, 12 Fellows gave five-minute talks on their professional interests, as a way of demonstrating the nature and range of pain practice. In November, the educational meeting comprised presentations and discussion on patient selection for spinal cord stimulation, in the context of the recently released FPM professional document PM9 on the topic.

Dr Gary Clothier was appointed FPM Scientific Convenor to the 2015 ASM.

### Victoria

Following a decision made during the combined scientific meeting in Hong Kong, an interim Victorian Regional Committee (VRC) was formed, chaired by Dr Melissa Viney. A ballot early in 2012 will lead to the first formal VRC meeting, anticipated in June.

An inaugural educational meeting of Fellows was held at the College prior to Christmas. Associate Professor George Mendelson organised speakers to the topic: "Quantitative Sensory Testing: a medico-legal conundrum".

Dr Vagg and Dr McCoy continued the successful orientation program for Faculty trainees in Geelong in March. Law changes for prescription opioids in Victoria has resulted in an increased assessment burden for specialist pain medicine physicians but has produced a greater dialogue between the department of health and Faculty Fellows.

Dr Carolyn Arnold, representing Victorian Fellows for six years, is retiring in May 2012.

Additional funding of \$2.4 million has been made available for chronic pain units in Victoria through Subacute Ambulatory Care Services which will help address waiting lists.

### Western Australia

Dr John Akers was elected chair succeeding Dr Max Majedi. One meeting was convened in 2011. Education sessions with invited speakers are planned in conjunction with future meetings to encourage participation of local Fellows.

## Strategic plan

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

- Support the primary care sector in pain management knowledge and resources.
- Increase the level of education and training in pain medicine.
- Develop and communicate the Faculty's position on the scope of practice and delivery models for pain management.
- Set high standards for pain medicine practice.
- Build the Faculty and fellowship numbers.
- Increase the support for quality assurance and research.
- Increase the profession's/Faculty's profile with external stakeholders.

An updated Strategic Plan for 2013-2017 is being developed, with the opportunity to align this with ANZCA's planning process, and to consider adoption of a shared vision and organisational values for the College and Faculty. A project plan and communications plan have been developed, as has consultation with key stakeholders, with their feedback to be considered in setting strategic priorities for the next five years, to be rolled out in 2013.

## Relationships Portfolio

### Liaison with colleges

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

### Australian and New Zealand College of Anaesthetists

ANZCA President Professor Kate Leslie attended the August board meeting. Kate has given positive support to the Faculty throughout her presidency. We have had representation on most ANZCA committees and functions – sometimes challenging with our smaller pool of Fellows to draw upon. We have been challenged to improve the number of contributions our speakers make to the annual scientific meeting as a whole – something that should benefit both professional groups.

The Faculty has contributed to the review and development of a revised anaesthesia training program. FPM Fellows assisted in reviewing the pain medicine module of the current training program. Pain medicine is included as a clinical fundamental of the revised curriculum.

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

ANZCA's Continuing Professional Development 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.

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

Following discussions in 2010, the Australasian Faculty of Rehabilitation Medicine (AFRM) generously provided FPM trainees with access to their Bi National Training Program sessions relevant to our training. Faculty trainees have taken advantage of this opportunity and a number of FPM Fellows presented sessions during 2011.

### Royal Australasian College of Surgeons

Following successful representations by the Royal Australasian College of Surgeons (RACS) representative on the FPM Board, RACS formed a pain medicine section chaired by Associate Professor Leigh Atkinson. Communications between FPM and the section have been established. Dr Andrew Zacest has since taken over as chair, and organised a pain section in the 2011 RACS annual scientific congress. Dr Zacest was invited to attend the November 2011 and February 2012 FPM Board meetings.

### Royal Australian and New Zealand College of Psychiatrists

Psychiatrist Fellows continue involvement in all FPM activities, both clinical and organisational. They correspond and meet annually, and recently considered how psychiatrists, who are not FPM Fellows, could be made interested and supported in pain medicine, both nationally and internationally.

### Royal Australian College of General Practitioners

A successful joint FPM/Royal Australian College of General Practitioners (RACGP) submission was made to Bupa Health Foundation to support development of an online modular pain management educational program for primary health care professionals, for launch in September 2012.

## Faculty of Pain Medicine (continued)

The FPM vice-dean and FPM general manager represent the Faculty on the steering committee. Three FPM Education Committee members are on the Curriculum Development Committee. Membership of the six committees responsible for writing the content of each of the modules, is largely drawn from the FPM fellowship.

Dr Mortin Rawlin, RACGP Chair, Victoria Faculty representative and Chair of the National Faculty of Specific Interests, met with the FPM Board in November to discuss this initiative and other collaboration opportunities for improved liaison with primary care, plus contributing a pain session to the RACGP annual scientific meeting (GP12) in late October.

### Australian Pain Society/ New Zealand Pain Society

Regular quarterly teleconferences with the Australian Pain Society (APS) and New Zealand Pain Society (NZPS) continued, enabling us to share information and coordinate activities, especially educational events.

The three organisations collaborated to develop a poster for launch of the IASP Global Year Against Headache in October. The two pain societies will also collaborate in the Chronic Pain Outcomes Initiative referred to elsewhere in this report.

Both societies formally endorsed *PM1: Principles regarding the use of opioid analgesics in patients with chronic non-cancer pain*.

### Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Work continues on an educational document on persistent pelvic pain in women with the input of a multidisciplinary group. A Faculty professional document is being progressed. FPM Fellows contributed to a Pelvic Pain Strategy advocacy proposal.

### Overseas

The Faculty of Pain Medicine of the Royal College of Anaesthetists (RCA) and the Faculty of Pain Medicine of the College of Anaesthetists of Ireland sent observers to the 2011 FPM examination in Brisbane.

### Support for developing countries

The Essential Pain Management (EPM) program, initiated by former FPM Dean Dr Roger Goucke, is now part of the College's wider overseas aid program and has expanded with support from ANZCA and other partners. Training courses and instructor workshops were held in Fiji, Micronesia, Tanzania, Papua New Guinea, the Solomon Islands and the Cook Islands. The EPM workshop manual and slides are now available online.

### Corporate Affairs

#### Communications

The Faculty publishes the bi-monthly e-newsletter *Synapse*, a trainee e-newsletter and contributes to the *ANZCA E-Newsletter* and the *ANZCA Bulletin*.

The Faculty continued to work closely with the ANZCA Communications Unit as part of the College's communication program. In 2011 there were six media releases related to pain medicine. They were based on topics coming out of the FPM Spring Meeting, Global Year Against Headache, 2011 Refresher Course Day and the GP online education initiative, and all received wide coverage in print and broadcast media.

### Trainee Affairs Portfolio

#### Education

##### FPM curriculum revision

The Faculty appointed Mrs Ann Maree Bullard in the role of FPM Education and Training Advisor to advance its curriculum revision project, which involves a comprehensive review of the FPM training program, which will implement an outcomes-focused, competency-based approach to learning and assessment, to be introduced in 2015.

The three phases of this project are:

- Phase 1. Revision of the curriculum, based on identifying the roles of, and the competencies required by, specialist pain medicine physicians: to be completed by end 2012.
- Phase 2. Development of new learning/teaching and assessment resources: to be completed by September 2014.
- Phase 3. Preparation and implementation of a transition plan: to be completed by end 2014.

Additional resources will be required, including:

- Development of additional e-learning resources.
- Introduction of additional assessment tools.
- Support for supervisors of training.
- Development of online processes.

The FPM curriculum revision makes explicit the CanMEDS roles, modified to emphasise clinician, professional, communicator, collaborator and scholar during the training process, and to add health advocate, manager, clinical team leader, teacher-coach-mentor and change agent as part of career-long continuing professional development, all contributing to a medical expert in pain medicine.

#### Professional/educational documents

The board approved the following new Faculty professional document:

PM9: *Neuromodulation (spinal cord stimulation) in the management of patients with chronic pain*. This followed publication during 2010 in the *Journal of Clinical Neuroscience*: "Selection of patients for neurostimulation" by a collaboration of Faculty Fellows.

#### Supervisors of training

A Supervisors of Training (SOT) Workshop was convened in Hong Kong in May, focusing on the clinical case study, with enhanced guidelines and marking guide.

Podcasting/webinars in adult education and online in-training assessments were discussed, with a webinar to familiarise SOTs with the new technology. Faculty supervisors had full access to basic and advanced ANZCA teacher courses.

#### FPM mentoring program

Following a survey of recent Fellows, a policy document on mentoring has been developed by the Education Committee, accepted by the board and is available on the FPM website.

#### International medical graduates

From 2012, the Faculty will follow in principle the ANZCA Regulation 23 process.

#### FPM trainee lunch

Faculty trainees registered for the Hong Kong combined scientific meeting attended a buffet lunch during the meeting with the aim of providing an opportunity to meet each other and meet key people from the Faculty. The dean, vice-dean, assessor, chair of examinations, director of professional affairs and the administration officer also attended to respond to questions about the training program.

Faculty trainee, Dr Luke Murtagh (SA), spoke about his examination experience, giving valuable insight to current trainees.

#### Medical student prize

To encourage medical schools to develop a curriculum in pain medicine in their undergraduate medical program, the Education Committee developed an annual prize of a book voucher of \$A500 and a certificate to be awarded to the best medical student in pain medicine in either of the final two years of undergraduate medical training.

Several medical schools (Otago, Newcastle, Wollongong, Notre Dame, Adelaide, Sydney) accepted the invitation to participate.

The inaugural prize was awarded in December 2011 to Lucinda Thomas from the Graduate School of Medicine, University of Wollongong.

### E-learning resources

The Faculty has developed a library of educational podcasts, aimed at assisting trainees preparing for the examination and to provide broader content of interest to trainees and Fellows. These have been developed using the skills of the College's Education Development Unit. They are followed up by interactive webinars, have been well received and are available at [www.fpm.anzca.edu.au/resources/e-learning-resources](http://www.fpm.anzca.edu.au/resources/e-learning-resources).

### Examinations

A record 28 candidates presented for the November FPM fellowship examination in Brisbane. Twenty-three candidates were successful, with a pass rate of 82.4 per cent. The examination report is on the Faculty website.

The case report (now clinical case study) format was revised and new guidelines provided to candidates, supervisors of training and examiners. These clarify the expectations of the Examination Committee regarding performance of this component. There was a change of emphasis to a formative process as well as the summative assessment.

#### Examiners

Seventeen examiners were reappointed to the examination panel for a further three-year period. There were three resignations from the panel. This takes the examination panel to 30 (FANZCA – 21, FRACP – two, FRACS – two, FAFRM – two, FRANZCP – three).

#### Short courses

##### Specialist Pain Medicine Physician Preparation Course, Geelong

Geelong Hospital opened up its annual pre-examination short course to all FPM trainees. This two-day course focused on introducing trainees to the philosophy and practice of pain medicine.

##### Pre-examination short course

The annual pre-examination short course gives intensive exposure to selected topics in pain medicine and to examination technique. In 2011, the FPM Queensland Regional Committee convened this event and a record number of trainees (30) attended. The convenors have identified further opportunities to enhance the course for 2012.

### Training Unit Accreditation

In 2011, the Alfred Health Pain Services (Vic), Liverpool Hospital (NSW), Royal Prince Alfred Hospital (NSW) Sir Charles Gairdner Hospital (WA), Prince of Wales Hospital (NSW), St Vincent's Hospital (NSW) and Geelong Hospital (Vic) were reaccruited for pain medicine training following on-site reviews. Royal Perth Hospital was approved for continued accreditation following a successful paper review.

There were 26 accredited pain medicine training units in Australia, New Zealand, Singapore and Hong Kong at the end of 2011. A certificate of accreditation was developed for distribution to accredited units.

The Training Unit Accreditation Committee (TUAC) progressed a significant revision of Faculty Professional Document PM2, *Guidelines for Units Offering Training in Multidisciplinary Pain Medicine* to expand opportunities for pain medicine training by identifying sites that can offer tailored component programs for trainees. This is intended to give flexibility and to harness opportunities for training that might otherwise be lost.

### Fellowship Affairs Portfolio Fellowship

The Faculty fellowship continues to grow by approximately 10 per cent per annum. In 2011, the number of Fellows reached 312, of whom 11 are honorary and 145 admitted through training and examination. Of the 293 active Fellows, 221 were based in Australia, 23 in New Zealand and 49 in other countries. Those whose primary specialty is anaesthesia make up 64 per cent of the fellowship.

Eighteen Fellows were admitted to fellowship in 2011; 13 by training and examination, four by election and one honorary fellow. Although most trainees continue to be anaesthetists by primary specialty, in 2011 admissions included three rehabilitation physicians, one primary care specialist, one physician and two surgeons.

## Faculty of Pain Medicine (continued)

### Awards, prizes and honours

Dr John Collins, (NSW) was appointed as a Member of the Order of Australia in the 2011 Australia Day Honours for service to medicine in the field of paediatric palliative care as a practitioner, academic and researcher, and to professional organisations.

### Dean's Prize

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

Dr Rohan Russell (SA) "A comparison of postoperative opioid requirements and effectiveness in methadone-maintained and buprenorphine-maintained patients".

### 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 Allyson Browne (WA) "Screening for Acute Factors That Predict Pain Post Trauma: A Pilot Study".

### Barbara Walker Prize

The Barbara Walker Prize is awarded to the candidate obtaining the highest marks in the pain medicine examination.

Dr Roderick Grant (Qld)

### Merit awards

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

Dr Simon Cohen (NSW)

Dr Cornelis De Neef (Vic)

Dr James Yu (NSW)

### Continuing Education and Quality Assurance

#### Scientific meetings

Dr Penny Briscoe was appointed FPM ASM Officer in May 2010, succeeding Associate Professor Pam Macintyre. She represents the Faculty on the ANZCA Fellowship Affairs Committee.

### FPM educational activities

#### 2011 Refresher Course Day and Combined Scientific Meeting – Hong Kong

The Faculty's Refresher Course Day and combined scientific meeting (CSM) programs were well attended and received, with 158 registrants hearing 12 speakers give presentations on sessions titled "Neurobiology", "Challenges in Opioid Therapy", "Outcomes in Pain Management" and "Eastern Influences".

More than 200 delegates attended the final concurrent session of the Faculty CSM focusing on acute perioperative pain. The international speakers attracted significant media interest with a number of interview requests from print, radio and TV.

#### Annual Spring Meeting

The 2011 Spring meeting, convened by Dr Geoff Speldewinde: "An exploration of the Pain/Musculoskeletal Polemics – Policies, Procedures and Pragmatics" attracted more than 150 delegates. A media campaign, effectively coordinated by ANZCA Media Manager, Meaghan Shaw, led to radio interviews in Sydney and Melbourne.

#### Continued professional development

In line with the direction from the Australian Health Practitioner Regulation Agency, the Faculty's policy is that Fellows (who by definition have at least two specialist qualifications) must complete either the continuing professional development (CPD) program of the College of their primary fellowship or the FPM CPD program (a modification of the ANZCA CPD program). Fellows' CPD activities must relate to their scope of practice.

The ANZCA/FPM CPD program has been improved significantly to assist ease of access and provide additional resources to Fellows to meet their CPD requirements.

### Research

The FPM Research Committee continued its focus on promoting a culture of research to Fellows and trainees. Faculty Fellows were well represented in the ANZCA Research Awards for 2011, with three receiving funding out of a total of 15 project grants.

Dr Philip Finch (WA) was awarded the St Jude Medical ANZCA Research Fellowship for his project "Mechanism of adrenergic hyperalgesia in the partial sciatic nerve ligation model of neuropathic pain".

### Professional

#### Recognition of pain medicine as a specialty – New Zealand

The stage two application was submitted to the Medical Council of New Zealand (MCNZ) in June. This included submitting a scope of practice for pain medicine, along with our request that vocational registration be based on the FFPMANZCA qualification. An MCNZ panel is considering the application, with the outcome expected in August 2012.

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

At the suggestion of ANZCA's Quality and Safety Committee, the board supported reporting, via the WebAIRS anaesthetic incident reporting system, pain management-related complications and incidents, with the aim of improving practice.

#### Acute Pain Management: Scientific Evidence, 4th Edition

Professor Stephan Schug accepted the role of chair of the working party for the development of the 4th edition, of where the primary sponsor will be ANZCA. It is due for publication in 2015.

### Chronic Pain Outcomes initiative

A Faculty initiative for a Chronic Pain Outcomes database has been supported by the Australian Pain Society (APS) and New Zealand Pain Society (NZPS).

Members of the APS, NZPS, Allied Health and Faculty Fellows met in Canberra in October and were successful in obtaining provisional agreement on a minimal data set.

The University of Wollongong is intended to be the central database and analysis provider, based on their experience with the Australasian Rehabilitation Outcomes Centre (AROC) and Palliative Care Outcomes Collaboration (PCOC) projects.

### Policy and government

The Faculty continued to contribute to health policy through its representation on a number of state and national bodies, its submissions to government and other agencies, and regular reporting to agencies such as the Medical Training Review Panel and Australian Medical Council (AMC). Work commenced on the Faculty's 2012 submission, coupled with ANZCA's, to the AMC for reaccreditation.

Particularly since the AMC's recognition of pain medicine as a medical specialty in November 2005, there has been an increasing number of consultation opportunities which the Faculty has responded to independently or in collaboration with ANZCA.

The Faculty's Director of Professional Affairs and General Manager work closely with the ANZCA Policy Unit with respect to policy development and strategy, and liaison with government and related bodies.

The Faculty contributed to a growing number of submissions, including:

- Department of Health and Ageing (DoHA): Connecting health services with the future – Telehealth – aiming to complement but not replace face-to-face consultations.

- DoHA, Pharmaceutical Benefits Advisory Committee Stakeholder meeting: a review of current listings of opioids on the Pharmaceutical Benefits Scheme.

- Medical Board of Australia (MBA): Preliminary consultation on the definition of practice.

- DoHA: Development of Substance Misuse, Prevention and Service Improvement Grants Fund.

- MBA: Public consultation on the definition of practice.

- Therapeutic Goods Administration: on possible withdrawal of Dextropropoxyphene-containing medicines.

- Painaustralia: Proposed revision to Disability Support Pension tables.

#### National Pharmaceutical Drug Misuse Strategy

Dr Penny Briscoe represents the Faculty on the expert reference group for the development of the National Pharmaceutical Drug Misuse Strategy, covering both prescription and over-the-counter drugs, and focusing on pharmaceutical drugs subject to non-medical use, misuse and/or diversion, with priority given to those drugs that cause the most harm.

#### Pharmaceutical Benefits Advisory Committee

The Faculty director of professional affairs attended a stakeholder meeting in Canberra in April, to review current listings of opioids on the Pharmaceutical Benefits Scheme (PBS). This was followed by a formal submission to the Pharmaceutical Benefits Advisory Committee based on the Faculty's experience, advice and policies. The issue is currently with the National Medicines Policy Committee.

#### Part C Prostheses List – Potential delisting of infusion pumps

As a result of continuing concern raised by Painaustralia, high level meetings with the Minister for Health and Ageing's office in Canberra were held in February.

General Manager, Policy Mr John Biviano represented ANZCA and FPM. It was confirmed that there have been no funding withdrawals for the infusion pumps.

Subsequently, correspondence has been received from the minister with assurances that no device will be removed from part A without a proper process being followed, and natural justice afforded to sponsors of existing listings.

#### Revision to assessments for Disability Support Pension

The Faculty collaborated with Painaustralia's successful submission to the Senate inquiry into the proposed amendments to the Disability Support Pension Impairment Tables that would have discriminated against people living with chronic pain. Through Painaustralia, the Faculty has been asked to contribute to the training package being developed by CentreLink for job capacity assessors.

#### Pain Device Implant Register

Initial enquiries were made with the Data Management and Analysis Centre (DMAC) at the University of Adelaide with respect to the possible establishment of a pain device implant register with a focus on implants and their performance. The board supported further development of this project.

## Faculty of Pain Medicine (continued)

### Australian Commission on Safety and Quality in Health Care

The National Inpatient Medication Chart (NIMC) and the Adult Deterioration Detection System (ADDS) Chart have both been developed through the Australian Commission on Safety and Quality in Health Care (ACSQHC) aimed at improving patient safety. A group of Faculty Fellows has written to the ACSQHC expressing concerns with regard to setting upper limit doses in postoperative pain management, and that sedation has not been appropriately addressed as the sixth vital sign. The authors are concerned that people should be informed that caution is needed when prescribing **prn** opioids for the management of acute pain and therefore in the use of these charts.

### Grants

As part of ANZCA's collaboration with the Department of Health and Ageing through the Specialist Training Program, funding has been received to support an additional pain medicine training position in a private setting. The Faculty has also benefited from the additional funding for expansion of the College's e-learning program and teacher training for rural and regional teachers.

### National Pain Strategy

Subsequent to the National Pain Summit in 2010, the Faculty and ANZCA contributed to the formation in February 2011 of a national pain advocacy body, Painaustralia, chaired by Mr James Strong, AO, to implement recommendations of the National Pain Strategy (NPS). Through the NPS, Australia is developing a coordinated approach to health policy reform. The focus of the NPS is recognition of people in pain as a national health priority.

Painaustralia is rapidly evolving under the pressure of demands from many groups seeking information, and is working hard in its advocacy role. A business plan was established to focus on priority areas aiming to avoid duplication of work already being done by its members. The College and the Faculty are represented on the Painaustralia Board by Associate Professor Milton Cohen. ANZCA has committed support to Painaustralia to the end of 2012.

### 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 its journal for our Fellows included in subscriptions, active involvement of the Faculty's senior editor in editorial board conversations and increasing contributions from Fellows to the journal, *Pain Medicine*.

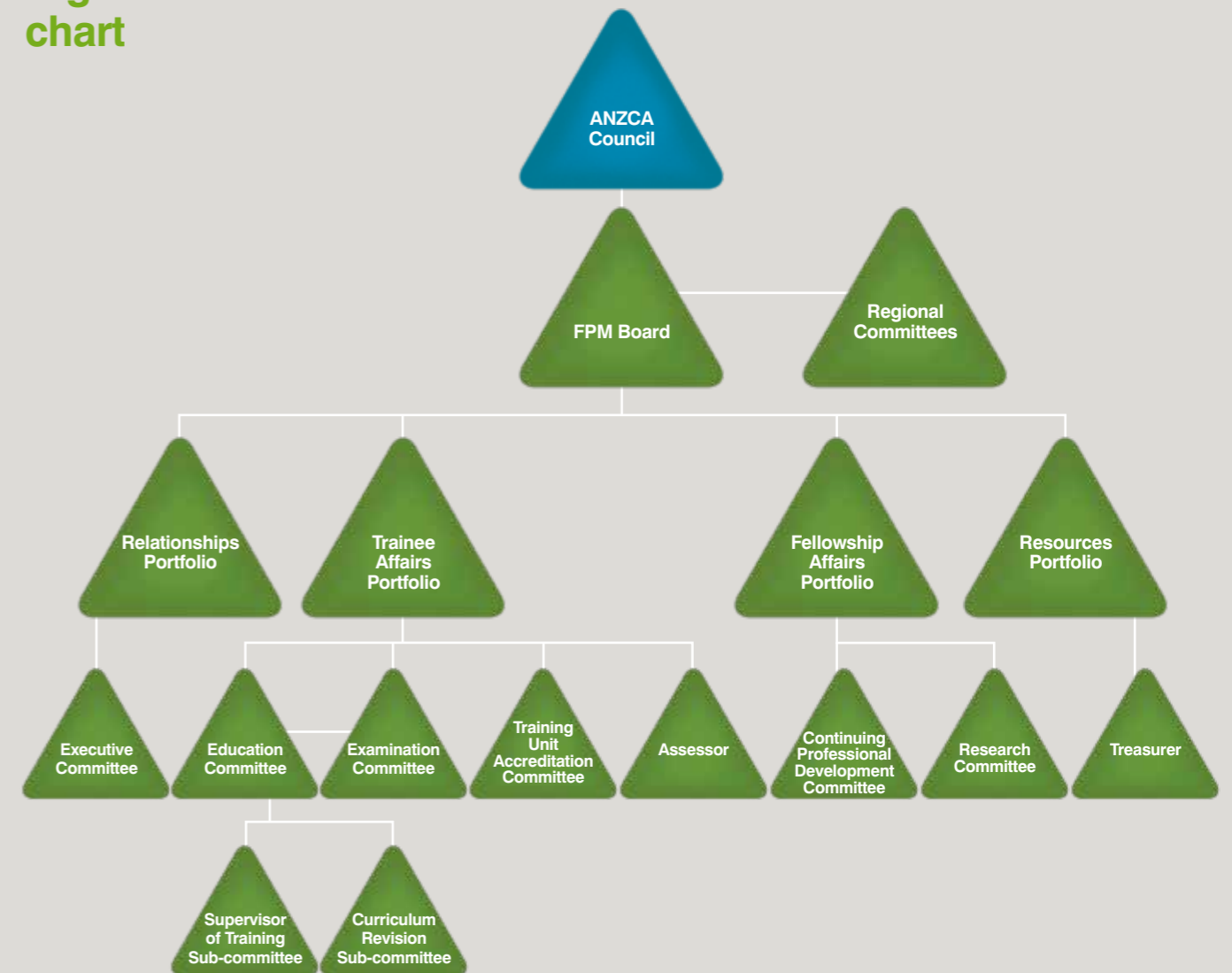
#### Staff

The Faculty employs four full-time administrative staff, a part-time education and training advisor and a part-time director of professional affairs.

#### Dr David Jones

Dean

## FPM organisation chart



# Faculty of Pain Medicine committees

## Executive Committee

Dean/Chair Relationships Portfolio (Chair)	Dr David Jones
Vice-Dean/Chair Fellowship Affairs Portfolio	Associate Professor Brendan Moore
Chair Trainee Affairs Portfolio	Professor Ted Shipton
Chair Resources Portfolio	Associate Professor Leigh Atkinson
FPM General Manager	Ms Helen Morris

## Education Committee

Chair (Appointed by the Board)	Professor Ted Shipton
Dean (ex officio)	Dr David Jones
Chair, Examination Committee	Dr Meredith Craigie
Supervisor, SOTs	Dr Melissa Viney
New Fellow representative	Dr Clifton Timmins
Director of Professional Affairs	Associate Professor Milton Cohen
Assessor	Dr Frank New (until May)
ANZCA General Manager Education Development	Mr Oliver Jones
Members	Associate Professor Brendan Moore Dr Jane Trinca Dr Paul Wrigley Professor Peter Teddy Dr Owen Williamson Dr Aston Wan (from August) Dr Anthony Davis (from October) Professor Stephen Schug

## Examination Committee

Chair (Appointed by the Board)	Dr Meredith Craigie
Deputy Chair	Dr Penelope Briscoe (from August)
Dean	Dr David Jones
Assessor	Dr Frank New
New Fellows Representative	Dr Max Sarma (from April)
Members	Dr Ray Garrick Dr Newman Harris (from August) Professor George Mendelson Dr Carolyn Arnold Associate Professor Leigh Atkinson Dr Melissa Viney Dr Mark Tadros Dr Martine Holford

## Training Unit Accreditation Committee

Chair (Appointed by the Board)	Dr Carolyn Arnold (from May)
Assessor	Associate Professor Brendan Moore (until May)
Supervisor SOT	Dr Frank New
Members	Dr Melissa Viney Dr Pauline Waites Associate Professor Brendan Moore (from May) Dr David Gronow Dr Paul Gray (from April) Dr Diarmuid McCoy Dr Matthew Crawford Dr Gajinder Oberoi (from November) Dr Carolyn Arnold (until May)

## Continuing Education and Quality Assurance Committee

Chair (Appointed by the Board)	Dr Guy Bashford
Scientific Meeting Officer/ 2012 Spring Meeting Convenor	Associate Professor Leigh Atkinson
ASM Officer	Associate Professor Pamela Macintyre (until June) Dr Penelope Briscoe (from June)
2011 Spring Meeting Convenor	Dr Geoffrey Speldewinde
2011 ASM Convenor	Dr Phoon-Ping Chen
2012 ASM Convenor	Dr Max Majedi
2013 ASM Convenor	Dr Michael Vagg
2014 ASM Convenor	Dr Lewis Holford (from April)
2015 ASM Convenor	Dr Gary Clothier (from November)
Members	Associate Professor Milton Cohen Associate Professor Pamela Macintyre (from June) Dr Diarmuid McCoy

## Research Committee

Chair (Appointed by the Board)	Dr Chris Hayes
Chair Fellowship Affairs	Dr Penny Briscoe
Senior editor, Pain Medicine journal	Associate Professor Milton Cohen
Members	Dr Carolyn Arnold Dr Guy Bashford Dr Penelope Briscoe Professor Julia Fleming

	Professor Colin Goodchild
	Dr Malcom Hogg
	Dr Tim Pavy
	Professor Stephan Schug
	Associate Professor Philip Siddall
	Professor Maree Smith
	Professor Andrew Somogyi

## Supervisor of Training Sub-Committee

Chair/Supervisor of SOTs	Dr Melissa Viney
Supervisors of Training	Dr Glen Sheh Dr Dianne Pacey (until May) Dr Richard Burstal (from May) Dr Renata Bazina Dr Faizur Noore Dr Matthew Crawford Dr Paul Wrigley Dr Bridin Murnion Associate Professor Milton Cohen Professor Ben Marosszeky Dr Bronwyn Williams Dr Scott Simpson Dr Porhan Kang Dr Timothy Semple Dr Chris Orlikowski Dr Max Sarma Dr David Lindholm Dr Greta Palmer Professor Peter Teddy (until November) Dr Charles Kim (from November) Dr Andrew Muir Dr Eric Visser Dr Leah Power Dr Max Majedi Dr Jane Thomas Dr Barry Tait Dr Michelle Tan Dr Huey-Sing Lim

## Curriculum Revision Sub-Committee (formed in 2011)

Chair Education Committee (Chair)	Professor Ted Shipton
Dean	Dr David Jones
Director of Professional Affairs	Associate Professor Milton Cohen
Chair Examinations Committee	Dr Meredith Craigie

Supervisor, SOTs	Dr Melissa Viney
Education and Training Advisor	Mrs Ann Maree Bullard
Members	Dr Ray Garrick Dr Tobie Sacks Dr Jane Trinca Dr Milana Votrubic

## Regional Committees

### Queensland Regional Committee

Chair/elected member	Dr Mark Tadros
Elected member	Dr Kathleen Cooke
Secretary/Treasurer	Dr Richard Pendleton
Co-opted member	Dr Matthew Bryant
Co-opted new Fellow	Dr Leigh Dotchin
Co-opted Transmitter editor	Dr Arthur Duggan
Ex officio	Associate Professor Leigh Atkinson
Ex officio	Associate Professor Brendan Moore
Ex officio	Dr Frank New

### New South Wales Regional Committee

Chair/elected member	Dr Charles Brooker
Secretary/Treasurer/elected member	Dr KE Khor
Elected members	Dr David Gorman Dr Lewis Holford Dr Marc Russo Dr Glen Sheh Dr Paul Wrigley
Co-opted members	Dr Renata Bazina Dr Gavin Pattullo
Ex officio members	Dr Guy Bashford Dr Ray Garrick Dr Chris Hayes

### Western Australia Regional Committee

Chair	Dr John Akers
Secretary	Dr Donald Johnson
Treasurer	Dr Max Majedi

### South Australian Regional Committee

Chair	Dr Graham Wright
Members	Dr Garry Clothier Dr Susan Evans Dr Dilip Kapur Dr Bruce Rounsefell Dr Andrew Somogyi Dr Andrew Zacest
Ex officio	Dr Penny Briscoe

## Honorary Treasurer's report



I am pleased to present my second treasurer's report and to be able to report that ANZCA continues to be in a very sound financial position, with net assets of \$20.238 million and no debt.

In my report for 2010 I advised that the College was budgeting to finish 2011 with a small operating deficit. This proved to be the case with an operating deficit of \$105,509 which compared very favourably with the operating result from 2010 (which showed a deficit of \$715,366).

The overall result for the College was adversely affected by the performance of the investment markets which produced a negative return of \$88,887 (compared with a positive return of \$721,432 in 2010). I will comment further on this result later in this report.

The budget for the 2012 year, approved by council in November 2011, is framed to return an operating surplus. This budget reflects tight cost control in light of the significant investment necessary during 2012 for the curriculum 2013 project which will impact on the level of the College's cash reserves.

### Statement of comprehensive income

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

In 2011 overall revenue from operating activities for the year was \$22.509 million (\$19.363 million in 2010). Expenses totalled \$22.614 million (\$20.078 million for 2010), leaving an operating deficit of \$105,509 (deficit of \$715,366 in 2010). The improved result came through revenue growth from key activity areas – subscriptions and entry fees (up \$631,370), registration, training and examination fees (up \$1.245 million) and meeting and course income (up \$1.354 million) – which was partially offset by lower revenue from other income, including foundation sponsorship and donations, IMGs assessments and expense recoveries (down \$84,613). Expenditure growth, up from \$20.078 million in 2010 to \$22.614 million in 2011, largely reflected the increased activity which is evident in the higher revenue outcome.

Throughout 2011, investment markets worldwide continued to display a high level of volatility and inevitably the College's investments were affected. The overall impact of the volatility was that the College recorded a negative return of \$88,887 (compared with a positive \$721,432 in 2010). The result was driven by income earnings (dividends and interest) of \$1.235 million (up from \$782,443 in 2010), more than offset by unrealised capital losses of \$1.324 million (up from \$61,011 in 2010).

After taking account of the negative investment return, the College was left with a consolidated deficit of \$194,396 (compared with a small surplus of \$6,066 in 2010). Minor positive exchange translation differences between the New Zealand and Australian dollar at balance date, allowed for the total comprehensive income for the year to finish at a negative \$190,598 (compared with a negative \$1,894 in 2010).

### 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 decreased in line with the deficit to \$20.238 million (compared with \$20.429 million at the end of 2010). Notwithstanding this slight reduction, the net asset position remains strong and is indicative of the overall sound financial position the College holds.

### Statement of cash flows

The cash holdings at the end of 2011 were \$4.975 million, an increase of \$708,642 on the corresponding balance at the end of 2010, partially driven by strong receipts in December for 2012 events and subscriptions.

This is a pleasing position at year end. However, during 2012 there will be calls on the College cash reserves to fund the curriculum 2013 project. The need for and impact of these calls has been fully recognised in the manner in which the 2012 budget has been framed and the forward cash flow projections undertaken indicate that the College will be able to absorb the increased capital investment.

### Comments

Previously I have reported on the council's commitment to financial sustainability in order to allow the College the resources needed to make strategic investments for the future of the College and the profession. 2012 will see a significant example of that approach come to fruition with the completion of the curriculum 2013 project, incorporating the Training Portfolio System, and its implementation in New Zealand commencing in December 2012, followed by Australia in early 2013.

The ability of the College to take on major projects such as this is dependent on its sound financial position, but equally is a reflection of the continuing support and dedication of councillors, committee members, Fellows, trainees and staff throughout Australia, New Zealand, and south-east Asia. Without this it would not be possible for the College to function as effectively as it does today. I would like to acknowledge that commitment on behalf of the College.

Dr Lindy Roberts  
Honorary Treasurer

“The ability of the College to take on major projects ... is dependent on its sound financial position, but equally is a reflection of the continuing support and dedication of councillors, committee members, Fellows, trainees and staff throughout Australia, New Zealand, and south-east Asia.”

## 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 2011 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 Australian and New Zealand College of Anaesthetists consolidated financial statements prepared in accordance with the 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 deficit of \$105,509 compared to a deficit of \$715,366 in the prior year. Combined with negative earnings on investments of \$88,887 (compared to a positive \$721,432 in 2010) this produced an overall deficit for the year of \$194,396 as compared to a net surplus of \$6,066 in 2010. This was reduced by favourable exchange translation differences of \$3,798 resulted from translating assets, liabilities and current year retained earnings from New Zealand dollars to Australian dollars (2010: unfavourable \$7,960) giving total comprehensive income for the year of a deficit of \$190,598 (2010: deficit \$1,894).

Total operating revenue increased by 16% to \$22,508,735, whilst operating expenditure rose by 13% to \$22,614,244.

### Statement of financial position

Total assets increased by 6% or \$1,935,898. The major contributors to this were the increase in current assets reflecting a higher level of prepayments, subscription debtors and capital investments compared to 2010. Total liabilities increased by 19% or \$2,126,496 primarily due to higher levels of subscriptions, examination and trainee fees received in 2011 relating to 2012. The result of this is that net assets decreased by 0.9% to \$20,238,008 compared to \$20,428,606 last year.

### Statement of changes in equity

Total equity for the year decreased to \$20,238,008, a reduction of \$190,598 on 2010. This arose from the net effect of the deficit of \$194,396 being offset by a gain on exchange translation differences of the New Zealand assets and liabilities of \$3,798.

### Statement of cash flows

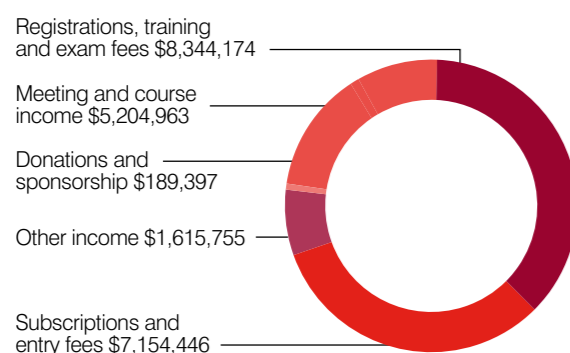
Cashflow for the year increased by \$708,642 primarily reflecting the net impact of operating activities and investment activities.

## Financial statements

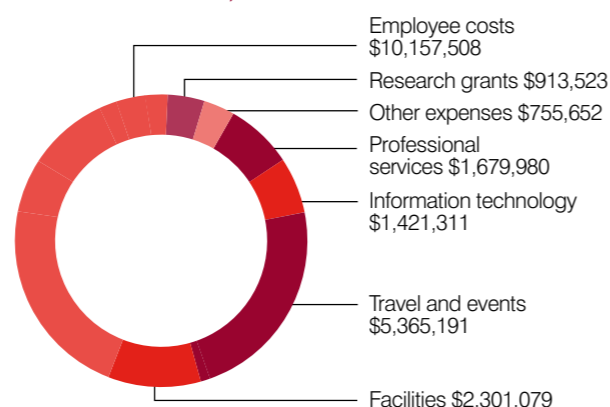
### Statement of Comprehensive Income for the financial year ended 31 December 2011

	2011 \$	2010 \$
<b>Revenue</b>		
Subscriptions and entry fees	7,154,446	6,523,076
Registrations, training and exam fees	8,344,174	7,099,458
Meeting and course income	5,204,963	3,850,716
Other income	1,805,152	1,889,765
<b>TOTAL REVENUE FROM OPERATING ACTIVITIES</b>	<b>22,508,735</b>	<b>19,363,015</b>
<b>Expenses</b>		
Employee costs	10,157,508	9,339,487
Facilities	2,301,079	2,284,052
Travel and events	5,365,191	4,479,557
Information technology	1,421,311	1,177,272
Professional services	1,679,980	1,757,947
Other expenses	775,652	384,366
Research grants	913,523	655,700
<b>TOTAL EXPENSES FROM OPERATING ACTIVITIES</b>	<b>22,614,244</b>	<b>20,078,381</b>
<b>Deficit before non-operating activities</b>	<b>(105,509)</b>	<b>(715,366)</b>
<b>Income from non-operating activities</b>		
Investment (expense) / income	(88,887)	721,432
<b>(DEFICIT) / SURPLUS FOR THE YEAR ATTRIBUTABLE TO THE MEMBERS OF THE COLLEGE</b>	<b>(194,396)</b>	<b>6,066</b>
<b>Other comprehensive income</b>		
Exchange differences on translation of foreign operations	3,798	(7,960)
<b>TOTAL COMPREHENSIVE INCOME FOR THE YEAR ATTRIBUTABLE TO THE MEMBERS OF THE COLLEGE</b>	<b>(190,598)</b>	<b>(1,894)</b>

Total revenue for the 12 months ended December 31, 2011



Total expenses for the 12 months ended December 31, 2011



# Financial statements

(continued)

## Statement of Financial Position as at 31 December 2011

	2011 \$	2010 \$
<b>ASSETS</b>		
<b>Current assets</b>		
Cash and cash equivalents	4,975,169	4,266,527
Trade and other receivables	6,895,461	6,140,610
Other financial assets	166,055	86,920
<b>Total current assets</b>	<b>12,036,685</b>	<b>10,494,057</b>
<b>Non-current assets</b>		
Property, plant and equipment	11,154,550	11,023,645
Intangible assets	1,524,902	436,998
Other financial assets	8,700,448	9,525,987
<b>Total non-current assets</b>	<b>21,379,900</b>	<b>20,986,630</b>
<b>Total assets</b>	<b>33,416,585</b>	<b>31,480,687</b>
<b>LIABILITIES</b>		
<b>Current liabilities</b>		
Trade and other payables	2,644,100	2,161,515
Other liabilities	10,068,222	8,535,328
Provisions	214,238	192,691
<b>Total current liabilities</b>	<b>12,926,560</b>	<b>10,889,534</b>
<b>Non-current liabilities</b>		
Provisions	252,017	162,547
<b>Total non-current liabilities</b>	<b>252,017</b>	<b>162,547</b>
<b>Total liabilities</b>	<b>13,178,577</b>	<b>11,052,081</b>
<b>Net assets</b>	<b>20,238,008</b>	<b>20,428,606</b>
<b>EQUITY</b>		
Retained earnings	20,218,333	20,412,728
Foreign currency translation reserve	19,675	15,878
<b>Total equity</b>	<b>20,238,008</b>	<b>20,428,606</b>

## Statement of Changes In Equity for the financial year ended 31 December 2011

	Retained Earnings \$	Foreign currency translation reserve \$	Total \$
<b>Balance at 1 January 2010</b>	20,406,662	23,838	20,430,500
Total comprehensive income for the year	6,066	-	6,066
Currency translation differences arising during the year	-	(7,960)	(7,960)
<b>Balance at 1 January 2011</b>	20,412,728	15,878	20,428,606
Total comprehensive income for the year	(194,396)	-	(194,396)
Currency translation differences arising during the year	-	3,798	3,798
<b>Balance at 31 December 2011</b>	<b>20,218,332</b>	<b>19,676</b>	<b>20,238,008</b>

## Statement of Cash Flows for the financial year ended 31 December 2011

	2011 \$	2010 \$
<b>Cash flows from operating activities</b>		
Receipts from members and customers	23,465,835	20,986,333
Interest received	90,079	97,451
Donations received	34,397	61,266
Payments to employees and suppliers	(20,573,664)	(19,024,174)
Research grants and bequests paid	(900,772)	(640,531)
<b>Net cash inflow from operating activities</b>	<b>2,115,875</b>	<b>1,480,345</b>
<b>Cash flows from investing activities</b>		
Proceeds from sale of property, plant and equipment	-	-
Proceeds (net) from other financial assets	517,655	125,000
Payments for property, plant and equipment	(757,848)	(795,785)
Payments for intangible assets	(1,087,905)	(436,997)
Payments for other financial assets	(79,135)	-
<b>Net cash outflow from investing activities</b>	<b>(1,407,233)</b>	<b>(1,107,782)</b>
<b>Cash flows from financing activities</b>		
Net cash inflow / (outflow) from financing activities	-	-
<b>Net increase in cash and cash equivalents</b>	<b>708,642</b>	<b>372,563</b>
<b>Cash and cash equivalents at the beginning of the financial year</b>	<b>4,266,527</b>	<b>3,893,964</b>
<b>Cash and cash equivalents at the end of the financial year</b>	<b>4,975,170</b>	<b>4,266,527</b>

## Financial statements (continued)

### Notes to the Concise Financial Report for the Year Ended 31 December 2011

#### 1. General Information

The concise financial report is an extract from the full financial report for the year ended 31 December 2011. The financial statements and specific disclosures included in the concise financial report have been derived from the full financial report. The concise financial report cannot be expected to provide as full an understanding of the financial performance, financial position and financing and investing activities of the Australian and New Zealand College of Anaesthetists as the full financial report. Further financial information can be obtained from the full financial report.

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

#### 2. Basis of preparation of the Concise Financial Report

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

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

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

#### Directors' declaration

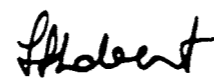
The directors of the Australian and New Zealand College of Anaesthetists declare that the concise financial report of the Australian and New Zealand College of Anaesthetists for the financial year ended 31 December 2011, as set out in pages 58 to 65:

- a) complies with Accounting Standard AASB 1039: Concise Financial Reports; and
- b) is an extract from the full financial report for the year ended 31 December 2011 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.



**Professor K Leslie**  
President  
3 April 2012



**Dr L J Roberts**  
Honorary Treasurer  
3 April 2012

**RSM Bird Cameron**  
Chartered Accountants

**RSM Bird Cameron**  
Level 8 Rialto South Tower  
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PO Box 248 Collins Street West VIC 8007  
T +61 3 9286 1800 F +61 3 9286 1999  
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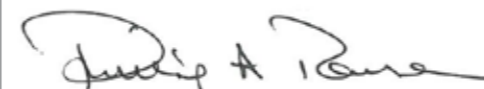
#### AUDITOR'S INDEPENDENCE DECLARATION

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 2011, 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**  
Chartered Accountants



**P A RANSOM**  
Director

Dated: 3 April 2012  
Melbourne, Victoria

Liability limited by a  
scheme approved under  
Professional Standards  
Legislation

Birdano Nominees Pty Ltd  
AEN 33 026 321 377  
Practising as  
RSM Bird Cameron  
ABN 65 319 382 479

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

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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 2011, 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 2011. 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 2011. We expressed an unmodified audit opinion on that financial report in our report dated 3 April 2012. 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 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 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 Australian professional accounting bodies.

Opinion

In our opinion, the concise financial report of the Australian and New Zealand College of Anaesthetists for the year ended 31 December 2011 complies with Accounting Standard AASB 1039 *Concise Financial Reports*.

RSM BIRD CAMERON  
Chartered Accountants

P A RANSOM  
Director

Dated: 3 April 2012  
Melbourne, Victoria

**Australian and New Zealand  
College of Anaesthetists**

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