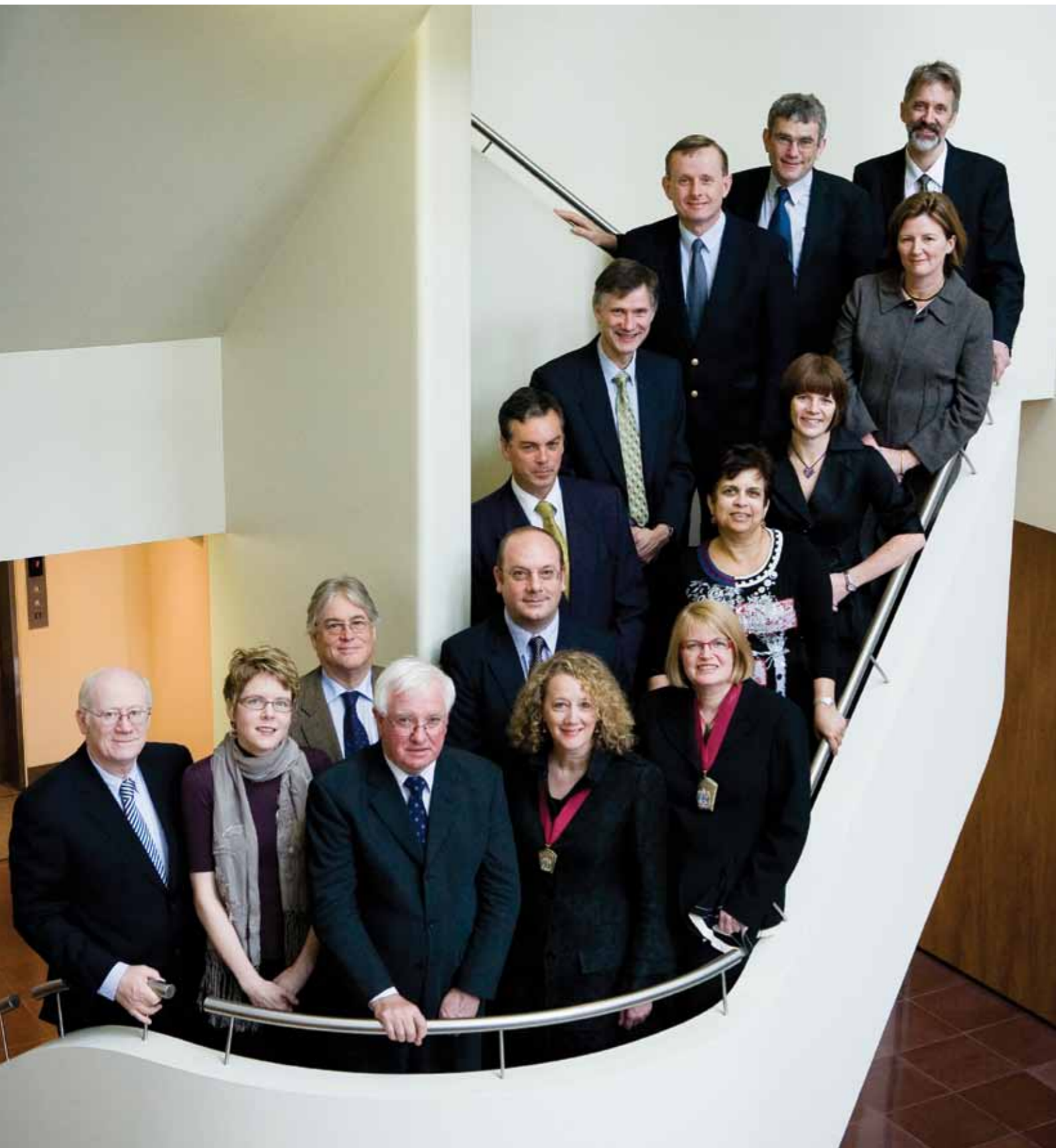


“To serve the community by fostering safety and quality patient care in anaesthesia, intensive care and pain medicine.”

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Back row (left to right ascending): Dr Mike Richards (In attendance member and CEO), Professor Vernon Van Heerden (Former Dean, JFICM), Dr Richard Waldron (resigned), A/Prof David Scott, Dr Peter Cook (resigned), Professor Alan Merry.

Front row (left to right ascending): Dr Kerry Brandis, Dr Lindy Roberts, Dr Frank Moloney, A/Prof Kate Leslie (Vice President/Honorary Treasurer), Dr Leona Wilson (President), Dr Genevieve Goulding, Dr Nicole Phillips, Dr Michelle Mulligan, Dr Rodney Mitchell.

Absent: Dr Penny Briscoe (Dean, FPM).

(Co-opted to Council: Dr Mark Reeves (from October 2009 - not pictured).

(Co-opted to Council: Dr Patrick Farrell (from November 2009 - not pictured).

(Dr Peter Cook was a member of the ANZCA Council from 2007 until his resignation from Council in October 2009. Dr Richard Waldron was a member of the ANZCA Council from 2006 until his resignation from Council in August 2009). (Prof Vernon Van Heerden is the former President of the College of Intensive Care Medicine - retired Feb 2010).

(Prof Johan Myburgh appointed President of College of Intensive Care Medicine in Feb 2010 – not pictured).

COUNCIL ELECTION

In accordance with the provisions of the Constitution nominations were called for four vacancies on Council. Six nominations were received. Standing Councillors Dr Leona Wilson, Dr Frank Moloney and Dr Richard Waldron were re-elected, and Dr Michelle Mulligan (NSW) was elected for a period of three years.

Dr Margaret Cowling resigned from Council in March 2009 after five years of service. Dr Richard Waldron resigned from Council in August 2009 after three years of service. Dr Peter Cook resigned from Council in October 2009 after two and a half years of service.

CO-OPTION TO COUNCIL

As a result of the resignations of Dr Margaret Cowling, Dr Peter Cook and Dr Richard Waldron, Dr Rodney Mitchell (SA), Dr Patrick Farrell (NSW), and Dr Mark Reeves (TAS) were co-opted to Council to fill the casual vacancies for the period to May 2010.

NEW FELLOW ON COUNCIL

Dr Nicole Phillips (NSW) is the current elected New Fellow on Council for the period to May 2010.

PRESIDENT'S REPORT



“HEALTH REFORMS IN BOTH AUSTRALIA AND NEW ZEALAND CONTINUED TO DEMAND OUR ATTENTION AND THE COLLEGE IS DETERMINED TO ENSURE THAT ANY CHANGES HAVE APPROPRIATE CLINICAL INPUT SO THAT STANDARDS ARE MAINTAINED AND PATIENT SAFETY IS PROTECTED.”

Dr Leona Wilson President

2009 was a challenging and exciting year for the College both in Australia and New Zealand. As this report demonstrates, we have made significant progress across a number of areas.

ANZCA STRATEGIC PLAN 2010-2012

In 2009 the Council finalised the Strategic Plan for the next three years, which will guide the College in its activities in the future. The nine strategic priorities are:

1. Increase the engagement of the College's members and the interaction with key external stakeholders.
2. Develop and communicate ANZCA's position on the differing roles and professional training required of Fellows and others providing sedation and anaesthesia-related care.
3. Address projected training and workforce shortages.
4. Increase the support for research.
5. Enhance the level of support provided to our Fellows and trainees in the area of safety and quality.
6. Provide support for indigenous health.
7. Provide support for overseas aid.
8. Ensure that our Fellows are supported in their clinical training and assessment activities.
9. Undertake a constitutional review of the role of the Faculty of Pain Medicine within the College.

INDEPENDENT COLLEGE OF INTENSIVE CARE MEDICINE

2009 was notable for the establishment of the new College of Intensive Care Medicine of Australia and New Zealand (CICMANZ) and the dissolution of the Joint Faculty of Intensive Care Medicine (JFICM). While this was the result of the decisions taken by the JFICM, ANZCA supported their right to make such a decision. The negotiations for separation proceeded in a very collegial and friendly fashion, and I am very grateful to Prof Vernon van Heerden and Prof John Myburgh from JFICM, as well as Prof Kate Leslie from ANZCA, for their professionalism. The vote of ANZCA Fellows endorsed the transfer of assets to CICMANZ, which paved the way for the smooth separation. The collegial nature of the separation has ensured the continuing good relationship between the two Colleges.

ACHIEVEMENTS

The College accomplished a number of achievements and milestones in 2009. Some of these achievements are listed on page 36-37.

Examinations

Demand for training continues to grow with a record number of trainees and candidates presenting for the Primary and Final Examinations. In 2009, 419 candidates sat the Pharmacology section of the primary Examination with a pass rate of 50.3 per cent and 423 candidates sat the Physiology section with a pass rate of 37.8 per cent. A total of 371 candidates successfully completed the Primary Examination. 334 candidates sat the Final Examination in 2009 with a total pass rate of 74.2 per cent. Thanks to the Chairs of the Primary and Final Examinations, and the 120 Fellows sitting on the panel of Examiners for all their hard work in ensuring that the examinations were conducted to the highest level of quality and consistency.

Outstanding events and conferences

This year the College conducted more than 60 continuing medical education events. The College's Annual Scientific Meeting (ASM) in Cairns was an outstanding success with 1870 registrants and some exceptional speakers, including distinguished international visitors.

Congratulations to the organising committee on delivering such a high quality event. The ASM, together with a raft of well attended events and conferences across Australia and New Zealand, shows there is a desire for learning, sharing of clinical information, and improving key areas of the profession.

Education

Educationally, we have been very active, continuing the comprehensive review of the FANZCA curriculum and teacher training to ensure ANZCA remains at the forefront of high quality, innovation and best practice. Many Fellows and trainees are involved in this work and I am very grateful to them. We also ran a number of outstanding clinical teaching courses, workshops and seminars in relation to accreditation, examinations, and IMGS and trainee performance reviews. Developing a range of online and distance educational activities remains a priority, especially for Fellows and trainees in regional and rural areas.

Investing in medical research

As a matter of long-established policy, 10 per cent of the annual subscription of Fellows is devoted to funding key research projects. Through this mechanism, ANZCA has established a proud record in funding important medical research. This year we announced \$600,000 in grants for 2010 for 15 research projects involving anaesthesia, intensive care and pain medicine and perioperative medicine. Reviewing every grant is a painstaking process and the Research Committee and Fellows who give up their time and contribute to this very important area of the College are to be congratulated and thanked.

It has been a busy year for the ANZCA Foundation. Fellows received a suite of materials about the Foundation, including the Bequest Program and Patrons Program which have also been distributed widely outside the College. Notwithstanding difficult economic conditions, it is gratifying that the Foundation continues to be supported generously by Fellows and the wider community.

Improving quality and safety

Efforts to improve anaesthesia quality and safety continued in 2009. The Australia and New Zealand Tripartite Anaesthetic Data (ANZTAD) Committee – involving the College, the Australian Society of Anaesthetists (ASA) and the New Zealand Society of Anaesthetists (NZSA) – has established an anaesthesia incident monitoring system, which is currently

being piloted in a number of hospitals in Australia and New Zealand. This will enable timely and comprehensive incident reporting, monitoring and analysis and feedback to Fellows and members of the ASA and NZSA. This has been an intensive effort by the ANZTAD Committee. The ANZCA Mortality Working Group released the 2003-2005 Safety of Anaesthesia publication, however difficulties remain in some regions which are not currently contributing to mortality reporting. This will remain a major focus in 2010. The Quality and Safety Committee has overseen a number of improvements including the development and review of College documents, revised the anaesthesia clinical indicators, improved quality and safety communication through the ANZCA E-Newsletter and *ANZCA Bulletin*, and have laid the foundation for a quality and safety network across all Regional and National offices.

COUNCIL

During 2009 three Councillors resigned: Dr Margie Cowling, Dr Peter Cook and Dr Richard Waldron. All three made significant contributions to the College, and will be missed. In their place, we were very pleased to welcome Dr Rod Mitchell, Dr Mark Reeves and Dr Pat Farrell. Each brings considerable strengths to Council, and we are grateful that they have offered their services to ANZCA.

CONCLUSION

2009 was a busy and active year for the College. While economic developments globally are challenging (but improving), the College remains in a strong financial position. Health reforms in both Australia and New Zealand continued to demand our attention and the College is determined to ensure that any changes have appropriate clinical input so that standards are maintained and patient safety is protected. I thank all Fellows for their input and expertise, without which we would simply not be able to offer the level and quality of services to ensure that the College remains at the forefront of medical education in Australia and New Zealand. I would particularly like to thank our regional and national committees, supervisors of training, examiners, working groups, tutors, community representatives, college solicitor, and Councillors for their commitment, enthusiasm and sheer hard work. Finally, the College is well served by a committed group of talented staff at the College's offices in Australia and New Zealand. Their efforts are acknowledged and greatly appreciated. I would especially like to thank Dr Mike Richards, our CEO, who has been tireless in his work modernising and professionalising the College. With the changes he has led, we are very well equipped to serve our community by promoting safe and high quality care in anaesthesia, pain medicine and intensive care medicine.



CHIEF EXECUTIVE OFFICER'S REPORT



“COLLEGE CONTINUES TO MODERNISE AND PROFESSIONALISE ITS OPERATIONS IN LINE WITH THE COUNCIL'S STRATEGIC OBJECTIVE OF MAKING ANZCA A LEADING SPECIALIST MEDICAL EDUCATION AND TRAINING PROVIDER.”

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

I am pleased to submit my Fifth Annual Report on activities in the College in 2009. The reporting year has been one of strong financial performance for the College. In an environment of significant economic challenge, the College has returned a net surplus of \$1.6 million against a budgeted surplus of \$0.407 million. That result comes as a consequence of prudent financial management and reflects the hard work of all Fellows and staff in continuing to provide services of value to members in the most efficient way possible. The College continues to modernise and professionalise its operations in line with the Council's strategic objective of making ANZCA a leading specialist medical education and training provider. The College's goal is to be an exemplar in the provision of education and training to anaesthetists, whether through the training program or through the maintenance of professional standards, or through Continuing Professional Education, and Fellows and staff have made significant achievements working to achieve that goal.

In 2009, the College has:

- continued to expand the numbers of candidates sitting the Primary and Final examinations.
- significantly advanced its comprehensive review of the training curriculum and clinical training.
- achieved very high levels of compliance by Fellows with the mandatory Continuing Professional Development (CPD) program.
- greatly increased the quality and quantity of submissions to government and the jurisdictions representing anaesthesia and pain medicine.
- introduced major improvements to the quality of *The ANZCA Bulletin* and maintained a consistent high quality in the e-Newsletter, with highly positive responses by Fellows and trainees.
- greatly raised the positive media profile of the profession by means of a significantly expanded stream of media stories about the vital work of anaesthetists in the health workforce.
- completed a major supply and demand study of New Zealand's anaesthesia workforce following on from the joint ANZCA/ASA study of Australia's anaesthesia workforce in 2008.
- allocated \$600,000 for 15 important medical research projects.

As the extensive list of highlights itemised elsewhere in this Report attest, 2009 has been a highly successful year for the College, and the hard work by Council, committees, Fellows and staff has placed ANZCA in a strong position to further advance its important mission.

RECORD NUMBER OF CANDIDATES

Candidate numbers continue to grow with a record number of candidates presenting. Following the introduction of changes to international medical graduate assessment in Australia, the College assessed 140 international medical graduates (51 more than in 2008), 20 in New Zealand and a further 47 Area of Need assessments were conducted. The new Exams Management System – the product of a great deal of work by Examiners and the College's IT department – is operating smoothly. In further process improvements, trainees can now access their training record online which includes essential information such as record of approval of training, modules completed, and key contact information. Trainees are also now able to receive their examination results using an SMS service, in addition to the usual publishing of results. Work commenced on a revised in-training assessment form (ITA) and development processes for submission of the form online commenced. A number of hospitals in Australia and New Zealand agreed to pilot the revised form before implementation in the second half of 2010.

RAISING AWARENESS, INFLUENCING POLICY

Externally, the College was kept busy dealing with governments and the jurisdictions and their plans for health care reform. In Australia alone, the College made 28 submissions on a variety of health sector issues, engaging in an array of consultations, committees and working groups. The proposed National Registration and Accreditation scheme received extensive scrutiny with the College making 10 substantial submissions. As a result of this and other work by specialist medical colleges and health profession organisations, the scheme will be more workable particularly in relation to the need for independent setting of clinical standards by the respective profession. The College also lodged submissions to a number of important reviews, including the (Australian) National Health and Hospitals Reform Commission, the National Primary

Health Care Strategy and the National Preventative Health Strategy. With a strong policy and government relations capability, the College is now better placed to have its views known and understood (and more frequently accepted) by policy makers at both national and jurisdictional levels in Australia. That capability is also achieving much in New Zealand. The New Zealand National Committee considered 63 consultation documents during 2009 and was involved in more than 30 submissions to Government and non-Government health agencies.

The College was also a major sponsor of the (Australian) National Pain Summit scheduled for March 2010. Considerable work was undertaken by the College's policy and communications units to assist in the summit preparations with the aim of raising the profile of pain medicine and a workable implementation strategy for change.

EDUCATION IMPROVEMENTS

An extensive review of the FANZCA curriculum continued with two major consultation phases completed during 2009, with a revised curriculum expected to be implemented in 2012. This included a comprehensive ANZCA Curriculum Survey of Fellows and trainees.

The review is important in ensuring that the College's curriculum remains contemporary in both clinical content and educational method, given the health reforms in both Australia and New Zealand. In addition, the College reviewed and redeveloped training and support activities for clinical teachers and supervisors, with courses being delivered throughout the regions, Malaysia and Singapore. The College continued to develop its e-learning activities such as distance education, which includes podcasts and webinars. The College achieved record participation in its Continuing Professional Development program following quality assurance and self-improvement activities becoming mandatory in January 2009. The College was also involved in more than 60 continuing medical events, including an outstanding Annual Scientific Meeting in May in Cairns with 1870 registrants.

ENHANCING THE AMENITY OF FELLOWS IN REGIONAL OFFICES

Supporting the critical work performed by Fellows remains a high priority. In 2009, new accommodation and staff support arrangements for the ACT regional committee were introduced. A new position of regional Operations Manager was created to lead, direct and manage resources across the regions and to support regional committee activities as they conduct courses, meetings and other activities. When regional committees are ready, it is planned to upgrade other regional offices in future years.

IMPROVING COMMUNICATIONS

Our commitment to improving communication continued with further significant improvements being made to the *ANZCA Bulletin* and the regular E-newsletter. The changes to the *ANZCA Bulletin* with expanded content, quality photography, design and extensive coverage of events has been very well received by Fellows and trainees. A higher quality publication has also attracted additional advertising revenue, which is substantially offsetting the cost of publication. The Fellowship Affairs Committee of Council has been active in promoting communications initiatives to ensure

that Fellows are better informed about developments affecting the College. With a Fellowship survey planned for early 2010, there will be an opportunity to refine the College's publications further to ensure they reflect Fellow interests and priorities. Following a review of the ANZCA website, plans are also underway for a redesign and improved navigability in 2010. Significant efforts continue to be made to increase the profile of the profession and the important role anaesthetists play. 2009 saw a major increase in highly positive media coverage on a range of issues relating to anaesthesia and pain medicine.

STRONG FINANCES

Financially the College finished the year in a very sound financial position as is evidenced by the Financial Statements that form part of this Annual Report. Prudent financial management and a successful year's operations allowed the College to report a surplus in excess of \$2.6 million prior to accounting for the separation of the Joint Faculty of Intensive Care Medicine. The net result was a surplus of \$1.6 million. The net asset position of ANZCA at year end improved to \$20.4 million compared to \$18.7 million at December 2008.

ANZCA adhered to the initiative I outlined in last year's Annual Report of not relying on investment income to supplement operating income. The College achieved a surplus on operating activities prior to investment income, allowing the positive return on Investments to have the desired effect of assisting the restoration of the corpus of investments from the low point of 2008.

CONCLUSION

2009 was a challenging but productive year for the College with a number of improvements being implemented across all areas of the College's operations. The College's strategy of modernising and professionalising, which includes rebuilding core capabilities and building new strengths in important areas, is delivering benefits with improved services to Fellows and greater influence with government. This will continue and the College is very well placed to be at the forefront of delivering medical specialist education and training in the Asia Pacific region.

The President, Dr Leona Wilson, has elsewhere acknowledged the work of Fellows for their extensive input and expertise. The College would simply not be able to function without the extensive pro bono contribution by Fellows, who freely give up their time to support the College in its important work. I would like to thank Fellows for their hard work and support, which is greatly appreciated. I would also like to thank my management team and the staff of the College for their enthusiasm and commitment. Finally, as Dr Wilson nears the end of her term in office, I would like to acknowledge and thank her for magnificent contribution to the College, and I want to express my personal appreciation for her support and guidance throughout her term as President. She has steered the College through a very important phase of its history, and she has overseen major improvements and reforms. Dr Wilson has left an indelible mark on ANZCA and on those who have had the pleasure to work with her.

AWARDS, PRIZES AND HONOURS

AWARDS, PRIZES AND HONOURS

Professor Alan Merry was awarded the New Zealand Order of Merit (ONZM) in the New Year's Honours List in recognition of services to medicine, particularly anaesthesia.

Dr Frank Junius was awarded the Medal of the Order of Australia (OAM) in the Australia Day Honours List. This award recognises his service to medicine over a long period of time, and in particular cardiopulmonary perfusion.

Dr Brian Pezzutti was awarded the Conspicuous Service Cross in the Australia Day Honours List for outstanding achievement as a specialist anaesthetist and adviser to the Defence Health Service Division.

Dr Graham Sharpe was made an officer of the New Zealand Order of Merit (ONZM) in the Queen's Birthday Honours list.

COLLEGE AWARDS

Professor Peter Kam was awarded an Orton Medal. This is the College's highest form of recognition for its Fellows and has been awarded to Professor Kam for his immense contribution to training and education across Australia, New Zealand and south-east Asia over many years.

Dr Robert Wong has been awarded an ANZCA Medal in recognition of his contribution to diving and hyperbaric medicine, his initiation of the formal qualification in this area in 2003 and his ongoing work to maintain the program at the highest possible standard.

Dr Diana Khursandi has been awarded an ANZCA Medal in recognition of her long-term contribution to the specialty of anaesthesia. Dr Khursandi has made a significant and sustained contribution in a diverse number of areas including rural and regional practice, anaesthesia workforce challenges, gender issues in medicine, clinical indicators, CPD, education and training, and the health and welfare of doctors.

GILBERT BROWN PRIZE 2009

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.

David Belavy (QLD) "*Ultrasound guided transversus abdominis plan (TAP) block for analgesia after caesarean surgery*".



FORMAL PROJECT PRIZE 2009

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.

Angela Palumbo (WA) "*Controversies in anaesthesia safety: Implications for the teaching and assessment of trainees*".

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.

May 2009	Dr Alexander Smirk (Vic)
September 2009	Dr Tung Hoi Ying Queenie (HK)

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.

May 2009	Dr James Jarman (Vic)
October 2009	Dr Louise Ellard (ACT)

POLICY AND GOVERNMENT

The College continues to work hard at improving ANZCA's standing in government circles, to build and maintain relationships and foster goodwill. This engagement takes considerable time and effort, as evidenced by ANZCA's involvement in the array of consultations, committees and working groups that shape policy. In return, the College is increasingly enjoying its well-earned reputation as an informed, progressive and professional organisation.

The range of submissions prepared by ANZCA continued to increase over the past year, 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, FPMANZCA and JFICM on the practice of anaesthesia, pain medicine, intensive care medicine and related areas.

HIGHLIGHTS

- Increased quality and quantity of submissions to government representing anaesthesia and pain medicine
- 28 submissions to government and related agencies in Australia
- 30 submissions to government and non-government health agencies in New Zealand
- Major sponsor of the National Pain Summit
- Review of community representation

SUBMISSIONS

During 2009, ANZCA made 28 submissions in Australia to bodies including the National Health Workforce Taskforce, the Commonwealth Government Department of Health and Ageing, the National Health and Hospitals Reform Commission, the Senate, the National Health and Medical Research Commission, the National Medical Board and 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 in Figure 1.

- ACT Health - Development of a *Model for Nationally Consistent Elective Surgery Practices, Data Collections and Reporting* - December 2009
- Medical Board of Australia - *Consultation Paper on Registration Standards and Related Matters* - November 2009
- Department of Health and Ageing - *Medical Specialist Outreach Assistance Program - Indigenous Chronic Disease* - November 2009
- Australian Commission on Safety and Quality in Health Care - *Recognising and Responding to Clinical Deterioration: Draft National Consensus Statement* - September 2009
- Australian Commission on Safety and Quality in Health Care - *Quality Healthcare Conversation - National Quality and Safety Framework* - September 2009
- Australian Commission on Safety and Quality in Health Care - *OSSIE Guide to Clinical Handover Improvement* - August 2009
- National Health and Medical Research Council - *Medical Research and Public Health Research Consultation* - August 2009
- National Transport Commission - *Review of Transport Medical Standards* - August 2009
- Department of Health and Ageing - *Legislative Proposals for Healthcare Identifiers and Privacy* - August 2009
- Queensland Health - *Establishment of Clinical Educational and Training Queensland (ClinEdQ)* - August 2009
- Productivity Commission - *Productivity Commission Research Study into Public and Private Hospitals* - July 2009
- Department of Human Services - *Victorian Workforce Redesign Toolkit* - July 2009
- School of Medicine, The University of Queensland - *Review of the MBBS Program* - June 2009
- Community Affairs Legislation Committee - *Health Workforce Australia Bill 2009* - June 2009
- Confederation of Postgraduate Medical Education Councils - *Review of Australian Curriculum Framework for Junior Doctors* - June 2009
- Department of Health and Ageing - *Broadening the Scope of the Diagnostic Imaging Accreditation Scheme to Include Non-radiology Services* - May 2009

POLICY AND GOVERNMENT CONTINUED

- Senate Standing Committee on Community Affairs - *Senate Inquiry - National Registration & Accreditation Scheme for Doctors and other Health Workers* - April 2009
- Department of Health and Ageing - *ANZCA Follow-up Response: Maternity Services Review Report* - March 2009
- National Health and Hospitals Reform Commission - *ANZCA Follow-up Response - Interim Report of the National Health and Hospitals Reform Commission (NHHRC)* - March 2009
- National Health Workforce Taskforce - *Clinical Training - Governance and Organisation* - March 2009
- Confederation of Postgraduate Medical Education Council - *Prevocational Medical Accreditation Framework* - February 2009
- Health Workforce Principal Committee Secretariat - *Proposed Arrangements for Specialists with the National Registration and Accreditation Scheme for Health Professionals* - February 2009
- National Health Workforce Taskforce - *Clinical Placements Across Australia - Capturing Data and Understanding Demand and Capacity* - February 2009

Figure 1. Submissions lodged in 2009, available via ANZCA's website.

NATIONAL REGISTRATION AND ACCREDITATION SCHEME (NRAS)

ANZCA has welcomed the introduction of a national registration and accreditation scheme (NRAS) for the health professions and the benefits it will bring to the Australian public. We continue to argue that medical specialist colleges must continue to play an important prevocational and specialist training role, including accreditation of training, ensuring the highest clinical standards and assessing competencies to protect patient safety.

The roll-out of NRAS continued throughout 2009, resulting in a further five submissions made to the Health Workforce Principal Committee of the National Health Workforce Taskforce, the Senate Standing Committee on Community Affairs and the newly established Medical Board of Australia. This brings the total number of submissions in relation to NRAS to 10.

As a result of concerns expressed by ANZCA, other medical colleges and health profession organisations the Scheme was subject to scrutiny by a Senate committee. This has resulted in better legislation that aligns with the need for independent setting of clinical standards by the respective profession. The consultations are continuing chiefly through the newly established national Medical Board on specific issues of registration and recognition of a separate specialist register. The new arrangements are on track to commence midway through 2010, pending adoption of the new legislation by all states/territories.

HEALTH REFORM

Three major reports were released by the Rudd Government during 2009:

National Health and Hospitals Reform Commission (NHHRC) Report

National Primary Health Care Strategy

National Preventative Health Strategy

The above reports set out key priorities and reform challenges for Australia's health system. While the NHHRC Commission report is comprehensive, its recommendations are fairly general. Much will depend on the detail flowing from government decisions to be taken in 2010. ANZCA continues to closely monitor government as announcements are made following the extensive review process and wide ranging consultation that occurred across hospitals throughout 2009 and into 2010.

While the College has lodged submissions throughout the review process, there is now an opportunity for anaesthetists and pain medicine specialists to reinforce the following key messages:

- Ensure adequate numbers of funded medical specialist training positions to enable balanced training rotations and ensure uninterrupted continuation of specialist training.
- Support existing postgraduate education provided by medical colleges which provides the community with a highly trained, skilled workforce at minimal cost.
- Promote better linkages between major health services and smaller peripheral services, especially between rural and major centres to ensure equity of access to specialist services.



- Provide dedicated teaching time for training in public hospitals and ensure it is firmly embedded within job descriptions.
- Improve quality assurance programs in hospitals – emphasis on quality and safety initiatives.
- Investigate innovative workforce approaches in relation to peri-operative medicine and health prevention to expand the reach of the profession and ensure sustainability into the future.
- Promote integrated public health programs aimed at preventing and managing chronic diseases in line with the prevention agenda and community expectations.

PAIN SUMMIT

Each of the three above mentioned reports contribute to an overarching focus on preventive health initiatives, which ANZCA strongly supports. Effective pain management has a great deal to offer in reducing the burden of chronic disease, particularly in the treatment of acute pain, in its early stages, to limit the otherwise likely progression to chronic pain and disability which contribute markedly to healthcare costs. The establishment of more integrated pain management clinics within hospitals and community health settings could secure the community substantial savings.

As a major sponsor of the National Pain Summit scheduled for March 2010, considerable preparatory work was undertaken by the College during the second half of 2009. Initiated by the Pain Management Research Institute, ANZCA, and other organisations, the summit will raise the profile of pain management and deliver a workable implementation strategy for change.

COMMUNITY REPRESENTATION

Additional resources within the policy team enabled a review of community representation within the College. As a result, within Australia ANZCA is transitioning to a new approach, in collaboration with the Consumer Health Forum of Australia (CHF). The CHF is a peak organisation which provides leadership in representing the interests of Australian healthcare consumers. This approach has enabled ANZCA to adopt best practice in ensuring community and consumer interests are adequately and equitably represented, in turn providing greater transparency in decision making.

New Zealand

The New Zealand National Committee considered 63 consultation documents during 2009 and was involved in more than 30 submissions to Government and non-Government health agencies. Key submissions included:

- Medical Council of New Zealand (MCNZ) – Proposed new framework for supervision of International Medical Graduates (IMGs).
- MCNZ – Practice visits (Periodic assessment of performance) as part of CPD.
- Review of the Health & Disability Commissioner Act and Code.
- Ministry of Health Draft Credentialling Framework.
- MCNZ – Draft statement on beliefs and medical practice.
- Review and Development of Aviation Industry Association of NZ Air Ambulance Air Rescue Standards.
- MCNZ – Draft resource on best health outcomes for Pacific Peoples.
- Draft guidance document – Central venous Catheter-related Bloodstream Infections in New Zealand Hospitals.
- MCNZ – Draft statement for doctors on the subject of advertising.

EDUCATION DEVELOPMENT, TRAINING AND ASSESSMENTS

The past year has been a very busy one with the Education Development Unit taking on a heavy workload including the ongoing review of the FANZCA curriculum, review of teacher training, e-learning resource development, and training and support for clinical teachers.

EDUCATION AND TRAINING COMMITTEE (ETC)

Chair, Dr Lindy Roberts WA

DPA Assessor, Dr Stuart Henderson NZ

Director, Education Development Unit
Ms Mary Lawson VIC

Chair, Training Accreditation Committee
Prof Kate Leslie VIC

Chair, New Programs Committee
Dr Michelle Mulligan NSW

Councillor and Chair of Examinations
A/Prof David Scott VIC

Councillor and Chair, IMGS Committee
Dr Genevieve Goulding QLD

Chair, Assessments Committee
A/Prof Jennifer Weller NZ

Chair, Trainee Committee (or nominee)
Dr Christopher Wilde TAS

Chair, Workplace-based Assessments Committee
Dr Lindy Roberts WA

Community Representative
Ms Gabrielle Endacott VIC

Fellow and Councillor, Dr Kerry Brandis QLD

Fellow, Councillor and SOT at Westmead Hospital
Dr Nicole Phillips NSW

Fellow, Dr Michele Joseph VIC

Chair, Primary Exam Committee, Dr Craig Noonan VIC

Chair, Final Exam Committee, Dr Mark Priestley NSW

HIGHLIGHTS

- Two extensive consultation phases of the FANZCA Curriculum Review completed.
- Conducted comprehensive ANZCA Curriculum Survey.
- Development of online and distance education activities, including podcasts and webinars.
- Reviewed and redeveloped training and support activities for clinical teachers and supervisors.
- Clinical teaching course delivered successfully throughout ANZCA regions, Malaysia and Singapore.

RESPONSIBILITIES

The Education Development Unit has 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.

ANZCA TRAINING PROGRAM REVIEW

The ANZCA training program review was launched as a two-year project in early 2008. It is due to report recommendations in early 2010. Following on from those recommendations, a phase of curriculum redevelopment will commence, with a view to implementing a revised curriculum in 2012. The review was coordinated by Claire Byrne and she was joined in September 2009 by Claire Higgins who is assisting with the completion of the review process. Project oversight is being provided by the Curriculum Review Working Group (CRWG) reporting to the College's Education and Training Committee (ETC) and ANZCA Council.

The Curriculum Review Project was designed to ensure that the curriculum remains contemporary in terms of both clinical content and educational method. It was also designed to address the pressing issue of a significant anticipated expansion in the numbers of graduating students applying for anaesthesia training.

There have been two phases of consultation during the review project – an open submissions process and a survey of all Fellows and trainees.

EDUCATION DEVELOPMENT, TRAINING AND ASSESSMENTS CONTINUED

The first consultative stage in the Curriculum Review Project (an open submissions process) was completed in January 2009. Any organisation/institution, group or individual having an interest in the ANZCA Training Program was able to comment on the current training program, indicate desired outcomes of training and also propose innovative ideas for the curriculum. Invitations were also sent to key stakeholders. The submissions were open from October 1, 2008 to January 31, 2009.

For further details of the submissions, including the opportunity to read all 132 submissions received, please visit the website at www.anzca.edu.au/edu/projects/curriculum-review/submissions

The second consultative phase in the Curriculum Review Project was completed in October 2009 and took the form of a survey of all ANZCA Fellows and trainees. The survey focused on the major issues surrounding the ANZCA Training Programme, as identified in the submissions process and/or by relevant College committees, working groups and operational units. The survey was open from September 21 until October 31, 2009.

For further details of the survey, including a full set of the results, please visit the website at www.anzca.edu.au/edu/projects/curriculum-review/survey

For up-to-date details of the overall review project, please visit the Curriculum Review Page:

<http://www.anzca.edu.au/edu/projects/curriculum-review>

E-LEARNING RESOURCE DEVELOPMENT

In 2009 ANZCA continued to develop its activity in the field of E-learning. This was enabled, in part, by a successful application for a Commonwealth Government Grant to support the development of online educational initiatives at the College.

Funding was obtained under the Australian Government's Rural Advanced Specialist Trainee Support (RASTS) programme. The goal of the program is to provide support for advanced trainees located in rural areas. During 2009 ANZCA has developed and delivered a range of online and distance educational activities including podcasts and webinars. A Distance Education Working Group (DEWG) oversees both the RASTS project and a number of other related initiatives. The activity of the working group and e-Learning activity more generally is coordinated by Susan Batur, Education Project Officer (E-learning). Further details about this work can be accessed at www.anzca.edu.au/edu/projects/distance-education/

Further funding will be sought in 2010 to continue to support E-learning at ANZCA. Additional funding will allow for an increase in the number of video podcasts delivered by expert presenters and will assist trainees and IMGs based in rural locations to prepare for their examinations.

TRAINING AND SUPPORT FOR CLINICAL TEACHERS

During 2009, the Education Development Unit continued to work with members of the Clinical Teacher Development Working Group (CTDWG) to review and re-develop training and support activities for clinical teachers and supervisors. This work is coordinated by Ms Felicity Hutton in her role as 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 2009 to progress the work of the group. The first meeting of the year was a face-to-face workshop held at ANZCA House on August 26, 2009. At this workshop the Curriculum Review Submissions Analysis provided the foundation for all work undertaken throughout the day. The workshop began with a validation exercise which resulted in the review and refinement of the CTDWG underlying principles for development, training and support activities. A large portion of the workshop focused upon the identification and prioritisation of content for future programme development. In addition, the CTDWG explored issues faced by ANZCA formal positions of responsibility and developed some draft strategies to deal with such issues.

The outcomes of the day were integral to the development of the forthcoming ANZCA Teacher Course and included:

- The review and refinement of the CTDWG underlying principles for clinical teacher development and support activities.
- The development of content / topics which will form the basis of the ANZCA Teacher Course - *Foundation Level*.
- The development and prioritisation of a suite of topic options which will form the basis of the ANZCA Teacher Course - *Advanced Level*.
- The identification of issues faced by individuals holding an ANZCA formal position of responsibility and the development of suggested strategies to deal with such issues.

The CTDWG also met by teleconference on December 4, 2009 to examine the results of the ANZCA Curriculum Review Survey relating to teacher support and development. The survey results were reviewed in detail on a question by question basis. The CTDWG used their expertise to analyse and interpret the data provided, taking into account the implications for the continued review of clinical teacher training and support activities.



Outcomes of analysis of ANZCA Curriculum Survey results:

- Overall, the CTDWG found no unexpected areas or survey results.
- The CTDWG agreed with the data generated from the Curriculum Review Survey.
- The data generated from the ANZCA *Teacher Training and Support* area supports the introduction of a core and options approach to teacher training.
- Both the qualitative and quantitative data is in alignment with the future development work of the CTDWG.

Up-to-date details of the working group's project are available at the following website:

<http://www.anzca.edu.au/edu/projects/teaching-review>

In 2009, the Clinical Teaching Course (CTC) was delivered successfully throughout all ANZCA regions and, for the first time, in Malaysia and Singapore. The workshops were made freely available to all Fellows from ANZCA, JFICM and FPM involved in teaching ANZCA trainees. The CTC has been delivered as a one day face-to-face workshop, with pre-workshop readings and a range of interactive hands-on activities.

**CLINICAL TEACHER COURSE
2009 SCHEDULE AND ATTENDANCE**

Date	Region/Nation	Topic	Number of participants	JFICM or FPM
19 Feb	SA/NT	Assessment	6	1
20 Mar	NZ	Teaching in small groups	7	0
27 Mar	NSW	Teaching in small groups	14	1
22 Apr	VIC	Assessment	9	0
5 Jun	WA	Developing Strategies for effective clinical supervision	12	1
26 Jun	TAS	Teaching in the operating theatre	6	0
18 Jul	ACT	Developing Strategies for effective clinical supervision	12	1
24 Jul	QLD	Teaching in small groups	10	0
1 Aug	SING	Teaching in the operating theatre	24	1
3 Aug	MAL	Teaching in the operating theatre	20	1
4 Sep	NZ	Assisting Trainees with Difficulties	18	2
19 Sep	HK	Developing Strategies for effective clinical supervision	13	2
Total			151	10

The feedback from participant evaluation has been extremely positive. Below are some illustrative quotes from participant evaluation forms:

"A perfect blend of theory, knowledge, application and problem solving!"

"Good atmosphere, interactive, enthusiastic and supportive facilitators."

"Practical application of module teaching points."

"Relevant clinical examples."

"Clear, identifiable objectives with easy-to-understand notes and interactive teaching style."

The current schedule of workshops is available at www.anzca.edu.au/edu/teacher-programme/teacher-course

STAFF

In 2009, the EDU team comprised the following positions and post-holders:

- Director of Education: Ms Mary Lawson
- Education Training & Development Manager: Ms Felicity Hutton (part-time)
- Education Research & Evaluation Officer: Ms Claire Byrne (fixed-term contract)
- Education Project Officer (e-Learning): Ms Susan Batur (fixed-term contract)
- Education Project Officer (Curriculum): Ms Claire Higgins (fixed-term contract)
- Education Administrator: Ms Claire Spooner (fixed-term contract).

PRIMARY AND FINAL EXAMINATIONS

In 2009 the College has continued to expand the numbers of candidates sitting the Primary and Final examinations. In 2009, 419 candidates sat the Pharmacology section of the primary Examination with a pass rate of 50.3 per cent and 423 candidates sat the Physiology section with a pass rate of 37.8 per cent. A total of 371 candidates successfully completed the Primary Examination. 334 candidates sat the Final Examination in 2009 with a total pass rate of 74.2 per cent.

COMMITTEES

The Primary Examination Sub-Committee

Chair, Dr Craig Noonan

The Final Examination Sub-Committee

Chair, Dr Mark Priestley

PRIMARY EXAMINATION

Two Primary Examinations were held during 2009.

March/April 2009

One hundred and forty three (143) candidates presented for both the Pharmacology and Physiology sections at this examination, of which sixty one (61) candidates successfully completed the Primary Fellowship Examination.

Sixty (60) candidates presented for Pharmacology only of which thirty-nine (39) successfully completed the Primary Fellowship Examination. Fifty-three (53) candidates presented for Physiology only of which sixteen (16) successfully completed the Primary Fellowship Examination.

Renton Prize

The Court of Examiners recommended that the Renton Prize for the half year ended 30 June 2009 be awarded to:

Dr Alexander Smirk VIC

Merit Certificates

Merit Certificates were awarded to:

Dr Catherine Ashes	NSW
Dr Daniel Boyd	NZ
Dr Daniel Ellyard	WA
Dr Andrew Hunt	WA
Dr Benjamin Jones	NSW
Dr Daniel Levine	NZ
Dr Lloyd Roberts	VIC
Dr Angela Tan	WA
Dr Andrew Wing	NZ

July/September 2009

One hundred and thirty-three (133) candidates presented for both the Pharmacology and Physiology sections at this examination, of which sixty-five (65) candidates successfully completed the Primary Fellowship Examination.

Eighty-three (83) candidates presented for Pharmacology only of which forty-six (46) successfully completed the Primary Fellowship Examination.

Ninety-four (94) candidates presented for Physiology only of which eighteen (18) successfully completed the Primary Fellowship Examination.

Renton Prize

The Court of Examiners recommended that the Renton Prize for the half year ended 31 December 2009 be awarded to:

Dr Tung Hoi Ying Queenie HK

Merit Certificates

Merit Certificates were awarded to:

Dr Jessica Dorman	NSW
Dr Andrew Fah	SA
Dr Rahul Garg	NSW
Dr Nicole Khangure	NSW
Dr Cheuk Yin Li	HK
Dr Benjamin Lincoln	QLD
Dr Matthew Miller	NZ
Dr Rachel Ruff	NSW
Dr Chloe Tetlow	NSW

PRIMARY AND FINAL EXAMINATIONS CONTINUED

FINAL FELLOWSHIP EXAMINATION

Two Final Fellowship Examinations were held in 2009.

April/May 2009

One hundred and ninety-four (194) candidates presented for the Medical Clinical and Written sections of the examination and one hundred and seventy (170) were invited to attend the Anaesthesia Vivas in Melbourne.

A total of one hundred and fifty (150) successfully completed the Final Examination.

Cecil Gray Prize

The Court of Examiners recommended that the Cecil Gray Prize for the half year ended 30 June 2009 be awarded to:

Dr James P Jarman	Vic
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Merit Certificates

Merit certificates were awarded to:

Dr Dominique Muller	WA
Dr Mark V Porter	NSW
Dr Helen M Ward	NSW
Dr James M Koziol	Vic
Dr Jonathon R Golshevsky	Vic

August/October 2009

One hundred and forty (140) candidates presented for the medical clinical and written sections of the examination and one hundred and twenty-three (123) were invited to attend the anaesthesia vivas in Sydney.

A total of ninety-eight (98) candidates successfully completed the Final Examination.

Cecil Gray Prize

The Court of Examiners recommended that the Cecil Gray Prize for the half year ended 31 December 2009 be awarded to:

Dr Louise M Ellard	ACT
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Merit Certificates

Merit Certificates were awarded to:

Dr Amanda E Kruys	SA
Dr Andrew Fenton	Vic
Dr James Dowling	SA
Dr Jennifer Upton	NSW
Dr Nina Civil	NZ
Dr Timothy Paterson	WA

INTERNATIONAL MEDICAL GRADUATE SPECIALISTS PERFORMANCE ASSESSMENT

Two assessments were held in 2009.

April/May 2008

Eight (8) candidates presented for the International Medical Graduate Specialists Performance Assessment held in April/May 2009 and three (3) candidates were successful.

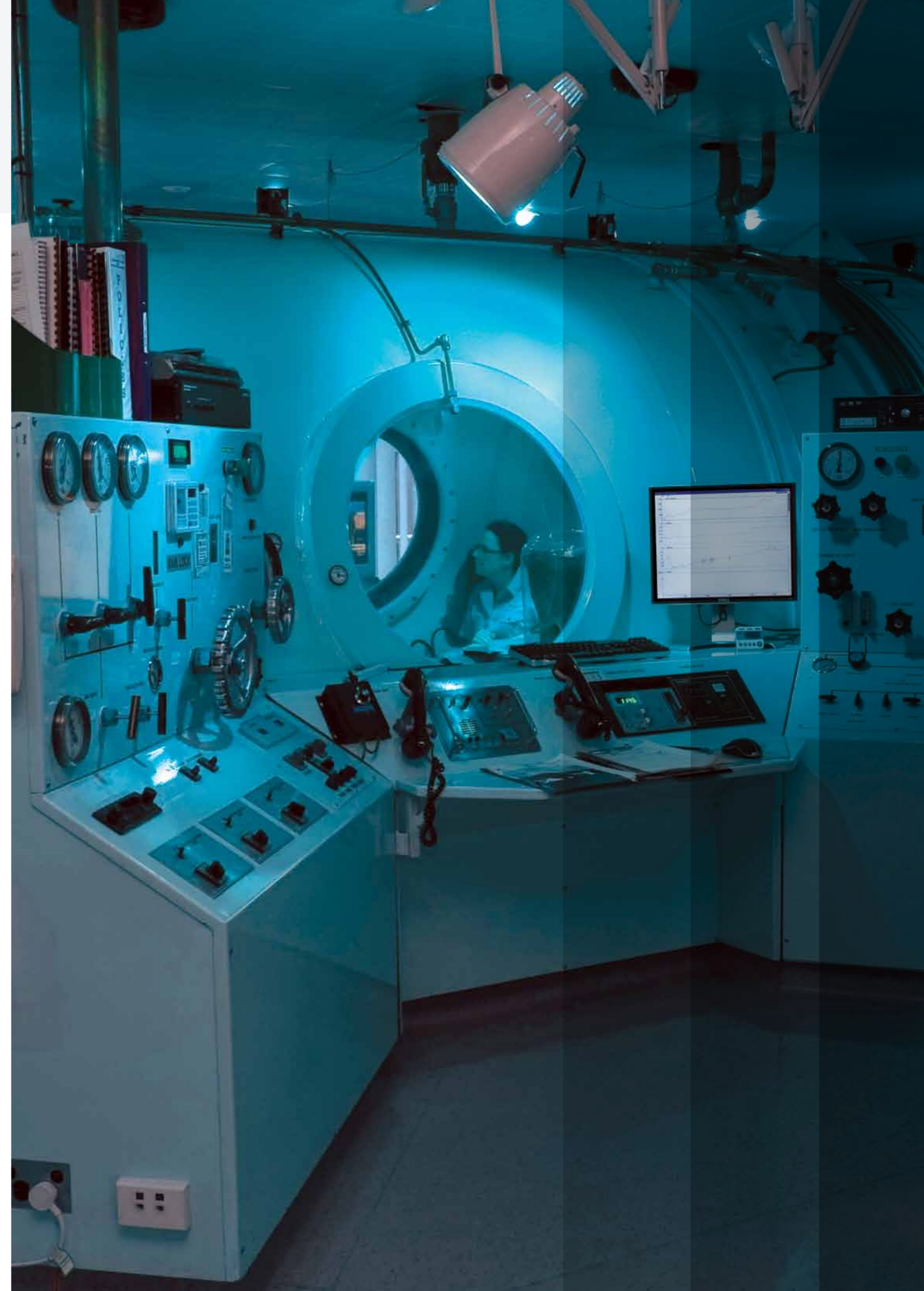
August/October 2008

Twenty-four (24) candidates presented for the International Medical Graduate Specialist Performance Assessment held in August/October 2009 in Sydney and twelve (12) candidates were successful.

CERTIFICATE IN DIVING AND HYPERBARIC MEDICINE

One examination was held in November 2009.

Three (3) candidates presented for the Certificate in Diving and Hyperbaric Medicine Examination and three (3) candidates were successful.



INTERNATIONAL MEDICAL GRADUATE SPECIALISTS (IMGS)

The past year has been a busy one at ANZCA in assessing a number of international medical graduates. A number of changes were also introduced to the College's regulations governing International Medical Graduate (IMGS) assessment in 2009. The College was also active in assessing Area of Need applications.

IMGS COMMITTEE

Chair, Dr Genevieve Goulding QLD

Councillor, Dr Frank Moloney NSW

DPA IMGS, Dr Richard Willis SA

DPA Assessor, Dr Steuart Henderson NZ

Chair, New Zealand Panel Dr Vaughan Laurenson NZ

Chair, Final Examinations Dr Mark Priestley NSW

SUBCOMMITTEE

Fellow nominated by Council, A/Prof Greg Knoblanche NSW

Fellow nominated by Council, Dr Peter Roessler VIC

Representative of the Joint Faculty of Intensive Care Medicine, Dr Ross Freebairn NZ

Representative of the Faculty of Pain Medicine, Dr Frank New QLD

Community Representative, Ms Helen Maxwell-Wright VIC

Jurisdictional Representative, Ms Kerry Kellet ACT

Member, A/Prof Steven Katz NSW

Member, A/Prof Michael Steyn QLD

HIGHLIGHTS

- 140 international medical graduates assessed in Australia, 51 more than in 2008.
- New Zealand National Committee assessed 20 international medical graduates.
- 47 Area of Need assessments conducted.

CHANGES

A key change is that an IMGS assessed as Advanced Standing Towards Substantial Comparability (ASTSC) require 12 months of Clinical Practice Assessment (CPA) under oversight and a Workplace Based Assessment (WBA) to be recommended for specialist recognition, and for eligibility to apply for Fellowship.

An IMGS assessed as Partially Comparable (PC) still require up to 24 months of CPA plus an examination to be recommended for specialist recognition, and for eligibility to apply for Fellowship.

An IMGS categorised as Not Comparable (NC) would not be accepted in to the IMGS Assessment pathway.

All IMGS who are categorised as either PC or ASTSC are also required to provide evidence of having completed an EMAC (or equivalent) course and to show participation in Continuing Professional Development activities.

AUSTRALIA IMGS ASSESSMENT

During 2009, the College assessed 140 International Medical Graduate Specialists (IMGS) in Australia, 51 more than in 2008. Assessments were made by four member panels which included community representation. Interviews were held, on average, once a month. Criteria assessed included training in comparison with ANZCA, specialist qualification and practice as a specialist, experience as a specialist, and participation in continuing education and quality assurance activities by participation in a program comparable to the ANZCA Continuing Professional Development (CPD) Program.

Countries of IMGS origin included Canada (2), Czech Republic (1), Denmark (2), Egypt (3), Fiji (1), Germany (7), Hungary (2), India (31), Iran (7), Iraq (1), Israel (2), Italy (2), Malaysia (2), Nepal (2), Norway (1), Philippines (2), Serbia (1), South Africa (27), Sri Lanka (17), Sweden (1), United Kingdom (22), United States (1), Zimbabwe (3).

Of these applicants, 37 were determined to be ASTSC, 76 were determined to be PC, of which 43 require a clinical practice assessment period of 12 months, 30 were determined to require 24 months, and three were determined to require 18 months. 12 applications were determined to be NC at interview and 11 were determined to be NC prior to interview, on the basis that the gap between their training and that required for FANZCA was too great for the IMGS process.

NEW ZEALAND ASSESSMENT

In New Zealand, the Medical Council of New Zealand (MCNZ) refers overseas trained specialist applications for entry into the vocational scope of anaesthesia on the Medical Register of the Medical Council of New Zealand 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 for eligibility to apply for Fellowship of ANZCA.

In 2009, the NZ National Committee assessed 20 IMGS. Countries of origin included: Sweden (2), United Kingdom (9), United States of America (2), Germany (4), India (1) and South Africa (2).

Of these applicants, 12 were determined to have ASTSC, seven were determined to be PC, of which six were required to complete 12 months CPA and one was required to complete 24 months CPA, and one was considered to be NC and was therefore, not eligible to enter the ANZCA IMGS Pathway.

AREA OF NEED ASSESSMENTS

During 2009, 47 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 30 primary applications, 21 commenced in positions, and 18 have commenced in the IMGS process.

TRAINING ACCREDITATION

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

In 2009, 28 facilities were inspected in Australia and New Zealand. Two of these were new accreditations.

The 2009 accreditation training was held in Adelaide, and 13 new accreditors were trained.

The following projects are ongoing:

- Training in private
- Rural training
- Accrediting retrieval
- TAC processes

The following projects were established and will provide reports/action plans to be implemented in 2010:

- Workload calculations
- Training site relationships
- 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 2009, and continuing accreditation was granted to all. There were no new applications.

The revision of the Effective Management of Anaesthetic Crises (EMAC) course continued throughout 2009 and is now complete. Updated manuals will be circulated to accredited centres.



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).

Two new DHM units were granted accreditation in 2009. One unit was reviewed and granted ongoing accreditation.



ANZCA TRAINEE COMMITTEE

The ANZCA Trainee Committee (TC) is a Committee of Council responsible for considering issues relating to education and training, trainee welfare, working conditions, and other matters affecting the trainee body. The trainee members are elected from every training region of ANZCA, and are supported by high-level College staff and Councillors. The 2009 Trainee Committee held four meetings, including one face-to-face day at ANZCA House.

The Trainee Committee represents trainees at the College-level and is a voice for all trainees to raise concerns or give input to the College. It is a central point of contact for the College to obtain trainee opinion and trainee delegates for specific roles, and a further channel of communication from the College to trainees.

ANZCA TRAINEE COMMITTEE

Elected trainee members:

Christopher Wilde (Chair)	Tasmania
Jeremy Brammer (Deputy Chair)	Queensland
Kathryn Hagen	New Zealand
Meng-Li Lee	Malaysia
Ann Ngui / Emelyn Lee	Western Australia
Luke Murtagh	South Australia and Northern Territory
Hong Jye Neo	Singapore
Kushlani Stevenson	Victoria
Emily Stimson	New South Wales
Zain Upton	Australian Capital Territory
Wat Chun Yin Leo / May Leung	Hong Kong

Ex-officio members and invited participants:

Leona Wilson President	New Zealand
Lindy Roberts Chair, Education & Training Committee (ETC)	Western Australia
Amanda Young / Luke Wilson / Michelle Spencer, Chair GASACT	Victoria
Nathan Kershaw Trainee Representative NZSA	New Zealand
Mary Lawson	Director of Education
Gregory Pain	Director, Training & Assessments Unit
Lauren McCarthy / Ryan Cole	Administrative Support Officer, Training & Assessments Unit

(Where two names appear, the delegate changed during 2009.)

CONTINUED SUPPORT AND COLLABORATION

The ANZCA Trainee Committee thanks the College Councillors and staff for continued support during 2009. The committee is pleased at how frequently the College is now asking for trainee input in a wide variety of matters, from committees and subcommittees, to Working Groups and Special Interest Groups, to comments on existing and proposed processes. ANZCA trainees are represented on 12 College Trainee Committees, a further eight College groups, and three external related organisations.

In 2009, trainees have been directly involved with:

- the development of ANZCA's new Principles for Assessment.
- the new ITA Form and ITA Process, for implementation in 2010.
- the new trainee email system, which will be rolled-out in 2010.
- collecting independent trainee opinion for Training Accreditation Committee visits to training sites.
- the major Curriculum Review project being undertaken by the College.
- the Clinical Teacher Development and Distance Education projects.
- the Liaison with Industry Working Group.
- the Welfare of Anaesthetists Special Interest Group.
- raising concerns regarding fee increases and the communication of these to trainees.

TRIPARTITE TRAINEE COLLABORATION

In the past year, the Training Committee has strengthened links and collaboration with GASACT and the NZSA, sending out a joint covering letter and GASACT Handbook to every registered trainee. There is agreement to formally invite the Federal GASACT Chair and NZSA Trainee Representative to Trainee Committee meetings, on an ongoing, reciprocal basis. The AMA Council of Doctors in Training (AMA CDT) has also strengthened communication with the Trainee Committee.

TRAINEE COMMITTEE MEMBERSHIP

The Trainee Committee will always have a higher membership turnover than other Committees of Council, and work has commenced on a briefing manual and a procedures document for Trainee Committee members to help mitigate this threat. The assistance and support of Lindy Roberts to the committee is to be commended.

Christopher Wilde
Chair, ANZCA Trainee Committee

CONTINUING PROFESSIONAL DEVELOPMENT

In 2009 participation in the CPD Program was made mandatory for all Fellows. The program had steady growth with an overall participation rate of more than 70%. The breakdown of participation by region is summarised below.

The College continues to achieve very high levels of compliance with the mandatory Continuing Professional Development program.

The College was also involved in more than 60 events, meetings, workshops and courses in 2009 with a record number of attendees at the Annual Scientific Meeting in Cairns.

CPD COMMITTEE

Chair (CPD), Dr Frank Moloney NSW

Member, Dr Michelle Mulligan NSW

Member, Dr Rod Mitchell SA

HIGHLIGHTS

- Participation rate in the CPD Program has exceeded 70%.
- Non-Fellow participation in CPD increased.
- Successful Special Interest Group meetings held in New South Wales and Queensland.

CPD PARTICIPATION

ANZCA	Australia	New Zealand	Singapore	Hong Kong	Malaysia	Other	Total
CPD							
Participation	2457	412	5	43	7	36	2960
%	74.6	85.7	8.2	24.3	16.7	24	70.4
Fellows	3294	481	61	177	42	150	4205
FPM							
CPD							
Participation	106	11	1	6	0	2	126
%	53.5	61.1	14.3	66.7	0	7.1	48.3
Fellows	198	18	7	9	1	28	261

Non Fellow participation increased also in 2009 with the main participants being IMGs who need CPD participation for employment within Australasia. The breakdown of Non Fellow participation in the CPD Program is detailed below:

Non Fellow	Australia	New Zealand	Singapore	Hong Kong	Malaysia	Other	Total
2009							
Participation	88	134	0	0	0	6	228
						Increase of	24.9%
2008							
Participation	63	115	0	0	0	6	184

The end of the first triennium with the new CPD Program will be in December 2010 and each participant will be required to do an Evaluation of their CPD Portfolio. In January 2011 there will be a random audit of 5% of Fellows participating in the CPD Program which will be conducted in partnership with the CPD Committee and the CPD Unit.

SPECIAL INTEREST GROUP EVENTS

The Rural Specialist Interest Group Conference was held in the Hunter Valley in NSW from the July 23-25 with the theme "Gumnuts and Joeys – Delivering Anaesthesia in the Bush". There were excellent delegate numbers for the conference with one of the highlights being Neonatal Resus workshops which were well attended and very popular with delegates.

The 10th Biennial Cardiothoracic, Vascular and Perfusion SIG Conference was held at the Sheraton Noosa from the October 4-7, with strong attendance. In conjunction with the meeting there were optional workshops run an echoworkshop and a heart lung simulation workshop.

The Combined Education, Simulation, Welfare and Management SIG Meeting – Essential Skills for the Future – was held from October 9-11 in Byron Bay and was acclaimed as an extremely successful event.



ANZCA ANNUAL SCIENTIFIC MEETING (ASM)

2 – 6 May, 2009 – Cairns, Queensland

The prestigious event of the College and Faculties' continuing education calendar was held at the Cairns Convention Centre. The theme of the Annual Scientific Meeting for 2009 was "Anaesthesia: Branching Out", and was convened by Dr Sean McManus with the Scientific Program organised by Dr James Sartain and the Deputy Convenor was Dr Rob Grace. The Faculty of Pain Medicine program was coordinated by Dr Jason Ray. The meeting attracted a record number of 1657 full registrants, 152 Faculty registrants, 46 exhibitor registrants and 61 day registrants. The Professional Conference Organiser was ICMS Australia.

International visitors included Dr Andrew Lumb, UK (ANZA ASM Visitor), Prof Andrew Rice UK (FPM ASM Visitor), Prof Michael Chan, Hong Kong (Australasian Visitor) A/Prof Dan Raemer, USA (ANZCA QLD Visitor), A/Prof Steven Passik, USA (FPM QLD Visitor), Prof Rollin M. Gallagher, USA (Special Guest).

2009 NAMED LECTURES

The Australasian Visitors Lecture

Professor Matthew Chan from Hong Kong (Australasian Visitor)
Brain protection in the 21st century

The Ellis Gillespie Lecture

Dr Andrew Lumb from the UK (ANZCA ASM Visitor)
Challenging dogma in medical science

The Michael Cousins Lecture

Professor Andrew Rice from the UK (FPM ASM Visitor)
Cannabinoid analgesia: Future friend or dead end?

The Mary Burnell Lecture

Associate Professor Dan Raemer from the USA (ANZCA QLD Visitor)
The anaesthetist's response to very challenging cases

QLD Pain Medicine Visitor's Lecture

Associate Professor Steven Passik from the USA (FPM QLD Visitor)
Risk management in opioid therapy

The ASM Committee Lecture

Professor Tong J Gan from USA (Special Guest)
PONV and ambulatory anaesthesia: State of the art

2009 PRIZE WINNERS

Gilbert Brown Prize

Dr David Belavy for the research paper
Ultrasound guided transversus abdominis plane (TAP) block for analgesia after caesarean surgery.

Formal Project Prize

Dr Angela Palumbo for the research paper *Controversies in Anaesthesia Safety: Implications for the Teaching and Assessment of Trainees*

The ASM was supported by a large health care industry exhibition. The social program organised by Dr Catherine Hellier, included the College Ceremony held at the Cairns Convention Centre. The Conference Dinner was held at Fogarty Park which encompassed the stunning foreshore and surrounding parklands of the Cairns Esplanade. The Oration was delivered by Professor Scott Bowman Pro Vice Chancellor, James Cook University, Cairns.

The ASM was preceded by the annual New Fellows' Conference, held at the Thala Beach Resort in Port Douglas, and the Faculty of Pain Medicine Refresher Course Day – Unravelling the chaos of pain, was held at the Cairns Hilton.

WORKFORCE

At the end of 2009, there were 4660 active and retired Fellows of the College, 25% Female and 75% Male.

There were 233 New Fellows admitted in 2009.

Geographical distribution was as follows:

2009	Fellows	New Fellows
Australia	3437	194
ACT	56	3
NSW	1103	43
QLD	675	45
SA/NT	344	18
TAS	98	4
VIC	838	60
WA	322	21
New Zealand	503	21
Hong Kong	179	8
Malaysia	48	-
Singapore	65	3
United Kingdom	85	4
USA	50	1
Canada	18	1
Other	17	1
Unknown	39	-
Total:	4440	233

The number of anaesthetists admitted to Fellowship by training and examination in 2009 was 191. There were also 43 Fellows approved via the International Medical Graduate Specialist pathway. There was one new Fellow approved via the Election to Fellowship pathway.

2009 was a very busy and productive year in Quality and Safety with a range of initiatives implemented and progressed. The Quality and Safety Committee and its associated committees provided input to numerous submissions, working groups, projects, reviews, documents and publications.

The Quality and Safety Committee has overseen a number of improvements including the development and review of College documents, revised the anaesthesia clinical indicators, improved quality and safety communication through the ANZCA E-Newsletter and ANZCA Bulletin, and has laid the foundation for a quality and safety network across all regional and national offices.

QUALITY AND SAFETY COMMITTEE

Prof. Alan Merry (Chair) – NZ

Prof Barry Baker (Co-Opted) – NSW

Mr Bruce Corkill, QC – NZ

Dr Margie Cowling – SA

Dr Elizabeth Feeney – NSW

Dr Neville Gibbs – WA

Mr Michael Gorton – VIC

Dr Patricia Mackay – VIC

Prof. Paul Myles – VIC

A/Prof. David Scott – VIC

Dr Andrew Warmington – NZ

Dr Leona Wilson – NZ

Quality and Safety Officer: Ms Pauline Berryman – VIC

HIGHLIGHTS

- Revised the development and review of ANZCA's professional documents
- Pilot of the ANZTAD Committee anaesthesia incident reporting system launched
- Published *Safety of Anaesthesia : A Review of anaesthesia-related mortality reporting in Australia and New Zealand, 2003-2005*
- Participated in the launch of the World Health Organisation's Safe Surgery Checklist
- Improved quality and safety communication in ANZCA publications
- Revised anaesthesia clinical indicators

Annual Scientific Meeting, Cairns

A concurrent session was chaired by Dr Patricia Mackay, on Current Issues in Quality and Safety, with speakers:

- A/Prof Larry McNicol – *Safety through Morbidity Reporting: A 15 Year Review from VCCAMM*
- Dr Leona Wilson – *The College's Professional Documents: Towards a Better Process?*
- Dr Steuart Henderson – *Drug Administration – A New Professional Document from ANZCA*
- Prof Alan Merry – *Extending the Safe Surgery Saves Lives Project – Global Oximetry.*

External Submissions, Reviews and Projects

Throughout 2009, the Chair and the Quality and Safety Committee reviewed and provided input to 24 submissions. In addition, volunteers were sourced through the Quality and Safety Committee to represent the College on a variety of working groups, projects, reviews of external guidelines and to participate in workshops.

Quality and Safety: 6 portfolios Evidence Based Medicine Portfolio (A/Prof. David Scott and Prof. Alan Merry)

College Guidelines

The draft document relating to the revised development and review of College Professional Documents was approved by Council and the regions, along with the commitment to develop background papers where appropriate. In addition, the new coding of Professional Documents was approved as listed below:

Policies

- TE: Training and Educational (including documents relating to examinations)
- ADP: Administrative

QUALITY AND SAFETY CONTINUED

Guidelines

- PG: Practice Guideline
- TG: Technical Guideline

Statements and Other Documents

- SP: Statement of Position
- BP: Background Paper

TG1: Equipment to Manage a Difficult Airway During Anaesthesia

The draft document was presented to Council and the regions. A meeting of the members of the original workshop was held to discuss the subsequent extensive feedback. Work continues with the development of this important, complex document.

Review of current documents

The Quality and Safety Committee recommended that the following Professional Documents be revised:

- PS10: Guidelines on the handover of responsibility during an anaesthetic
- PS20: Recommendations on Responsibilities of the Anaesthetist in the post-anaesthesia period
- PS46: Recommendations for training and practice of diagnostic perioperative echocardiography in adults.

WHO Safe Surgery Saves Lives

The *Safe Surgery Checklist* of the World Health Organization project *Safe Surgery Saves Lives*, was launched in August in both Australia and New Zealand. Prof Alan Merry, a member of the WHO working party, participated in the original pilot program and attended both launches which were also attended by Health Ministers and representatives from a variety of medical colleges.

Communication/Liaison Portfolio (Dr Patricia Mackay)

An informal Quality and Safety Editorial Advisory Body (EAB) was established with 12 members from a variety of sub-specialities and with wide geographic representation.

24 articles were included in the Quality and Safety section of the *ANZCA Bulletin* and 10 within the ANZCA E-Newsletter, including relevant alerts and warnings.

Clinical Indicators Portfolio (Dr Margie Cowling and Prof. Paul Myles)

Dr Cowling and Prof Myles volunteered to participate in the review of the anaesthetic clinical indicators of the Australian Council on Healthcare Standards (ACHS).

A proposed list of anaesthetic clinical indicators was prepared and subsequently approved by Council and the regions, and submitted to the ACHS for inclusion in the revised Clinical Indicators User's Manual.

Mortality Portfolio (Dr Neville Gibbs) see below, Mortality Working Group

Data Portfolio (Prof Alan Merry) see below, ANZTAD Committee

Legal Matters Portfolio (Mr Michael Gorton, Mr Bruce Corkill, QC, Prof. Alan Merry)

M Gorton and B Corkill, QC, provided valuable insight to the Q&S Committee regarding a variety of legislation and draft documentation, with particular assistance to the ANZTAD Committee regarding state, territory and bi-national legislation.

MORTALITY WORKING GROUP

(chaired by ANZCA President, Dr Leona Wilson)

Dr Neville Gibbs, Editor of the triennial report, *Safety of Anaesthesia: A review of anaesthesia related mortality reporting in Australia and New Zealand, 2003-2005* provided the following report:

The major activity for the first few months of 2009 was the completion of the triennial report *Safety of Anaesthesia: A review of anaesthesia related mortality reporting in Australia and New Zealand, 2003-2005*. As foreshadowed, despite exhaustive efforts, only three States (New South Wales, Victoria, Western Australia) were able to provide data. Nevertheless, as this covered about two-thirds of the population of Australia, the report was still considered broadly representative of anaesthetic mortality in Australia over this period. The final draft of the report was approved at a Mortality Working Group meeting in Cairns on May 1, and eventually released by the College in an updated format to all Fellows on July 31. The release was accompanied by correspondence to senior health department and government representatives in all Australian States and Territories, and New Zealand, promoting the benefits of anaesthetic mortality reporting in all regions. There was also a comprehensive media release, but little media interest, despite the demonstration of a continued high level of anaesthetic safety in the three states involved.

As the 2003-2005 report was the seventh consecutive triennial report, it was possible to analyse the cumulative data from 21 years of national anaesthetic mortality reporting in Australia. This was published in a separate article in the *ANZCA Bulletin* in September.



Although there were no other meetings of the Working Group during 2009, there was ongoing correspondence through the Chair with those regions in which anaesthetic mortality reporting has not been established, or has been interrupted. These regions include Queensland, South Australia (and Northern Territory), the Australian Capital Territory (ACT), and New Zealand. There were promising developments in both South Australia and New Zealand, while discussions continue in the ACT. Confirmation was also received of continued support by the Tasmanian Department of Health and Human Services of the anaesthetic component of the Tasmanian Audit of Surgical Mortality. Support for anaesthesia mortality reporting in all regions will be a priority for the Working Group in 2010.

Late in the year, the Chair was notified about the new provisions for mandatory reporting of deaths associated with anaesthesia or sedation in New South Wales, which were made necessary as a result of changes to the New South Wales Coroner's Act.

Neville Gibbs
Western Australia

AUSTRALIA AND NEW ZEALAND TRIPARTITE ANAESTHESIA DATA (ANZTAD) COMMITTEE
(chaired by Prof. Alan Merry)

Within the organisational structure of ANZCA, this Committee formally relates to the College through the Quality and Safety Committee. It has representatives from ANZCA, the Australian Society of Anaesthetists (ASA) and the New Zealand Society of Anaesthetists (NZSA). The appointed Medical Director is Adjunct Prof. Martin Culwick, who has provided the following report.

During 2009, the ANZTAD Committee has developed the software to record incidents, developed a memorandum of agreement with the pilot sites, formulated an ethics approval strategy, commenced collection of data at six pilot sites and made presentations at four national meetings.

The memorandum of agreement with pilot sites is a template used to reach an agreement between the pilot sites and the ANZTAD Committee regarding the use of the shared data and specifies the responsibilities of each organisation. Each of the pilot sites has signed this document.

The ethics approval process has proved complex as there are several methods of obtaining ethics approval. A multi-regional ethics application has been approved in New Zealand, whereas in Australia multi-centre approval is not possible and therefore applications have to be made to individual ethics committees.

Regarding the software, the pilot program has been completed and is currently being tested at the pilot sites. Several other pilot sites have commenced the approval

process and are expected to come on line soon. Valuable feedback has been received from both pilot sites and also from committee members evaluating the system.

Presentations regarding the project were made at the following conferences:

Cairns ANZCA ASM May 2009

Darwin ASA NSC September 2009

Byron Bay Med.Ed.SIG Conference October 2009

Rotorua NZSA ASM November 2009

In November 2009, the ANZTAD Committee discussed the possibility of a permanent session at ANZCA annual scientific meetings relating to Quality and Safety. The ANZTAD Committee anticipates that there would be sufficient data to commence regular sessions at the 2011 CSM in Hong Kong and then continue at subsequent ASMs. This would be similar to the arrangement with the major special interest groups who have a permanent session allocated.

In conclusion, 2009 resulted in significant progress for the ANZTAD Committee project. There is now enough pilot data to appoint an Anaesthesia Data Analyst and advertisements for the position have been published in Seek.Com, Anaesthesia and Intensive Care, and on the web sites of each tripartite organization. It is hoped to make an appointment to this position in April 2010. Preliminary results of the early incidents are now available in the form of charts and drill down tools. These will require approval by the ANZTAD Committee before general release. It is anticipated that some results of the pilot program will be published by mid 2010.

Martin Culwick
Queensland

Quality and safety: Plans for 2010

- A workshop is planned to establish a set of outcomes definitions for use in assessing the quality of anaesthesia.
- Quality and Safety Officers will be appointed to each Regional and National Committee to act as a conduit for quality and safety issues between the Quality and Safety Committee and the quality assurance representatives at each accredited public and private hospital in each region – to develop a quality and safety network.
- The ANZTADC project will continue, with increasing numbers of sites reporting incidents.
- Work will continue on updating guidelines.
- Input will be provided into the establishment of the New Zealand Perioperative Mortality Committee.

Alan Merry
New Zealand

RESEARCH GRANT
AWARDS

ANZCA has allocated more than \$600,000 to important and exciting research initiatives to commence in 2010. It is hoped that these projects will lead to significant improvements in patient safety and contribute to medical research worldwide.

RESEARCH COMMITTEE MEMBERS

- Professor Alan Merry, Chair
- Associate Professor Kate Leslie, Deputy Chair
- Professor Andrew Bersten
- Associate Professor David Cottee
- Professor Tony Gin
- Dr Chris Hayes
- Mr Ian Higgins, Director, ANZCA Foundation
- Professor Paul Myles
- Professor Mike Paech
- Associate Professor Tony Quail
- Professor Stephan Schug
- Associate Professor David Scott
- Associate Professor Tim Short
- Associate Professor Phil Siddall
- Associate Professor Dave Story
- Dr Angela Watt, Community representative
- Dr Steve Webb
- Dr Dan Wheeler

RESEARCH AWARD RECOMMENDATIONS

- The **Harry Daly Research Award** was awarded to **Professor Matthew Chan** for his project "Re-defining the Warning Criteria for Intraoperative Neurophysiologic Monitoring".
- The **Mundipharma ANZCA Research Fellowship** was awarded to **Dr Paul Wrigley** for his project "Regional changes in cerebral perfusion associated with persistent spinal cord injury neuropathic pain".
- The **Pfizer ANZCA Research Fellowship** was awarded to **Professor Alan Merry** for his project "Validation of the 'WHO Surgical Safety Checklist' to reduce postoperative morbidity and mortality – The Check WHO Study".
- The **ANS ANZCA Research Fellowship** was awarded to **Professor James Sleigh** for his project "The genetics of the analgesic response to opioids in the post anaesthesia care unit".
- The **JB Craig Research Award** was awarded to **Dr Phillip Finch** for his project "Adrenergic receptor involvement in an animal model of complex regional pain syndrome type I".

PROJECT GRANTS

A reappraisal of the sniffing position and the Three Axes Alignment Theory for direct laryngoscopy
Dr Keith Greenland, Dr Michael Edwards, Royal Brisbane and Women's Hospital, Australia.
\$15,000

The genetics of the analgesic response to opioids in the post anaesthesia care unit
Professor James Sleigh, University of Waikaito, Hamilton, New Zealand.
\$50,000

Evaluation of exercise rehabilitation for survivors of intensive care
Dr Stephen Warrillow, Associate Professor Linda Denehy, Ms Sue Berney, Austin Health, Melbourne, Australia.
\$20,000

Determination of equivalent dose rates of metamamol and phenylephrine to prevent hypotension during elective Caesarean section under spinal anaesthesia
Dr Nolan McDonnell, Professor Mike Paech, University of WA, Perth, Australia.
\$10,000

Regional changes in cerebral perfusion associated with persistent spinal cord injury neuropathic pain
Dr Paul Wrigley, Dr Luke Henderson, Clinical Assoc Prof Philip Siddall, Pain Management Research Institute, Royal North Shore Hospital, Sydney, Australia.
\$45,645

ENIGMA-II trial long-term follow-up study
Prof Paul Myles, Alfred Hospital, Melbourne, Australia; Associate Professor Kate Leslie, Royal Melbourne Hospital, Melbourne, Australia; Professor Matthew Chan, Chinese University of Hong Kong, PRC.
\$60,000

Validation of the "WHO Surgical Safety Checklist" to reduce postoperative morbidity and mortality - The Check WHO Study
Professor Alan Merry, Dr Simon Mitchell, Associate Professor Papaarangi Reid, University of Auckland, New Zealand.
\$51,751

Adrenergic receptor involvement in an animal model of complex regional pain syndrome type I
Dr Philip Finch, Professor Peter Drummond, Professor Jacqueline Phillips, Murdoch University, WA, Australia.
\$47,000

RESEARCH GRANT AWARDS CONTINUED

The Australian and New Zealand Registry of Regional Anaesthesia (AURORA Study) (PhD Fellowship)

Dr Michael Barrington, Associate Professor Danny Liew, Dr Rowan Thomas, St Vincent's Hospital, Melbourne, Australia.

\$70,000 per annum for three years

Re-defining the warning criteria for intraoperative neurophysiologic monitoring

Professor Matthew Chan, Professor Tony Gin, Chinese University of Hong Kong, PRC.

\$59,438

Perfusion levels and correlation of pain processing regions in the brains of chronic pain patients and healthy people

Dr Malcolm Hogg, Dr Michael Farrell, The Royal Melbourne Hospital, Australia.

\$40,000

Does remote ischemic post-conditioning reduce ischaemia reperfusion injury in patients undergoing lung transplantation?

Dr Enjarn Lin, The Alfred Hospital, Melbourne, Australia.

\$20,000

NOVICE INVESTIGATOR GRANTS

The use of mechanically skinned muscle fibres for the diagnosis of MH: a pilot study

Dr Brad Hockey, Supervisor: Dr Robyn Gillies, Royal Melbourne Hospital, Australia.

\$18,570

Comparison of oesophageal doppler with arterial pressure waveform derived cardiac output and stroke volume variation

Dr Tuong Phan, Supervisor: Dr Roman Kluger, St Vincent's Hospital, Melbourne, Australia.

\$15,000

SIMULATION/EDUCATION GRANT

Training for debriefing after simulation of anaesthetic crises: current practices

Associate Professor Sandy Garden, Dr Deidre Le Fevre, Associate Professor Jenny Weller, Massey University, Wellington.

\$32,226

Opposite page from top: Professor Matthew Chan; Professor Paul Myles.

GRANT REVIEWERS FOR THE 2010 GRANT ROUND

Dr Christopher Acott

Dr Leanne Aitken

Associate Professor David Baines

Dr Paul Baker

Dr Michael Barrington

Professor Rinaldo Bellomo

Professor Duncan Blake

Dr Simon Body

Associate Professor Robert Boots

Dr Andrew Buettner

Associate Professor Marianne Chapman

Dr Jeremy Cooper

Professor Michael Cousins

Dr Dean Cowie

Dr Andrew Davidson

Dr Andrew Davies

Professor Doug Elliott

Dr Michael Fink

Dr Steven Fowler

Dr Michael Fredrickson

Dr Craig French

Associate Professor Sandy Garden

Dr David Gattas

Dr Neville Gibbs

Dr Michael Gillham

Dr Genevieve Goulding

Dr Paul Gray

Dr Peter Harrigan

Dr William Harrop-Griffiths

Dr Peter Hebbard

Dr Luke Henderson

Dr Robert Henderson

Dr Graham Hocking

Dr Malcolm Hogg

Dr Daryl Jones

Associate Professor Robert Kennedy

Dr Ross Kerridge

Dr Michal Kluger

Mary Lawson

Dr Thomas Ledowski

Professor Guy Ludbrook

Associate Professor Ross MacPherson

Professor Mervyn Maze

Dr Timothy McCulloch

Professor Elspeth McLachlan

Dr Imogen Mitchell

Dr Simon Mitchell

Dr Richard Morris

Dr Sheila Muldoon

Dr Toby Newton-John

Dr Irene Ng

Professor Warwick Ngan Kee

Dr Alistair Nichol

Dr Michael O'Leary

Dr David Olive

Dr Neil Orford

Professor Harry Owen

Dr Donald Oxorn

Dr Margaret Perry

Dr Philip Peyton

Dr Neil Pollock

Dr Richard Riley

Associate Professor Colin Royse

Professor Bill Runciman

Associate Professor John Santamaria

Dr Andreas Schibler

Dr Ian Seppelt

Dr Yahya Shehabi

Dr David Sidebotham

Dr Brendan Silbert

Associate Professor Scott Simmons

Professor Jamie Sleight

Dr Paul Soeding

Professor Andrew Somogyi

Dr David Sturgess

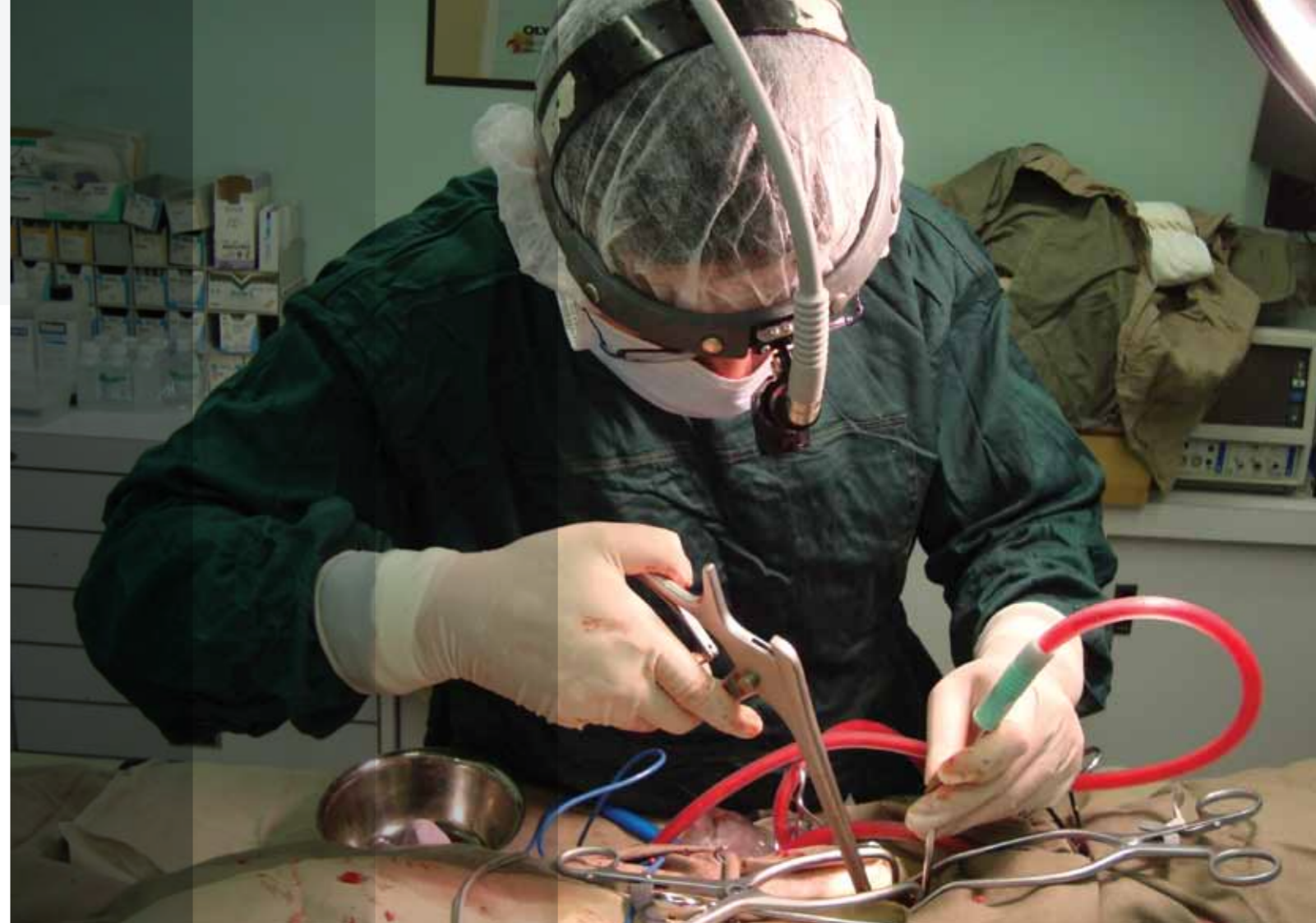
Dr Lawrence Tsen

Professor Bala Venkatesh

Dr Suellen Walker

Associate Professor Jenny Weller

Dr Dan Wheeler



KEY ACHIEVEMENTS

The following list represents just some of ANZCA's key achievements and milestones in 2009.

Conducted more than 60 events and conferences in Australia and New Zealand	Conducted the largest examinations in the College's history	Online trainee profile developed and SMS exam results introduced	Record Annual Scientific Meeting and FPM Spring Meeting attendance	30 submissions and 63 consultations with the New Zealand Government and agencies	Trials group REASON Audit completed with 3056 patients from 20 participating sites
Two extensive consultation phases of the FANZCA Curriculum Review completed	Launched pilot of ANZTAD Committee anaesthesia incident reporting system	Applied for recognition of pain medicine as a specialty in New Zealand	Continuing Professional Development program participation exceeds 70%	Developed and expanded online and distance education activities	Development of the 2010-12 ANZCA Strategic Plan and the 2010-12 FPM Strategic Plan
Conducted major study of New Zealand anaesthesia workforce	Announced \$600,000 in funding for 15 medical research projects	28 public and private medical facilities inspected in Australia and New Zealand	ANZCA produced net surplus of \$1.6 million in difficult economic environment	Leaders' Meeting for National Pain Summit	Development of the new online In-Training Assessment (ITA) process
28 submissions to Australian government agencies on new health policy directions	Assessed 140 international medical graduates in Australia, 51 more than in 2008	Significantly increased media coverage of anaesthesia and pain medicine	FPM Regional Committee launched in Western Australia	Published Safety of Anaesthesia report and 3rd edition of Acute Pain Management: Scientific Evidence	Developed and launched National Pain Summit website
Published ANZCA Foundation materials and Bequests and Patrons Program launched	Reviewed and redeveloped training and support for clinical teachers and supervisors	Tripled advertising revenue, substantially offsetting ANZCA publication costs	New process adopted for development and review of ANZCA's Professional Documents	Redesigned and made further improvements to the ANZCA Bulletin and E-newsletter	Opened new ANZCA offices in the Australian Capital Territory

TRIALS GROUP

The past year has seen some changes to the Trials Group with the co-location of the Trials Group to Monash University's Department of Epidemiology and Preventive Medicine (DEPM) and the permanent appointment of Ms Stephanie Poustie as the Trials Group's Coordinator from April 1, 2010.

While the Trials Group will continue to have an ongoing and strong presence at the College, the move to an academic environment will foster collaborations with other research groups and better enable the development of new research under the banner of the ANZCA Trials Group.

TRIALS GROUP COMMITTEE

Chair, A/Prof David Story VIC

Member, Prof Matthew Chan HK

Member, A/Prof Andrew J Davidson VIC

Member, Dr Julia Fleming QLD

Member, Prof Kate Leslie VIC

Member, Prof Mike Paech WA

Member, Prof Paul Myles VIC

Member, Prof Stephan A. Schug WA

Member, A/Prof Tim Short NZ

HIGHLIGHTS

- Successful implementation of Business Plan.
- Implemented revised application processes.
- Introduced annual Strategic Directions Workshop.
- Facilitated seven survey applications.
- REASON Audit completed with 3056 patients from 20 participating sites.
- Aspirin and Tranexamic Acid for Coronary Artery Surgery Trial has 800 patients with 12 participating sites.
- Recruitment for the Nitrous Oxide Anaesthesia and Cardiac Morbidity after Major Surgery Trail ahead of schedule with 2500 patients participating.

BUSINESS PLAN AND KEY OBJECTIVES

As a result of these changes a business plan was developed for the Trials Group that has five major goals. They are:

- (1) provide research support to College Fellows, trainees and staff in areas such as survey research, the Pilot Grant Scheme administration and ANZCA publications;
- (2) provide research support to existing multi-centre studies in anaesthesia, peri-operative and pain medicine;
- (3) provide research support to new and emerging multi-centre studies in anaesthesia, post-operative and pain medicine;
- (4) develop collaborations with other trials groups, nationally and internationally; and
- (5) ensure that the Trials Group fulfils our governance responsibilities to both ANZCA and Monash University.

We have developed objectives around these goals resulting in revising the application processes for the Pilot Grant Scheme and survey research; revising the ANZCA web pages for the Trials Group, including Trials Group related publications and web pages for Monash University; frequent contributions to the ANZCA E Newsletter, *ANZCA Bulletin*, and *Staff Update*; providing support for data safety and quality for existing ANZCA Trials Group research; substantial contributions to every ASM; and developing an annual Strategic Directions Research Workshop for new and emerging researchers with established collaborators.

STRATEGIC DIRECTIONS RESEARCH WORKSHOP 2009

The inaugural workshop was held on October 9, 2009 at ANZCA House with 25 participants from every state and the ACT, New Zealand and Hong Kong. 16 proposals were presented, and each was discussed and considered for further development, collaboration and/or funding.

Following the workshop constructive feedback was sought and fed back to presenters. As a result, a 2010 Pilot Grant of \$5000 was awarded to Associate Professor Tim Short for the "Balance Study", and another proposal has been worked up for a NHMRC Grant application.

SURVEY RESEARCH

Surveys allow research into the range of opinions and practices of ANZCA Fellows and trainees for a wide variety of topics of interest to our profession. The Trials Group provides support and advice to Fellows and trainees who wish to conduct survey research. In 2009 we facilitated four survey applications from Fellows and three from trainees. All of these surveys were distributed electronically. In addition we reviewed and gave advice on more than six other applications or inquiries. We provide advice both on the content of surveys and survey methodology. Despite our efforts to only send surveys that take less than 10 minutes to complete, are relevant to ANZCA Fellows, and scientifically rigorous the usual response rate from ANZCA Fellows is around 33%. We are unsure why the response rate is so low. We would hope for twice this, but will endeavour to increase the response rate. We are very keen for feedback from Fellows on surveys.

PILOT GRANT SCHEME

Along with survey research the processes and web pages for the Pilot Grant Scheme have been reviewed and updated. No pilot grants were awarded for 2009.

CURRENT RESEARCH: ATACAS, ENIGMA-II, REASON ATACAS

Recruitment for the Aspirin and Tranexamic Acid for Coronary Artery Surgery Trial: The ATACAS Trial is more than 800 patients with 12 participating sites and another 4 undergoing local ethics and hospital acceptance. Sites are Australia-wide along with Canada, Hong Kong and the United Kingdom.

ENIGMA-II

At over 2500 patients, recruitment for the Nitrous Oxide Anaesthesia and Cardiac Morbidity after Major Surgery Trial: The ENIGMA Trial is ahead of schedule. Sites include centres Australia-wide, New Zealand, Canada, United Kingdom, Asia, Europe and the United States of America.

REASON Audit

The Reason Audit was completed in 2009 with a total of 3056 patients from 20 participating sites from every state and territory in Australia and New Zealand. Data have been combined with the data from the McNicol et al paper, "Postoperative complications and mortality in older patients having non-cardiac surgery at three Melbourne teaching hospitals" (MJA 2007) to provide a data base of 4158 patients. Analysis is complete and the results will be presented at the 2010 ANZCA ASM in Christchurch, by the Lead Investigator Chair of the Trials Group Associate Professor David Story.

The REASON Audit investigators acknowledge the generous grant of \$30,000 from the ANZCA 2008 Research Grants. This Grant money allowed us to make a small contribution to each site as well as covering the statistical advice costs.

2009 has been a very challenging year for the philanthropic sector not only in Australia and New Zealand but throughout much of the developed world. The global financial crisis has had a profound impact on the ability of people and organisations to give. Many company-related philanthropic foundations have significantly curtailed their support particularly to new requests for grants.

The ANZCA Foundation has continued to work throughout 2009 to establish the necessary framework for a successful, long-term foundation. Planning for the introduction of the Foundation and its purpose to the wider community continues and 2010 will see the establishment of the Foundation's own website. This development will give the College the ability to engage with the general public and seek their support for our research and education programs.

PURPOSE

The College established the Foundation with the following objectives:

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, peri-operative medicine and pain medicine research and education.

HIGHLIGHTS

- 3-year Business Plan approved by ANZCA Foundation Board
- Key communications and promotions materials developed and distributed
- Foundation donations and sponsorship income of \$263,594
- Closer relationship between the Foundation and Research Committee

THE YEAR IN REVIEW

In early 2009 the Foundation Board approved the three year Business Plan (2009-2011) covering the structure and activities of the ANZCA Foundation. The targets set were conservative, based on realistic "financial entry points" for membership of the Foundation for both individuals and companies. A key component of the plan was to develop

relationships with individuals and organisations that set a sound basis for the future.

As part of the process of introducing the Foundation to a wider audience much of whom will not be familiar with Anaesthesia and Pain Medicine, a short audio/visual presentation (two and a half minutes duration) was developed, highlighting various aspects of ANZCA and the Foundation and its purpose.

During the year all Fellows of the College and retired Fellows received the ANZCA Foundation suite of promotional material providing full details of the Bequest Program and the Patrons Program. Distribution of the material included a covering letter from the College President and Chairman of the Foundation.

2009 was a very difficult year for many organisations involved with philanthropy. It has been estimated that corporate donations fell by as much as 25% during the year and many company-related philanthropic foundations did not make new grants. As a consequence, the ANZCA Foundation did not move as quickly as was originally planned with the process of introduction and engagement with the wider community.

Notwithstanding these difficult conditions, the Foundation recorded donations and sponsorship income of \$263,594. The Foundation greatly appreciates the support shown by these people. The Bequest Program was well received and some 10 people have indicated an intention to make a bequest to the College.

During 2009 the decision was taken to make certain organisational changes to the Foundation. The administration and support for the ANZCA Research Committee is now undertaken within the Foundation structure. This development, together with a closer working relationship between the Foundation Board and the Research Committee, should assist greatly in developing research proposals that will form the basis of the Foundation seeking wider community support. The Foundation Department now contains four separate financial cost centres: fundraising, research committee administration and support, health care industry and ANZCA merchandise. The benefit of this new approach is that it allows for a clear and accurate assessment of, for example, the true cost of fundraising for the College or for the administrative costs associated with the Research Committee.



ORGANISATIONS SUPPORTING THE FOUNDATION

The ANZCA Foundation gratefully acknowledges the support of these organisations;

Pfizer Australia (Founding Sponsor)

St Jude Medical (Founding Sponsor)

Mundipharma (Founding Sponsor)

Schering-plough

The ANZCA Foundation is dedicated to raising funds that will help advance medical research and education.

ANZCA FOUNDATION BOARD

The Foundation is governed by a community-based board chaired by Professor Michael Cousins AM. Professor Cousins is a former President of ANZCA. Her Excellency Ms Quentin Bryce AC, Governor-General of the Commonwealth of Australia is the Foundation's Patron.

ANZCA Foundation Board. Back row from left: Associate 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 and Ms Yvonne Kenny.

JOINT FACULTY OF INTENSIVE CARE MEDICINE



“MAY THE FACT THAT THE NEW COLLEGE HAS BEEN BORN THROUGH A PROCESS OF EVOLUTION, RATHER THAN REVOLUTION ONLY ADD TO ITS STRENGTH IN THE FUTURE. THE FELLOWS AND COUNCIL OF ANZCA ARE GREATLY DESERVING OF OUR THANKS.”

Prof. P V van Heerden Dean, JFICM

2009 has been dominated by the formation of the new College of Intensive Care medicine, described below. At the same time the staff and board of JFICM have worked hard to maintain operational activities for the benefit of trainees and Fellows as described in the remainder of the JFICM annual report.

JOINT FACULTY BOARD 2009

Professor P Vernon van Heerden, *Dean*

Professor John Myburgh, *Vice-Dean and Treasurer*

Dr Peter Morley, *Education Officer*

Dr Ross Freebairn, *Censor*

Professor Bala Venkatesh, *Chairman of Examinations Committee*

Dr Richard Lee, *Chairman, Hospital Accreditation Committee*

Dr Nicole Blackwell, *New Fellow Representative*

Dr Charlie Corke, *Deputy Education Officer*

Dr Bruce Lister, *Communications Officer and Chairman, Paediatric Examination Committee*

Professor Gavin Joynt, *MOPS Officer and International Liaison Officer*

Dr Amod Karnik, *Regional Officer*

Professor Barry Baker, *Co-opted ANZCA Council Representative*

Dr Allan Beswick, *Co-opted Representative, Tasmania and ASM Officer*

Dr Michael O’Fathartaigh, *Co-opted Representative, South Australia and Rural Focus Officer*

Dr Felicity Hawker, *Director of Professional Affairs*

HIGHLIGHTS

- Successful formation of the new College of Intensive Care Medicine.
- New constitution written for the new College of Intensive Care Medicine.
- Successful Annual Scientific Meeting in Brisbane.
- 37 new graduates.
- 10 examinations conducted (5 written, 5 oral) which included the biggest General Fellowship exam held by the Joint Faculty.
- 94 intensive care units accredited for training in intensive care medicine with four new intensive care units accredited in 2009. 17 inspections performed.

DEAN’S MESSAGE

Professor P. Vernon van Heerden PhD FANZCA FJFICM

It is with some sadness that we farewelled the Joint Faculty of Intensive Care Medicine as an entity at the end of 2009. We, ANZCA and the new College of Intensive Care Medicine, should be proud of and celebrate the successful culmination of a process commenced on some 18 months ago. This process began with a vote by the fellowship of the Joint Faculty of Intensive Care Medicine in favour of the formation of a separate body for training and certification in intensive care medicine in Australia and New Zealand. Such a body would be the first of its kind in the world.

Following the vote by the JFICM fellowship, the board of the Joint Faculty entered into negotiations with the Council of ANZCA to bring about the reality of a new College of Intensive Care Medicine. With the support of the ANZCA Council and the JFICM Board a working party was established to steer the process. Negotiations took place under a Heads of Agreement drawn up between JFICM, ANZCA and the RACP. I must again pay special tribute to

Leona Wilson who provided strong guidance regarding process. She acted as an excellent counterbalance to the sometimes unbridled enthusiasm of the JFICM approach. Somewhat uniquely in these types of negotiations, talks were always courteous and, indeed, fruitful. Even the potentially difficult negotiations regarding money, proved not to be so. Perhaps we all had the advantage of having the formation of ANZCA not too long ago to look to as an example.

A constitution was written for the new College of Intensive Care Medicine and operations commenced in February 2009, when the inaugural board of the CICM was established. These board members were also the first foundation fellows of CICM. Since that time the boards of the Joint Faculty and the CICM have run in parallel, allowing the transfer of processes and functions from one to the other. This has been a smooth transition process and we confidently predicted seamless commencement of activities by CICM on January 1, 2010.

In preparation for January 2010, most Foundation fellows of the new College were admitted at the October 2009 board meeting of the CICM. The remaining JFICM Fellows have until the end of 2010 to apply for fellowship of CICM.

It would be remiss of me to neglect mentioning the proud heritage we take with us to the new College. Intensive care medicine is a relatively new specialty – with its genesis in the polio epidemics of the 1950’s. The early 1970’s saw the specialty becoming more organised, resulting in the formation of the section of intensive care of the RACS – an enterprise of some far-sighted people such as Barry Baker, Ron Trubuhovich, Felicity Hawker, David McCleave, Dennis Kerr and Ken Hillman.

The first examination in intensive care medicine was held in 1979 when one candidate presented. Compare this to the more than 100 that present each year now. At about the same time our physician colleagues started a training scheme for intensive care medicine.

The Section of Intensive Care evolved into the Faculty of Intensive Care after the establishment of ANZCA in 1992. There were still two training schemes available at the time – those run by the Faculty of Intensive Care and the RACP. A single training scheme was formalised with the formation of the Joint Faculty of Intensive Care in 2002. The past Deans of the Faculty and Joint Faculty read like a “Who’s who” of famous intensive care physicians – Clarke, Duncan, Hawker, Matthews, Havill, and Lee. They, the board members who supported them and the excellent executive officers and their staff have made great contributions to the specialty over the years.

Special mention should also be made of representatives on the JFICM board from ANZCA and the RACP who have contributed to JFICM and the formation of the new College. In particular, I’d like to thank Nip Thomson and Barry Baker for their wise counsel.

Some of the special and unique strengths of the specialty of intensive care medicine in Australia and New Zealand include :

First, the unity of purpose of intensive care physicians, regardless of primary specialty. We have not seen the bickering between primary specialities about who “owns” intensive care medicine that have hampered the development and caused the fragmentation of the specialty in other countries. Australasian intensive care medicine has always enjoyed the support of the primary specialities, particularly anaesthesia and internal medicine.

Second, the concept of closed intensive care units and general intensive care units have recognised the skills that intensive care physicians bring to patients, as opposed to open and super-specialised units.

Third, the support of our society, ANZICS, has been instrumental in enabling long and fruitful careers in intensive care medicine for its practitioners by taking care of industrial matters.

Fourth, the bi-national nature of our organisations has provided strength and diversity to our specialty.

The 18 month process I began by describing above has seen the new College of Intensive Care Medicine established on a firm historical base. The new College is evidence of a new era of intensive care medicine in Australia and New Zealand. It is the leading body of its type in the world and is proud to oversee training in hospitals in Australia, New Zealand, Hong Kong, Singapore, Canada, the UK and Ireland and shortly in India. We have nearly 700 fellows and honorary fellows all over the world who take special pride in the formation of the new College.

The new College owes a great debt of gratitude to all those who have contributed to the process in the 30 years leading up to this final 18 month process and in the last 18 months. May the fact that the new College has been born through a process of evolution, rather than revolution only add to its strength in the future. The Fellows and Council of ANZCA are greatly deserving of our thanks. Thank you all for the shared history and the assistance to our specialty of intensive care medicine.

Board elections

Following the resignation of Dr Megan Robertson from the JFICM Board there was one vacancy. In addition, Dr Bruce Lister had completed his first three year term and was eligible for re-election. Following a call for nominations Dr Lister was re-elected and Dr Amod Karnik from Queensland was elected to the Board. The JFICM Board became the inaugural Board of the College of Intensive Care Medicine, with Professor van Heerden being elected President, Professor John Myburgh Vice-President and Professor Bala Venkatesh, Treasurer.

Fellowship Statistics

At October 14, 2009, the Joint Faculty had 688 Fellows. 542 in Australia, 59 in New Zealand, 22 in Hong Kong, 19 in the UK, 20 in Ireland and 26 in other countries. 58 new Fellows were admitted in 2009.

2009 JFICM Annual Scientific Meeting

The fifth JFICM ASM 'Energy Crises Large and Small' was held at the Brisbane Convention Centre, from June 12 -14. A total of 316 registrations, coupled with strong support from the Health Care Industry ensured a good financial outcome to the conference. The local organising committee, led by Convenor Professor Rob Boots, put together an interesting program based around the themes of metabolism, microbiology and sepsis, which was very well received by the audience. International invited speakers were Professor Djillali Annane from France and Professor Marin Kollef from Washington.

Just prior to the ASM, the second JFICM New Fellows Conference was held at the Hyatt Coolum (June 10 & 11). 12 new Fellows attended the conference, which covered many areas of interest (including topics such as leadership skills, negotiation and dealing with challenging work situations, intensive care in rural areas). Participants enjoyed the opportunity to discuss issues of common interest and to share ideas with other new Fellows and also with their more experienced colleagues who contributed to the conference.

Graduation of New Fellows

37 new graduates were presented at the 2009 Graduation Ceremony, which was held at the ASM Dinner at Hillstone St Lucia golf course in Brisbane. In addition to the new graduates Honorary Fellowship was bestowed upon Professor Napier ('Nip') Thomson for his contribution to the development of the Joint Faculty and in recognition of his overall service to medicine.

The oration was delivered by Dr Carole Foot, who spoke with feeling about the place of new Fellows in the world of intensive care medicine and her vision of what the future will bring to the profession.

Prizes and Awards

Along with the graduation ceremony was the presentation of awards and prizes for 2009. This year the Felicity Hawker medal for best presentation by a trainee at the ASM went to Dr Balu Bhaskar, the Don Harrison medal for best performance in the Fellowship exam was awarded to Dr Ed Litton (May exam) and Dr Sara Jane Allen (October exam) and the JFICM medal, for outstanding contribution to the specialty of intensive care medicine was awarded to Dr Felicity Hawker.

Examinations

Primary Exams

10 candidates sat the written component of the first Primary Exams for 2009 with three being successful. The oral component was held in Melbourne on May 1, the three candidates all being successful. The second exam for 2009 attracted nine applicants to the written section. Three candidates were successful and all went on to pass the oral section in Melbourne November 13.

General Fellowship Exams

The General Fellowship exam was again held twice in 2009. 46 candidates sat the written component of the Fellowship examinations on April 3. 38 then attended for the oral component of the exam in Brisbane on May 28 & 29. The clinical section was held at the Royal Brisbane and Princess Alexandra hospitals and the viva section was held at the Sebel Hotel. Of the 38 candidates sitting the oral component, 19 (50%) were successful.

The second General Fellowship exam for 2009 was the biggest one yet staged by the Joint Faculty. A total of 69 candidates sat the exam held on 28 August (written component) and 22/23 October (oral component, in Sydney). The clinical section was held over four hospitals, the Prince of Wales, Royal Prince Alfred, St George and Royal North Shore. The next day the viva section was held at the Novotel Hotel, Brighton le Sands. Overall, 46 candidates successfully completed the oral section of the exam.

Paediatric Fellowship Exam

The 2009 exam in Paediatric Intensive Care was held on 28 August (written component) and 20 October (oral component, in Sydney). Six candidates sat the written component, with five being successful and progressing to the oral component, held at The Children's Hospital, Westmead. All five candidates were successful.

The year 2009 is the 30th anniversary of the first intensive care fellowship examination. To mark the occasion, a celebratory dinner was held to coincide with the exam in Sydney. The previous Chairmen of the Examination Committee were all in attendance and regaled the audience with tales of the early years of the exam.

The examination process could not take place without the huge contribution made by the Panel of Examiners, who all give freely of their time. The Joint Faculty owes a huge debt of gratitude to all the examiners but especially to the Chairs and members of the exams committees. There are now 41 examiners on the General Fellowship panel, 19 on the Primary panel and 14 on the paediatric panel. This year a number of examiners finished their 12 years on the panel. These were in May, Professor John Myburgh and in October, Professor Jamie Cooper, Professor Andrew Bersten, Dr John Morgan and Dr Les Galler. It is with grateful thanks that we farewell them in this role.

Critical Care and Resuscitation

The Journal of the Joint Faculty, *Critical Care and Resuscitation*, continues to grow and thrive under the leadership of Chief Editor Professor Rinaldo Bellomo. Now in its 10th year, the Journal is receiving increasing numbers of articles submitted for publication. Allocation of an impact factor is now an important next step in the Journal's evolution.

Intensive Care Component of Training

There has been extensive consultation and discussion around the proposal to increase the duration of core intensive care training time from 24 months to 36 months, with 12 months to be undertaken during basic training and 24 months during advanced training. This period may be reduced by 6 months at the discretion of the Censor for trainees affiliated with another College, under specified circumstances.

The major rationale for this decision is the overall reduction in the hours that trainees now spend on average working in the intensive care unit. The Board has approved the proposal. However, in order to allow for further consideration of the implications of the change the date of implementation has been set at 1 January 2011. The Regulation will only apply to new trainees registering after that date.

Hospital Accreditation

At the end of 2009, a total of 94 ICUs were accredited for training in intensive care medicine. Four new ICUs were accredited, and there were six new applications for accreditation.

Four already accredited ICUs applied for an increase in accreditation and were successful. In total, 17 inspections were performed throughout the year. It was noted that there was a marked decrease in the number of units applying for basic training accreditation compared with previous years.

In closing, I would like to once again express my gratitude to the Board, Fellows and staff of the Joint Faculty for all their hard work and commitment over the last year, and also to Dr Leona Wilson and the rest of ANZCA Council for the great co-operation they have shown towards the development of the new College of Intensive Care Medicine.

Prof. P V van Heerden
Dean, JFICM



FACULTY OF PAIN MEDICINE



“REFLECTING ON OUR PREVIOUS STRATEGIC PLAN (2007-2009), GOOD PROGRESS HAS BEEN MADE WITH MOST OF THE MAJOR INITIATIVES HAVING BEEN IMPLEMENTED.”

Dr Penelope A Briscoe Dean

The Faculty of Pain Medicine continues to grow and develop and our impact both nationally and internationally is increasing. In 2009, the Faculty was again requested to comment and respond to numerous government submissions; substantial progress was made on preparing for the National Pain Summit; the profession's profile continued to increase in the media and other forums; and we have supported our colleagues overseas in their quest for specialist recognition and establishing their training programs.

BOARD AND COMMITTEES

Dr Penelope A Briscoe FANZCA
(Dean, Chair Relationships Portfolio), SA

Dr David Jones FANZCA (Vice Dean, Chair Fellowship Affairs Portfolio), NZ

A/Prof R Leigh Atkinson AO, FRACS (Past Dean, Chair Resources Portfolio), Qld

Dr Brendan J Moore, FANZCA (Chair, Training Unit Accreditation Committee), Qld

Dr Carolyn A Arnold, FAFRM (RACP), Vic

Dr Kerry Brandis, FANZCA (Co-opted Council Representative), Qld

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

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

Committees:

Education Committee

Examination Committee

Training Unit Accreditation Committee

Research Committee

Continuing Education and Quality Assurance Committee

Sub-Committees

Supervisors of Training Sub-Committee

Blueprinting Sub-Committee

Following a call for nominations for the Faculty Board early in 2009, there were six nominations for the six vacancies; therefore a Ballot was not required. Dr Roger Goucke and A/Prof Milton Cohen did not seek re-election and retired from the Board. Drs Guy Bashford FAFRM (RACP) and Dr Raymond Garrick (RACP), both from NSW were welcomed to the Board. The new Board took office following the Annual General Meeting in May 2009. Dr Penelope Briscoe was re-elected as Dean for a second year.

Following the Election, as there was no representation from WA and Tasmania, it was resolved to co-opt the Interim Chair of the newly formed Western Australian Regional Committee. A Tasmanian representative was invited to observe at the October Board Meeting and provided feedback on how the Faculty can help raise the profile of pain medicine in that region.

HIGHLIGHTS

- Application submitted for recognition of Pain Medicine as a specialty in New Zealand
- Leaders' Meeting for the National Pain Summit was convened at ANZCA House
- National Pain Outcome initiative submitted into the National Pain Summit strategy
- Third FPM Regional Committee was formed in Western Australia
- Pilot *Pain in the Pacific* project endorsed
- 3rd Edition of Acute Pain management: Scientific Evidence developed
- Strategic workshop identified key priorities for 2010-2012
- Focused resources document developed for trainees and Fellows

STRATEGIC PLANNING

Reflecting on our previous Strategic Plan (2007- 2009), good progress has been made with most of the major initiatives having been implemented.

A half day strategic workshop, was therefore held in conjunction with the October Board Meeting, facilitated by the ANZCA Director Strategy and Operations, Ian Collens, to discuss and prioritise potential strategic initiatives to be adopted and implemented in the course of the next three years. The 2010-12 FPM Strategy is an integral part of its response to challenges faced by the profession. 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.

Six-monthly assessments of progress will be undertaken by the Board and the action plans will be periodically reviewed in a process of continuous change and improvement.

RELATIONSHIPS PORTFOLIO

Liaison with Colleges

Liaison with the participating Colleges has been ongoing, with links established between websites and resources.

ANZCA

Dr Leona Wilson, ANZCA President, attended several Board Meetings throughout the year to promote communication between ANZCA and the Faculty. Redefining the role of the Faculty of Pain Medicine within the College and providing further support had been identified as a strategic issue at the ANZCA strategy workshop. Terms of Reference and a Working Party have subsequently been formed to move this forward.

RANZCP

A group of psychiatry FPM Fellows met during the 2009 APS meeting. Several priorities were identified including raising the profile of psychiatry within the FPM and of the FPM within the RANZCP and coordination of a formal academic session at each future RANZCP Congress.

RACS

With strong support from RACS, pain medicine continues as a section of interest at the RACS ASM. 2009 was the 6th consecutive inclusion of pain in their scientific program. Faculty Fellows and the 2009 FPM ASM Visitor, Professor Andrew Rice, spoke at the two-day Pain program of the RACS ASC in Brisbane following the ANZCA/FPM ASM in Cairns.

AFRM (RACP)

Board Members, Carolyn Arnold and Guy Bashford, met with the President and President-Elect of the AFRM in September to discuss issues of common interest, future communications and opportunities for liaison and sharing of educational resources. There was agreement to enliven communications and to formalise reporting lines.

AChAM (RACP)

Dr Yvonne Bonomo, President of the Australasian Chapter of Addiction Medicine, met with the Board in October. Collaboration has commenced to develop a training module looking at the use of methadone in pain management. Potential for a combined FPM/AChAM Spring Meeting is to be explored. The Faculty provided input to and co-badged the RACP *Prescription Opioid Policy: Improving Management of Chronic Non-Malignant Pain and Prevention of Problems Associated with Prescription Opioid Use*.

RANZCOG

The Faculty is currently working on a pelvic pain document with the input of a multidisciplinary group including Pain Medicine, Physiotherapy, Psychology and two RANZCOG Fellows. A 2500 word “clinical update” is planned for the MJA and also a Position Statement under the auspices of the FPMANZCA and RANZCOG if supported. David Jones has collaborated with our first RANZCOG Fellow, Dr Wayne Gillett, in publishing a joint document in Expert Reviews. (www.expert-reviews.com) 2009.

Neurosurgical Society

Professor Michael Murphy, President of the Neurosurgical Society, met with the Board in February to discuss opportunities for dialogue and collaboration between the two organisations. Four neurosurgeons have now completed training in pain medicine.

APS/NZPS

To further improve liaisons with the Pain Societies, Faculty Regional Committees have been encouraged to co-opt an APS Representative. Liaisons at a national level are being pursued through quarterly teleconferences and the possibility of joint Professional Documents and submissions is being explored. Other areas of collaboration include the National Pain Summit and a poster and fact sheet for the Global Day against Musculoskeletal pain.

Overseas

The Faculty has provided support to Canadian based Fellows in their efforts to establish Pain Medicine as a recognised specialty in Canada.

The Faculty of Pain Medicine of the Royal College of Anaesthetists (RCA) will send an observer to the 2010 examination in Melbourne.

AAPM/ABPM

Ties were further strengthened in 2009. Professor Rollin (Mac) Gallagher, then President-Elect of the American Academy of Pain Medicine, met with the Board in April and gave a presentation on developments with the *Pain Medicine* journal. Associate Professor Milton Cohen has been appointed Senior Editor of Pain Medicine and several Faculty Fellows are sub-editors. Further nominations are welcome.

Chronic Pain Australia

Several Faculty Fellows participated in a well attended consumer session organised by Chronic Pain Australia prior to the APS Meeting in Sydney. This organisation aims to offer a telephone advisory service in liaison with Arthritis NSW, a successful support group.

CORPORATE AFFAIRS Regional Committees

Western Australia

An interim Western Australian Regional Committee was formed with elections to be held in the first quarter of 2010.

New South Wales

The NSW Regional Committee commenced circulation of a four monthly e-newsletter “*The Algometer*”. A CME dinner meeting on “Issues of pain management in NSW – specialists, trainees and patients’ was held in August.

Queensland

The FPM Queensland Regional Committee ran a very worthwhile CME program in 2009 with an array of excellent speakers. The Queensland Regional Committee has been exploring improved local education of medical graduates in pain medicine and methods of improving recruitment and retention of pain medicine trainees.

Several members of the Committee have been involved in developing the state-wide Persistent Pain Strategy to establish a long-term and achievable direction for pain services across the vast state of Queensland. It is hoped that this strategy, in combination with the National Pain Strategy, will positively influence policy makers in Queensland.

The Faculty continued to work with the FPM Queensland Regional Committee to develop strategies for a federal and state level approach to the funding of pain places in Queensland public hospitals.

National Pain Summit

Following a request for FPM/ANZCA support for this important health policy initiative, led by an alliance of pain specialists, primary healthcare professionals and consumer representatives, the College agreed on a budget to support organisation of the National Pain Summit, including communication, project management, venue and administrative support. The purpose is to elevate chronic pain as a significant issue on the political and healthcare agenda, leading to major benefits to consumers and ultimately, more cost-effective healthcare solutions. The Summit is seen as a first step in progressing some of these recommendations.

A successful Leaders’ Meeting, facilitated by Dr Norman Swan was convened at ANZCA House on September 17 with about 70 people, including Australia’s leading authorities in pain medicine and consumer groups representing chronic pain sufferers to work on a national coordinated approach to managing chronic pain. The group reviewed a wide range of draft objectives and strategies developed by three working groups, focused on the role of primary care, optimum models of service delivery and evidence for best practice pain management. Subsequently further reference groups

were established to address key aspects of the strategy including acute pain, pain in cancer and palliative care, geriatric pain and paediatric pain. A draft strategy was made available for public consultation from mid-October until January 2010.

With more than 130 healthcare and consumer organisations represented by over 200 participants, the National Pain Summit in March 2010 brought together the largest cross-section of stakeholders ever focused on a single health policy initiative. It is proposed that the National Pain Strategy endorsed by the Summit will be carried forward to government jointly by the FPM/ANZCA, the APS and the consumer body, Chronic Pain Australia.

Similar initiatives are taking place in Canada and in the US.

Profile of Pain Medicine

In an effort to engage medical students, the Board supported the development of an annual prize and this initiative is being progressed by the Education Committee.

Support for Developing Countries

In October 2009, the Faculty Board endorsed a proposal for a pilot “*Pain in the Pacific*” course in 2010. Funding for two pilot projects has been included in the Faculty’s 2010 budget. The aim of “*Pain in the Pacific*” is to design and implement a short course for all allied health care workers that addresses the management of pain and in particular pain caused by cancer. The initial objectives will be to develop an appropriate model for course delivery, and educational materials for individuals of varying educational backgrounds, allowing local instructors to then continue the process.

Communications

The Faculty continued to circulate the bi-monthly e-newsletter *Synapse* and the Trainee e-newsletter and contribute to the ANZCA e-newsletter and ANZCA *Bulletin* to keep Fellows and trainees informed of items of interest.

FPM Director of Professional Affairs

The Board resolved to appoint a part-time Director of Professional Affairs in 2010. This will be a termed, contract position with the opportunity for renewal.

TRAINEE AFFAIRS PORTFOLIO Education Committee

Professional/ Educational Documents

An Educational Document on Paediatric Pain Medicine, “*Children are not little Adults*” was finalised in 2009. A FPM Professional Document on opioids is currently in development and will be targeted at GPs and be in a concise, easily accessible format. A *Policy on Illness or Disability for Trainees and Fellows* was developed in 2009 for release in 2010.

International Medical Graduates

The Board resolved to establish a qualification of “Associate Fellowship” as a form of recognition for those who have completed the Training and Examination requirements of the Faculty but who are not eligible for Fellowship as they do not hold Fellowship of an approved Australian or New Zealand primary specialty. 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.

Supervisors of Training

The Board ratified a *Policy on Supervision of Clinical Experience for Vocational Trainees in Pain Medicine*. This document clearly sets out the levels of supervision and general principles of when a trainee is on duty and includes a section on the supervision of interventions.

A Supervisor of Training workshop on “Managing the Difficult Trainee” was convened at the NSW Regional Office in October and included a structured workshop facilitated by the ANZCA Education Manager.

Blueprinting

The Faculty continued the “Blueprinting” process to map out the main criteria required of a Pain Medicine Specialist, and to align these objectives with the training requirements and assessment processes to ensure that all core components of the curriculum are being delivered and assessed. The Blueprinting Sub-Committee of the Education Committee includes multidisciplinary representation and is being facilitated by Professor Brian Jolly, of Monash University.

Focused Resources

A Focused Resources document for Trainees and Fellows was developed to replace the “Reading List” and is available on the Faculty Website at <http://www.anzca.edu.au/fpm/trainees/trainee-publications>

EXAMINATIONS

Twenty-four candidates sat the FPM Examination at the Royal North Shore Hospital, Sydney on 25-27 November 2009. Twenty candidates, including two General Practitioners (the first to successfully sit the FPM examination) were successful; a pass rate of 83.3%. The Examination Report has been published on the Faculty Website at <http://www.anzca.edu.au/fpm/trainees/examination>

A Pre-Examination short course was held at the Royal Adelaide Hospital in September and was attended by 25 trainees. The course was expanded to two and a half days to include a long case.

Drs J E Marosszky (FAFRM) and Lindy Roberts (FANZCA) retired from the examination panel and their contributions were gratefully acknowledged. Two new examiners, Dr Owen Williamson (FRACS) and Dr Wilbur Chan (FAFRM (FRACP)) were appointed and Professor Michael Cousins (FANZCA) and A/Prof Pam Macintyre (FANZCA) were reappointed for a further 3 year period, taking the examination panel to 28 – 16 ANZCA, 3 RACP, 2 RACS, 3 RANZCP and 4 AFRM (RACP).

TRAINING UNIT ACCREDITATION Hospital Accreditations

In 2009, St Vincent's Hospital Barbara Walker Centre for Pain Management (Vic) and Westmead Hospital (NSW) were reaccredited for Pain Medicine Training. The Royal Prince Alfred Hospital (Vic), Alfred Health Pain Services (Vic), Singapore General Hospital, Prince of Wales Hospital (NSW), Royal Children's Hospital (Vic) and Geelong Hospital (Vic) were approved for continued accreditation following successful paper reviews.

The Faculty greatly appreciates the time and effort that Reviewers put into this important activity. There are currently 23 accredited Pain Medicine Training Units in Australia, New Zealand and Singapore.

2010 Strengthening Medical Specialist Training Program

In 2009 it was confirmed that Pain Medicine has been placed on priority listing B under the Victorian Government's 2010 Strengthening Medical Specialist Training Program along with geriatrics, pathology and psychiatry. This program provides annual incentive funding in targeted specialties for up to three years to assist health services to increase the number of accredited specialist training positions. The Faculty encouraged Units to consider applications through this program.

Review of Chronic Pain Management Services Victoria

A final report is still awaited following the Victorian Department of Health and Ageing's review of chronic pain management services in Victoria to see if funding will be forthcoming. The main purpose of the review is to identify an appropriate model for the provision of publicly funded chronic pain management services, within the sub-acute ambulatory care services program.

FELLOWSHIP AFFAIRS PORTFOLIO Fellowship

In 2009 the number of Fellows grew to 271, of whom nine are Honorary and 113 admitted through training and examination. Of the 259 active Fellows, 197 were domiciled in Australia, 18 in New Zealand and 44 in other countries. Those whose primary specialty is anaesthesia make up just over 64% of the Fellowship.

In 2009, seventeen Fellows were admitted to Fellowship; thirteen by training and examination, two by election and two Honorary Fellows. Although the majority of trainees continue to be anaesthetists by primary specialty, 2009 admissions included one surgeon, one psychiatrist, three rehabilitation physicians and two PhDs.

A pathway to Fellowship was introduced for applicants for Election to Fellowship who have been working in Pain Medicine, have a qualification acceptable to the Board, but whose knowledge base is not clearly known to the Board. The Board may now either award Fellowship directly, or following satisfactory completion of examination and case report requirements without further training.

Awards, Prizes and Honours

A number of Fellows were recipients of awards, prizes and honours in 2009:

Dean's Prize and Best Free Paper Award

A number of abstracts were submitted for the FPM Dean's Prize and Free Papers session at the 2009 ASM. Winners were announced at the Faculty AGM:

Dr Paul Wrigley (NSW): winner of the Dean's Prize for the research paper "*Brain Anatomy Changes Associated with Chronic Neuropathic Pain Following Spinal Cord Injury*".

Dr Jane Trinca (Vic): winner of the Best Free Paper Award 2009 for the research paper "*Knowledge of Pain in Recent Medical Graduates in a large Teaching Hospital 1998-2008. Have we made a Difference?*".

Merit awards

A certificate recognising a pass with merit in the Faculty examination is awarded to meritorious candidates. Recipients in 2009 were:

Dr Max Sarma (FRACGP)

Dr Kerry Thompson (ANZCA Trainee)

Dr Clifton Timmins (ANZCA Trainee).

Other awards

Professor Alan Forbes Merry (NZ) – appointed as an Officer of the New Zealand Order of Merit (ONZM) in recognition of services to medicine, in particular anaesthesia.

Professor Michael J Cousins (NSW) – awarded the Orton Medal by ANZCA Council for distinguished services to anaesthesia and pain medicine.

Dr Roger Goucke (WA) - awarded a Presidential Commendation by the AAPM, recognising leadership in establishing cross-cultural connections between FPM and the AAPM.

Professor Nikolai Bogduk (NSW) - awarded an AAPM Founders Award for outstanding contributions to the science or practice of pain medicine.

Dr Bob Boas (NZ) - awarded Life membership of the NZSA
Dr Carolyn Arnold (Vic), A/Prof Leigh Atkinson (Qld) A/Prof David Cherry (SA), Prof Arthur Duggan (Qld), Dr David Gronow (NSW) and Prof George Mendelson (Vic) - awarded Australian Pain Society Distinguished Members Awards.

CONTINUING EDUCATION AND QUALITY ASSURANCE Scientific Meetings

A number of successful educational activities were organised in 2009:

Refresher Course Day and Annual Scientific Meeting

Dr Jason Ray, FPM Convenor, and the international and local speakers delivered an excellent program for the Faculty's Annual Refresher Course Day at the Hilton, Cairns in May, with a theme of "*Unravelling the chaos of pain*" that was attended by over 150 registrants.

Annual Scientific Meeting

The Faculty's pain program at the ASM was also a success with a strong pain program and excellent contributions from local and international speakers, including Professor Andrew Rice (UK), A/Prof Steven Passik (USA) and Prof Rollin Gallagher (USA).

Faculty Trainees registered for the ASM took the opportunity to attend the annual Trainee Lunch, convened with the aim of providing an opportunity to meet the Assessor Supervisor SoTs, Chair of the Education Committee and Faculty Staff, and including a presentation on "Surviving your pain training".

Annual Spring Meeting

The 2009 Spring Meeting of the Faculty of Pain Medicine, Duelling with Pain, was held in association with the Acute Pain SIG of ANZCA, ASA and NZSA at the Sofitel Melbourne. The program, presented by a faculty of international speakers including Dr Roman Jovey (Canada) and Dr Suellen Walker (UK), highlighted the challenges faced in managing the spectrum of complex acute, chronic and cancer pain problems with particular emphasis on the growing knowledge surrounding overlap between pain medicine and addiction medicine, attracted a record attendance of 216 delegates and 11 HCI Exhibitors.

FPM/Victorian Pain Management Group Meeting

The Faculty of Pain Medicine in conjunction with the Victorian Pain Management Group, Alfred Pain Services and Burnet Institute held a fascinating seminar at the Alfred Hospital in May with guest speakers Professor Andrew Rice (UK) and Dr Kate Cherry, Burnet Institute (Vic). The topic of discussion was HIV and neuropathic pain, and the seminar was appropriately titled "*Touching a Raw Nerve*". Professor Rice also spoke with FPM Fellows and APS Members in Adelaide.

Future Meetings

Plans were advanced for the Faculty's 2010/2011 meeting program:

- 2010 Refresher Course Day – Christchurch – April 30– "Creative pain management: one goal multiple approaches".
- 2010 Annual Scientific Meeting – Christchurch – May 1-2– ASM Visitor FPM: Professor Jeffrey Mogil (USA). Christchurch Visitor, FPM: Professor Richard Rosenquist (USA).
- 2010 Spring Meeting – Newcastle - "*Transitions in Pain*" - October 8-10. International speaker: Dr Cathy Price (Southampton, UK).
- 2011 ASM - Dr P P Chen was confirmed as the FPM Convenor for the 2011 meeting in Hong Kong. Professor Catherine Bushnell (Canada) and Professor Wan You (Peking) have confirmed as the FPM ASM Visitor and FPM Hong Kong Visitor respectively.

Continued Professional Development

The Faculty Board recognises that should participation in CPD become compulsory as part of the National Registration process that the Faculty would need to make its CPD program useful to Fellows with specialties other than anaesthesia to avoid the need for them to participate in two separate programs. The CE&QA Committee is investigating opportunities to improve the FPM CPD program within the existing structure to avoid the costs of establishing a separate program.

RESEARCH

The FPM Research Committee continued its focus on promoting a culture of research to its Fellows and Trainees.

Implant Register

The Board supported in principle the development of a position paper on usage of implantable devices and an implantable devices register for neurostimulation devices and implantable intrathecal medication delivery devices. This register would be similar to ones used widely for implants in orthopaedic surgery. A sub-committee has been formed to prepare a proposal before seeking input from the Federal Government.

National Pain Outcome Initiative

A proposal for a National Pain Outcome initiative was supported by the Board and submitted into the National Pain Summit strategy and included in the documentation to delegates. The initial aim would be to develop a business plan and design a scoping study. Agreement in regard to both clinical and system outcome measures will be required. The ultimate aim would be to establish an ongoing National Pain Outcome Centre.

**PROFESSIONAL
Recognition of Pain Medicine as a Specialty
– New Zealand**

An application for specialty recognition in New Zealand was submitted in August 2009. This is a two stage process that is anticipated to take approximately 18 months. The Medical Council of New Zealand has advised that a convenor and lay person (Prof Peter Ellis, Ms Liz Hird) have been appointed by their Education Committee to assess the stage 1 application for recognition of the vocational scope of pain medicine. Feedback has been sought from external stakeholders and medical education institutes and initial assessment of the stage 1 application has commenced. A draft report on the application will be provided to their Education Committee on March 15, 2010 and the Faculty will be given an opportunity to comment. The MCNZ Education Committee will then make a recommendation about whether the pain medicine application should proceed to stage 2. This recommendation will be considered by the MCNZ at its meeting of May 26, 2010.

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

A dedicated editorial team under the leadership of A/Prof Pamela Macintyre undertook the development of the 3rd Edition of this ANZCA/FPM publication. A draft document was made available for public consultation for a period of one month beginning August 10, 2009. The third edition has been endorsed by the NHMRC and many national and international bodies and provides the most up-to-date science and practice on acute pain management. The document has been made available online and hard copies will be circulated to all ANZCA and FPM Fellows and Trainees in March 2010.

Policy/Government

Annual Reports were provided to the Australian Medical Council and Medical Training Review Panel and communication continued with the state/territory Registration Boards.

The Faculty responded to a request by the National Transport Commission to comment on a review of the medical standards that apply for driver licensing purposes and for mandatory health assessments for rail safety workers. Specifically, advice was sought in relation to the impact of pain medications (in particular opioids) for drivers of commercial vehicles and for rail safety workers, including how such impacts might be assessed and managed.

The Faculty contributed to a number of submissions including the:

- Medical Board of Australia – Consultation paper on registration standards and related matters
- CPMEC Prevocational Medical Accreditation Framework
- National Health and Hospitals Reform Commission
- Maternity Services Review
- National Health Workforce Taskforce – Health Education and Training, Clinical training – governance and organisation
- Parenteral Medicines, Fluids and Lines: Labelling Recommendations
- Broadening the scope of the Diagnostic Imaging Accreditation Scheme to include Non-radiology Services.
- Victoria’s Workforce Redesign Toolkit.

**RESOURCES PORTFOLIO
Finance**

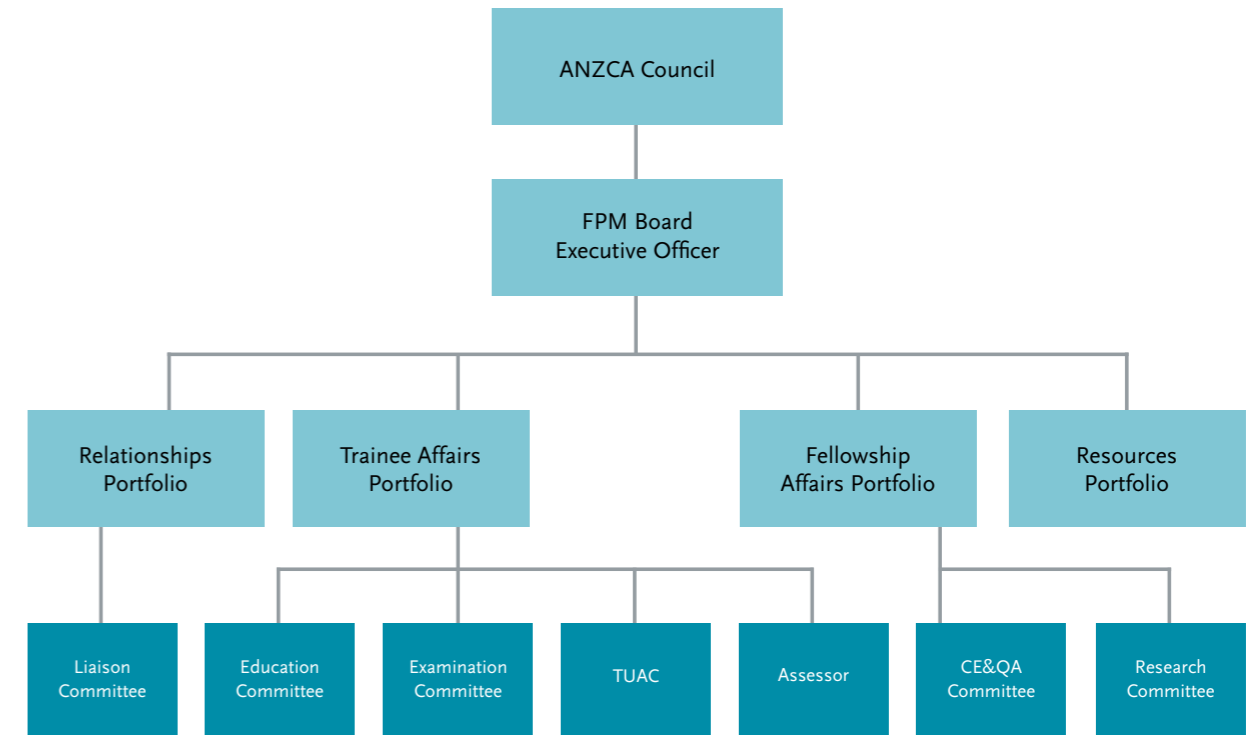
The Faculty can report a positive outcome against budget for 2009, the result of record delegate numbers and strong HCI support for Faculty meetings and continued careful budgeting. A budget for 2010 was established to provide adequate funding to meet the requirements of expanding Faculty activities.

In closing, I would like to thank all Fellows who contribute, and Helen Morris and her administrative staff of the Faculty for their commitment and support.

Dr Penelope A Briscoe
Dean

PANEL OF EXAMINERS 2009

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



HONORARY TREASURER'S REPORT



“AS WE LOOK AT THE YEAR UNDER REVIEW, IT IS CLEAR THAT ANZCA CONTINUES TO OPERATE IN A SOUND FINANCIAL MANNER. THE COLLEGE HAS NET ASSETS (CASH, INVESTMENTS, BUILDINGS) IN EXCESS OF \$20 MILLION WITH NO OUTSTANDING LOANS OR DEBTS.”

A handwritten signature in black ink that reads "K. Leslie".

Prof. Kate Leslie Honorary Treasurer

I assumed the role of Honorary Treasurer following Richard Waldron's retirement from Council during the year and it is pleasing to report that ANZCA has finished 2009 in a very sound financial position, with net assets of \$20.431 million and no debt.

The operations of the College produced a surplus of \$1.683 million which represented a significant improvement on the 2008 deficit of \$0.623 million. In addition, the investment portfolio reflected the improved market conditions and contributed earnings of \$0.980 million compared to a negative result in 2008 of \$2.752 million.

The budget for the 2010 year, approved by Council in November 2009, continues the approach set in the previous year of planning for a break-even result at the operational level without reliance on the performance of the investment portfolio. This will enable the investment earnings to be used to build on the corpus of the portfolio to fund current and future capital investment programs and to ensure that the College is equipped to maintain a satisfactory level of research funding.

You will note that the titles of the financial statements in the attached reports have changed from last year. This is in accordance with a revised Australian Accounting Standard to which we are required to adhere.

STATEMENT OF COMPREHENSIVE INCOME

This is a summary of the revenue, expenses, and surplus from the activities of the College. Overall revenue from operating activities for the year ended 2009 was \$20.505 million (\$16.533 million in 2008). Total expenses were \$18.823 million (\$17.156 million for 2008), leaving a surplus of \$1.683 million (deficit of \$0.623 million in 2008). The improved result came through higher revenue from increased activity: registration, training and exam fees (up \$1.320 million), other income, including Foundation sponsorship and donations, IMGS assessments and expense recoveries (up \$1.207 million), subscriptions and entry fees (up \$1.031 million) and meeting and course income (up \$0.414 million). The management initiatives in cost control helped to curtail overall growth in expenses to \$1.667 million.

Overall investments (comprising the investment portfolio and interest bearing operational bank accounts) provided a positive contribution of \$0.980 million in 2009 compared to a loss of \$2.752 million in 2008. The portfolio showed a \$0.351 million capital gain with \$0.629 million in income. This represents a significant turn around from 2008, but the volatility demonstrates the need to minimize reliance on investment performance for operational needs.

The resultant consolidated outcome for the College is a surplus of \$2.663 million compared to a deficit of \$3.375 million in 2008. Following the net asset transfer to JFICM of approximately \$1.0 million under the terms of the Deed of Assumption and Release, the net surplus for the year was \$1.684 million. After allowing for minor exchange translation differences between the New Zealand and Australian Dollar at balance date, the total comprehensive income for the year was \$1.708 million.

STATEMENT OF FINANCIAL POSITION

This is a summary of the assets, liabilities and equity position of the College. Over the year, the net assets of the College increased by \$1.708 million, after allowing for the net asset transfers to JFICM.

Whilst the settlement with JFICM was able to be absorbed by the College, it needs to be understood that in 2009 JFICM provided a positive contribution to the earnings of the College, which will not be available in 2010. This has been recognised in the 2010 budget process and the budgeted results reflect the changed structure.

The College net asset position remains sound being \$20.431 million at year end.

STATEMENT OF CASH FLOWS

The cash holding at the end of the year of \$3.894 million is \$2.295 million greater than 2008, largely due to the strong performance in registration, training and exams, growth in sponsorships and donations, and the receipt in 2009 of ASM 2008 surpluses. In addition, the removal of the early bird option for the payment of 2010 subscriptions allowed the issue of subscription notices earlier than in the previous year which increased the level of cash received prior to the end of December.

COMMENTS

As we look at the year under review, it is clear that ANZCA continues to operate in a sound financial manner. The College has net assets (cash, investments, buildings) in excess of \$20 million with no outstanding loans or debts.

The College continued to build on the management of the investment portfolio during the year with the Investment Committee completing a formal investment policy and strategy which have been approved by Council and implemented. The external investment advisors, JB Were, report regularly through the Committee and the Committee will institute a performance assessment process in 2010 to measure and report on the performance of the advisors.

Without the ongoing dedication of Councillors, Committee members, Fellows and staff throughout Australia, New Zealand, Hong Kong, and South East Asia it would not be possible for the College to be in such a sound financial position. On behalf of the College, I would like to acknowledge that commitment.

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 2009 Financial Report of the Australian and New Zealand College of Anaesthetists.

A copy of the full financial report and auditor's report will be sent to any member free of charge, upon request.

The discussion and analysis is provided to assist the members in understanding the concise financial report.

The discussion and analysis is based on the Australian and New Zealand College of Anaesthetists consolidated financial statements and the information contained in the concise financial report has been derived from the full 2009 Financial Report of the Australian and New Zealand College of Anaesthetists.

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

The surplus from operating activities for the year was \$1,682,576, which is an improvement of \$2,305,295 on the prior year, which had a deficit of \$622,719. The overall result was assisted by the partial recovery of the investment markets in 2009 resulting in a positive return of \$980,408 compared to a loss of \$2,752,483 in 2008. As a result of this, the surplus for the financial year was \$2,662,984, compared to a \$3,375,202 deficit in 2008. Under the terms

of a Deed of Assumption and Release relating to the agreed separation from the College of the Joint Faculty of Intensive Care Medicine and the establishment of a new College of Intensive Care Medicine, net assets of \$978,999 were transferred to JFICM. This transfer of assets resulted in a net surplus for the year of \$1,683,985.

Total operating revenue rose by 24.0% to \$20,505,110, whilst operating expenditure was contained to rise by 9.7% to \$18,822,534.

STATEMENT OF FINANCIAL POSITION

Total assets increased by 5.7% or \$1,620,321. The major contributors to this were the recovery in the value of the investment portfolio as outlined above and the increase in other current assets reflecting a higher level of prepayments compared to 2008. Total liabilities decreased marginally by \$87,502 to \$9,378,427 representing a decrease of 0.9%. The result of this is an increase in net assets of \$1,707,823 or 9.1%.

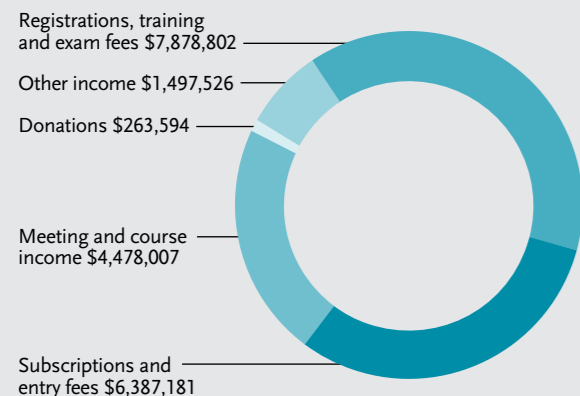
STATEMENT OF CHANGES IN EQUITY

Total equity for the year increased by \$1,707,823. This arose from the net effect of the surplus of \$2,662,984 and a gain on exchange translation differences of the New Zealand assets and liabilities of \$23,838, partially offset by the asset transfer at nil consideration to the Joint Faculty of Intensive Care Medicine of \$978,999.

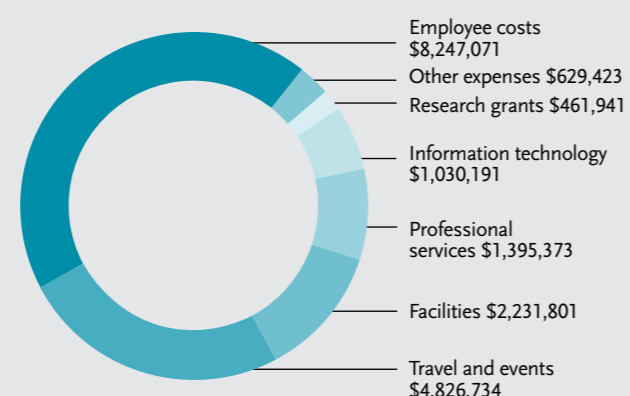
STATEMENT OF CASH FLOWS

Cash flows for the year increased by \$2,294,899 primarily reflecting the impact of the improved investment returns and the higher collections from members and customers.

Total revenue for the 12 months ended 31 December 2009



Total expenses for the 12 months ended 31 December 2009



RSM Bird Cameron Partners

Chartered Accountants

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AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial statements of the Australian and New Zealand College of Anaesthetists for the financial year ended 31 December 2009, I declare that to the best of my knowledge and belief, there have been no contraventions of:

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

RSM BIRD CAMERON PARTNERS
Chartered Accountants

P A RANSOM
Partner

23 March 2010
Melbourne

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Major Offices in:
Perth, Sydney, Melbourne,
Adelaide and Canberra
ABN 36 965 185 036

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DISCUSSION AND ANALYSIS OF THE FINANCIAL STATEMENTS CONTINUED

STATEMENT OF COMPREHENSIVE INCOME FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2009

	2009 \$	2008 \$
Revenue		
Subscriptions and entry fees	6,387,181	5,356,348
Registrations, training and exam fees	7,878,802	6,558,598
Meeting and course income	4,478,007	4,064,047
Other income	1,761,120	554,266
TOTAL REVENUE FROM OPERATING ACTIVITIES	20,505,110	16,533,259
Expenses		
Employee costs	8,247,071	7,284,307
Facilities	2,231,801	2,352,601
Travel and events	4,826,734	4,781,830
Information technology	1,030,191	862,906
Professional services	1,395,373	1,084,582
Other expenses	629,423	(20,034)
Research grants	461,941	809,786
TOTAL EXPENSES FROM OPERATING ACTIVITIES	18,822,534	17,155,978
Surplus/ (Deficit) from operating activities	1,682,576	(622,719)
Income from non-operating activities		
Investment Income	980,408	(2,752,483)
SURPLUS / (DEFICIT) FOR THE PERIOD	2,662,984	(3,375,202)
Asset transfer at nil consideration - JFICM	(978,999)	-
NET SURPLUS/(DEFICIT)	1,683,985	(3,375,202)
Other comprehensive income		
Exchange translation differences	23,838	7,985
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD	1,707,823	(3,367,217)

STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER 2009

	2009 \$	2008 \$
Assets		
Current assets		
Cash and cash equivalents	3,893,964	1,599,065
Trade and other receivables	4,241,472	6,274,597
Other financial assets	86,920	-
Other	1,181,705	625,384
Total current assets	9,404,061	8,499,046
Non-current assets		
Property, plant and equipment	11,301,585	11,335,884
Other financial assets	9,103,281	8,353,676
Total non-current assets	20,404,866	19,689,560
Total assets	29,808,927	28,188,606
Liabilities		
Current liabilities		
Trade and other payables	2,487,247	1,615,675
Provisions	239,384	223,107
Other	6,564,957	7,564,013
Total current liabilities	9,291,588	9,402,795
Non-current liabilities		
Provisions	86,839	63,134
Total non-current liabilities	86,839	63,134
Total liabilities	9,378,427	9,465,929
Net assets	20,430,500	18,722,677
Equity		
Share capital	2	2
Retained earnings	20,406,660	18,714,690
Exchange rate revaluation reserve	23,838	7,985
Total equity	20,430,500	18,722,677

DISCUSSION AND ANALYSIS OF THE FINANCIAL STATEMENTS CONTINUED

STATEMENT OF CHANGES IN EQUITY FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2009

	Share Capital	Retained Earnings \$	Total \$
Balance at 1 January 2008	2	22,089,892	22,089,894
Surplus/(Deficit) for the period	-	(3,375,202)	(3,375,202)
Exchange translation differences		7,985	7,985
Balance at 1 January 2009	2	18,722,675	18,722,677
Surplus/(Deficit) for the period	-	2,662,984	2,662,984
Exchange translation differences		23,838	23,838
Asset transfer at nil consideration - JFICM		(978,999)	(978,999)
Balance at 31 December 2009	2	20,430,498	20,430,500

STATEMENT OF CASH FLOWS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2009

	2009 \$	2008 \$
Cash flows from operating activities		
Receipts from members and customers	21,155,712	15,750,274
Interest received	182,316	153,817
Donations received	172,685	55,421
Payments to employees and suppliers	(16,389,360)	(16,971,695)
Research grants and bequests paid	(835,267)	(902,828)
Asset transfer at nil consideration - JFICM	(978,999)	-
Net cash provided by/(used in) operating activities	3,307,087	(1,915,011)
Cash flows from investing activities		
Proceeds from sale of investments	-	2,000,000
Proceeds from sale of property, plant and equipment	-	381,770
Purchase of investments and administration fee	(86,920)	-
Purchase of property, plant and equipment	(925,268)	(946,019)
Net cash (used in)/provided by investing activities	(1,012,188)	1,435,751
Net increase in cash and cash equivalents	2,294,899	(479,260)
Cash and cash equivalents at the beginning of the financial year	1,599,065	2,078,325
Cash and cash equivalents at the end of the financial year	3,893,964	1,599,065

NOTES TO THE CONCISE FINANCIAL REPORT FOR THE YEAR ENDED 31 DECEMBER 2009

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. The concise financial report cannot be expected to provide as detailed an understanding of the financial performance, financial and investing activities of the Australian and New Zealand College of Anaesthetists 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 declare that the concise financial report of the Australian and New Zealand College of Anaesthetists for the financial year ended 31 December 2009, as set out in pages 58–65:

- complies with Accounting Standard AASB 1039: Concise Financial Reports; and
- has been derived from and is consistent with the full financial report of Australian and New Zealand College of Anaesthetists.

This declaration is made in accordance with a resolution of the Directors.



Dr L F Wilson
President
23 March 2010



Professor K Leslie
Honorary Treasurer
23 March 2010

RSM Bird Cameron Partners

Chartered Accountants

Level 8 Rialto South Tower
525 Collins Street Melbourne VIC 3000
PO Box 248 Collins Street West VIC 8007
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www.rsmi.com.au

INDEPENDENT AUDITOR'S REPORT

To the members of the Australian and New Zealand College of Anaesthetists

Report on the concise financial report

The accompanying concise financial report of the Australian and New Zealand College of Anaesthetists comprises the balance sheet as at 31 December 2009, the income statement, statement of recognised income and expenses and cash flow statement 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 2009, and the discussion and analysis. 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 Reports* (including the Australian Accounting Interpretations), statutory and other requirements. This responsibility includes establishing and maintaining internal control relevant to the preparation of the concise financial report; selecting and applying the 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 2009. Our audit report on the financial report for the year was signed on 23 March 2010 and was not subject to any modification. The Australian Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report for the year is free from material misstatement.

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, discussion and analysis, and other disclosures which were not directly derived from the financial report for the year. These procedures have been undertaken to form an opinion whether, in all material respects, the concise financial report complies with Accounting Standard AASB 1039: *Concise Financial Reports* and whether the discussion and analysis complies with the requirements laid down in AASB 1039: *Concise Financial Reports*.

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

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INDEPENDENT AUDIT REPORT (CONT.)

To the members of the Australian and New Zealand College of Anaesthetists (Cont.)

Independence

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*.

Auditor's opinion

In our opinion, the concise financial report of the Australian and New Zealand College of Anaesthetists for the year ended 31 December 2009 complies with Australian Accounting Standard AASB 1039: *Concise Financial Reports*.

A handwritten signature in black ink that reads 'RSM Bird Cameron Partners'.

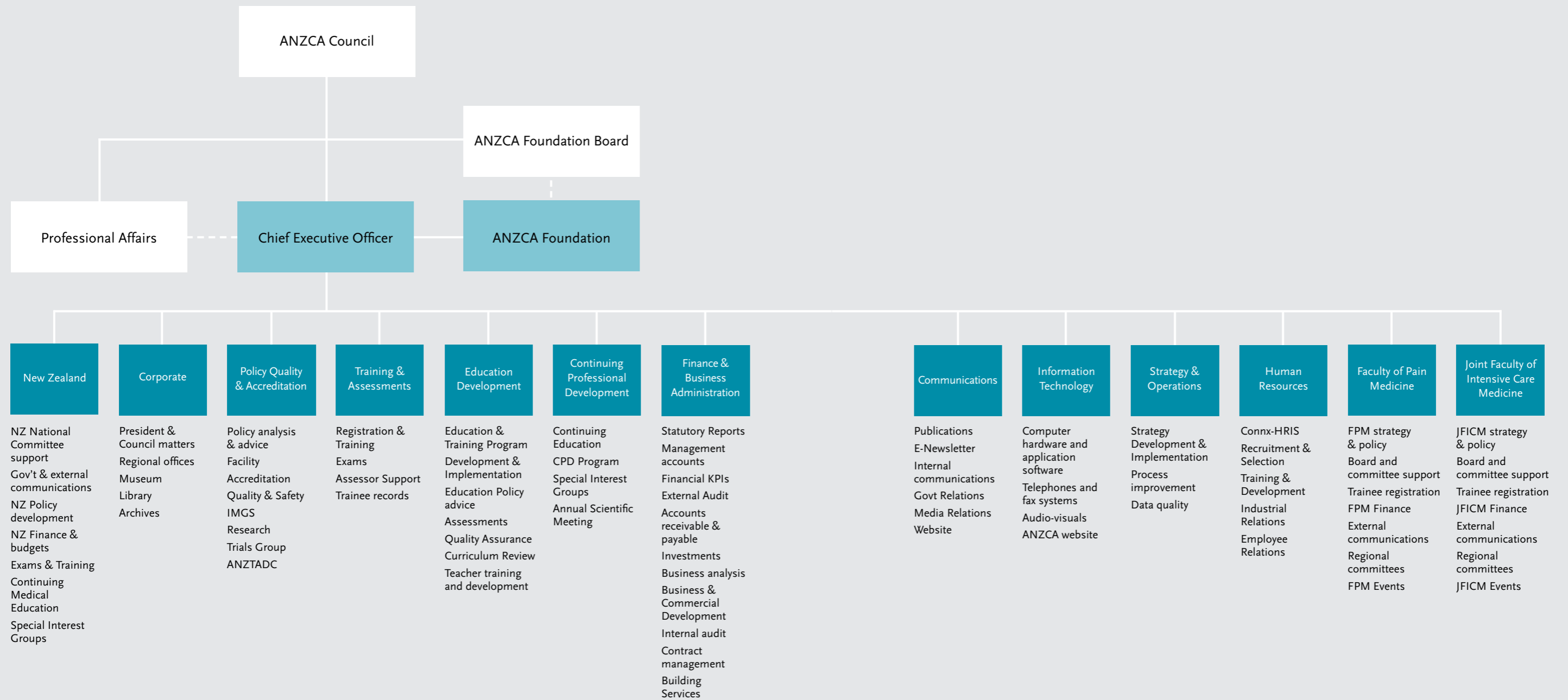
RSM BIRD CAMERON PARTNERS
Chartered Accountants

A handwritten signature in black ink that reads 'P A Ransom'.

P A RANSOM
Partner

23 March 2010
Melbourne

ANZCA ORGANISATION CHART



COMMITTEES OF THE COUNCIL

EXECUTIVE COMMITTEE

President (Chair)	Dr Leona Wilson	NZ
Vice President	A/Prof Kate Leslie	VIC
CEO	Dr Mike Richards	VIC
DPA	Prof Barry Baker	NSW

EDUCATION AND TRAINING COMMITTEE (ETC)

Chair	Dr Lindy Roberts	WA
DPA Assessor	Dr Stuart Henderson	NZ
Director Education Development Unit	Ms Mary Lawson	VIC
Chair, Training Accreditation Committee	A/Prof Kate Leslie	VIC
Chair, New Programs Committee	Dr Michelle Mulligan	NSW
Councillor and Chair of Examinations	A/Prof David Scott	VIC
Councillor and Chair, IMGS Committee	Dr Genevieve Goulding	QLD
Chair, Assessments Committee	A/Prof Jennifer Weller	NZ
Chair, Trainee Committee (or nominee)	Dr Christopher Wilde	TAS
Chair, Workplace-based Assessments Committee	Dr Lindy Roberts	WA
Community Representative	Ms Gabrielle Endacott	VIC
Fellow and Councillor	Dr Kerry Brandis	QLD
New Fellow Representative on Council	Dr Nicole Phillips	NSW
Fellow	Dr Michele Joseph	VIC
Chair, Primary Exam Committee	Dr Craig Noonan	VIC
Chair, Final Exam Committee	Dr Mark Priestley	NSW

TRAINING ACCREDITATION COMMITTEE (TAC)

Chair	A/Prof Kate Leslie	VIC
Deputy Chair	Dr Lindy Roberts	WA
DPA Assessor	Dr Stuart Henderson	NZ
Chair, Education and Training Committee	Dr Lindy Roberts	WA
Chair, Trainee Committee (or nominee)	Dr Jeremy Brammer	QLD
Community Representative	Mrs Susan Sherson	VIC
Member	Dr Kerry Brandis	QLD
Member	Dr Frank Moloney	NSW
Member	Dr Alastair McGeorge	NZ
Member	Dr Mark Gibbs	QLD
Member	TBA	

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) COMMITTEE

Chair (CPD Officer)	Dr Frank Moloney	NSW
Director of Professional Affairs	Dr Richard Willis	SA
Member	Dr Michelle Mulligan	NSW
Member	TBA	

FELLOWSHIP AFFAIRS COMMITTEE

Chair	Dr Michelle Mulligan	NSW
Annual Scientific Meeting Officer	Dr Nicole Phillips	NSW
Continuing Professional Development Officer	Dr Frank Moloney	NSW
Director Education Development Unit (or nominee)	Ms Mary Lawson	VIC
Member	Dr Genevieve Goulding	QLD
Member	Dr Mark Reeves	TAS
Member	Dr Rodney Mitchell	SA
Member	Mr Nigel Henham	VIC
Member	Prof Barry Baker	NSW
Member	Dr Brian Lewer	NZ

QUALITY AND SAFETY (Q&S) COMMITTEE

Chair	Prof Alan Merry	NZ
Councillor	A/Prof David Scott	VIC
ASA President (or nominee)	Dr Elizabeth Feeney	NSW
NZSA President (or nominee)	Dr Nigel Waters	NZ
Member	Mr Bruce Corkill, QC	NZ
Member	Dr Margaret Cowling	SA
Member	Dr Neville Gibbs	WA
Member	Mr Michael Gorton	VIC
Member	Dr Patricia Mackay	VIC
Member	Prof Paul Myles	VIC
Co-opted Member (DPA)	Prof Barry Baker	NSW

RESEARCH COMMITTEE

Chair (Councillor)	Prof Alan Merry	NZ
Deputy Chair	A/Prof Kate Leslie	VIC
Representative of the Faculty of Pain Medicine	Dr Chris Hayes	NSW
Chair of ANZCA Trials Group Executive	A/Prof David Story	VIC
Community Representative	Dr Angela Watt	VIC
Member	A/Prof Kate Leslie	VIC
Member	Prof Paul Myles	VIC
Member	Prof Michael Paech	WA
Member	A/Prof David Cottee	NSW
Member	A/Prof Tony Quail	NSW
Member	Prof Tony Gin	HK
Member	Prof Andrew Bersten	SA
Member	A/Prof Phillip Siddall	NSW
Member	Dr Tim Short	NZ
Member	A/Prof David Scott	VIC
Locum for A/Prof Cottee	Dr Dan Wheeler	UK
Co-opted Member	Prof Stephan Schug	WA
Director ANZCA Foundation (by invitation)	Mr Ian Higgins	VIC

NEW PROGRAMS COMMITTEE

Chair (Councillor)	Dr Michelle Mulligan	NSW
Second Councillor	TBA	
Chair, Final Examinations Subcommittee (or nominee)	Dr Mark Priestley	NSW
Chair, Training Accreditation Committee (or nominee)	A/Prof Kate Leslie	VIC
Director of Professional Affairs	Dr Stuart Henderson	NZ
Fellow of ANZCA	Dr Margaret Walker	TAS
Co-opted Member	Prof Mike Bennett	NSW
Co-opted Member	Dr Bob Wong	WA

INTERNATIONAL MEDICAL GRADUATE SPECIALIST (IMGS) COMMITTEE

Chair	Dr Genevieve Goulding	QLD
Councillor	Dr Frank Moloney	NSW
DPA IMGS	Dr Richard Willis	SA
DPA Assessor	Dr Stuart Henderson	NZ
Chair, New Zealand Panel for Vocational Registration	Dr Vaughan Laurenson	NZ
Chair, Final Examinations Subcommittee	Dr Vida Vilunas	ACT
Fellow nominated by Council	A/Prof Greg Knoblanche	NSW
Fellow nominated by Council	Dr Peter Roessler	VIC
Representative of the Faculty of Pain Medicine	Dr Frank New	QLD
Community/Jurisdictional Representative	Ms Helen Maxwell-Wright	VIC
Community/Jurisdictional Representative	Ms Kerri Kellett	VIC
Member	Prof Garry Phillips	SA
Member	Dr Steven Katz	NSW
Member	Dr Michael Steyn	QLD

FINANCE, AUDIT AND RISK MANAGEMENT COMMITTEE (FARM)

Chair	Mr Tom O'Brien	VIC
Honorary Treasurer	A/Prof Kate Leslie	TAS
Member	Mr Tom O'Brien	VIC
Member	Mr Henry Bosch	VIC
Member	Mr Michael Gorton	VIC

COMMITTEES OF THE COUNCIL CONTINUED

REGIONAL COMMITTEES

TRAINEE COMMITTEE

Chair	Dr Christopher Wilde	TAS
Member	Dr Jeremy Brammer	QLD
Member	Dr Emelyn Lee	WA
Member	Dr Zain Upton	ACT
Member	Dr Hong Jye Neo	SING
Member	Dr Kushlani Stevenson	VIC
Member	Dr Luke Murtagh	SA&NT
Member	Dr Emily Stimson	NSW
Member	Dr May Leung	HK
Member	Dr Kathryn Hagen	NZ
Member	Dr Christopher Wilde	TAS
Member	Dr Meng Li Lee	MAL
Chair Education and Training Committee	Dr Lindy Roberts	WA
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	NZ

INVESTMENT COMMITTEE

Chair	A/Prof Kate Leslie	VIC
President	Dr Leona Wilson	NZ
Honorary Treasurer	A/Prof Kate Leslie	VIC
Chief Executive Officer	Dr Mike Richards	VIC
Director Finance & Business Administration	Ms Jessica McKay	VIC

FOUNDATION BOARD

Chairman	Prof Michael Cousins	NSW
Member	Mr Neil Batt AO	VIC
Member	Mr Michael Gorton AM	VIC
Member	Ms Yvonne Kenny AM	UK
Member	Mr Kieren Perkins OAM	QLD
Member	Mr Geoff Linton	VIC
Member	Mr James Strong	VIC
Member	Mr John Astbury	VIC
Member	A/Prof Kate Leslie	VIC
Ex-Officio Member	Dr Leona Wilson	NZ
Ex-Officio Member	Prof Alan Merry	NZ

AUSTRALIAN CAPITAL TERRITORY

Prof Thomas Bruessel	Chair/Formal Projects Officer
Dr Grant Devine	Secretary
Dr Caroline Fahey	Treasurer
Dr Carmel McNerney	Regional Education Officer
Dr Cliff Peady	
Dr Stephen Brazenor	CME Officer
Dr Vida Viliunas	
Dr Linda Weber	ASA Representative
Dr Zain Upton	Trainee Representative
Dr Geoffrey Speldewinde	FPM Representative

NEW SOUTH WALES

Dr Michael Amos	Chair
Dr Margaret Bailey	Deputy Chair
Dr Patrick Farrell	Ex Officio
Dr Kim Gray	Elected Fellow
Dr Richard Halliwell	Hon Secretary/Treasurer/Deputy Formal Project Officer
Dr Stafford Hughes	Elected Fellow
Dr Richard Morris	Elected Fellow
Dr Gregory O'Sullivan	CME Representative
Dr Michael Rose	Elected Fellow
Dr Natalie Smith	Regional Education Officer
Dr Keith Streatfeild	Elected Fellow
Dr Joanna Sutherland	Formal Project Officer
Dr Tracey Tay	Deputy Regional Education Officer
Prof Thomas Bruessel	ACT Representative
Dr Lewis Holford	Faculty of Pain Medicine Representative
Dr Kar Soon Lim	NSW New Fellow Representative
Dr Francis Moloney	Ex Officio
Dr Michelle Mulligan	Ex Officio
Dr Nicole Phillips	Ex Officio
Dr Emily Stimson	NSW Trainee Committee Representative

QUEENSLAND

Dr Anton E Loewenthal	Chairman
Dr Michael P Steyn	Deputy Chairman
Dr Palvannan Sivalingam	Secretary
Dr Charmaine G Barrett	Treasurer
Dr Sean McManus	ASM 2009
Dr Mark K Gibbs	Regional Education Officer
Dr Gerald Power	Formal Projects Officer
Dr Richard J Pendleton	CME Officer
Dr Taryn Naggs	New Fellows Representative
Dr Peter J Duff	Elected Fellow
Dr Martin L Wakefield	Elected Fellow
Dr David L Trappett	Elected Fellow
Dr Nicole Fairweather	Elected Fellow
Dr Jeremy Brammer	Chair Trainee Committee
Dr Peter Cook	Councillor
Dr Genevieve A Goulding	Ex-Officio - Councillor
Dr Kerry J Brandis	Ex-Officio - Councillor
Dr Martin D Culwick	ASA Queensland Executive Rep
Dr Robert J Boots	Chairman, CICM QRC
Dr Paul D Gray	Faculty of Pain Medicine Qld Rep
Dr Rajesh B Brijball	Co-opted Chair OTSAN

SOUTH AUSTRALIA/NORTHERN TERRITORY

Dr Simon Jenkins	Chair
Dr Thien Le Cong	Vice Chair/New Fellows Representative/Honorary Treasurer/Honorary Secretary
Dr Margaret Wiese	Regional Education Officer
Dr Sam Willis	Rotational Supervisor
Dr Ken Chin	Rotational Supervisor
Dr Simon Jenkins	Formal Project Officer
Dr Peter Sharley	Representative from the Joint Faculty of Intensive Care Medicine
Dr Pam McIntyre	Representative from the Faculty of Pain Medicine/member
Dr Margie Cowling	AMA Representative
Dr Guy Christie-Taylor	ASA Representative
Dr Peter Lillie	Director's Representative
Dr Brian Spain	Northern Territory Representative
Dr Luke Murtagh	Trainee Committee Representative

Dr Bill Wilson	CME Committee Representative
Dr Charlie Clegg	Member
Dr Jonathon Hopkinson	Member
Dr Gerry Neumeister	Member
Dr Kym Osborn	Member
Dr Gary Tham	Member
Dr Lynne Rainey	Member
Dr Tim Porter	Member

TASMANIA

Dr Mark Reeves	Chair
Dr Liadain Freestone	Secretary
Dr David Brown	Treasurer
Dr Simon Morphet	Member
Dr Michael Grubb	Regional Education Officer
Dr Michael Grubb	CME Officer
Dr Christopher Wilde	Trainee Representative
Dr Mark Reeves	Councillor
Dr Mathew Yarrow	New Fellow Representative
Dr Gajinder Oberoi	FFPM Representative

VICTORIA

Dr Rowan Thomas	Chair
Dr Rod Tayler	Deputy Chair/Hon Treasurer
Dr Craig Noonan	Hon Secretary/Asst REO
Dr Richard Horton	Regional Education Officer
Dr David Bramley	(coopted) Social Officer
Dr David Pescod	(coopted) Formal Project Officer
Dr Irene Ng	New Fellow/Asst Formal Project Officer
Dr Debra Devonshire	Continuing Medical Education Officer
Dr Mark Hurley	Assistant Continuing Medical Education Officer

REGIONAL COMMITTEES CONTINUED

Dr Fred Rosewarne	Paramedical Personnel Officer/ Rural Officer
Dr Andrew Schneider	Safety Officer
Dr Andrew Buettner	(coopted) 3rd Year Training Position Liaison
Dr Winifred Burnet	Coopted Member
Assoc Prof Kate Leslie	Ex-Officio
Assoc Prof David Scott	Ex-Officio
Assoc Prof Larry McNicol	Representative for VCCAMM
Dr Simon Reilly	ASA Representative
Dr Kushlani Stevenson	Chair - Victorian Trainee Committee

WESTERN AUSTRALIA

Chairman	Dr David Wright
Vice Chairman	Dr Jenny Stedmon
Immediate Past Chairman	Dr Michael Veltman
Secretary/Treasurer	Dr Jodi Graham
CME Officer	Dr Alison Corbett
Regional Education Officer	Dr Suzanne Bertrand
Formal Projects Officer	Dr John Martyr
Rotational Supervisor	Dr Soo-Im Lim
Committee Member	Dr Markus Schmidt
Committee Member	Dr Simon Maclaurin
Committee Member	Dr Kevin Elks

Ex-Officio & Co-Opted Members

Council Representative	Dr Lindy Roberts
Faculty of Pain Medicine	Dr Eric Visser
Rotational Supervisor	Dr Steve Myles
Webmaster Clinical	A/Prof Richard Riley
WASMS Representative	Dr Nedra vanden Driesen
Trainee Committee	Dr Emelyn Lee
A.S.A. Representative	Dr Paul Rodoreda
Chair – Mortality Committee	Dr Neville Gibbs
ASM 2012 Co-convenors	Dr David Vyse & Dr Tanya Farrell

NEW ZEALAND NATIONAL COMMITTEE

Chairman	Dr Vanessa Beavis
Deputy Chairman	Dr Paul Smeele
Chair New Zealand Panel for Vocational Registration	Dr Vaughan Laurenson
Honorary Secretary/ Honorary Treasurer (Representative on JFICM NZNC)	Dr Gerard McHugh
National Education Officer	Dr Geoff Long
Formal Project Officer	Dr Arthur Rudman

Committee Members

Dr Gary Hopgood	Deputy Formal Projects Officer
Dr Brian Lewer	Chair, NZAEC
Dr Joe Sherriff	
Dr Nigel Robertson	
Dr Malcolm Stuart	Representative on NZATS
Dr Jennifer Woods	Representative on NZAEC
Dr Amber Chisholm	New Fellows' Representative
Dr Kathryn Hagen	ANZCA NZ Trainees Committee Chair

Councillors

Dr Leona Wilson	
Professor Alan Merry	
Dr Mike Gillham	Chair, JFICM Faculty of Intensive Care Representative
Dr David Jones	Faculty of Pain Medicine Representative
Dr Andrew Warmington	NZSA Representative
Dr Steuart Henderson	Director of Professional Affairs

