

AUSTRALIAN AND  
NEW ZEALAND COLLEGE  
OF ANAESTHETISTS  
ANNUAL REPORT 2010



“To serve the community  
by fostering safety and  
quality patient care in  
anaesthesia, intensive  
care and pain medicine.”

**CONTENTS:**

ANZCA Council 2  
President's report 4  
Chief executive officer's report 6  
ANZCA organisation chart 8  
Awards, prizes and honours 10  
Policy and government 11  
Education development,  
training and assessments 14  
Primary and final examinations 17  
International medical  
graduate specialists (IMGS) 19  
Training accreditation 20  
ANZCA Trainee Committee 21  
Fellowship affairs 22  
Quality and safety 25  
Research grant awards 29  
ANZCA Trials Group 31  
The Anaesthesia and Pain  
Medicine Foundation 32  
Faculty of Pain Medicine 34  
Honorary treasurer's report 42  
Discussion and analysis  
of the financial statements 44  
Financial statements 45  
Committees 52





**ANZCA Council**

In accordance with the provisions of the constitution, nominations were called for five vacancies on Council. Nine nominations were received. Dr Lindy Roberts and Dr Genevieve Goulding were re-elected for a period of three years, along with new councillors Dr Patrick Farrell, Dr Rodney Mitchell and Dr Mark Reeves who had previously been co-opted to Council to fill casual vacancies.

Dr Nicole Phillips completed her two-year term as new Fellow councillor in May, and in accordance with the provisions of the constitution, nominations were called for the resulting vacancy. Four nominations were received and Dr Justin Burke was elected for the period to May 2012.

Back row from left:  
Dr Patrick Farrell, Dr Mike Richards (ANZCA CEO, in attendance), Associate Professor David Scott, Dr Frank Moloney, Professor Alan Merry, Dr Mark Reeves, Dr Michelle Mulligan, Dr Justin Burke, Dr Genevieve Goulding, Dr Rodney Mitchell, Dr Leona Wilson, Dr Kerry Brandis.

Front row from left (seated):  
Dr Lindy Roberts (ANZCA Vice-President), Professor Kate Leslie (ANZCA President), Dr David Jones (FPM Dean).



“The Council is most grateful to the thousands of Fellows and trainees who contribute to the College and the profession on a pro bono basis. The College would struggle to exist without this dedicated commitment and would fail in its goals of continuous innovation and improvement.”

This annual report demonstrates the significant progress made by the College in a range of areas in 2010. This progress is due to the strong collaboration between ANZCA management and the many Fellows who are engaged in the work of the College and in ensuring our healthcare system can look after us, our families and our communities in the future.

#### **Engagement – a strategic priority**

The first of nine strategic priorities for ANZCA, as identified in the ANZCA Strategic Plan 2010-2012, is to “increase the engagement of the College’s members and the interaction with key external stakeholders”.

In 2010, major steps towards achieving this goal were taken. A survey of Fellows was undertaken in mid-2010 with a solid response rate of about 50 per cent. Valuable feedback from Fellows was also obtained at focus group sessions held during the 2010 Annual Scientific Meeting in Christchurch.

The ANZCA Fellowship Survey found a high level of satisfaction with ANZCA overall (71 per cent) and with staff (77 per cent) and 60 per cent of Fellows described the annual subscription as reasonable or at least acceptable.

The College’s most important roles were perceived to be quality and safety, professional standards setting as well as education and training. The Fellows saw particular strengths in the College’s professional documents, the annual scientific meeting, the library, publications and communications, and the support of research by the College.

Importantly, the fellowship survey found that more than half the Fellowship – 55 per cent of respondents – reported undertaking pro bono roles, mostly in teaching roles.

Feedback was received through the survey about how the College can improve its service to Fellows in relation to the continuing professional development (CPD) program, and steps have already been taken to ensure improved ease of access and support, especially since participation in CPD is now mandatory.

“Interaction with key external stakeholders” is the second part of the strategic plan’s number one point. The College’s Policy Unit made 44 submissions to Australian government and related bodies and a further eight submissions were made in New Zealand.

Media coverage of the College and anaesthesia and pain medicine increased in 2010. The College’s Communications Unit produced 30 media releases in 2010 achieving widespread coverage throughout Australia and New Zealand and lengthy features appeared in print and on radio. The Annual Scientific Meeting in Christchurch attracted a significant amount of media coverage. There was also an enormous amount of media coverage in the lead-up to, and during, the National Pain Summit in March.

#### **Other strategic priorities**

Also in keeping with our strategic plan priorities, the College established an Overseas Aid Committee chaired by Dr Wayne Morriss from New Zealand. An indigenous health working party for indigenous communities in Australia and New Zealand and chaired by Dr Rod Mitchell was also established.

Support for research increased with the College announcing \$664,677 for 15 projects. ANZCA Fellows were also awarded \$10.3 million in National Health and Medical Research Council grants.

The College has also enhanced its support for Fellows and trainees in quality and safety through initiatives such as the WebAIRS incident monitoring project. The formation of an Australian and New Zealand Tripartite Anaesthetic Data Committee (ANZTDAC) Analysis Subcommittee and an increased number of quality and safety articles in the *ANZCA Bulletin* and items in the *ANZCA E-Newsletter* is also indicative of our College’s commitment to this important area.

#### **Examinations**

In 2010, 492 candidates sat the pharmacology section of the primary examination (up from 419 in 2009) with

a pass rate of 56.7 per cent. A total of 519 candidates (up from 423) sat the physiology section with a pass rate of 55.8 per cent.

A total of 269 candidates successfully completed the primary examination (371 in 2009) and 305 candidates (334 in 2009) sat the final examination in 2010 with a total pass rate of 74.8 per cent.

Another achievement in 2010 was the implementation of the online in-training assessment (ITA) process.

#### **Education**

An extensive review of the ANZCA training program was completed in 2010 and the Curriculum Redesign Project was launched. A new ANZCA curriculum framework has been established with a revised curriculum to be developed for implementation in 2013.

In 2010, the College also developed and launched the ANZCA Teacher Course aimed at helping supervisors of training and clinical teachers in anaesthesia training. A project to scope an online teacher program also commenced and the College continued to develop its e-learning activities.

#### **Events and conferences**

The College ran many successful continuing medical education events in 2010 including the outstanding Annual Scientific Meeting in Christchurch which was attended by 756 full registrants, 154 Faculty registrants, 92 exhibitor registrants and 49 day registrants.

Fellows recorded a CPD participation rate of 80 per cent by the end of 2010.

#### **Council**

Nominations were called for five vacancies on Council with Dr Lindy Roberts and Dr Genevieve Goulding re-elected for three years.

New councillors Dr Patrick Farrell, Dr Rodney Mitchell and Dr Mark Reeves who had previously been co-opted to Council were elected and Dr Nicole Phillips completed her two-year term as new Fellow councillor in May. Dr Justin Burke was elected as her replacement.

#### **Conclusion**

The College continues to excel in its core roles of training and continuing education and promoting professional standards and patient safety in anaesthesia and pain medicine.

ANZCA remains in a strong financial position with net assets at similar levels to the previous year.

The Council is most grateful to the thousands of Fellows and trainees who contribute to the College and the profession on a pro bono basis. The College would struggle to exist without this dedicated commitment and would fail in its goals of continuous innovation and improvement.

In particular, I would like to acknowledge our committee members, supervisors of training, examiners, working group members, inspectors, tutors, community representatives, the College solicitor and councillors for the thousands of hours they contribute.

I would also like to acknowledge the staff of the College whose professionalism continues to increase under the outstanding leadership of our Chief Executive Officer, Dr Mike Richards.

We can be very proud of our College’s achievements and as one of the world’s leading medical colleges.

**Professor Kate Leslie**  
ANZCA President



“The principal focus of the year centered around education and training, particularly the development of curriculum frameworks and materials, the development of workplace-based assessments (WBAs) for the training program, and the further development of e-learning capability.”

The year in review was a very busy one for ANZCA with significant achievements being made by the College. Some of the highlights achieved by Fellows supported by staff in 2010 included that the College:

- staged a highly successful Annual Scientific Meeting in Christchurch, New Zealand with more than 1000 delegates;
- provided communications, policy and administrative support to the successful National Pain Summit, contributing to a unified position on a National Pain Strategy;
- commenced the Curriculum Redesign Project utilising 31 Fellows to author revised content;
- successfully completed (with the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists) the pilot phase of the anaesthetic incident monitoring initiative;
- successfully launched the 2.5 days Foundation Level ANZCA Teacher Course;
- awarded medical research grants to the value of \$664,677;
- conducted a pioneering attitude survey of the fellowship, released the results and committed to action to address the identified issues;
- implemented the online In-Training Assessment (ITA) system with more than 500 ITAs submitted online, viewable by regional education officers/ national education officers and supervisors of training;
- developed more than 40 policy submissions to government departments, agencies and regulatory bodies in Australia and New Zealand;
- expanded the College's overseas aid program delivering Essential Pain Management courses in Lae and Port Moresby, PNG;
- continued the growth of professional support to the fellowship with the appointment of two additional senior clinicians as directors of professional affairs working in the areas of professional documents and international medical graduate specialist (IMGS) processes; and
- successfully achieved stage one specialty recognition for pain medicine in New Zealand.

Important though these highlights were, the principal focus of the year centered around education and training, particularly the development of curriculum frameworks and materials, the development of workplace-based assessments (WBAs) for the training program, and the further development of e-learning capability. Revising the curriculum is the most important initiative of the College for many years, and the Curriculum Redesign Project, which has flowed out of the review, will provide the foundations for an exciting training program in anaesthesia in the years ahead. The curriculum project has involved Fellows and staff working collaboratively to achieve a training program at world's best practice. The project management stage of implementing the revised curriculum will commence in mid-2011 and continue until the curriculum is rolled out for the 2013 training year.

#### Engagement of Fellows

Looking ahead, the College has put in place plans for 2011 that build upon the infrastructure developments of previous years to put a key focus on delivering benefits to the fellowship. Key activities through 2006 to 2009 had focused on modernising the College's operations, moving it from an organisation providing basic secretariat support for the Fellows to a more professional governance organisation better able to support the work of the fellowship through the key committees of Council and in Education Development, Training and Assessments, and the regions.

Through 2011 the College will shift the focus of resource allocation more directly to Fellows by providing strengthened support for the fellowship in a range of important new initiatives – to better facilitate the Council's key objective for Fellows to more fully engage with the College across a range of areas. Where previous focus has been on rebuilding infrastructure, developing capability, and modernising our key administrative systems and processes (all of which have been important for building a strong foundation for expanded Fellow activities), activity in 2011 will put an emphasis on the fellowship and support for Fellows.

In essence, through budget decisions, the College is committed in 2011 to providing a dividend to Fellows for the resources they have provided (for example, through

increases to annual subscriptions) over the last several years to underpin fundamental structural reforms to the College and the way it seeks to achieve its important mission.

The key features of plans relating to fellowship engagement are initiatives to:

- *create a new Fellowship Affairs department to enhance support for Fellow activity* – the new department will bring together the existing units and functional centres of continuing professional development (CPD), Quality and Safety, the Australian and New Zealand Tripartite Anaesthesia Data Committee (ANZTADC) and the Clinical Trials Group to give a greater focus to Fellow-related professional activity and provide strengthened support for the related committees;
- *assist the Fellowship to fulfil mandatory CPD requirements* – significant improvements are planned to assist in the ease of access to the CPD program and provide more extensive access to podcasts and other CPD-related educational material. This involves redevelopment of the CPD database, and a redesign of the CPD section of the ANZCA website. As well, educational material will be captured and disseminated for Fellow use through podcasts and other media;
- *enhance support to Fellows in their roles as clinical teachers, supervisors of training, and regional education officers* – in 2011 the College will run an expanded number of clinical teaching training courses, and update the supervisor of training SOT handbook to better support Fellows taking on these important roles. Specifically, a teacher course (advanced level) will be delivered in each region, and three pilot courses of the teacher course (foundation level) will be fully funded in 2011 and held in three regions;
- *implement the action program arising from the ANZCA Fellowship Survey* – this will involve a number of new initiatives to facilitate Fellow engagement with the College, ranging from a new Fellows kit to a community awareness campaign. The new Fellows kit will contain essential information about ANZCA and its key activities and make it easier for them to engage with the College. Following on from the fellowship survey, the community awareness campaign will be a staged,

three-year project commencing in 2011 to explain and articulate the role of the profession in modern medicine. The project will establish a baseline of community attitudes to the profession; develop a communications program to address community perceptions of anaesthetists; and implement the program to enhance community understanding and recognition of the important work and community contribution of the profession;

- *provide a more user-friendly website by enhancing navigability and ease of use* – the extensive website re-design continued through the latter half of 2010 and the final enhancements will be rolled out by mid-2011;
- *provide a service to those Fellows who cannot attend the annual scientific meeting (ASM) through an expanded online multi-media coverage of the event* – the successful coverage of the ASM in Christchurch will be enhanced via the CSM e-Newsletter in Hong Kong, video interviews, photo galleries and podcasts and increased media coverage; and
- *provide enhanced Fellow support in the regions by adding to the regional staff resources and improving accommodation amenities for regional committees* – this involves recruiting a policy officer to the New Zealand office to strengthen capability in making submissions to government over crucial issues affecting the fellowship in New Zealand (and potentially in Australia, as well). It also involves increasing the staff support in Tasmania and elsewhere.

#### Conclusion

Finally, I would like to thank the Council and executive of the College – particularly successive presidents, Dr Leona Wilson ONZM and Professor Kate Leslie; Vice-President Dr Lindy Roberts; and Dean of Education Professor Barry Baker – for their support in 2010; my senior management team and the staff of the College for their dedicated efforts and hard work over the course of the year; and the Fellows and trainees of ANZCA, whose professional interests I have been privileged to serve.

(Dr.) Mike Richards FAIM, FAICD  
Chief Executive Officer

# ANZCA ORGANISATION CHART



Organisation chart at December 31, 2010  
 Note: An organisation restructure is planned for April 2011.  
 See the ANZCA website for details.

### College Awards

#### Orton Medal

The Orton Medal is the highest award the College can bestow, the sole criterion being distinguished service to anaesthesia. Professor Paul Myles has been recognised for his leadership in the fields of cardiothoracic anaesthesia, medical research and quality and safety by the award of an Orton Medal. The presentation will be made to Professor Myles at the College Ceremony during the 2011 Combined Scientific Meeting in Hong Kong.

#### Ray Hader Award for compassion

Dr Kathryn Hagen from Auckland has been awarded the Ray Hader Award for compassion. 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 Forbes McGain: "Financial and environmental costs of drug trays".

#### Formal Project Prize

The Formal Project Prize is awarded to the trainee, provisional Fellow or Fellow within one year of award of 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 Peter John Carlin: "Midwife management of epidural analgesia in 2nd stage labour – a survey".

#### Renton Prize

The Renton Prize is awarded to the candidate obtaining the highest marks in the Primary Examination for Fellowship of the Australian and New Zealand College of Anaesthetists.

June 2010

Dr Vivian V Nguyen (Vic)

December 2010

Dr Lachlan Fraser Miles (Vic)



#### Cecil Gray Prize

The Cecil Gray Prize is awarded to the candidate obtaining the highest marks in the Final Examination for Fellowship of the Australian and New Zealand College of Anaesthetists.

June 2010

Dr Abhijett Tandel (NSW)

December 2010

Dr Sheila Hart (NZ)

#### Australia Day Honour

Professor Peter John Ravenscroft AM, has been made a Member of the Order of Australia for service to the development of palliative care and medicine, particularly as an advocate for improved education of doctors and health workers in the therapeutics of palliative care.

#### Queen's New Year's Honours (New Zealand)

Dr Hugh Timothy Spencer has been awarded the New Zealand Order of Merit (ONZM), Queen's New Year's Honours for services to medicine, in particular to anaesthesia. Dr Robert Albert Boas has also been awarded the New Zealand Order of Merit (ONZM), Queen's New Year's Honours for services to medicine, in particular pain management.

#### Queen's Birthday Honours (Australia)

Three Australian Fellows were recognised for their contributions to anaesthesia and medical education with the award of a Member of the Order of Australia (AM) in the general division of the Queen's Birthday honours list.

Professor Teik Ewe Oh for service to medicine, particularly through the development of protocols for the specialties of anaesthesia and intensive care, through leadership roles in clinical and academic practice, and with professional bodies.

Dr Haydn Perndt for service to medicine, particularly in the field of anaesthesia, to medical education through the design and implementation of training programs for health care practitioners in developing countries, and to professional organisations.

Dr Lindsay Ian Worthley for service to medical education, particularly in the area of intensive care medicine, as a clinician, mentor and educator, and through contributions to professional associations.

#### Queen's Birthday Honours (New Zealand)

Dr Leona Wilson was honoured with an Officer of the New Zealand Order of Merit (ONZM) in the New Zealand Queen's birthday honours list for services to medicine, in particular anaesthesia.

Throughout 2010 the College continued to build ANZCA's standing and contribution to public policy. Growth in the College's policy capability over the last three years is now reaping the rewards of hard work in the form of increasing requests for submissions and related policy development activities. The level of engagement continues to increase as evidenced by ANZCA's involvement in the array of consultations, committees and working groups that shape policy.

### Highlights

- Increasing growth in the number of submissions, from 28 in 2009 to 44 in 2010.
- Ongoing involvement and input into the national registration and accreditation scheme and new Medical Board of Australia (MBA) policy development.
- Coordination and referral of increasing requests on clinical practice standards and related issues from Fellows and other stakeholders (150).
- Development of a comprehensive community representation policy for ANZCA and recruitment of additional community representatives.
- Review of professional documents status and associated development of a policy framework, in conjunction with a newly appointed Director of Professional Affairs.
- Increased interaction and improved relationship with the Australian Government Department of Health and Ageing, including doubling of Specialist Training Program training places in private hospitals and other expanded settings, from 13 to 25 for 2011.
- Participation in the National Pain Summit in March 2010 and the development of supporting documents.

### Submissions

The number and diversity of submissions prepared by ANZCA continued to increase in 2010, in response to calls from government and related agencies.

Through the submission process ANZCA articulated its position on issues that impact on trainees, Fellows, the health system and broader community, drawing on the expertise available within ANZCA and the Faculty of Pain Medicine on the practice of anaesthesia, pain medicine and related areas.

During 2010, ANZCA made 44 submissions to bodies including the Australian Government Department of Health and Ageing, the Senate, the National Health and Medical Research Council, the Australian Medical Council, the Medical Board of Australia and the Australian Commission for Safety and Quality in Health Care, on a variety of topics. The majority of submissions are publicly available via ANZCA's website, as detailed below.

- Medical Board of Australia – Specialist Registration – Registration Standard – December 2010
- Australian Commission on Safety and Quality in Health Care – Patient-Centred Care: Improving Quality and Safety by Focusing Care on Patients and Consumers – December 2010
- Health Quality and Complaints Commission – Risk Profiling and Doctors with Multiple Complaints – October 2010
- Australian Commission on Safety and Quality in Health Care – National Safety and Quality Healthcare Standards and Their Use in a Model National Accreditation Scheme – October 2010

- Australian Commission on Safety and Quality in Health Care – Consultation Paper on the Draft National Safety and Quality Healthcare Standards – October 2010
- Australian Health Ministers' Advisory Council – Draft National Framework for Advance Care Directives – October 2010
- Australian Medical Council – Competence-Based Medical Education Consultation Paper – September 2010
- Health Workforce Australia – Clinical Supervisor Support Program – September 2010
- Medical Board of Australia – Consultation Paper 5 – Proposals for Registration Standards – August 2010
- Department of Health and Ageing – Medicare Funding for Whole Body Perfusion (Cardiac Bypass) MBS Item 22060 – August 2010
- Medical Board of Australia – Consultation Paper 4 – Registration Standard (General) and Guideline for Supervised Practice for Limited Registration – July 2010
- NSW Health – Conflict Resolution in End of Life Settings – July 2010
- National Blood Authority – Patient Blood Management Guidelines: Module 1 – Critical Bleeding/Massive Transfusion – May 2010
- National Health and Medical Research Council – National Guidance on Collaborative Maternity Care – May 2010
- NSW Health – NSW Public Health Bill 2010 – April 2010
- Dental Board of Australia – Consultation Paper on Codes and Guidelines – April 2010



## POLICY AND GOVERNMENT CONTINUED

- Medical Board of Australia – Consultation Paper on Codes and Guidelines – April 2010
- Senate Standing Committee on Community Affairs – Healthcare Identifiers Bill 2010 and Healthcare Identifiers (Consequential Amendments) Bill 2010 – March 2010
- National Health and Medical Research Council – Australian Infection Control Guidelines – Consultation Draft – March 2010
- Medical Board of Australia – Consultation Paper 2 – Proposals for Registration Standards for Limited Registration, a Code of Practice for the Medical Profession and a Revised List of Specialties and Specialist Titles – February 2010
- Australian Commission on Safety and Quality in Health Care – Consultation Paper on the Draft National Safety and Quality Healthcare Standards – February 2010
- National Health and Medical Research Council – Ethical Issues Involved in the Transitions to Palliation and End of Life Care for People with Chronic Conditions – January 2010

**Note:** Submissions lodged in 2010, available via ANZCA's website, [www.anzca.edu.au/news/submissions-to-government](http://www.anzca.edu.au/news/submissions-to-government)

### Medical Board of Australia

ANZCA was pleased to see the rollout of the new national registration and accreditation scheme for the health professions and the establishment of the Medical Board of Australia (MBA).

The College submitted a further five submissions in relation to the development of the registration standards and associated guidelines, ensuring they are in alignment with protecting clinical standards and patient safety. This brings the total number of submissions in relation to the new scheme to 15.

### National Pain Summit

The College was a major sponsor and heavily involved in the National Pain Summit that was held in March 2010 at Parliament House in Canberra.

The summit was the culmination of considerable preparatory work undertaken by the College and other organisations to raise the profile of pain management and deliver a workable implementation strategy for change. The policy unit contributed to the formation of the pain strategy and accompanying supporting information for government.

### Community representation

Following an extensive review, a community representation policy was launched in June 2010. The new approach is based on best practice and involves closer collaboration with the Consumer Health Forum of Australia (CHF) and other consumer bodies. The CHF is a peak organisation that provides leadership in representing the interests of Australian healthcare consumers. This approach has enabled ANZCA to ensure community and consumer interests are adequately and equitably represented, providing greater transparency in decision-making. Additional community representatives were sourced for the international medical graduate specialists (IMGS) interview panels and the Education and Training Committee. The College has now transitioned to an annual review of community representation, aligned with committee membership more broadly.

### Professional documents co-ordination

Increased resources in the policy unit and the appointment of Director of Professional Affairs (Professional Documents), Dr Peter Roessler, has enabled a comprehensive review of the status of all professional documents. In close liaison with the ANZCA president, a priority-setting activity was undertaken in the latter part of 2010 to assist with allocation of resources to those professional documents most in need of review. The review process outlined in *ADP1 Professional Documents* is being progressively implemented.

### New Zealand

The New Zealand National Committee considered 54 external and internal consultation documents and requests for representatives during 2010.

Key submissions included:

- Medical Council of New Zealand (MCNZ) – Vocational Recognition of Pain Medicine scope of practice.
- MCNZ – ANZCA reaccreditation interim report.
- Ministry of Health (MoH) – Review of the Health and Disability Commissioner Act 1994 – Right 7 (6) (c).
- MoH – legislative barriers to workforce innovation.
- MoH – annual report on protected quality assurance activities.
- PHARMAC – A national approach to hospital pharmaceutical funding.

### Nominations for Government, statutory bodies and non-Government organisations

- Medicines Assessment Advisory Committee (Dr Malcolm Futter).
- Health Quality and Safety Commission Board (Prof Alan Merry).
- MoH – Acute Services in Provincial Hospitals Advisory Group (Dr Paul Smeele, Dr Vanessa Beavis and Dr Nigel Robertson).
- Perinatal and Maternal Mortality Review Committee (Dr Graham Sharpe).
- MoH – Elective Services Productivity and Workforce Development Programme Steering Group (Dr Vanessa Beavis).
- MoH – Concept of Disaster Medical Assistance Teams Potential Trauma and Surgical Modules Working Group (Dr Maurice Lee).
- MoH – New Zealand Maternity Standards Working Group (Dr Ted Hughes).
- MoH – DHB Maternity Service Specifications Working Group (Dr Elaine Langton and Dr John S Walker).
- University of Auckland – Research into Medication Safety in NZ Hospitals (Dr Cornelius Kruger).

Opposite page from top: Parliament House, Canberra; NZ Minister of Health, Mr Tony Ryall and former ANZCA president Dr Leona Wilson ONZM.

An extensive review of the ANZCA training program was completed and reported to the ANZCA Education and Training Committee and Council in 2010. The outcomes of the ANZCA Curriculum Review Project included a new ANZCA curriculum framework and recommendations for curriculum change and are crucial to ensure that the College's curriculum remains contemporary in both clinical content and educational methodology. The College aspires to ensure the highest standards of education and training delivery by supporting supervisors of training and teachers who must become familiar with current practice in medical education.

In 2010 the College developed and launched the ANZCA Teacher Course which aims to effectively raise the knowledge and skills of supervisors of training and clinical teachers in anaesthesia.

In 2010 a project to scope an online teacher program also commenced and the College continued to develop its e-learning activities including the introduction of new podcasts and the coordination of regular interactive webinars for trainees.

## Highlights

- Development of a new ANZCA curriculum framework and recommendations for curriculum change.
- ANZCA Curriculum Redesign Project launched.
- ANZCA curriculum authoring groups established.
- Publication of new podcasts for anaesthesia trainees.
- Regular webinars held to facilitate interactive discussion for trainees.
- Development and launch of the ANZCA Teacher Course.
- Delivery of ANZCA Teacher Course both at foundation and advanced level.

## Responsibilities

The Education Development Unit (EDU) has primarily a research and development function with three major areas of activity:

- providing educational expertise and leadership in the cycle of review, re-development, implementation and ongoing maintenance of the ANZCA curriculum;
- developing resources for teaching, learning or assessing the curriculum; and
- providing training and support for teachers in the delivery of the curriculum, including assessment of trainees.

Each of the functions of the EDU is described below. Further details are also available on the ANZCA website at [www.anzca.edu.au/edu](http://www.anzca.edu.au/edu)

## ANZCA training program review

A comprehensive two-year review of the ANZCA training program was completed and reported to the ANZCA Education and Training Committee (ETC) in February/March 2010 and to ANZCA Council in April 2010. The outcomes of the ANZCA Curriculum Review Project included a new ANZCA curriculum framework and recommendations for curriculum change. These outcomes were disseminated at the ANZCA Annual Scientific Meeting in May 2010.

The ANZCA Curriculum Redesign Project was launched in July 2010. The aims of the ANZCA Curriculum Redesign Project are to undertake the necessary development processes to produce a revised ANZCA training program, which is aligned with the recommendations from the review process.

## Curriculum authoring groups

The authoring process is being undertaken by a number of curriculum authoring groups (CAGs) and overseen by the Curriculum Redesign Steering Group (CRSG). Invitations for curriculum authoring group (CAG) membership were extended to all Fellows, and the list of curriculum authoring groups (CAGs) was confirmed by the CRSG in July 2010. Another group the Curriculum Project Advisory Group (CPAG) will provide internal administrative and operational assistance to the CRSG.

The CRSG held regular meetings throughout 2010 with progress updates and collaboration using online discussion forums. In October 2010 and December 2010, two workshops for the Curriculum Redesign Project were held at ANZCA House. The October workshop facilitated development of the proposed curriculum structure using the detailed work undertaken by the CAGs and CRSG. The December workshop progressed the revised curriculum structure, developed a plan for mapping the work conducted by the CAGs to the revised curriculum structure and commenced work on the proposed volume of practice (VOP) requirements, as submitted by the CAGs.

The work of the CRSG for 2010 concluded with a formal call for expressions of interest from CAG members for continued involvement on the redesign project in 2011.

Further details about this work can be accessed at [www.anzca.edu.au/edu/projects/curriculum-redesign](http://www.anzca.edu.au/edu/projects/curriculum-redesign)

## e-learning resource development

Throughout 2010, the number of e-learning resources developed for trainees and Fellows continued to grow. Topics relevant to the ANZCA final exam were presented by FANZCAs and filmed, edited and then published to the ANZCA website for trainees and Fellows to download or view directly from the website. This activity was followed up by popular interactive webinars presented by Fellows with expertise in certain subject areas and experience in teaching trainees. In 2010, 10 webinars were successfully coordinated with a maximum of 100 trainees able to attend each one-hour webinar session.

The development of ANZCA's e-Learning program, has, in part, been assisted with funding received from the Federal Government through the Specialist Training Program (STP) grant. The program is aimed at assisting trainees working in rural areas and preparing to sit the ANZCA final exam. Money received through this initiative has been invested in purchasing equipment necessary for producing online media content as well as license fees for web conferencing technology used to facilitate online web meetings.

Towards the end of 2010, the scoping exercise to develop the foundation online Teacher Training Course and e-learning training support for clinical teachers was undertaken.

Further details about this work can be accessed at [www.anzca.edu.au/edu/e-learn/](http://www.anzca.edu.au/edu/e-learn/)

## Training and support for clinical teachers

During 2010, the EDU continued to work with members of the Clinical Teacher Development Working Group (CTDWG) to review and redevelop training and support activities for clinical teachers and supervisors. The ANZCA Teacher Course was launched in 2010 and this work was coordinated by the Education Training and Development Manager. Members of the CTDWG represent a diverse geographical spread and also a wide range of experience and expertise in teaching and supervising trainees in a number of different roles and capacities. Trainees are also represented on this working group.

The CTDWG met twice in 2010 to progress the project and to review the *ANZCA Curriculum Review Submissions Summary - Teacher Training* and consider the implications for the continued review of teacher training and support initiatives.

On Wednesday August 25, the CTDWG met at ANZCA House for a one-day meeting. The aims were to commence the review of the Supervisor of Training (SOT) Support Kit and develop content for future workplace-based assessment (WBA) teacher training. The CTDWG worked to develop essential principles to guide the development, training and support for SOTs. The CTDWG made recommendations to refine the content, structure and accessibility of the current SOT Support Kit. Secondly, the CTDWG developed relevant case studies, examples of WBA tools and feedback plans to be used for future teacher training. The outcomes of the day were integral to the continued support and training for ANZCA teachers.

- The development of essential principles to guide the development, training and support for SOTs.

- Identification of essential information to enable an SOT to fulfill their role effectively.
- Development of case studies and WBA exemplars to be used for future teacher training.

The ANZCA Teacher Course pilot was launched in 2010 and the course is comprised of two levels.

## Foundation Level

The two and a half day foundation level course was held in four locations. The course is designed for anyone involved in teaching trainees and specifically is focused on those Fellows who have previously not received formal training in the past.

A total of 196 Fellows registered their interest in attending the course and 54 places were available. The regional committees nominated a specified number of Fellows to attend the course as they had the local perspective and expertise.

**Foundation Teacher Course 2010 schedule and attendance**

Date	Region/nation	Number of participants	FPM
July 16-18, 2010	Vic	12	
October 13-15, 2010	Rural (held in Vic)	16	
October 18-20, 2010	NZ	12	1
November 15-17, 2010	Qld	12	1
<b>Total</b>		<b>52</b>	<b>2</b>

**Advanced level**

In 2010, 12 advanced level one-day courses were delivered with a total of 151 participants able to attend. A series of advanced level courses were available and suitable for anyone involved in teaching ANZCA trainees and those who do not hold formal ANZCA roles but who teach trainees. The CTDWG confirmed that priorities for 2011 advanced level course should be the delivery of an advanced level WBA course.

**Advanced Teacher Course 2010 schedule and attendance**

Date	Region/nation	Topic	Number of participants	FPM
February 4, 2010	NSW	Delivering feedback	11	
February 12, 2010	WA	Delivering feedback	12	1
March 10, 2010	NZ	Effective supervision	13	
March 17, 2010	HK	Effective supervision	12	
April 21, 2010	Vic	Effective supervision	7	1
April 29, 2010	NZ (FPM)	Delivering feedback	6	6
June 3, 2010	SA/NT	Delivering feedback	7	
July 30, 2010	Qld	Delivering feedback	14	
August 13, 2010	Tas	Delivering feedback	6	
August 14, 2010	Sing	Effective supervision	30	
August 16, 2010	Mal	Effective supervision	19	
August 28, 2010	ACT	Effective supervision	6	
<b>Total</b>			<b>143</b>	<b>8</b>

Further details about this work can be accessed at [www.anzca.edu.au/edu/projects/teaching-review](http://www.anzca.edu.au/edu/projects/teaching-review)



**PRIMARY AND FINAL  
EXAMINATIONS**

In 2010, the College experienced record numbers of candidates sitting the primary and final examinations. In 2010, 492 candidates sat the pharmacology section of the primary examination with a pass rate of 56.7 per cent. A total of 519 candidates sat the physiology section with a pass rate of 55.8 per cent. A total of 269 candidates successfully completed the primary examination and 305 candidates sat the final examination in 2010 with a total pass rate of 74.8 per cent.

**Committees**

**Primary Examination Sub-Committee**  
Dr Craig Noonan (Chair)

**Final Examination Sub-Committee**  
Dr Mark Priestley (Chair)

**Primary examination**

Two primary examinations were held during 2010.

**March/May 2010**

One hundred and sixteen (116) candidates successfully completed the primary examination. Two hundred and thirty-seven (237) candidates presented for pharmacology of which 113 successfully completed the pharmacology section. Two hundred and thirty-one (231) candidates presented for physiology of which 122 successfully completed the physiology section.

**Renton Prize**

The Court of Examiners recommended that the Renton Prize for the half year ending June 30, 2010 be awarded to:

Dr Vivian V Nguyen (Vic)

**Merit certificates**

Merit certificates were awarded to:

Dr Anders Bown	(Qld)
Dr Anthony Hade	(Qld)
Dr Benjamin Jones	(Vic)
Dr Gregg Masterson	(Qld)
Dr Simon Roberts	(SA)
Dr Torben Wentrup	(Qld)

**July/September 2010**

One hundred and fifty-three (153) candidates successfully completed the primary examination. Two hundred and fifty-five (255) candidates presented for pharmacology of which one 166 successfully completed the pharmacology section. Two hundred and eighty-eight (288) candidates presented for physiology of which 168 successfully completed the physiology section.

**Renton Prize**

The Court of Examiners recommended that the Renton Prize for the half-year ending December 31, 2010 be awarded to:  
Dr Lachlan Fraser Miles (Vic)

**Merit certificates**

Merit certificates were awarded to:

Dr Sarah Renee Crosby	(NSW)
Dr Fong Ching Man	(HK)
Dr Luke Jonathon Heywood	(Qld)
Dr Wong Man Kin	(HK)
Dr Alister Boon Tsin Ooi	(Vic)
Dr Samuel Hong Chang Sha	(Vic)
Dr Wai Rebecca Pak Kei	(HK)
Dr Fong Ching Man	(HK)
Dr Luke Jonathon Heywood	(Qld)
Dr Samuel Hong Chang Sha	(Vic)
Dr Gwendolyn-Mary Stewart	(NT)
Dr Wai Rebecca Pak Kei	(HK)

**Final fellowship examination**

Two final fellowship examinations were held in 2010.

**March/May 2010**

One hundred and sixty-six (166) candidates presented for the medical clinical and written sections of the examination and 157 were invited to attend the anaesthesia vivas in Melbourne. A total of 130 successfully completed the final fellowship examination.

**Cecil Gray Prize**

The Court of Examiners recommended that the Cecil Gray Prize for the half-year ending June 30, 2010 be awarded to:

Dr Abhijett Tandel (NSW)

**Merit certificates**

Merit certificates were awarded to:

Dr Angus Neal	(NSW)
Dr Igor Lemech	(Vic)
Dr Adam Nettleton	(Vic)
Dr Annlynn Kuok	(WA)
Dr Matthew Chiew	(NSW)
Dr Thomas Fernandez	(NZ)

**August/October 2010**

One hundred and thirty-nine (139) candidates presented for the medical clinical and written sections of the examination and 130 were invited to attend the anaesthesia vivas in Sydney. A total of ninety-eight (98) candidates successfully completed the final fellowship examination.



**Cecil Gray Prize**

The Court of Examiners recommended that the Cecil Gray Prize for the half-year ending December 31, 2010 be awarded to:  
Dr Sheila Hart (NZ)

**Merit Certificates**

Merit certificates were awarded to:

Dr Charles Warren	(NSW)
Dr Edward Debenham	(WA)
Dr Ross Keen	(NSW)
Dr Joanne Yeo	(NSW)
Dr Jacobus Geertsema	(Vic)

**International medical graduate specialists – performance assessment**

Two assessments were held in 2010.

**March/May 2010**

Twelve candidates presented for the international medical graduate specialists (IMGS) – performance assessment in Melbourne of which three candidates were successful.

**August/October 2010**

Twenty-five (25) candidates presented for the international medical graduate specialist – performance assessment in Sydney and 12 candidates were successful.

**Certificate in Diving and Hyperbaric Medicine**

There were no applications to sit the diving and hyperbaric medicine examination in 2010. As a consequence, the College did not hold one.

During 2010, international medical graduate specialists (IMGSs) assessed as substantial comparable (SC) are required to undertake a period of 12 months of clinical practice assessment (CPA) under oversight and a workplace-based assessment (WBA) to be eligible to apply for fellowship of ANZCA.

An IMGS assessed as partially comparable (PC) is required to undertake a period of up to 24 months of CPA plus an examination to be eligible to apply for fellowship. 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) course (or similar) and to show participation in continuing professional development activities.

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

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

**Highlights**

- 95 IMGS applications were assessed in Australia and New Zealand during 2010.
- 27 WBAs were undertaken in Australia during 2010.
- 12 WBAs were undertaken in New Zealand during 2010.
- The IMGS Committee now has five members who became Fellows via the IMGS route.
- 76 IMGSs became Fellows during 2010
- 1 IMGS was elected to fellowship under regulation 6.3.

A number of changes were approved by Council in 2010. In Australia the IMGS Committee undertook a review of the assessment processes for IMGSs with a view to implementing a revised process on February 1, 2011. The new processes were developed in consultation with the relevant medical boards/councils. Two of the key changes to the IMGS assessment process are:

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

During 2010, the College assessed 72 IMGSs in Australia. Assessments were made by four-member panels which included community representation. Interviews were held, on average, once a month. Criteria assessed included training in comparison with the FANZCA, training program, specialist qualification and practice as a specialist, experience as a specialist, and participation in continuing education and quality assurance activities by participation in a program comparable to the ANZCA continuing professional development (CPD) program.

Countries of IMGS origin included Canada (three), Egypt (two), Germany (eight), India (11), Ireland (two), Israel (one), Malaysia (two), Nigeria (one), Pakistan (one), Slovakia (one), South Africa (10), Sri Lanka (one), Trinidad and Tobago (one), Turkey (one), United Kingdom (24), United States (three).

Of these applicants, 16 have not yet agreed to attend an interview, 27 were determined to be substantially comparable (SC), 22 were determined to be partially comparable (PC), of which 18 require a clinical practice assessment period of 12 months, eight were determined to require 24 months and one was determined to require 18 months.

Seven applications were determined to be not comparable (NC) on the basis that the gap between their training and that required for FANZCA was too great for the IMGS process.

During 2010, 76 IMGS were admitted to fellowship.

**Area of need assessments**

During 2010, 16 area of need (AON) assessments, including applications for extension, were undertaken by the director of professional affairs (IMGS), according to the College document “Anaesthesia services for areas of need in Australia”. Of the 16 primary applications, nine have commenced in positions and eight have commenced in the IMGS process.

**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 2010, the NZ National Committee assessed 23 IMGSs. Countries of origin included Germany (four), Ireland (one), UK (eight), Belgium (one), Czech Republic (one), South Africa (two), India (one), Sweden (two), US (three).

Of these applicants, nine were determined to be substantially comparable, 11 were determined to be partially comparable. All were required to complete 12 months of clinical practice assessment. Three were considered to be not comparable and were therefore not eligible to enter the ANZCA IMGS pathway.

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 2010, 33 facilities were inspected in Australia and New Zealand. Four of these were new accreditations.

The following projects are ongoing:

- Workload calculations.
- Certificate of Approval.

### 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.

Three simulation centres were reviewed in 2010, and continuing accreditation was granted to all. There were no new applications.

### New Programs Committee

The New Programs Committee (NPC) oversees the management of certificates offered by ANZCA. Its responsibilities include consideration of applications for new certificate programs, monitoring

of certificate programs, accreditation of the training programs and facilities, and recommendations to the 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 2010 and one DHM unit lost its accreditation in 2010.

There were no new applications for accreditation in 2010.

The ANZCA Trainee Committee (TC) is a Committee of Council and is responsible for considering issues relating to training. The trainee members are elected from every training region of ANZCA and are supported by College staff and councillors. The 2010 Trainee Committee held four meetings, including one face-to-face day at ANZCA House. The committee is a central point of contact for the College to obtain trainee opinion and delegates for specific roles.

### Trainee representation on Council

The ANZCA Trainee Committee is grateful for the ongoing support received from councillors and ANZCA staff throughout 2010. The chair of the committee was invited this year to be an observer at Council meetings. This has been an interesting, albeit challenging, adventure. Consultation with the committee has continued to be frequent and widespread with good trainee input into most ANZCA arenas and certainly all of those that directly relate to training.

ANZCA trainees have been well represented on a large number of committees and working groups and in many of the new ANZCA initiatives including:

- The Assessments, Workplace Based Assessments and Education and Training Committees.
- The new Examinations Committee.
- The Training and Assessments Committee.
- The development of ANZCA's curriculum redesign project.
- The new in-training assessment (ITA) form and ITA process roll out.
- Testing the new trainee email system due out in 2011.

Trainees continued to be involved in working groups that have wound up, including the Clinical Teachers Development and Distance Education Working Groups. Trainees were also involved in the welfare for anaesthetists and perioperative medicine special interest groups.

The ANZCA Trainee Committee has continued to develop its relationships with the Group of Australian Society of Anaesthetists Clinical Trainees (GASACT) and New Zealand Society of Anaesthetists (NZSA) trainee representatives. The committee has also been represented at the AMA Council of Doctors in Training and the inaugural training day at the Australian Society of Anaesthetists (ASA) National Scientific Congress.

### Committee membership 2010

An ANZCA Trainee Committee manual has been prepared and circulated to the 2010 committee to facilitate the continuation of our good work into 2011 and to make the inevitable loss of corporate knowledge less detrimental. We have worked on systems of improving the handover of communication and have set the date for the 2011 face-to-face meeting well in advance.

**Dr Kathryn Hagen**  
Chair, ANZCA Trainee Committee



## FELLOWSHIP AFFAIRS

The ANZCA continuing professional development (CPD) program recorded a participation rate of 80 per cent in 2010. This is an increase of 10 per cent over the previous year. Faculty of Pain Medicine (FPM) participation has improved greatly from 48.3 per cent to 77 per cent. The breakdown of participation by location is summarised below.

The number of non-Fellows who are undertaking the program from outside the profession has decreased by 4.4 per cent. A program of work has been initiated to review the processes, communications and systems in the CPD areas in order for participation and satisfaction levels to increase.

In the second half of the year the CPD unit became the Fellowship Affairs unit.

### Highlights:

- Improved CPD participation by ANZCA Fellows to 80 per cent (up 10 per cent).
- Increased CPD participation by FPM Fellows to 77 per cent (up nearly 29 per cent).
- Non-Fellow CPD participation has decreased by 4.4 per cent.
- CPD becomes Fellowship Affairs.

### CPD Participation

ANZCA	Australia	New Zealand	Singapore	Hong Kong	Malaysia	Other	Total
CPD participation	2847	451	18	107	13	70	3506
%	83	89	28	57	31	45	80
Fellows	3425	506	64	187	42	154	4378
<b>FPM</b>							
CPD participation	171	18	4	10	0	11	216
%	81	82	50	100	0	38	77
Fellows	210	22	8	10	1	29	280
<b>Non Fellow</b>							
2010 Participation	85	127	0	0	0	6	218
							Decrease of 4.4%
2009 Participation	88	134	0	0	0	6	228

### Special Interest Group Events

The Airway Special Interest Group (SIG) held its inaugural conference at the Mantra Erskine Resort in Lorne, Victoria. It took place from March 19-21 and registrations peaked at 220. The theme of the meeting was "Airway weekend" and interest from the healthcare industry (HCI) was extremely positive with 11 exhibitors involved in the meeting.

The Day Care SIG Conference was held on April 30, 2010 at the Christchurch Town Hall, New Zealand. Seventy nine delegates and four HCI exhibitors

registered to attend the meeting which was themed "Day surgery – is it for everyone?"

The Rural SIG held its third annual meeting on Hamilton Island from July 4-6 with the theme "Jack of all trades". The meeting was well supported with more than 100 delegates and a larger number of exhibitors than in previous years proving the concept of an annual meeting with a rural focus has support among Fellows of the College as well as general practitioner anaesthetists who accounted for almost a third of the delegates.

The Neuroanaesthesia SIG conference took place from July 9-11 at the Sheraton Mirage, Port Douglas, Queensland. A total of 106 Fellows registered with five trade displays complementing the meeting. The conference was considered very successful by all attendees with a highlight being the keynote speaker Professor Adrian Gelb from the US.

The Combined Education, Simulation, Welfare and Management SIG Meeting had 125 registrants and was held at the Sheraton Mirage, Port Douglas, Queensland from September 24-26.



Eleven HCI organisations supported the meeting. There was much praise for the visiting speakers from the TRIAD consulting group who are based in the US.

#### ANZCA Annual Scientific Meeting (ASM)

##### Christchurch, New Zealand – May 1-5

The annual scientific meeting (ASM) of the College and Faculty took place at the Christchurch Convention and Exhibition Centre. Associate Professor Ross Kennedy convened the conference with the theme “How meets why – clinical practice and the science behind it”. Dr Richard French was the Deputy Convenor and Dr Mark Waddington organised a very successful scientific program. Professor Ted Shipton was the Faculty of Pain Medicine Convenor and oversaw the FPM program. The conference welcomed 756 full registrants, 154 Faculty registrants, 92 exhibitor registrants and 49 day registrants. Conference Innovators was the professional conference organiser (PCO).

International visitors included ANZCA ASM Visitor Professor Talmage Egan from the US, FPM ASM Visitor Professor Jeffrey S Mogil from Canada, Australasian Visitor and Douglas Joseph Professor, Professor Paul Myles from Australia, Pain Medicine Visitor’s Lecturer Professor Richard W Rosenquist, US, and Organising Committee Visitor Professor Steven Shafer, US. Industry supported speakers included Professor Gerard Manecke and Dr Daniel Sessler who both were from the US.

The ASM was supported by a strong HCI exhibition. Dr Sue Nicoll and Dr Debbie Goodall successfully organised the social program, with the highlight being the Gala Dinner which was held at the Westpac Arena. Robbie Deans, coach of the Australian rugby team delivered the oration at the College Ceremony.

The New Fellows Conference was themed “Anaesthesia and adventure” and was held prior to the start of the ASM at Hanmer Springs. Dr Karen Ryan was the New Fellows Convenor. The Faculty of Pain Medicine Refresher Course Day was held on April 30 and themed “Creative pain management: One goal, multiple approaches”.

#### Named Lectures

##### Ellis Gillespie Lecture

ANZCA ASM Visitor: Professor Talmage Egan (US)  
“Pharmacodynamic interactions: hypnotics and opioids”.

##### Michael Cousins Lecture

FPM ASM Visitor: Professor Jeffrey S Mogil (Canada)  
“What’s wrong with animal models of pain?”

##### Mary Burnell Lecture

FPM ASM Visitor: Professor Michael (Monty) Mythen (UK)  
“Why is it easier to get doctors to the top of Mount Everest than it is to change their clinical practice?”

##### Australasian Visitors Lecture

Australasian Visitor and Douglas Joseph Professor: Professor Paul Myles (Aus)  
“Stochasticity in clinical medicine”

##### Pain Medicine Visitor’s Lecture

Professor Richard W Rosenquist (US)  
“Perineural catheter techniques for postoperative pain management at home”

##### The ASM Committee Lecture

Professor Steven Shafer (US)  
“Unsolved mysteries of anaesthesia”

#### Prize Winners – 2010

##### Gilbert Brown Prize:

Dr Forbes McGain  
“Financial and environmental costs of drug trays”

##### Formal Project Prize:

Dr Peter John Carlin  
“Midwife management of epidural analgesia in 2nd stage labour – a survey”

##### Renton Prize:

Dr Alexander Smirk, April 2009  
Dr Queenie Hoi Ying Tung, September 2009

##### Cecil Gray Prize:

Dr James Jarman, May 2009  
Dr Louise Ellard, October 2009

#### Workforce

At the end of 2010, there were 4950 (active and retired) Fellows of the College. Of that number, 27 per cent are female and 73 per cent are male. There were 308 new Fellows admitted in 2010.

Geographical distribution was as follows:

2010	Fellows	New Fellows
Australia	3861	243
ACT	66	7
NSW	1210	65
Qld	775	51
SA/NT	365	24
Tas	104	6
Vic	950	57
WA	374	33
New Zealand	558	43
Hong Kong	198	11
Malaysia	50	3
Singapore	71	2
Other	212	6
<b>Total</b>	<b>4950</b>	<b>308</b>

The number of anaesthetists admitted to Fellowship by training and examination in 2010 was 231. There were also 76 Fellows approved via the international medical graduate specialist (IMGS) pathway. There was one new Fellow approved via the election to fellowship pathway.

The purpose of the Quality and Safety Committee is: “To assist Council in actively advancing the mission of ANZCA to serve the community by fostering safety and quality in patient care in anaesthesia, intensive care and pain medicine”.

#### Highlights:

- The committee reviewed and contributed to 10 government submissions to various organisations including the Australian Commission for Quality and Safety in Healthcare; National Health and Medical Research Council and Australian Council on Healthcare Standards.
- Dr Peter Roessler joined the committee as the Director of Professional Affairs.
- Twenty quality and safety articles were published in the *ANZCA Bulletin* and 16 articles in the *ANZCA e-Newsletter*.
- The Special Committee Investigating Deaths Under Anaesthesia (SCIDUA) celebrated its 50th anniversary.
- The Australian and New Zealand Tripartite Anaesthetic Data Committee (ANZTADC) formed an Analysis Subcommittee.
- Each national and state committee of ANZCA has appointed a Quality and Safety Officer.

#### Quality and Safety information at the Annual Scientific Meeting (ASM), Christchurch

Two sessions were particularly relevant to quality and safety: “Why Bad Things Happen to Good People”, and a “Quality of Recovery” symposium.

#### External submissions, reviews and projects

Throughout 2010, the committee reviewed and contributed to 10 submissions. In addition, volunteers were found to represent the College on a variety of working groups, projects, reviews of external guidelines and in several workshops.

#### Work undertaken by the six Quality and Safety portfolios

**Evidence-based medicine portfolio** (Associate Professor David Scott and Professor Alan Merry)

Dr Peter Roessler joined the Quality and Safety Committee in 2010 as the Director of Professional Affairs.

The following documents were approved by Council in 2010. *APD1 Professional Documents* and the accompanying background paper. *TG4 Equipment to Manage a Difficult Airway during Anaesthesia* and the accompanying background paper (presently in their pilot phase).

The following documents are under review:

- *PS46 Recommendations for Training and Practice of Diagnostic Perioperative Transoesophageal Echocardiography in Adults*
- *PS28 Guidelines on Infection Control in Anaesthesia*
- *PS10 Guidelines on the Handover of Responsibility During an Anaesthetic*
- *PS20 Recommendations on Responsibilities of the Anaesthetist in the Post-Anaesthesia Period*

#### Communication/liason portfolio (Dr Patricia Mackay)

*ANZCA Bulletin*  
Twenty articles were published in the Quality and Safety section of the *ANZCA Bulletin* and 16 articles were published in the *ANZCA e-Newsletter*, including a number of alerts, warnings and recommended reading.

The items for the *Bulletin* are increasing which is gratifying. Of note are the regular reports from ANZTADC, and the current series of reports on airway accidents, aimed at promoting awareness about the problem of “Can’t Intubate Can’t Oxygenate” scenarios. It has been suggested by Associate Professor Pam Macintyre that a similar exercise could be undertaken for acute pain management, an area where adverse outcomes are still occurring in the context of failures to observe essential safeguards in the management of patients.

#### Emergency Care Research Institute (ECRI) reports

Consideration should be given to the usefulness of the ECRI reports and also, if they are to be continued, all such reports should be published in both the *Bulletin* and the *E-Newsletter*.

The communication/liaison portfolio agreed to a process for the timely review and publication of alerts from the Australian and New Zealand Tripartite Anaesthetic Data Committee's WebAIRS site.

#### Clinical indicators portfolio (Dr Margie Cowling and Professor Paul Myles)

Dr Cowling and Professor Myles have had input into the development of the Australian Council on Healthcare Standards.

#### Legal Matters portfolio (Mr Michael Gorton, Mr Bruce Corkill, QC, and Professor Alan Merry)

Valuable advice and commentary was provided to the Quality and Safety Committee regarding a range of legislation and draft documentation.

#### Mortality portfolio (Dr Neville Gibbs)

The Mortality Working Group Meeting was held in Melbourne on April 16. This meeting is usually held annually before or during the ANZCA Annual Scientific Meeting (ASM). However, this year it was more convenient for the majority of members to hold the meeting in Melbourne, prior to the April Quality and Safety meeting, as the ASM was being held in Christchurch, NZ. During the meeting updates were received from all regions:

- In NSW, David Pickford replaced Professor Ross Holland as chairman of SCIDUA. New legislative requirements are being introduced in NSW under the Public Health Act to mandate reporting of all unexpected deaths, including deaths during, within 24 hours of, or due to anaesthesia. This legislation was necessary as a result of changes to the Coroner's Act. SCIDUA is lobbying to have "or sedation" added to "anaesthesia".

- In Victoria there is a new Public Health and Wellbeing Act, which includes legislation to support mandatory notification of anaesthesia mortality and major morbidity to the Victorian Consultative Council on Anaesthetic Mortality and Morbidity (VCCAMM). VCCAMM is liaising with the Coronial Office to improve communication and capture of all anaesthesia-related deaths.
- In Western Australia, there will be an attempt by the Health Department to identify all deaths within 48 hours of a surgical procedure. It is hoped that this list can be used to cross-check against received anaesthetic mortality reports.
- Dr Margaret Walker indicated in a written report that the Tasmanian Anaesthetic Mortality Committee has been functioning well in association with the Tasmanian Audit of Surgical Mortality, and will be able to provide data for the 2006-2008 Triennial Report.
- In South Australia, plans to re-establish an anaesthetic mortality committee are well advanced. The committee's draft terms of reference were discussed. It is envisaged that the new committee will be functional in 2011 and will cover the Northern Territory as before.
- In New Zealand the formation of a Peri-operative Mortality Committee as a ministerial advisory committee has been approved and draft terms of reference have been circulated for comment. The committee is now established, with Dr Leona Wilson as its deputy chair.
- In the ACT there are plans to establish a Mortality and Morbidity Committee, but the current model would not allow feedback to anaesthetists or release of data. Dr Steve Brazenor is continuing to negotiate with authorities in the ACT.
- There have been no further developments in Queensland in relation to its Anaesthetic Mortality Committee, which remains non-functioning.

#### SCIDUA 50th Anniversary

The NSW Anaesthesia CME meeting on August 14 recognised the 50th Anniversary of the foundation of SCIDUA.

#### Publications

A paper entitled "Anaesthetic-Related Morbidity in Victoria: A report from 1990 to 2005" was published by Dr Larry McNicol and Dr Pat Mackay on behalf of VCCAMM in the September issue of *Anaesthesia and Intensive Care*. This report was notable because it addressed anaesthetic morbidity as well as mortality.

An editorial in *Anaesthesia and Intensive Care*, entitled "Milestones in Anaesthesia Mortality and Morbidity Reporting in Australia", was published by Dr Neville Gibbs which accompanied the Anaesthetic Related Morbidity Report. These editorials were recognised at the 50th Anniversary of SCIDUA.

#### 2006-2008 Triennial Report

During the year the timeline for preparation of the 2006-2008 triennial report was set. It was anticipated that data would be received from NSW, Victoria, WA and Tasmania. Data are expected by February 2011, and a draft report should be available for discussion at the April Mortality Working Group meeting. Meanwhile, a request was made to the Australian Institute of Health and Welfare for data on the number of anaesthetics performed in the four participating states over the triennium.

#### Change of Quality and Safety Officer

It was with considerable regret that the working group received the news that Ms Pauline Berryman would not be continuing in the position of Quality and Safety Officer. Pauline Berryman had made an outstanding contribution to the activities of the group and, in particular, to the preparation of the 2003-2005 triennial report. The group welcomed Ms Giselle Collins, the new Quality and Safety Officer. The group would like to thank both Ms Berryman and Ms Collins for their assistance and contributions during the year.

#### Dr Neville Gibbs

Member of Mortality Working Group

#### Australia and New Zealand Tripartite Anaesthesia Data Committee (ANZTADC) Professor Alan Merry

This committee is a joint initiative of ANZCA, the Australian Society of Anaesthetists (ASA) and the New Zealand Society of Anaesthetists (NZSA). It relates to the College through the Quality and Safety Committee. Its medical director is Adjunct Professor Martin Culwick, who has provided the following report:

During 2010, the ANZTADC continued to collect data from the pilot sites until the pilot phase was completed at the end of August 2010. At this stage, 252 incidents had been collected. Three publications based on these data were released in the bulletins and newsletters of the ANZTADC parent organisations. Presentations or workshops took place at the following conferences during 2010.

- ANZCA/NZSA CSM in Christchurch May 2010
- Victorian 31st Annual Combined CME meeting, July 2010, Melbourne
- ASA NSC October 2010, Melbourne.

Program development continued with an administration system and an analysis program.

At the May 2010 meeting, alerts and analysis subcommittees were proposed. It was decided to combine these committees into a single Analysis Subcommittee and this subcommittee met for the first time in October 2010. A data analyst has been appointed and attended the analysis workshops as well as the ANZTADC meeting in October 2010.

While I was on vacation in the USA in June 2010, I arranged to meet with Dr Richard Dutton, the Executive Director of the Anesthesia Quality Institute (AQI). We were able to exchange ideas relating to quality and safety in anaesthesia and agreed in principle to co-operate in the area of incident monitoring as well as other areas of patient safety.

A proposal to allow electronic communication with external software such as anaesthetic record keeping systems or patient databases was proposed at the October 2010 meeting. Such communication was approved in principle and ANZTADC is in the process of developing suitable agreement documents.

A proposal was made at the October meeting to allow external analysts to join the Analysis Subcommittee. An agreement has been made in principle and suitable agreement documents are being developed at present.

In October 2010 the web-based anaesthetic reporting system (WebAIRS) program was released throughout Australia and New Zealand. There has been a good response. Twenty-four sites had completed the registration process by December 2010, 14 in Australia and 10 in New Zealand. A further 79 have commenced the process. The latter sites are being followed up and offered further assistance. The memorandum of agreement for pilot sites is being rewritten to suit the change from pilot to registered site status for organisations submitting data to ANZTADC.

Offers to present at the 2012 ASM and NSC are being made at present.

In conclusion, 2010 resulted in continuing progress for the development of WebAIRS by ANZTADC. Release of preliminary results has commenced and the program has been released. There are now 24 sites reporting and hopefully many more will complete the process in 2011. ANZTADC has commenced setting up communication pathways with like-minded organisations such as the AQI in the US and the NPSA in the UK. Presentations have been made at the meetings of ANZCA, the ASA and NZSA in 2010 and are planned to continue in 2011.

Adjunct Professor Martin Culwick  
Medical Director ANZTADC

**The World Health Organization Checklist**

This year has seen further uptake of this checklist in our region as well as internationally. Two new publications confirm the somewhat surprising potential to reduce peri-operative mortality and morbidity through approaches based on checklists, improved communication and improved teamwork, even in highly developed healthcare systems.

1. de Vries EN, Prins HA, Crolla RMPH, den Outer AJ, van Andel G, van Helden SH, et al. Effect of a comprehensive surgical safety system on patient outcomes. *N Engl J Med* 2010;363:1928-37.
2. Neily J, Mills PD, Young-Xu Y, Carney BT, West P, Berger DH, et al. Association between implementation of a medical team training program and surgical mortality. *JAMA* 2010;304:1693-700.

The footnote of the checklist encourages local modification; anaesthetists should engage in ensuring that, in their operating rooms, the checklist is appropriately integrated into existing processes and is used in an engaged and meaningful way, so that its potential to improve safety is actually achieved. This is a great opportunity to assert our established position as leaders in patient safety.

**Quality and Safety: 2011**

In 2010 the Quality and Safety Committee has expanded with the appointment of quality and safety officers for each region, increasing membership from 12 to 14. For 2011:

- ANZTADC will continue to promote WebAIRS and look for future avenues of achieving their goals.
- Updating of guidelines will continue.
- Quality and Safety issues for which standards and guidelines are needed will be identified.

- A workshop is planned to establish a set of outcome definitions for use in assessing the quality of anaesthesia.

In the end, the quality and safety of anaesthesia in our region depends primarily on the skill and care of each individual anaesthetist. We have much to be proud of in this regard. Please contact the committee if you have any suggestions or questions related to quality and safety.

Professor Alan Merry  
Chair



ANZCA allocated more than \$660,000 to exciting research initiatives that will advance its mission of serving the community by fostering safety and quality patient care in anaesthesia, intensive care, pain medicine and perioperative medicine. These projects are being carried out in leading hospitals and universities in Australia, New Zealand and Hong Kong.

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 grant application.

The ANZCA Research Committee members read all of the grants, select the reviewers, read the reviews, collate the information and act as overall spokespersons for each grant then make recommendations to Council. The process is rigorous and transparent. Conflicts of interest are recorded and members of the committee are excluded from consideration of any grants for which they have a conflict. An independent community representative, Dr Angela Watt, is a member of the committee and contributes to the impartiality and appropriateness of the process.

**Research award recommendations**

The Harry Daly Research Award was awarded to Associate Professor Jennifer Weller for her project "The effectiveness of video-based training to improve teamwork behaviours in acute care: a randomised controlled trial".

The Mundipharma ANZCA Research Fellowship was awarded to Professor David Hillman for his project "Airway collapsibility during sedation and anaesthesia in patients with and without obstructive sleep apnoea".

The Pfizer ANZCA Research Fellowship was awarded to Professor Matthew Chan for his project "Genetic determinants of persistent pain after surgery".

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

**Project Grants**

**Outcomes from a randomised controlled trial comparing regional and general anaesthesia for effects on neurodevelopmental outcome in infants**  
Associate Professor Andrew Davidson, Dr Rod Hunt, Dr Geoffrey Frawley, Ms Pollyanna Hardy, Royal Children's Hospital, Melbourne; Dr Robyn Stargatt, La Trobe University, Australia.  
**\$60,000**

**Airway collapsibility during sedation and anaesthesia in patients with and without obstructive sleep apnoea**  
Professor David Hillman, Dr Peter Platt, Sir Charles Gairdner Hospital, Professor Peter Eastwood, Dr Jennifer Walsh, West Australian Sleep Disorders Research Institute, Australia.  
**\$60,000**

**The effectiveness of video-based training to improve teamwork behaviours in acute care: a randomised controlled trial**  
Associate Professor Jenny Weller, Dr Jane Torrie, Dr Boaz Shulruf, University of Auckland; Dr Robert Frengley, Waikato Hospital; Associate Professor Sandy Garden, Associate Professor Brian Robinson, Wellington Hospital, New Zealand.  
**\$50,000**

**Genetic determinants of persistent pain after surgery**  
Professor Matthew Chan, the Chinese University of Hong Kong, Prince of Wales Hospital, Dr Alex Konstantatos, Alfred Hospital, Melbourne.  
**\$30,000**

**Investigating the applications of anaesthetist-performed transthoracic echocardiography in anaesthesia**  
Dr David Canty, Professor Colin Royle, University of Melbourne and University of Tasmania, Australia.  
**\$140,000 over three years**

**The effect of exogenous glucagon-like peptide-1 (GLP-1) on glucose absorption in critically ill patients**  
Dr Marianne Chapman, Dr Adam Deane, Royal Adelaide Hospital, South Australia.  
**\$29,561**

**Lymphocyte sub-populations and innate immunity in the perioperative period – the effect of antiemetic doses of dexamethasone**  
Associate Professor Tomas Corcoran, Professor Martyn French, Royal Perth Hospital; Professor Michael Paech, King Edward Memorial Hospital for Women, Western Australia.  
**\$53,419**

**SUSTAIN for PAIN research trial. Subcostal UltraSound guided Transversus Abdominis plane INFusions for Pain relief of Abdominal INCisions**  
Dr Elizabeth Hessian, Western Health; Dr Myles Conroy, Barwon Health; Dr James Griffith, Royal Women's Hospital; Dr Peter Hebbard, Wangaratta Hospital; Dr Irene Ng, Professor Kate Leslie, Royal Melbourne Hospital, Victoria.  
**\$12,178**

**Mechanism of adrenergic hyperalgesia in the partial sciatic nerve ligation model of neuropathic pain**  
Dr Philip Finch, Professor Peter Drummond, Dr Julia Inglis, Murdoch University, Western Australia.  
**\$59,588**

Does adjunctive therapy with minocycline improve pain in burns patients when initiated on admission to hospital? A prospective randomised controlled trial

Dr David Lindholm, The Alfred hospital, Melbourne, Australia

\$21,019

A genome-wide association study on the genetics of anaesthetic awareness

Professor Jamie Sleigh, Waikato Hospital, New Zealand; Professor Kate Leslie, Royal Melbourne Hospital; Associate Professor Andrew Davidson, Associate Professor David Amor, Royal Children's Hospital, Victoria.

\$60,000

A randomised double-blind placebo-controlled trial of the efficacy of Remifentanyl for procedural pain in neonates

Dr Susan Lord, Dr Ian Wright, John Hunter Children's Hospital, Newcastle, Australia.

\$41,540

Physico-chemical compatibility of intravenous paracetamol (Perfalgan) with commonly used analgesic drugs

Dr Edmond O'Loughlin, Fremantle Hospital, Western Australia

\$10,624

Does gabapentin reduce itch in children with acute severe burns? A prospective randomised double-blinded controlled study

Dr Andrew Weatherall, Dr Wanda Yung, Children's Hospital at Westmead, Australia.

\$27,430

Ultrasound transmission gel: an assessment of neurotoxicity

Dr David Belavy, Royal Brisbane and Women's Hospital, Queensland.

\$19,318

Simulation/education grants

The impact of assessment on life and learning

Associate Professor Jenny Weller, Dr Marcus Henning, Dr Boaz Shulruf, Dr Rain Lamdin, University of Auckland, New Zealand; Professor Brian Jolly, Monash University, Australia.

\$22,800

Reflective practice in anaesthesia trainees

Dr Natalie Smith, Wollongong Hospital, New South Wales.

\$7,750

Academic Enhancement Grant

Innovations in perioperative physiology, monitoring and care

Associate Professor David Story, Associate Professor Philip Peyton, Associate Professor Larry Mc Nicol, Austin Health, Victoria.

\$90,000

Grant reviewers for the 2011 grant round

Associate Professor Brian Anderson

Dr Michael Barrington

Dr Guy Bashford

Dr Malcolm Battin

Professor Duncan Blake

Associate Professor Frank Bloomfield

Dr Simon Body

Dr Robert Callister

Professor McDonald Christie

Associate Professor David Cottee

Professor Jeff Cutfield

Associate Professor Andrew Davidson

Dr Mark Davies

Dr Arthur Dawson

Dr Iain Doherty

Dr Alan Duncan

Dr Patrick Farrell

Professor Julia Fleming

Dr Neville Gibbs

Professor Tony Gin

Dr Jodi Graham

Dr Paul Gray

Dr Peter Harrigan

Dr Chris Hayes

Professor Michael Hensley

Dr Andrew Hilton

Dr Graham Hocking

Dr Malcolm Hogg

Dr Jay Horvat

Professor Michael Irwin

Professor Gareth Jones

Associate Professor Ross Kennedy

Dr Michal Kluger

Dr Helen Kolawole

Dr Alex Konstantatos

Dr Tim Leong

Associate Professor Ross Macpherson

Dr Stuart Marshall

Professor Nick Martin

Associate Professor Joerg Mattes

Dr Colin McArthur

Dr Cate McIntosh

Professor Ian F C McKenzie

Professor Elspeth McLachlan

Professor Catriona McLean

Dr Jeff Mogil

Dr John Morgan

Dr Richard Morris

Dr Sandra Peake

Dr Philip Peyton

Dr Mark Priestley

Dr Richard Riley

Professor Colin Royse

Associate Professor Carlos Scheinkestel

Professor Stephan Schug

Dr Andrew Shaw

Dr David Sidebotham

Professor James Sleigh

Professor Maree Smith

Professor Andrew Somogyi

Associate Professor David Story

Dr Suellen Walker

Dr Stephen Watts

Professor Johanna Westbrook

Dr Dan Wheeler

Professor Fiona Wood

Dr Paul Wrigley

The ANZCA Trials Group has 13 executive committee members from Australia and New Zealand, and functions as a collaboration between Monash University and ANZCA. Its goals include to provide high quality research support to College Fellows, trainees and staff in areas such as survey research, the Pilot Grant Scheme administration and ANZCA publications; to provide high quality research support to existing multi-centre studies in anaesthesia, perioperative and pain medicine; to provide high quality research support to new and emerging multi-centre studies in anaesthesia, post-operative and pain medicine; and to develop collaborations with other trials groups, nationally and internationally.

#### ANZCA Trials Group membership

Trials Group Chair, Associate Professor David Story (Vic)

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

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 (DEPM Head, Vic)

Professor Michael Paech (WA)

Dr Mark Reeves (Tas)

Professor Stephan Schug (FPM Representative) (WA)

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

Associate Professor Tim Short (NZ)

#### Highlights

- ATACAS attracts an NHMRC grant of \$3.3 million.

- POISE-2 Study attracts an NHMRC grant of \$1.36 million.

- Pilot Grant of \$5000 awarded to the Balanced Study.

- The REASON Audit is published.

- Annual Strategic Research Workshop attracts 35 participants.

#### Research Grant Awards

The Trials Group won two NHMRC grants in 2010. The first was for ATACAS (Professor Paul Myles), an additional grant of \$3.3 million, and the POISE 2 Study received \$1.36 million. Chief Investigator and national coordinator for the POISE 2 Study is Professor Kate Leslie. Other investigators include Professor Paul Myles and Professor Michael Paech and Associate Professor David Story.

#### Annual Scientific Meeting Christchurch New Zealand

The presenters at the Trials Group session were Associate Professor David Story, on the REASON results; Associate Professor Andrew Davidson, on international trials; and Ms Stephanie Poustie on research governance. The annual Trials Group ASM luncheon included 22 investigator and research nurse participants from Hong Kong, New Zealand and Australia.

#### Annual Strategic Directions Research Workshop

The second annual workshop was held on October 1 and attracted 35 participants including anaesthesia research nurses for the first time. Presenters from last year who were recipients of research grants in 2010 were Dr Elizabeth Hessian and Associate Professor Tomas Corcoran (ANZCA Grants) and Professor Paul Myles and Professor Kate Leslie (NHMRC Grants).

#### Surveys and the Pilot Grant Scheme

In 2010 seven surveys were facilitated for Fellows, one for a trainee and another four that did not proceed were reviewed. One 2010 Pilot Grant of \$5000 was awarded to Associate Professor Tim Short for the Balanced Study.

#### Publications

The REASON Audit has been published in *Anaesthesia: Complications and mortality in older surgical patients in Australia and New Zealand (the REASON study)*: a multicentre, prospective, observational study. Story DA, Leslie K, Myles PS, Fink M, Poustie SJ, Forbes A, Yap S, Beavis V, Kerridge R; on behalf of the REASON Investigators, Australian and New Zealand College of Anaesthetists Trials Group. *Anaesthesia* 2010; 65 (10):1022-1030.

#### Current research

##### ATACAS

Recruitment for the Aspirin and Tranexamic Acid for Coronary Artery Surgery Trial (ATACAS Trial) involves more than 1100 patients with 15 active sites and another 12 sites expected to participate in 2011. Sites include Australia, Canada, Hong Kong, India, China and the United Kingdom.

##### ENIGMA-II

At over 3700 patients, recruitment for the Nitrous Oxide Anaesthesia and Cardiac Morbidity after Major Surgery Trial (ENIGMA II Trial) is ahead of schedule. There are 32 active sites around the world with another 11 sites expected to participate in 2011.

##### POISE-2 Study

A large, international, placebo-controlled, factorial trial to assess the impact of clonidine and aspirin in patients undergoing noncardiac surgery who are at risk of a perioperative cardiovascular events is the next large multi-centre research project to come under the banner of the ANZCA Trials Group. This research comes from the Population Health and Research Institute (PHRI) at McMaster in Ontario, Canada.

# THE ANAESTHESIA AND PAIN MEDICINE FOUNDATION

During 2010, the Anaesthesia and Pain Medicine Foundation continued to establish the necessary framework and planning to move forward, in particular determining strategies and systems to build capacity for the future. Notwithstanding the continuing difficult financial conditions, support from Fellows and sponsorship from the healthcare industry in 2010 has continued and we are extremely grateful for their commitment to the Foundation.

## Highlights

- Foundation donations and sponsorship income of \$207,292.
- A 25 per cent increase in funds available to support research grants.
- Fifteen Fellows joined the Patrons Program.
- The foundation changes its name to the Anaesthesia and Pain Medicine Foundation.
- Dr Leona Wilson, ONZM joined the foundation board.

## Purpose

The objectives of the foundation are:

- To raise funds for medical research and education in Australia, New Zealand and internationally.
- To foster contributions to the foundation from Fellows, medical colleagues, industry and philanthropic organisations and individuals.
- To promote and raise awareness of anaesthesia, perioperative medicine and pain medicine research and education.

## Year in review

During 2010, the foundation undertook a study to obtain an overall picture of the value of support given to ANZCA by the healthcare industry. Each department within the College, regional offices and New Zealand contributed to the study which showed the overall support to ANZCA being \$1.3 million. The need for the foundation to complete this study was driven by the necessity to have a clear and accurate picture of the support to the College prior to the foundation commencing a further phase of introduction and engagement with new healthcare industries.

Following the circulation of the foundation's promotional material, including details of the patrons and bequest programs, 15 Fellows joined the Patrons Program. All Fellows who joined the Patrons Program made a bequest or donation to the foundation and were acknowledged in the December ANZCA *Bulletin*.

In August 2010, the College Council approved a recommendation from the foundation board to change the foundation's name from the ANZCA Foundation to the Anaesthesia and Pain Medicine Foundation. This change is aimed at increasing awareness in the wider community and to reflect the purpose for the foundation's fundraising campaign. Planning for the introduction

of the foundation to the wider community continued with the development of a research highlights document outlining medical research successes that have been supported by ANZCA.

Dr JB Craig was formally presented with a certificate to officially record his important appointment as the inaugural governor of the foundation and his name has been recorded in perpetuity on the foundation honour board at the College. The presentation of the certificate was held in the new ANZCA offices in Perth in October and was attended by family members and colleagues of Dr Craig. In 1987 Dr Craig donated \$100,000 to the College to support research by Fellows, particularly in Western Australia and specifically in the area of pain medicine. The JB Craig Award is administered by the foundation and the Research Committee. At its meeting in September, the Research Committee awarded the 2011 JB Craig Research Award to Dr Phillip Finch for his project "Adrenergic receptor involvement in an animal model of complex regional pain syndrome type I".

Dr Leona Wilson, ONZM, the former president of the College took up a three-year appointment to the board of the foundation effective from August 2010.



## Foundation board

The foundation is governed by a community-based board chaired by Professor Michael Cousins, AM, a former president of ANZCA. Ms Quentin Bryce, AC, Governor General of the Commonwealth of Australia is the foundation's patron.

## Members:

Mr John Astbury FAICD (Vic), Mr Neil Batt AO (Vic), Mr Michael Gorton AM (Vic), Ms Yvonne Kenny AM (UK), Mr Geoff Linton FICAA (Vic), Mr Kieren Perkins OAM (Qld), Mr James Strong AO (NSW), Dr Leona Wilson ONZM (NZ).

## Ex officio members:

Professor Kate Leslie, MBBS, MD, MEpi, FANZCA, FAICD – ANZCA President (Vic); Professor Alan Merry ONZM, FANZCA, FFPMANZCA, FRCA – Chairman, ANZCA Research Committee (NZ); Associate Professor David Scott FANZCA, FFPMANZCA, PhD – Deputy Chairman, ANZCA Research Committee (Vic).

## Organisations supporting the foundation

The Anaesthesia and Pain Medicine Foundation gratefully acknowledges the support of the following organisations:

Mundipharma Australia Pty Ltd (Founding Sponsor)

Pfizer Australia Pty Ltd (Founding Sponsor)

St Jude Medical Australia Pty Ltd (Founding Sponsor)

Schering-Plough

## The Anaesthesia and Pain Medicine Foundation Board.

Back row from left: Professor Kate Leslie, Mr Kieren Perkins, Mr John Astbury, Mr Neil Batt.

Centre row from left: Mr James Strong, Professor Michael Cousins, Mr Geoff Linton, Mr Michael Gorton.

Front: Professor Alan Merry.

Absent: Dr Leona Wilson, Ms Yvonne Kenny and Associate Professor David Scott.



“An increase in funding of \$39.1 million over four years to establish a network of persistent pain services across (Queensland) was achieved.”

**Highlights**

- Application for specialty recognition in New Zealand advanced to stage 2 of the two-step process.
- Contributed to the National Pain Summit in Canberra and resulting National Pain Strategy.
- Delivery of a successful continuing education program in New Zealand and the Australian regions.
- Publication of the third edition of Acute Pain Management: Scientific Evidence and circulation to Fellows and trainees.
- Appointment of the first FPM Director of Professional Affairs.
- A fourth FPM regional committee was formed in South Australia.
- Developed a professional document on the use of opioid analgesics and a two-page guidance checklist for prescribers.

The Faculty of Pain Medicine is on track to reach the 300 Fellows mark in early 2011. Better provision for pain management is gradually making it onto the agendas of state governments and health departments, with funding allocations made in some cases. More organised advocacy for patients with persistent pain

is under way, with increasing momentum as PainAustralia picks up promoting the National Pain Strategy arising out of the National Pain Summit early in 2010. We know there is much unmet need in this field. We also know that apart from clinical knowledge and its application there is especially need for innovative types of service configuration and models for care delivery. This especially brings opportunities and openings for new Fellows after training to consider the new positions being created and to show leadership in these challenging times.

**Board and Committees**

Dr Penny Briscoe stepped down as Dean of the Faculty in May 2010 following her two year tenure but continued her commitment to the ongoing development of the Faculty, remaining on the Board and Executive. Penny's leadership and significant contributions to the Faculty during her time as Dean were recognised at the Board Meeting and AGM in May.

Dr David Jones, FANZCA was elected as Dean and Dr Brendan Moore, FANZCA as Vice-Dean. Dr Max Majedi, FANZCA, in the capacity of WA Regional Committee Chair, was co-opted to the Board as the WA representative. In May, Dr Lindy Roberts, ANZCA Vice-President, was welcomed to the Board as ANZCA Council representative replacing Dr Kerry Brandis.

**FPM Board**

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

Dr Brendan J Moore, FANZCA (Vice-Dean, Chair, Trainee Affairs Portfolio), Qld

Dr Penelope A Briscoe, FANZCA (Immediate Past Dean, Chair Fellowship Affairs Portfolio, Assistant Assessor), SA

Associate Professor R Leigh Atkinson AO, FRACS (Past Dean, Chair Resources Portfolio), Qld

Dr Carolyn A Arnold, FAFRM (RACP), Vic

Dr Guy Bashford, FAFRM (RACP) (Chair, Continuing Education and Quality Assurance Committee), NSW

Dr Raymond Garrick, FRACP (Chair, Examinations Committee), NSW

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

Dr Max Majedi, FANZCA (co-opted WA representative), WA

Dr Frank J New, FRANZCP (Assessor), QLD

Dr Lindy Roberts, FANZCA (ANZCA Council Representative), WA

Prof Edward A Shipton, FANZCA (Chair, Education Committee), NZ

**Committees**

Executive Committee

Education Committee

Examination Committee

Training Unit Accreditation Committee

Research Committee

Continuing Education and Quality Assurance Committee

Regional Committees

**Sub-Committees**

Supervisors of Training Sub-Committee

Blueprinting Sub-Committee

**Strategic planning**

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

- 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.
- Support the Primary Care sector in pain management knowledge and resources

**Relationships Portfolio  
Liaison with Colleges**

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

**Australian and New Zealand College of Anaesthetists**

The ANZCA/FPM Working Party commenced a review of the position of the FPM, its Dean and Board, and its Fellows in the governance structure of ANZCA. It has now been made explicit that the FPM Dean is a full director of ANZCA and able to vote in Council, with the limitation that he/she cannot be an officer bearer or officer of the Council.

Recommendations include extending the same privileges as FANZCA members' to non-FANZCA Fellows, now pending ANZCA Council deliberation. The Faculty is now well represented on relevant ANZCA committees, and has an overall good working relationship with ANZCA.

Opportunity arose during the ANZCA curriculum redesign project to support a point of view regarding pain management knowledge and skills to be retained and enhanced within the training of a general scope anaesthetist. Pain medicine is proposed as one of the clinical fundamentals.

From the Faculty point of view this is a good result, given there were alternative possibilities now that we have a separate Faculty training program. The intention of strengthening anaesthetist skills in this area aligns with the frequent case exposure anaesthetists have where pain is one of the major issues to be dealt with effectively from an early intervention perspective. This contributes to promoting prompt patient recovery which in turn impacts on length of stay and therefore overall healthcare costs.

To date volume of practice requirements in the redesigned training program have not been determined.

**Royal Australasian College of Surgeons**

In mid-2010, the Royal Australasian College of Surgeons (RACS) Council approved the development of a Section of Pain Medicine under their Fellowship Services Section, chaired by Associate Professor Leigh Atkinson. This focus group will provide an identified route for communications.

Dr Graham Campbell, the Chair of the Fellowship Services Committee of RACS met with the Board in August to discuss this development and other areas of collaboration including the opportunity to develop a pain module for early in young surgeons' training. Another key area identified is to increase current knowledge and education, particularly around persistent pain after surgery.

The 2010 RACS Annual Scientific Congress included a full training session on pain.

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

Dr Kathy McCarthy, President of the Australasian Faculty of Rehabilitation Medicine (Royal Australasian College of Physicians) met with the Board in October to discuss opportunities for collaboration and sharing of training resources. Subsequently, Faculty trainees have been given access to AFRM bi-national training program sessions of relevance to their training. Liaison has also been established at an administrative level, with reciprocal input to e-newsletters. Other opportunities for reciprocity are being explored.

**Royal Australian and New Zealand College of Psychiatrists**

Psychiatrists have continued to be involved in all the activities of the Faculty of Pain Medicine, clinically and in all the organisational activities.

Planning commenced for the annual meeting of psychiatrist Fellows of FPMANZCA to occur in conjunction with the Australian Pain Society Annual Scientific Meeting. A symposium has been arranged at this meeting, with the intention of demonstrating to the several disciplines attending the activities of psychiatrists in pain medicine.

Liaison with colleague psychiatrists who are not Fellows of the FPM is being encouraged and will be assisted by the work of Professor George Mendelson, who has commenced negotiations within the International Association for the Study of Pain (IASP) for a special interest group for psychiatrists.

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

Work continued on an educational document on persistent pelvic pain in women with the input of a multidisciplinary group including pain medicine, physiotherapy, psychology and two RANZCOG Fellows.

An update article for the *Australian and New Zealand Journal of Obstetrics and Gynaecology* and a Faculty professional document are being progressed. In November 2010, four FPM Fellows gave presentations in a well-received session on persistent pelvic pain in women at the RANZCOG annual scientific meeting in Dunedin.

**Royal Australian College of General Practitioners**

Increasing the primary care sector's knowledge and skills in pain management is a strategic objective of the Faculty. The Royal Australian College of General Practitioners has formed a National Network for Pain Management. In December the Faculty and the Royal Australian College of General Practitioners submitted a joint application to the BUPA Foundation for funding to develop an on-line modular educational program for primary healthcare professionals to address pain management. A response is anticipated in April.

**Australian Pain Society/New Zealand Pain Society**

Regular quarterly teleconference meetings with the Australian Pain Society (APS) and New Zealand Pain Society (NZPS) were continued in 2010.

The three organisations successfully collaborated on the development of a poster for the Global Year Against Acute Pain, input to the National Pain Summit and agreed that a combined meeting be considered for 2017, then every six to eight years thereafter.

Agreement was reached regarding sharing/endorsement of documents and guidelines between the groups.

**Overseas**

The Faculty continued to provide support to Fellows based in Canada in their efforts to establish pain medicine as a recognised specialty there.

The Faculty of Pain Medicine of the Royal College of Anaesthetists (RCA) will send an observer to the 2011 examination in Brisbane.

**Support for developing countries**

The Faculty supported the delivery of two, one-day Essential Pain Management (EPM) courses in Lae and Port Moresby in April 2010. The aim of this short course, developed and delivered by Dr Roger Goucke (past FPM Dean) and Dr Wayne Morriss, is to upskill doctors, nurses and other health workers in developing countries on pain management. In November 2010 Dr Goucke and Dr Max Sarma ran a further two EPM programs and the first Instructors course in Honiara.

Subsequently, an application for support for this project was successful and a grant has now been made available to the College from the Ronald Geoffrey Arnott Foundation, managed by Perpetual Trustee Company Limited. Further courses are planned for Papua New Guinea and the Solomon Islands and introduction of the course into Fiji, Micronesia, Vanuatu and Tanzania in 2011.

**Corporate Affairs  
Regional Committees  
Western Australia**

The interim WA RC continued to support Fellows and engage with industry and officials, working towards progression and improvement of patient care. Issues addressed included funding, opioid prescribing, access to pain centres, the use and misuse of neuromodulation and the need to formulate guidelines for it.

Professor Stephan Schug and Dr Eric Visser contributed to the completion of the third edition of *Acute Pain Management: Scientific Evidence*. An altered referral method to a group pain education session has evolved, spearheaded by Dr Stephanie Davies, which saw waiting lists reduce dramatically and with an emphasis on self-management rather than passive methods. We also saw during 2010 a shift by pain specialists away from prescribing high dose opioids.

Educational events for Fellows and trainees were held in conjunction with WA Regional Committee meetings. A number of General Practitioner education sessions were carried out by several Fellows, an initiative that has gained positive feedback.

**New South Wales**

Pain Medicine was represented at the AMA careers evening in March. In September the NSW regional committee continuing medical education dinner meeting was held with a theme of “Renaissance in opioid therapy – trying to be wiser and safer”. Two issues of the *Algometer* e-newsletter were circulated locally.

Two regional committee members are co-chairs of the interim executive of the NSW Agency for Clinical Innovation. Proposed priorities are in line with the National Pain Summit. Local Fellows were invited to contribute to the network discussions on models of care, which may be important in shaping NSW health department policy in future.

Members of the committee organised and assisted in the weekly provisional Fellow education program. Successful representation to the NSW department of health allowed the appointment of provisional Fellows earlier, in line with other states.

**Queensland**

The Queensland Regional Committee (QRC) continued with a successful continuing medical education program in 2010 with a variety of good speakers with interesting topics including “Patient legal claims”, “Genetics and musculoskeletal medicine” and “Neuropathic pain following spinal cord injury”. Two *Transmitter* newsletters were circulated locally.

An increase in funding of \$39.1 million over four years to establish a network of persistent pain services across the state was achieved through the combined efforts of many people and organisations including the FPM Board, FPM QRC, the National Pain Summit and its strategy and consumer groups. To assist in implementing this network, a Statewide Persistent Pain Steering Committee was formed, on which the Faculty is well represented, with five Fellows on this committee. The FPM QRC continued to support this process with a focus on positive change for patients with persistent pain.

**South Australia**

An interim South Australian Regional Committee, including broad multidisciplinary membership, was formed in November. Elections are planned for the first quarter of 2012.

**Communications**

The Faculty continued to circulate the bi-monthly e-newsletter *Synapse*, the trainee e-newsletter and to contribute to the *ANZCA E-Newsletter* and the *ANZCA Bulletin* to keep Fellows and trainees informed.

Correspondence exchange between the Faculty and Good Health Publications regarding the development of a “Pain Management in general practice” publication has resulted in a number of Faculty Fellows agreeing to participate on the editorial board and offer other contributions, with the aim of improving knowledge and practice at primary care level.

Pain management attracted significant media interest in 2010 which was effectively coordinated through the ANZCA Communications Unit.

**Global Year Against Acute Pain**

The IASP Global Year Against Acute Pain was launched in October. ANZCA and the FPM prepared a media release to coincide with the launch which attracted significant media coverage, reaching a wide audience. A poster was designed in-house and the APS, NZPS and ASA were pleased to add their logos.

**FPM Director of Professional Affairs**

Associate Professor Milton Cohen, FRACP (NSW) was appointed as the Faculty’s first director of professional affairs (DPA). This role is responsible to the Dean and the FPM Board for the provision of professional advice on Faculty matters, particularly on policies as they relate to clinical and professional issues affecting the Faculty.

**Trainee Affairs Portfolio  
Education**

**Professional/educational documents**  
The Board approved the following new Faculty professional document:

*PM1 (2010) Principles Regarding the Use of Opioid Analgesics in Patients with Chronic Non-Cancer Pain* – including a two page guidance check-list for prescribers.

*PM7 (2010) Policy on Supervision of Clinical Experience for Vocational Trainees in Pain Medicine*

*PM8 (2010) Policy on Illness or Disability for Trainees and Fellows*

Revisions of the following professional documents were also approved:

*PM3 (2010) Lumbar Epidural Administration of Corticosteroids*

*PM5 (2010) Policy for Supervisors of Training in Pain Medicine*

The Faculty also contributed to the revision of:

*PS9 Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional medical or Surgical Procedures*

An article entitled “Selection of patients for neurostimulation” had been accepted by the *Journal of Clinical Neuroscience*. A number of Faculty Fellows collaborated in this work, and have commenced work on an FPM professional document based on it.

**International medical graduates**

A diploma of associate fellowship was introduced for those who have completed the Faculty training and examination requirements but who are not eligible for fellowship as they do not hold fellowship of an approved Australian or New Zealand primary specialty.

Associate fellowship will not be conferred before specialist registration is completed in the country of practice at the time of application. Associate Fellows will become eligible for fellowship of the Faculty of Pain Medicine upon confirmation that their specialist qualification is accepted by the corresponding Australasian college.

**Faculty of Pain Medicine Board**

Back row from left: Dr Guy Bashford, Dr Carolyn Arnold, Dr Frank New, Dr Raymond Garrick, Dr Max Majedi, Dr Lindy Roberts, Dr Christopher Hayes, Ms Helen Morris (executive officer).

Front row from left: Professor Edward Shipton, Dr Brendan Moore (Vice-Dean), Dr David Jones (Dean), Dr Penelope Briscoe and Associate Professor Leigh Atkinson.



### Supervisors of training

A supervisors of training (SOTs) agreement was developed by the SOT Sub-Committee and was circulated to all SOTs for signature. The document includes a declaration of the SOTs' responsibilities.

An Advanced Level ANZCA Teacher Course focusing on "Delivering feedback" was held for FPM SOTs in conjunction with the Annual Scientific Meeting in Christchurch.

Four Faculty representatives attended a Committee of Presidents of Medical Colleges (CPMC) Educational Supervision Workshop at ANZCA House.

### Blueprinting

Focus groups were convened in Queensland, NSW and Victoria to assist with the development of a detailed statement that describes a pain medicine specialist, so that agreement can be reached on the core knowledge and skills specific to a pain specialist from any background. Feedback from these focus-groups will be valuable in the ongoing development of the curriculum, training and examination processes to achieve the desired objectives. A 0.2 full-time equivalent medical educator will be recruited in 2011 to help progress this initiative.

### FPM trainee lunch

A FPM trainee lunch was convened during the ASM and was well attended. Key Faculty office bearers were present to respond to questions about the training program. Two trainees spoke about their Faculty training and examination experiences and provided valuable insight to new trainees.

### Medical student prize

As part of its strategic plan to increase the level of education and training in pain medicine, an undergraduate medical student prize is being piloted. All medical schools have been given the opportunity to apply for the award. Ten prizes, each of \$500 and a certificate, will be awarded to the best undergraduate students in pain medicine in the last two years of undergraduate training.

### Examinations

Twenty candidates sat the FPM examination at the Barbara Walker Centre for Pain Management, St Vincent's Hospital, Melbourne in November 2010. Sixteen candidates were successful with a pass rate of 80 per cent.

The examination report has been published on the Faculty website as a resource to Fellows as well as trainees. Dr Ming Chi Chu (Hong Kong) and Associate Professor David Scott (ANZCA Chair, Examinations) observed the examination.

A two and a half day pre-examination short course was held at the Royal Adelaide Hospital in October and was attended by 20 trainees.

Three new examiners, Dr Charles Brooker, Dr Mark Russo and Dr Martine Holford, were appointed to the examination panel and Dr Greta Palmer and Professor Ted Shipton and Professor Peter Reilly were reappointed for a further three-year period. This takes the examination panel to 33 (FANZCA – 20, FRACP – three, FRACS – three, FRANZCP – three and FAFRM(RACP) – four.

### Training Unit Accreditation

The Faculty accredits training units to provide approved training in pain medicine for Faculty of Pain Medicine trainees. Accreditation is based on information provided in a questionnaire to the unit and a site visit by Faculty reviewers to assess a unit's ability to provide training and supervision of the required standard, and its degree of compliance with FPM professional documents.

In 2010, the Kowloon East Cluster Pain Management Centre, Hong Kong and Fremantle Hospital, WA were accredited for pain medicine training. There are two units accredited in south-east Asia. The Royal Adelaide Hospital (SA), Nepean Hospital (NSW), Royal Melbourne Hospital (Vic), Royal Perth Hospital (WA) and the Auckland Regional Pain Service (NZ) were re-accredited following on-site reviews. Flinders Medical Centre (SA) and St Vincent's Hospital (NSW) were approved for continued accreditation following successful paper reviews.

There are now 25 accredited pain medicine training units in Australia, New Zealand, Singapore and Hong Kong.

A workshop for the Faculty's panel of reviewers, facilitated by the Cognitive Institute, was convened at ANZCA House in August and attracted the majority of Faculty reviewers who learned useful interviewing skills. The valuable contribution of Faculty reviewers is acknowledged.

### Fellowship Affairs Portfolio Fellowship

In 2010, the number of Fellows admitted reached 294, of whom ten are honorary and 132 admitted through training and examination. Of the 280 active Fellows, 212 were based in Australia, 20 in New Zealand and 48 in other countries. Those whose primary specialty is anaesthesia make up 65 per cent of the Fellowship.

Twenty-three Fellows were admitted to Fellowship in 2010; 19 by training and examination, three by election and one Honorary Fellow. Although the majority of trainees continue to be anaesthetists by primary specialty, 2009 admissions included two general practitioners (the first GP admissions to the Faculty, by training and examination), two gynaecologists, one psychiatrist, three rehabilitation physicians and one PhD.

### Awards, prizes and honours

Dr Bob Boas (NZ) – appointed as an Officer of the New Zealand Order of Merit (ONZM) in the new year's honours list in recognition of services to medicine, in particular pain management.

Professor Peter Ravenscroft (NSW) – appointed as a Member of the Order of Australia in the Australia Day honours list in recognition of services to the development of palliative care and medicine.

Professor Tess Cramond (Qld) – awarded honorary fellowship of the Faculty of Pain Medicine, College of Anaesthetists of Ireland.

### Dean's Prize

Dr Rutha Nerlekar (SA) "Placebo vs nocebo questioning for pain evaluation after caesarean section".

The Dean's Prize is awarded for original work in the area of pain, presented in the FPM Dean's Prize/Free Papers session at the Annual Scientific Meeting, judged to be a significant contribution to Pain Medicine and/or Pain Research.

### Barbara Walker Prize

Dr Rebecca Martin (NSW)

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

### Merit awards

Dr Nicholas Christelis (Vic)  
Dr Frank Thomas (NZ)

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

### Continuing Education and Quality Assurance

#### Scientific meetings

Associate Professor Pam Macintyre was appointed FPM Annual Scientific Meeting Officer in May 2010 and has since provided support and guidance to the Faculty's scientific convenors, as well as representing the Faculty on the ANZCA Fellowship Affairs Committee.

A number of successful FPM educational activities took place in 2010:

#### Refresher Course Day and Annual Scientific Meeting

FPM Scientific Convenor, Professor Ted Shipton, and the FPM local organising committee and the international and local speakers delivered an excellent program for the Faculty's Annual Refresher Course Day and Annual Scientific Meeting in Christchurch in May. More than 110 delegates attended the Refresher Course Day to hear 12 speakers give presentations with a theme of "Creative pain management: One goal, multiple approaches".

At the ASM, Professor Jeffrey Mogil (FPM ASM Visitor) from Canada delivered the Michael Cousins Lecture "What's wrong with animal models of pain?" and Professor Richard Rosenquist, from the US (FPM NZ Visitor) presented on "Perineural catheter techniques for postoperative pain management at home".

Over 300 delegates attended the first concurrent session focusing on acute perioperative pain. The FPM free papers session attracted a disappointing number of papers and efforts will be made in 2011 to encourage greater participation.

#### FPM/RACGP Progression in Pain Day

In conjunction with the RACGP, the Faculty hosted a continuing medical education day "Progression in pain – from hospital to home" in Adelaide in May. Invited speakers Dr Michael Fredrickson (anaesthetist, Auckland) and Dr Malcolm Dobbin (public health physician, senior medical advisor on alcohol and drugs to mental health and drugs division Victorian department of health) led the program.

#### Annual Spring Meeting

The 2010 Spring Meeting, "Transitions in pain", gave prominence to the models of care sub-theme with excellent presentations from international and national speakers. Keynote speakers Dr Cathy Price (UK), Professor Garry Egger and Professor Brian Broome contributed to a thought-provoking conference.

#### Future meetings

Plans are advanced for the Faculty's 2011/2012 meeting program:

- 2011 Refresher Course Day, Hong Kong: "Pain Management: Getting Closer to the Dragon Pearl", May 13.
- 2011 Combined Scientific Meeting, Hong Kong – May 14-15. FPM CSM Visitor: Professor M Catherine Bushnell (Canada). FPM Hong Kong Visitor: Professor You Wan (China). SAHK Visitor: Prof Spencer Liu (US).
- 2011 Spring Meeting, Canberra: "An exploration of the pain/musculoskeletal polemics – policies, procedures and pragmatics" - October 28-30. International speaker: Dr Lars Arendt-Nielsen (Denmark).
- 2012 Refresher Course Day and Annual Scientific Meeting, Perth – May 11-13. FPM ASM Visitor: Dr Dan Bennett (US) and FPM Perth Visitor: Dr Henrik Kehlet (Denmark).
- Dr Michael Vagg was confirmed as the 2013 FPM scientific convenor.

### Continued professional development

As a guest of the February 2011 ANZCA Council meeting, Dr Joanna Flynn, Chair of the Medical Board of Australia, confirmed that those specialists registered in more than one specialty were not required to carry out "a double dose" of CPD commitments. She reiterated that it was up to the specialist colleges to determine where it was appropriate to recognise the CPD programs of another college in meeting their own requirement. This is especially relevant to Faculty Fellows.

Following confirmation that satisfactory compliance with a continuing professional development (CPD) program is mandatory for ongoing registration with the Medical Board of Australia (MBA), FPM will define the standard to be met for CPD in pain medicine. A breakdown of statistical information relating to FPM and CPD can be found on page 22.

### Research

The FPM Research Committee continued its focus on promoting a culture of research to its Fellows and trainees. Faculty Fellows were well represented in the ANZCA Research Awards for 2010, with four of the 12 projects pain projects.

The JB Craig Award, to support research by Fellows, particularly by Western Australians and especially in the area of pain medicine, administered by the ANZCA Research Committee, was awarded to:

Dr Phillip Finch (WA)  
"Adrenergic receptor involvement in an animal model of complex pain syndrome type".

### National pain outcome initiative

The Faculty recognised that a national pain outcome initiative is an important way ahead for gaining the information needed to make quality improvements in services and a sub-committee has been formed to progress this.

A pilot collaborative outcome project involving two centres in Victoria and NSW was commenced by two board members. Research involves the analysis and benchmarking of quantitative data contained in questionnaires completed by study participants from January 2010 to January 2012.

Professor David Currow, Palliative Care Outcome Centre (PCOC) met with the Board in February and provided valuable advice on the process of establishing such an initiative.

**Professional**

**National specialist registration**

Terminology for national specialist registration was confirmed as “specialist pain medicine physician” and Fellows are encouraged to use this title.

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

After lengthy delays arising from changing processes within the Medical Council of New Zealand (MCNZ), the Faculty’s application for specialty recognition in New Zealand was advanced with stage one of the two-step process being assessed and approved and an invitation to proceed to stage two received on December 24. They requested a submission by June 30 2011. Before then, the MCNZ is required to gazette the intention to recognise pain medicine as a vocational specialty and make wider consultation in accord with the HPCAA Act (2003). Stage two is expected to take six to 10 months.

**Acute Pain Management: Scientific Evidence (APM:SE) 3rd Edition**

The third edition of the acute pain guidelines was launched at the National Pain Summit in Canberra on March 11 and subsequently circulated to all ANZCA and FPM Fellows and trainees.

This publication, endorsed by the NHMRC and many national and international bodies, provides access to the most up-to-date science and practice on acute pain management. Of equal importance, there is much new information about effective management of acute pain as a preventive strategy to reduce the risk of progression from acute to chronic pain.

This third edition was brought to fruition through the enormous commitment of Associate Professor Pam Macintyre and Associate Professor David Scott, Professor Stephan Schug, Dr Eric Visser and Dr Suellen Walker.

**Policy/government**

Annual reports were provided to the Australian Medical Council and Medical Training Review Panel. The Faculty contributed to a growing number of submissions including:

- Australian Commission on Safety and Quality in Health Care - Clinical Handover Pilot Program
- Australian Commission on Safety and Quality in Health Care – Patient Centred Care: Improving Quality and Safety by Focusing Care on Patients and Consumers
- Australian Commission on Safety and Quality in Health Care – Consultation Paper on the Draft National Safety and Quality Healthcare Standards (Aug 2010)
- Australian Medical Council – Competence based medical education consultation paper
- Australian Medical Council – Specialist Registration – Registration Standard
- NHMRC – Ethical issues involved in the transitions to palliation and end of life care for people with chronic conditions: A Discussion Paper for patients, carers and health professionals
- Health Quality and Complaints Commission – Risk Profiling and Doctors with Multiple complaints
- Health Workforce Australia – Clinical Supervisor Support Program
- NHMRC – National Guidance on Collaborative Maternity Care
- Medical Board of Australia – Consultation Paper 5 on Specialist Registration
- Medical Board of Australia – Consultation on Codes and Guidelines
- Medical Specialist Outreach Assistance Program – Indigenous Chronic Disease (MSOAP-ICD) Guidelines

**National Pain Summit**

The National Pain Summit in Canberra in March 2010 brought together the largest cross-section of stakeholders ever focused on a single health policy initiative – to elevate chronic pain as a significant issue on the political and healthcare agenda.

The Summit was addressed by the Australian Health Minister, Hon. Nicola Roxon MP. It was facilitated by Dr Norman Swan and chaired by Professor Michael Cousins. The Faculty was represented by Dr Penny Briscoe, Associate Professor Leigh Atkinson, Dr Carolyn Arnold and Dr Chris Hayes.

ANZCA/FPM support to the Summit was provided in the form of project management, venue and administrative support and communications expertise. As well as developing a powerful new website home page, the ANZCA Communications unit was instrumental in attracting a high level of media interest and wide coverage, both in the lead up to, and following the summit.

Following the summit, a steering committee, with FPM/ANZCA representation, progressed the formation of PainAustralia Limited, a national advocacy body aimed at “Working to prevent and manage pain” and chaired by Mr James Strong, AO. Associate Professor Milton Cohen (past FPM Dean) is the ANZCA/FPM nomination to the PainAustralia Board. As a “Category A” member, the College has committed in kind support to PainAustralia until June 2011.

**International Pain Summit**

The Faculty endorsed the Declaration of Montreal, resulting from the International Pain Summit held in Montreal in September 2010, which states that access to pain management is a fundamental human right.

**Resources Portfolio**

**Pain Medicine Journal**

A new contract was negotiated with the American Academy of Pain Medicine to include an institutional online subscription to *Pain Medicine* for the College.

**Staff**

A new position of FPM administrator accreditation and communications was developed to support the FPM Training Unit Accreditation Committee, coordinate Faculty communications (including the website, Synapse, trainee e-newsletter and contributions to the *ANZCA Bulletin*, *ANZCA E-Newsletter* and *Staff Update*), and to assist with the coordination of Faculty events.

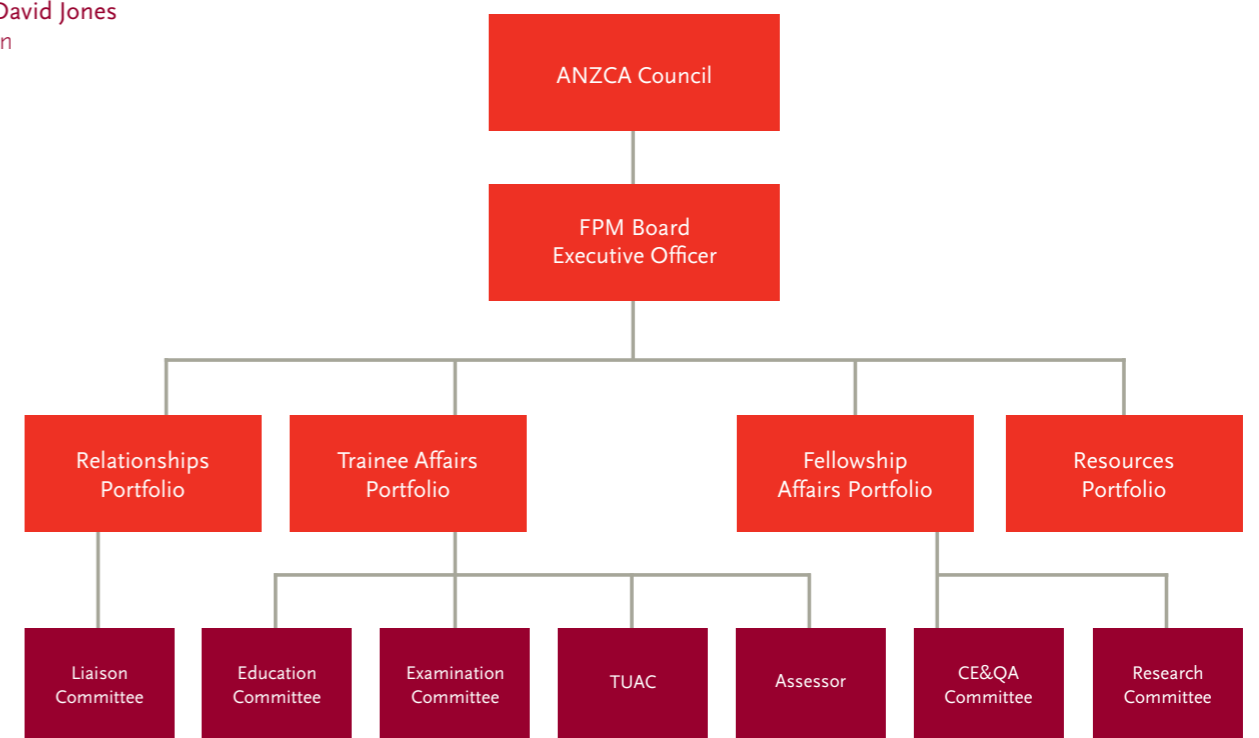
**Finance**

The operating result for the Faculty showed a favourable variance against budget for 2010. This was a result of a higher number of new Fellows, careful travel budgeting and strong attendance and healthcare industry support at Faculty continuing medical education events. A budget for 2011 was established to provide adequate funding to meet the requirements of expanding Faculty activities.

**Dr David Jones**  
Dean

**Panel of Examiners 2010**

Dr Carolyn A Arnold	Dr Kok E Khor
Associate Professor R Leigh Atkinson	Dr Lynette K Lee
Dr Penelope A Briscoe	Associate Professor Pamela E Macintyre
Dr Charles Brooker	Dr Diarmuid G McCoy
Dr Wilbur Chan	Professor George Mendelson
Dr Richard W M Chye	Dr Frank J New
Associate Professor Milton L Cohen	Dr Dianne Pacey
Professor Michael J Cousins	Dr Greta M Palmer
Dr Meredith J Craigie	Professor Peter Reilly
Dr Matthew R Crawford	Dr Bruce F Rounsefell
Dr Raymond Garrick	Dr Marc Russo
Dr C Roger Goucke	Professor Edward A Shipton
Dr Paul D Gray	Dr Melissa A Viney
Dr David W Gronow	Dr Eric Visser
Dr Newman L Harris	Dr Owen D Williamson
Dr Martine Holford	Dr Paul J Wrigley
Dr David Jones	



FPM organisation chart at December 31, 2010



“The sound financial position of the College is a reflection of the loyalty and dedication of councillors, committee members, Fellows and staff throughout Australia, New Zealand and south-east Asia.”

This is my first treasurer's report since assuming the role of Honorary Treasurer in May 2010, and I am pleased to report that ANZCA finished 2010 in a very sound financial position, with net assets of \$20.429 million and no debt.

The operations of the College produced a deficit of \$715,366 (in 2009 the College achieved an operating surplus of \$1.683 million); however year-on-year comparisons are distorted by the separation from the College of the Joint Faculty of Intensive Care Medicine (JFICM) at the end of 2009. I will comment further on this result later in this report. For the second successive year, the College investments provided positive returns with earnings of \$721,432 in 2010 compared with \$980,408 in 2009.

The budget for the 2011 year, approved by Council in November 2010, anticipates a minor operating deficit. This does not represent a move away from the principle of planning for a break-even result at the operational level without reliance on the performance of the investment portfolio. This principle has served the College well over the past two years during economically challenging times worldwide. The 2011 budget merely reflects the particular conditions that the College will face including the Hong Kong Combined Scientific Meeting which has a one-off surplus sharing arrangement with the Hong Kong College of Anaesthesiologists. The investment earnings will continue to be used to build on the corpus of the portfolio providing a basis for financing future capital investments and maintaining the level of research funding.

#### Statement of comprehensive income

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

As mentioned above, the comparisons between 2010 and 2009 are significantly distorted by the separation of JFICM to form the new College of Intensive Care Medicine. In 2009, JFICM contributed \$2.555 million in revenue offset by \$1.238 million of expenses as reflected in the attached financial statements.

In 2010 without that JFICM contribution, overall revenue from operating activities for the year was \$19.363 million (\$20.505 million in 2009). Expenses totalled \$20.078 million (\$18.823 million for 2009), leaving an operating deficit of \$715,366 (surplus of \$1.683 million in 2009). The lower result came through reduced revenue from key activity areas, again largely as a result of JFICM: registration, training and exam fees (down \$779,344) and meeting and course income (down \$627,291); partially offset by increases in subscriptions and entry fees (up \$135,895) and other income, including Anaesthesia and Pain Medicine Foundation sponsorship and donations, international medical graduate specialist (IMGS) assessments and expense recoveries (up \$128,645). Expenditure growth was held to \$1.256 million whereas the growth in the previous year had been \$1.667 million.

Whilst volatility continued to affect investment markets, it is pleasing to report that the College investments (comprising the investment portfolio and interest bearing operational bank accounts) followed on from the 2009 positive return of \$980,408 with a further positive result of \$721,432. The result was driven by income earnings of \$782,443, partially offset by unrealised capital losses of \$61,011. Whilst this is pleasing, indications are that in 2011, investment markets will still face volatility and some uncertainty, further reinforcing the College approach of minimal reliance on investment earnings to fund operational activities.

The surplus from investments allowed for a small consolidated surplus of \$6066 to be achieved, compared to \$2.663 million in 2009. The asset transfer to the new College of Intensive Care Medicine in 2009 of approximately \$1 million under the terms of the separation of JFICM meant that the net surplus for 2009 was \$1.684 million. Minor exchange translation differences between the New Zealand and Australian dollar at balance date, resulted in the total comprehensive income for the year being a negative \$1894.

#### 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 were maintained at \$20.429 million compared to \$20.430 million at the end of 2009 despite the net asset transfers to JFICM.

The maintenance of the net asset position with no debt after the JFICM separation is an indication of the sound financial position of the College.

#### Statement of cash flows

A further indication of the sound financial position of the College is the cash holdings of \$4.267 million at the end of 2010. This is \$372,563 greater than 2009. The College operations produced a net cash outcome of \$1.480 million partially driven by strong receipts for 2011 events and subscriptions which was sufficient to fund net investment spending on capital asset purchases and growing the portfolio of \$1.108 million.

#### Comments

In 2011 and beyond, Council is committed to maintaining a direction that ensures financial sustainability and prudent use of retained surpluses that will enable us to take up opportunities and to invest wisely in the future.

The sound financial position of the College is a reflection of the loyalty and dedication of councillors, committee members, Fellows and staff throughout Australia, New Zealand and south-east Asia. Without their continued support the College would not be in the position it is today. I would like to acknowledge that commitment on behalf of the College.

Dr Lindy Roberts  
Honorary Treasurer

# 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 2010 Financial Report of the Australian and New Zealand College of Anaesthetists (ANZCA).

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 ANZCA's consolidated financial statements and the information contained in the concise financial report has been derived from the full 2010 Financial Report of ANZCA.

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 \$715,366 compared to a surplus of \$1,682,576 in the prior year. This was offset by the investment earnings of \$721,432 (\$980,408 in 2009) resulting in a net surplus for the year of \$6066. This compared to a net surplus of \$1,683,985 in 2009 which was affected by the transfer of net assets of \$978,999 to the new College of Intensive Care Medicine under the terms of a Deed of Assumption and Release.

Total operating revenue decreased by 5.6 per cent to \$19,363,015, whilst operating expenditure rose by 6.7 per cent to \$20,078,380. It should be noted that year on year comparisons are distorted by the separation of the Joint Faculty of Intensive Care Medicine (JFICM) at the end of 2009.

## Statement of financial position

Total assets increased by 5.6 per cent or \$1,671,760. The major contributors to this were the continued recovery in the value of the investment portfolio and the increase in current assets reflecting a higher level of prepayments

and subscription debtors compared to 2009. Total liabilities increased by \$1,673,654 primarily due to higher levels of subscriptions, examination and trainee fees relating to 2011. The result of this is that net assets remain at a similar level; \$20,428,606 compared to \$20,430,500 last year.

## Statement of changes in equity

Total equity for the year remained virtually unchanged at \$20,428,606, a reduction of \$1894 on 2009. This arose from the net effect of the surplus of \$6066 being offset by a loss on exchange translation differences of the New Zealand assets and liabilities of \$7960.

## Statement of cash flows

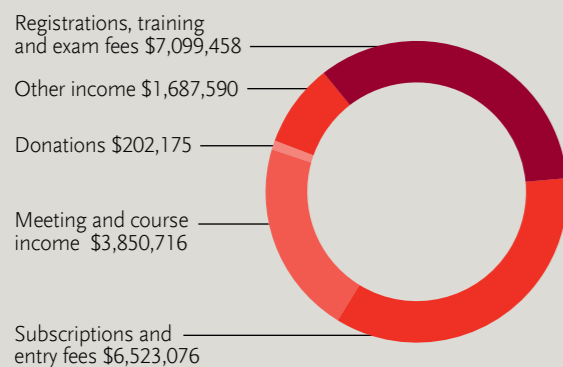
Cashflow for the year increased by \$372,563 primarily reflecting the net impact of operating activities and investment activities.

# FINANCIAL STATEMENTS

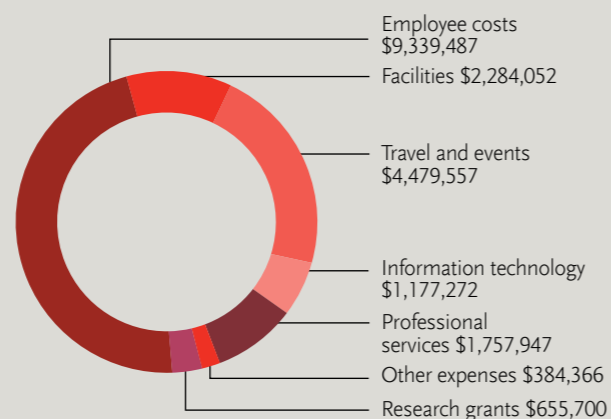
## STATEMENT OF COMPREHENSIVE INCOME FOR THE FINANCIAL YEAR ENDED DECEMBER 31, 2010

	2010 \$	2009 \$
<b>Revenue</b>		
Subscriptions and entry fees	6,523,076	6,387,181
Registrations, training and exam fees	7,099,458	7,878,802
Meeting and course income	3,850,716	4,478,007
Other income	1,889,765	1,761,120
<b>TOTAL REVENUE FROM OPERATING ACTIVITIES</b>	<b>19,363,015</b>	<b>20,505,110</b>
<b>Expenses</b>		
Employee costs	9,339,487	8,247,071
Facilities	2,284,052	2,231,801
Travel and events	4,479,557	4,826,734
Information technology	1,177,272	1,030,191
Professional services	1,757,947	1,395,373
Other expenses	384,366	629,423
Research grants	655,700	461,941
<b>TOTAL EXPENSES FROM OPERATING ACTIVITIES</b>	<b>20,078,380</b>	<b>18,822,534</b>
<b>Surplus/ (Deficit) from operating activities</b>	<b>(715,366)</b>	<b>1,682,576</b>
<b>Income from non-operating activities</b>		
Investment Income	721,432	980,408
<b>SURPLUS FOR THE PERIOD</b>	<b>6,066</b>	<b>2,662,984</b>
Asset transfer at nil consideration - JFICM	-	(978,999)
<b>NET SURPLUS</b>	<b>6,066</b>	<b>1,683,985</b>
<b>Other comprehensive income</b>		
Exchange translation differences	(7,960)	23,838
<b>TOTAL COMPREHENSIVE INCOME FOR THE PERIOD</b>	<b>(1,894)</b>	<b>1,707,823</b>

Total revenue for the 12 months ended December 31, 2010



Total expenses for the 12 months ended December 31, 2010



**STATEMENT OF FINANCIAL POSITION AS AT DECEMBER 31, 2010**

	2010 \$	2009 \$
<b>Assets</b>		
<b>Current assets</b>		
Cash and cash equivalents	4,266,527	3,893,964
Trade and other receivables	4,643,562	4,241,472
Other financial assets	86,920	86,920
Other	1,497,048	1,181,705
<b>Total current assets</b>	10,494,057	9,404,061
<b>Non-current assets</b>		
Property, plant and equipment	11,023,645	11,301,585
Intangible asset	436,998	-
Other financial assets	9,525,987	9,103,281
<b>Total non-current assets</b>	20,986,630	20,404,866
<b>Total assets</b>	31,480,687	29,808,927
<b>Liabilities</b>		
<b>Current liabilities</b>		
Trade and other payables	2,161,515	2,487,247
Provisions	192,691	239,384
Other	8,535,328	6,564,957
<b>Total current liabilities</b>	10,889,534	9,291,588
<b>Non-current liabilities</b>		
Provisions	162,547	86,839
<b>Total non-current liabilities</b>	162,547	86,839
<b>Total liabilities</b>	11,052,081	9,378,427
<b>Net assets</b>	20,428,606	20,430,500
<b>Equity</b>		
Retained earnings	20,412,728	20,406,662
Exchange rate revaluation reserve	15,878	23,838
<b>Total equity</b>	20,428,606	20,430,500

**STATEMENT OF CHANGES IN EQUITY FOR THE FINANCIAL YEAR ENDED DECEMBER 31, 2010**

	Retained Earnings \$
<b>Balance at January 1, 2009</b>	18,722,677
Surplus for the period	2,662,984
Exchange translation differences	23,838
Asset transfer at nil consideration - JFICM	(978,999)
<b>Balance at January 1, 2010</b>	20,430,500
Surplus for the period	6,066
Exchange translation differences	(7,960)
<b>Balance at December 31, 2010</b>	20,428,606

**STATEMENT OF CASH FLOWS FOR THE FINANCIAL YEAR ENDED DECEMBER 31, 2010**

	2010 \$	2009 \$
<b>Cash flows from operating activities</b>		
Receipts from members and customers	20,986,333	21,155,712
Interest received	97,451	182,316
Donations received	61,266	172,685
Payments to employees and suppliers	(19,024,174)	(16,389,360)
Research grants and bequests paid	(640,531)	(835,267)
Asset transfer at nil consideration - JFICM	-	(978,999)
Net cash provided by operating activities	1,480,345	3,307,087
<b>Cash flows from Investing activities</b>		
Movements of investments and administration fee	125,000	(86,920)
Purchase of property, plant and equipment	(1,232,782)	(925,268)
Net cash used in investing activities	(1,107,782)	(1,012,188)
<b>Net increase in cash and cash equivalents</b>	372,563	2,294,899
<b>Cash and cash equivalents at the beginning of the financial year</b>	3,893,964	1,599,065
<b>Cash and cash equivalents at the end of the financial year</b>	4,266,527	3,893,964

**Notes to the concise financial report  
for the year ended December 31, 2010**

**Note 1: Basis of preparation of  
the concise financial report**

The concise financial report has been prepared in accordance with Accounting Standard AASB 1039: Concise Financial Reports and the Corporations Act 2001. The presentation currency for these accounts is Australian dollars.

The financial statements, specific disclosures and other information included in the concise financial report are derived from and are consistent with the full report of the Australian and New Zealand College of Anaesthetists (ANZCA). The concise financial report cannot be expected to provide as detailed an understanding of the financial performance, financial and investing activities of ANZCA as the full financial report.

The accounting policies have been consistently applied with those of the previous financial year.

**Directors' declaration**

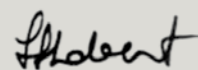
The directors of the Australian and New Zealand College of Anaesthetists (ANZCA) declare that the concise financial report of ANZCA for the financial year ended December 31, 2010, as set out in pages 44 to 51:

- a) complies with Accounting Standard AASB 1039: Concise Financial Reports; and
- b) is an extract from the full financial report for the year ended December 31, 2010 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  
March 22, 2011



**Dr L J Roberts**  
Honorary Treasurer  
March 22, 2011

**RSM Bird Cameron Partners**

Chartered Accountants

**RSM Bird Cameron Partners**  
Level 8 Rialto South Tower  
525 Collins Street Melbourne VIC 3000  
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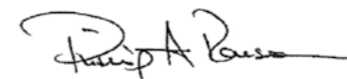
**AUDITOR'S INDEPENDENCE DECLARATION**

As lead auditor for the audit of the financial report of the Australian and New Zealand College of Anaesthetists for the financial year ended 31 December 2010, I declare that to the best of my knowledge and belief, there have been no contraventions of:

- (i) the auditor independence requirements of the Corporations Act 2001 in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.



**RSM BIRD CAMERON PARTNERS**  
Chartered Accountants



**P A RANSOM**  
Partner

25 March 2011  
Melbourne, VIC

10

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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 ("the company"), comprises the statement of financial position as at 31 December 2010, and 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 2010. The concise financial report does not contain all the disclosures required by the Australian Accounting Standards.

#### 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 Report* and the *Corporations Act 2001*. This responsibility includes establishing and maintaining internal control relevant to the preparation of the concise financial report; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

#### Auditor's Responsibility

Our responsibility is to express an opinion on the concise financial report based on our audit procedures. 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 2010. Our audit report on the financial report for the year was signed on 25 March 2011 and was not subject to any modification. The Australian Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

11

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#### Auditor's Responsibility (cont.)

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

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

#### Independence

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

#### Auditor's Opinion

In our opinion the concise financial report of the Australian and New Zealand College of Anaesthetists for the year ended 31 December 2010 complies with Australian Accounting Standard AASB 1039 *Concise Financial Reports*.

RSM BIRD CAMERON PARTNERS  
Chartered Accountants

P A RANSOM  
Partner

25 March 2011  
Melbourne, VIC

12

# COMMITTEES OF THE COUNCIL

## Executive Committee

President (Chair)	Dr Leona Wilson (until May)	NZ
President (Chair)	Professor Kate Leslie (from May)	Vic
Vice President	Professor Kate Leslie (until May)	Vic
Vice President	Dr Lindy Roberts (from May)	WA
Director of Professional Affairs	Professor Barry Baker	NSW
Chief Executive Officer	Dr Mike Richards	Vic

## Education and Training Committee (ETC)

Chair (appointed by Council)	Dr Lindy Roberts (until May)	WA
Chair (appointed by Council)	Dr Genevieve Goulding (from May)	Qld
DPA Assessor	Dr Stuart Henderson	NZ
Director Education Development Unit	Ms Mary Lawson	Vic
Chair Training Accreditation Committee	Professor Kate Leslie (until May)	Vic
Chair Training Accreditation Committee	Dr Frank Moloney (from May)	NSW
Chair New Programs Committee	Dr Michelle Mulligan (until May)	NSW
Chair New Programs Committee	Dr Mark Reeves (from May)	Tas
Chair of Examinations	Associate Professor David Scott	Vic
Chair Primary Examination Subcommittee	Dr Craig Noonan (until May)	Vic
Chair Primary Examination Subcommittee	Associate Professor Ross MacPherson (from May)	NSW
Chair Final Examination Subcommittee	Dr Mark Priestley (until December)	NSW
Chair Final Examination Subcommittee	Dr Vida Viliunas (from December)	ACT
Chair Assessments Committee	Associate Professor Jennifer Weller	NZ
Chair Workplace Based Assessment Committee	Dr Lindy Roberts (until May)	WA
Chair Workplace Based Assessment Committee	Dr Richard Horton (from May)	Vic
Chair Trainee Committee or nominee	Dr Christopher Wilde (until May)	Tas
Chair Trainee Committee or nominee	Dr Simon Martel (from May)	NSW
Chair Faculty of Pain Medicine Education Committee	Professor Edward Shipton (from May)	NZ
Community Representative	Ms Diana Aspinall (from May)	NSW
Up to four additional Fellows with educational expertise (at least one SOT or REO)	Dr Kerry Brandis	Qld

	Dr Michele Joseph	Vic
	Dr Nicole Phillips (until May)	NSW
	Dr Patrick Farrell (from May)	NSW
	Associate Professor Kersi Taraporewalla (from May)	Qld

## Continuing Professional Development (CPD) Committee

CPD Officer (Chair)	Dr Rodney Mitchell	SA
Director of Professional Affairs	Dr Richard Willis	SA
Up to two additional members	Dr Michelle Mulligan	NSW
	Dr Timothy Strong (from July)	Tas

## Fellowship Affairs Committee (FAC)

Chair (appointed by Council)	Dr Michelle Mulligan	NSW
Annual Scientific Meeting Officer	Dr Richard Waldron (until May)	Tas
Annual Scientific Meeting Officer	Dr Nicole Phillips (from May)	NSW
Continuing Professional Development Officer	Dr Frank Moloney (until May)	NSW
Chair of Continuing Professional Development Committee	Dr Rodney Mitchell (from May)	SA
New Fellow Councillor	Dr Nicole Phillips (until May)	NSW
New Fellow Councillor	Dr Justin Burke (from August)	Vic
Faculty of Pain Medicine Scientific Meeting Officer	Associate Professor Pamela Macintyre (from May)	SA
Chair IMGS or nominee	Dr Genevieve Goulding (until May)	Qld
Up to three Regional Organising Committee Convenors or nominees	Dr Annabel Orr (from May)	Vic
	Dr David Vyse/	WA
	Dr Tanya Farrell (from May)	WA
	Dr Deborah Devonshire (from May)	Vic
Director of Communications (or nominee)	Mr Nigel Henham	Vic
Director of Education Development Unit (or nominee)	Ms Mary Lawson	Vic
Up to four Fellows or Councillors as appointed by Council	Dr Patrick Farrell (from May)	NSW
	Dr Leonie Watterson (from May)	NSW
	Dr Rowan Thomas (from May)	Vic
	Dr Vanessa Beavis (from May)	NZ

## Investment Committee

Chair (appointed by Council)	Professor Kate Leslie (until May)	Vic
Chair (appointed by Council)	Dr Lindy Roberts (from May)	WA
President	Dr Leona Wilson (until May)	NZ
President	Professor Kate Leslie (from May)	Vic
Honorary Treasurer	Professor Kate Leslie (until May)	Vic
Honorary Treasurer	Dr Lindy Roberts (from May)	WA
Chief Executive Officer	Dr Mike Richards	Vic
Director of Finance	Ms Jess McKay	Vic

## Quality and Safety (Q&S) Committee

Chair (appointed by Council)	Professor Alan Merry	NZ
Councillor (at least one)	Associate Professor David Scott	VIC
Faculty of Pain Medicine Representative	Dr Michal Kluger (until October)	NZ
President Australian Society of Anaesthetists or nominee	Dr Elizabeth Feeney (until August, co-opted from August)	NSW
President Australian Society of Anaesthetists or nominee	Dr Andrew Mulcahy (from August)	Tas
President New Zealand Society of Anaesthetists or nominee	Dr Nigel Waters (until August)	NZ
President New Zealand Society of Anaesthetists or nominee	Dr Rob Carpenter (from August)	NZ
Such other members as appointed by Council	Dr Leona Wilson (Deputy Chair from August)	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)	Professor Barry Baker (until August)	NSW
Director of Professional Affairs (co-opted)	Dr Peter Roessler (from August)	Vic

## 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 David Story	Vic
Community Representative	Dr Angela Watt	Vic
Other members with an interest in research as appointed by Council	Professor Kate Leslie (until May)	Vic
	Associate Professor David Cottee (until May)	NSW
	Professor Andrew Bersten (until May)	SA
	Professor Paul Myles	Vic
	Professor Michael Paech	WA
	Associate Professor Tony Quail	NSW
	Associate Professor Phillip Siddall	NSW
	Associate Professor Timothy Short	NZ
	Dr Dan Wheeler	UK
	Professor Bala Venkatesh (from May)	Qld
	Dr Andrew Davies (from May)	Vic
	Associate Professor Jennifer Weller (from May)	NZ
	Associate Professor David Scott	Vic
	Professor Stephan Schug	WA

## Training Accreditation Committee (TAC)

Chair (appointed by Council)	Dr Frank Moloney	NSW
DPA Assessor	Dr Stuart Henderson	NZ
Chair Education and Training Committee or nominee	Dr Genevieve Goulding (from May)	Qld
Chair Trainee Committee or nominee	Dr Andrew Thomas	SA
Chair of FPM Training Unit Accreditation Committee or nominee	Dr Brendan Moore	Qld
Community Representative	Mrs Susan Sherson	Vic
and such other Members as the Council may appoint	Dr Kerry Brandis	Qld
	Dr Mark Gibbs	Qld
	Dr Alastair McGeorge	NZ
	Dr Mark Reeves	Tas
	Dr Lindy Roberts	WA
	Professor Kate Leslie	Vic

**International Medical Graduate Specialists (IMGS) Committee**

Chair (appointed by Council)	Dr Genevieve Goulding (until May)	Qld
Chair (appointed by Council)	Dr Leona Wilson (from May)	NZ
Councillor(s) (at least one)	Dr Frank Moloney (until May)	NSW
	Dr Peter Cook (until May)	Qld
	Dr Patrick Farrell (from May)	SA
DPA Assessor	Dr Stuart Henderson	NZ
DPA IMGS	Dr Richard Willis (from May)	SA
Chair New Zealand Panel for Vocational Registration	Dr Vaughan Laurenson	NZ
Director Education Development Unit	Ms Mary Lawson (until May)	Vic
Chair Final Examinations Subcommittee	Dr Mark Priestley (from October)	NSW
Final Examinations Subcommittee nominee	Dr Vida Vilunas (until October)	ACT
Final Examinations Subcommittee nominee	Dr Rajesh Brijball (from October)	Qld
Faculty of Pain Medicine Representative	Dr Frank New	Qld
Community and/or Jurisdictional Representative	Ms Kerri Kellett	Vic
Community and/or Jurisdictional Representative	Ms Helen Maxwell-Wright (until May)	Vic
Two other Fellows nominated by Council	Dr Peter Roessler	Vic
	Associate Professor Greg Knoblanche (until May)	NSW
	Associate Professor Michael Steyn	Qld
Such other members as appointed by Council	Dr Moira Westmore (until May)	WA
	Dr Steven Katz (until May)	NSW
	Dr Kerstin Wyssusek (from October)	Qld
	Dr Indu Kapoor (from October)	NZ

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

Chair (Trainee to be appointed by Committee)	Dr Christopher Wilde (until May)	Tas
Chair (Trainee to be appointed by Committee)	Dr Kathryn Hagan (from May)	NZ
Members (Chairs of Regional/National Trainee Committees)	Dr Jeremy Brammer (until March)	Qld
	Dr Brett Segal (from March)	Qld

	Dr Emelyn Lee (until May)	WA
	Dr Yvette Gainey (from May)	WA
	Dr Zain Upton	ACT
	Dr Meng Huat Goh (from May until November)	Sing
	Dr Hong Jye Neo (from November)	Sing
	Dr Kushlani Stevenson (until February)	Vic
	Dr Mahsa Adabi (from May)	Vic
	Dr Luke Murtagh (until May)	SA&NT
	Dr Rowan Ousley (from May)	SA&NT
	Dr Emily Stimson (until February)	NSW
	Dr Simon Martel (from February)	NSW
	Dr Leo Chun Yin Wat (until February)	HK
	Dr May Leung (from February)	HK
	Dr Kathryn Hagen	NZ
	Dr Christopher Wilde	Tas
	Dr Meng Li Lee (until February)	Mal
	Dr Cindy Thomas Joseph (from February)	Mal

Chair Education and Training Committee	Dr Lindy Roberts (until May)	WA
Chair Education and Training Committee	Dr Genevieve Goulding (from May)	Qld
Director Education Development Unit or nominee	Ms Mary Lawson	Vic
Observer (by invitation) Federal Chair, GASACT	Dr Michelle Spencer	Vic
Observer (by invitation) Trainee Representative NZSA	Dr Nathan Kershaw (until October)	NZ
Observer (by invitation) Trainee Representative NZSA	Dr Tom Fernandez (from October)	NZ

**Overseas Aid Committee (formed in 2010)**

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

**New Programs Committee**

Chair (appointed by Council)	Dr Mark Reeves (from May)	Tas
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Second Councillor	Dr Michelle Mulligan	NSW
Chair Final Examinations Subcommittee or nominee	Dr Mark Priestley	NSW
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
President	Professor Kate Leslie	Vic

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

Chair (appointed by Council)	Mr Tom O'Brien	Vic
Vice-President	Professor Kate Leslie (until May)	Vic
Vice-President	Dr Lindy Roberts (from May)	WA
Honorary Treasurer	Dr Richard Waldron (until May)	Tas
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
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**The Anaesthesia and Pain Medicine Foundation (formerly ANZCA Foundation) Board**

Chair (appointed by Council)	Professor Michael Cousins	NSW
Members	Mr Neil Batt	Vic
	Mr Michael Gorton	Vic
	Ms Yvonne Kenny	UK
	Mr Kieren Perkins	Qld
	Mr James Strong	Vic
	Mr John Astbury	Vic
	Mr Geoffrey Linton	Vic
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 Director	Mr Ian Higgins	Vic

**Executive Committee**

Vice-Dean/Chair Trainee Affairs Portfolio (Chair)	Dr Brendan Moore	Qld
Dean/Chair Relationships Portfolio	Dr David Jones	NZ
Chair, Fellowship Affairs Portfolio	Dr Penelope Briscoe	SA
Chair, Resources Portfolio	Associate Professor R Leigh Atkinson	Qld

**Education Committee**

Chair	Professor Edward Shipton	NZ
Dean	Dr David Jones	NZ
Education	Dr Penny Briscoe	SA
Assessor	Dr Frank New	QLD
Chair, Trainee Affairs Portfolio	Dr Brendan Moore	QLD
Supervisor SOT	Dr Tim Semple	SA
Chair Examinations Committee	Dr Raymond Garrick	NSW
New Fellow Representative	Dr Mark Schutze (until May)	WA
New Fellow Representative	Dr Clifford Timmins (from May)	QLD
ANZCA Director EDU	Ms Mary Lawson	
Member	Professor Stephan Schug	WA
	Dr Melissa Viney	VIC
	Professor Peter Teddy	VIC
	Dr Jane Trinca	VIC
	Dr Owen Williamson	Canada
	Dr Paul Wrigley	NSW
	Dr Faizur Noore (until June)	NSW

**Research Committee**

Chair	Dr Chris Hayes	NSW
Chair Fellowship Affairs Portfolio	Dr Penny Briscoe	SA
Senior Editor Pain Medicine	Associate Professor Milton Cohen	NSW
Member	Dr Malcolm Hogg	VIC
	Associate Professor Phil Siddall	NSW
	Professor Stephan Schug	WA
	Dr Carolyn Arnold	VIC
	Dr Tim Pavy	WA
	Professor Andrew Somogyi	SA
	Professor Maree Smith	QLD
	Professor Julia Fleming	QLD
	Professor Colin Goodchild	VIC
	Dr Guy Bashford	NSW
	Dr David Jones (Until May)	NZ

**Blueprinting Subcommittee**

Chair	Dr Owen Williamson	Vic
Member	Dr Frank New	QLD
	Professor Edward Shipton	NZ
	Dr Tim Semple	SA
	Dr K Chan	QLD

**Examination Committee**

Chair	Dr Ray Garrick	NSW
Deputy Chair	Dr Meredith Craigie	SA
Dean/Chair Relationships Portfolio	Dr David Jones	NZ
New Fellow Representative	Dr Martine Holford	NSW
Members	Dr Frank New	QLD
	Dr George Mendelson	VIC
	Dr Carolyn Arnold	VIC
	Associate Professor Leigh Atkinson	QLD
	Dr Melissa Viney	VIC
	Dr Mark Tadros	QLD
	Dr Penny Briscoe	SA

**Training Unit Accreditation Committee**

Chair	Dr Brendan Moore	QLD
Assessor	Dr Frank New	QLD
Members	Dr Carolyn Arnold	VIC
	Dr Matthew Crawford	NSW
	Dr David Gronow	NSW
	Dr Pauline Waites	TAS
	Dr Melissa Viney	VIC
	Dr Diarmuid McCoy	VIC

**Continuing Education and Quality Assurance Committee**

Chair	Dr Guy Bashford	NSW
Scientific Meeting Officer	Associate Professor Leigh Atkinson	QLD
ASM Officer	Associate Professor Pam Macintyre	SA
Members	Dr Penny Briscoe	SA
	Associate Professor Milton Cohen	NSW
	Dr Chris Hayes	NSW
	Dr Diarmuid McCoy	VIC
	Dr Peter Rofe (retired Feb 2011)	QLD
	Professor Ted Shipton	NZ
	Dr Michael Vagg	VIC
	Dr PP Chen	HK
	Dr Max Majedi	WA
	Dr Geoffrey Speldewinde	ACT

**Regional Committees**

**New South Wales**

Chair	Dr Charles Brooker
Deputy Chair	Dr Martine Holford
Secretary/Treasurer	Dr K E Khor
Members	Dr David Gorman
	Dr Lewis Holford
	Dr Marc Russo
	Dr Glen Sheh
	Dr Paul Wrigley
Ex-officio Members	Dr Guy Bashford
	Dr Ray Garrick
	Dr Chris Hayes

**Queensland**

Chair	Dr Paul Gray
CME Officer	Dr Mark Tadros
Secretary/Treasurer	Dr Richard Pendleton
Members	Dr Kathleen Cooke
Co-opted Members	
New Fellow	Dr Leigh Dotchin
Transmitter Editor	Dr Arthur Duggan
	Dr Matthew Bryant
Ex Officio Members	Associate Professor Leigh Atkinson
	Dr Brendan Moore
	Dr Frank New

**South Australia (formed November 2010)**

Interim Chair	Dr Graham Wright
Members	Dr Gary Clothier
	Dr Susan Evans
	Dr Dilip Kapur
	Dr Bruce Rounsefell
	Prof Andrew Somogyi
	Dr Andrews Zacest
Ex-officio Member	Dr Penny Briscoe

**Western Australia**

Chair	Dr Max Majedi
Secretary	Dr Donald Johnson
Treasurer	Dr Stephanie Davies

**National Committee**

**New Zealand**

Chair	Dr Vanessa Beavis
Deputy Chair	Dr Geoff Long (from July) Dr Paul Smeele (until July)
Honorary Secretary	Dr Gerard McHugh
Honorary Treasurer	Dr Gerard McHugh
National Education Officer	Dr Geoff Long
Formal Project Officer	Dr Jennifer Woods (from July) Dr Arthur Rudman (until July)
National Quality & Safety Officer	Dr Joe Sherriff
Chair, NZ Panel for Vocational Registration	Dr Vaughan Laurenson
Elected Members	Dr Amber Chisholm (from July)
	Dr Kerry Gunn (from July)
	Dr Gary Hopgood
	Dr Indu Kapoor (from July)
	Dr Brian Lewer (until July)
	Dr Nigel Robertson (from July)
	Dr Malcolm Stuart
New Fellows' Representative	Dr Amber Chisholm (until July)
	Dr Sabine Pecher (from July)
Ex-officio as ANZCA Councillors	Prof Alan Merry
	Dr Leona Wilson
Co-opted Representatives	Dr Kieran Davis (Faculty of Pain Medicine, from July)
	Dr David Jones (Faculty of Pain Medicine, until July)
	Dr Kathryn Hagen (Chair, NZ Trainee Committee)
Co-opted Observers	Dr Rob Carpenter (Chair, NZSA, from August)
	Dr Nigel Waters (Chair, NZSA, until August)
	Dr Mike Gillham (Chair, CICM)
Attendees	Dr Steuart Henderson (ANZCA Director of Professional Affairs)

**Regional committees**

**Australian Capital Territory**

Chair	Dr Carmel McInerney (from May)
Chair	Professor Thomas Bruessel (until April)
Deputy Chair	Dr Caroline Fahey (from May)
Honorary Secretary	Dr Grant Devine (until April)
Honorary Treasurer	Dr Caroline Fahey (until April)
Honorary Secretary, Honorary Treasurer and New Fellows representative	Dr Ross Peake (from May)
Regional Education Officer	Dr Simon Robertson (from May)
Regional Education Officer	Dr Carmel McInerney (until April)
Formal Projects Officer	Dr Don Lu (from May)
Formal Projects Officer	Professor Thomas Bruessel (until April)
Quality and Safety Officer	Dr Stephen Brazenor (from May)
Member	Dr Clifford Peady (until April)
Member	Dr Stephen Brazenor (until April)
FPM representative	Dr Geoff Speldewinde
ASA representative	Dr Linda Weber (until April)
ASA representative	Dr Phil Morrissey (from May)
Trainee representative	Dr Zain Upton

**New South Wales**

Chair	Dr Michael Amos (until May)
Chair	Dr Richard Halliwell (from June)
Deputy Chair	Dr Margaret Bailey (until May)
Deputy Chair and Formal and Project Officer	Dr Michael Rose (from June)
Treasurer	Dr Richard Halliwell (until May)
Secretary/Treasurer	Dr Michael Amos (from June)
Elected member	Dr Kim Gray (until May)
Elected member	Dr Keith Streatfeild (until May)
Elected member	Dr Tracey Tay
Elected member	Dr Taff Hughes (until May)
Elected member	Dr Richard Morris (until May)
Elected member	Dr Joanna Sutherland (from June)
Elected member	Dr Keith Streatfeild (from June)
Elected member	Dr Scott Fortey (from June)
Elected member	Dr Sarah Green (from June)
Quality and Safety Officer	Dr John Leyden (from June)
New Fellow Representative	Dr Kar Soon Lim (until May)
Faculty of Pain Medicine representative	Dr Lewis Holford
Elected member	Dr Michael Rose (until May)
Regional Educational Officer	Dr Natalie Smith
Formal Project Officer	Dr Joanna Sutherland (until May)
Deputy Formal Project Officer	Dr Kar-Soon Lim (from June)

**NATIONAL  
AND REGIONAL  
COMMITTEES  
CONTINUED**

CME Representative	Dr Greg O'Sullivan (until May)
Ex Officio	Dr Patrick Farrell
Ex Officio	Dr Frank Moloney
Ex Officio	Dr Nicole Phillips (until May)
Ex Officio	Dr Michelle Mulligan
NSW Regional Committee representative	Dr Greg O'Sullivan to NSW ACE Committee (from June)
NSW Trainee Committee representative	Dr Emily Stimson (until May)
NSW New Fellow representative	Dr Emily Wilcox (from June)
NSW Trainee Committee representative	Dr Simon Martel (from June)
ASA Representative	Dr Reg Cammack (until May)
ASA representative	Dr Michael Farr (from June)
ACT Representative	Professor Thomas Bruessel (until May)
ACT representative	Dr Carmel McInerney (from June)

**Queensland**

Chairman	Dr Anton Loewenthal (until April)
Chairman	Dr Sean McManus (from June)
Deputy Chairman	Associate Professor Michael Steyn
Honorary Treasurer	Dr Charmaine Barrett
Honorary Secretary	Dr Pal Sivalingam
Formal Project Officer	Dr Gerald Power (until April 2010)
Formal Project Officer	Dr Kerstin Wyssusek (from June)
Regional Education Officer	Dr Mark Gibbs
Quality & Safety Officer	Dr Paul Vella (from June)
Combined CME Committee Chair/Ex-officio Member (Council)	Dr Genevieve Goulding
Co-opted CME Rep	Dr Richard Pendleton
Co-opted New Fellows Rep	Dr James Hosking (from June)
Assistant to the REO	Dr Emile Kurukchi (from June)
Committee Member	Dr Peter Duff
Committee Member	Dr Jeneen Thatcher (from June)
Ex-officio Member Council	Dr Kerry Brandis
Co-opted IMG Rotation Supervisor	Associate Professor Kersi Taraporewalla (from June)
ASA representative	Dr Martin Culwick
Co-opted Trainee Committee Chair	Dr Brett Segal (from June)

**South Australia and Northern Territory**

Chair/Member	Dr Thien Le Cong
Deputy Chair/Treasurer	Dr Tim Porter
Hon. Secretary/Member	
Formal Projects Officer/Member	Dr Simon Jenkins

New Fellows Representative/Member	Dr Christine Huxtable
Member	Dr Charles Clegg
Member	Dr Nathan Davis
Member	Dr Richard Lea
Member/FPM Representative	Associate Professor Pam Macintyre
Member	Dr Andrew Beinssen
Member	Dr Kym Osborn
Member	Dr Lynne Rainey
Rotational Coordinator	Dr Ken Chin
Rotational Coordinator	Dr Sam Willis
Ex Officio Member of Council	Dr Rod Mitchell
AMA Representative	Dr Margie Cowling
Quality & Safety Officer NT Representative	Dr Brian Spain
Trainee Committee Representative	Dr Rowan Ousley
CICM Representative	Dr Peter Sharley
ASA Representative	Dr Douglas Fahlbusch
Directors Representative	Dr Peter Lillie
Regional Education Officer	Dr Margaret Wiese
SAAMC	Professor John Russell
CME Committee Representative	Dr Bill Wilson
ASA Representative	Dr Guy Christie-Taylor

**Tasmania**

Chair	Dr Simon Morphett
Secretary	Dr Lia Freestone
Treasurer	Dr Stuart Day
Deputy Chair	Dr Matthew Yarrow
ExOfficio	Dr Mark Reeves
Committee	Dr David Brown
REO	Dr Lia Freestone
Formal Project Officer	Dr Mark Reeves
Younger Fellow	Dr Darren Pereira
Trainee Comm Rep	Dr Christopher Wilde
Q&S Officer	Dr Deborah Wilson
FMP Rep	Dr Gajinder Oberoi

**Victoria**

Chair	Dr Andrew Buettner (from June)
Chair	Dr Rowan Thomas (until May)
Deputy Chair	Dr Craig Noonan (from June)

Deputy Chair/Honorary Treasurer	Dr Rodney Tayler (until May)
Hon Secretary	Dr Debra Devonshire (from June)
Hon Treasurer	Dr Andrew Schneider (from June)
Regional Education Officer	Dr Richard Horton
Formal Project Officer	Dr Irene Ng (from June)
Assistant Formal Project Officer	Dr David Pescod (from June)
Continuing Medical Education Officer	Dr Mark Hurley (from June)
Asst Continuing Medical Education Officer	Dr David Bramley (from June)
Social Officer	Dr Jane Calder (from June)
IMGS/AON/GP Liaison Officer	Dr Fred Rosewarne
Quality and Safety Officer	Dr Rowan Thomas (from June)
Ex-Officio Members:	
President	Professor Kate Leslie
Member of Council/Faculty of Pain Medicine Representative	Associate Professor David Scott
New Fellow to Council	Dr Justin Burke
Co-opted Members:	
VCCAMM	Professor Larry McNicol
Chair of the Association of Directors of Anaesthesia	Dr Andrew Jeffreys
ASA Victoria	Dr Simon Reilly
Member	Dr Winifred Burnett (until May)
New Fellow/Trainee Representative:	
New Fellow	Dr Chris Duffy
Chair, Victorian Trainee Committee	Dr Mahsa Adabi (from February to December)
Course Convener Primary full-time course	Dr Adam Skinner
Course Convener Final full-time course	Dr Glenn Downey

**Western Australia**

Chair	Dr Jenny Stedmon (from June)
Deputy Chair	Dr Jenny Stedmon (until June)

Deputy Chair	Dr Malcolm Thompson (from June)
Chairman	Dr David Wright (until June)
Immediate Past Chair and Secretary/Treasurer	Dr David Wright (from June)
Secretary/Treasurer	Dr Jodi Graham (until June)
Regional Education Officer	Dr Suzanne Bertrand
Formal Projects Officer	Dr John Martyr
Quality and Safety Officer	Dr Kevin Elks
Committee Member	Dr Alison Corbett (until July)
CME Officer	Dr Alison Corbett (from July)
Committee Member	Dr Simon Maclaurin (until June)
Committee Member	Dr Markus Schmidt
Committee Member	Dr Michael Veltman
Committee Member	Dr Nolan McDonnell (from June)
Committee Member	Dr Michael Ward (from June)
Ex-Officio:	
ANZCA Vice President/Honorary Treasurer	Dr Lindy Roberts
A.S.A. Representative	Dr Andrew Miller
Co-opted Members:	
Faculty of Pain Medicine	Dr Max Majedi
New Fellows' Representative	Dr Paul Sadleir (from June)
CME Officer	Dr Anton Van Niekerk (from August)
Deputy REO	Dr Soo-Im Lim
ISL Committee	Clinical Associate Professor Richard Riley
Trainee Committee	Dr Yvette Gainey
SCGH Representative	Dr Irina Kurowski (from June)
ASM 2012 Co-Convenors	Dr David Vyse and Dr Tanya Farrell

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**AUSTRALIAN AND  
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