



2008

Australian and New Zealand College of Anaesthetists

Annual Report 2008





Contents

ANZCA Council	2
President's Report	4
CEO's Report	6
Awards, Prizes and Honours	8
Education Development, Training and Assessments	10
Continuing Medical Education	16
Policy	18
Quality and Safety	20
International Medical Graduate Specialists (IMGS)	22
The ANZCA Foundation	24
Trials Group	26
Key Achievements	28
Research Grant Awards	30
JFICM Dean's report	34
FPM Dean's report	36
Honourary Treasurer's Report	42
Discussion and Analysis of the Financial Statements	43
Auditor's Independence Report	48
Independent Audit Report	49
Committees	51

2008





Back row: Dr Michelle Mulligan, Dr Peter Cook, Dr Genevieve Goulding, Prof Alan Merry, Dr Lindy Roberts, Dr Richard Waldron, Dr Mike Richards (In attendance member and CEO), A/Prof David Scott, Dr Margie Cowling, Dr Nicole Phillips
 Front row: Dr Kerry Brandis, Dr Penny Briscoe (Dean, FPM), A/Prof Kate Leslie (Vice President), Dr Leona Wilson (President), Professor Vernon Van Heerden (Dean, JFICM), Dr Frank Moloney

Council Election

In accordance with the provisions of the Constitution, nominations were called for four vacancies on Council. Five nominations were received. Standing Councillors Dr Kerry Brandis, A/Professor Kate Leslie and Professor Alan Merry were re-elected, and A/Prof David Scott (Vic) was elected for a period of three years.

A/Prof Tony Weeks resigned from Council in May, after six years' service.

Dr Walter Thompson retired in May 2008, following completion of his term of office as President, after 10 years on Council.

Co-option to Council

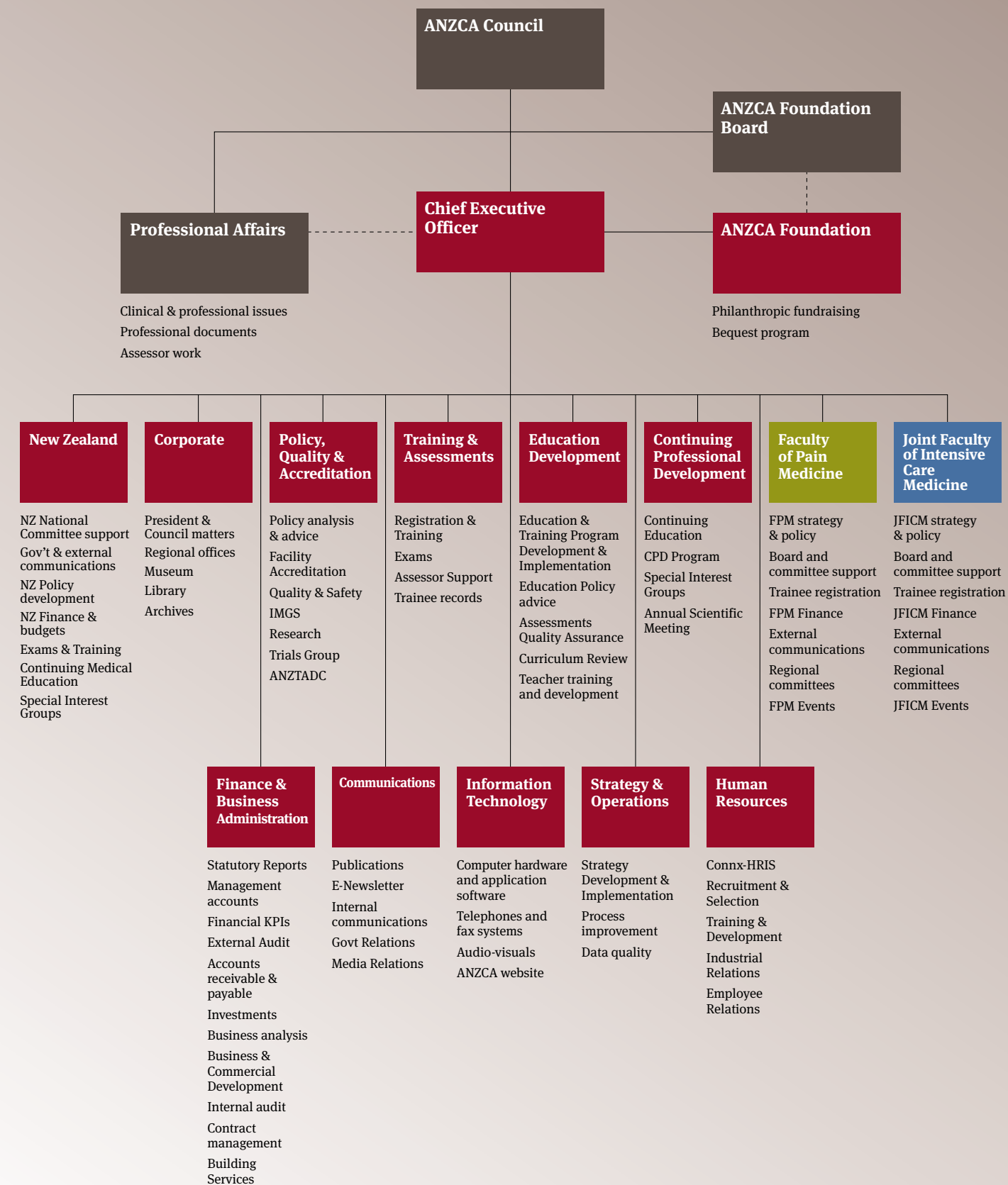
As a result of the resignation of A/Professor Weeks, Dr Michelle Mulligan (NSW) was co-opted to Council to fill the casual vacancy for the period to May 2009.

New Fellow Councillor

Dr Annabel Orr was the inaugural New Fellow Councillor, who retired following completion of her term of office in May. In accordance with the provisions of the Constitution, nominations were called for this vacancy. Three nominations were received and Dr Nicole Phillips (NSW) was elected for a period of two years.

Council Committees

A list of Council Committees and committee members can be found on page 51.



President's Report



2008 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.

Demands on the College both externally and internally continue to increase. New governments in both Australia and New Zealand conducted, or are conducting, major health policy reviews with significant implications for our health care systems, in particular, hospitals, workforce and education. In 2008, the College produced more than 20 major submissions to government – a significant increase on the previous year.

Record number of candidates

Demand for training continues to grow with a record number of trainees and candidates presenting for the Primary and Final Examinations. In 2008, 360 candidates sat the Pharmacology section of the primary Examination with a pass rate of 68 per cent and 412 candidates sat the Physiology section with a pass rate of 59 per cent. A total of 243 candidates successfully completed the Primary Examination. 316 candidates sat the Final Examination in 2008 with a total pass rate of 85 per cent.

Congratulations are due to the Chairs of the Primary and Final Examinations, and the 111 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. A great deal of work has also been put by Examiners over the last 18 months to the development – in conjunction with the College's IT department and external software developers – of a new Examinations Management System (EMS). When final tests are complete and the EMS is rolled out, the system will bring a new level of functionality and operational integrity to our examination process.

Outstanding events and conferences

This year the College conducted more than 80 continuing medical education events. The College's Annual Scientific Meeting (ASM) in Sydney was an outstanding success with a record number of registrants (2094) and some exceptional speakers, including distinguished international visitors. Congratulations to the organizing 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.

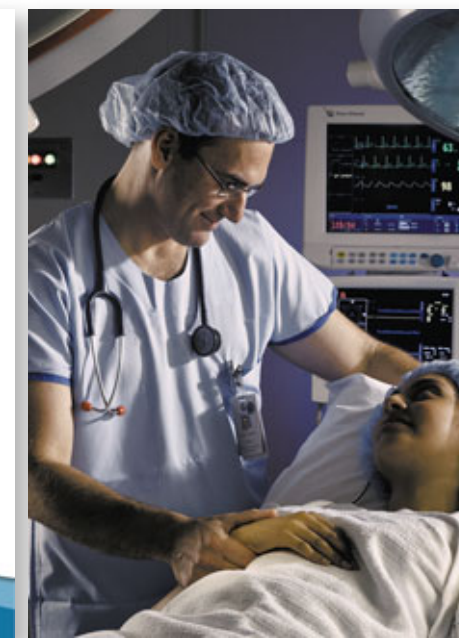
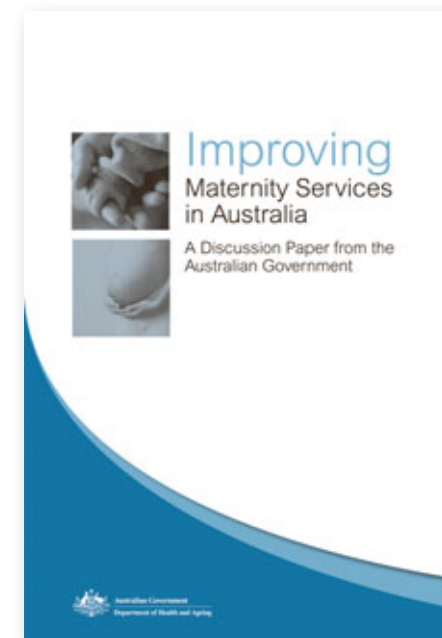
Education

Educationally, we have been very active, commencing a comprehensive review of the FANZCA curriculum and teacher training to ensure ANZCA remains at the forefront of high quality, innovative and best practice. Many Fellows and trainees are involved in this work and I am very grateful to them. We have received more than one hundred submissions and this feedback will be of great benefit in the months ahead. 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 \$664,202 in grants for 2009 for 18 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.

Following the re-launch of the ANZCA Foundation in 2007, a significant new step has now been taken with an appointment of a full-time director to support the Foundation Board and develop the infrastructure that can ensure the long-term success of Foundation fundraising. A detailed business plan has been developed, a Bequest Program and Patrons Program has been



initiated and a suite of promotional material has been produced to promote the Foundation among our own Fellows and to a wider audience in the philanthropic community. The College was delighted that Her Excellency Ms Quentin Bryce AC, Governor General of the Commonwealth of Australia, accepted the College's invitation to become Patron of the ANZCA Foundation.

Improving quality and safety

Efforts to improve anaesthesia quality and safety remained a strong focus of the College in 2008. The Australia and New Zealand Tripartite Anaesthetic Data (ANZTAD) Committee – involving the Australian Society of Anaesthetists (ASA) and the New Zealand Society of Anaesthetists (NZSA) – has made significant progress in the quest to establish an incident monitoring system in both countries. A medical director has been appointed to the ANZTAD Committee and – under his direction – major advances have been made in developing a software platform that will enable timely and comprehensive incident reporting, monitoring and analysis and feedback to Fellows. This has been an intensive effort by the ANZTAD committee and positive milestone achievements have been realized. The ANZCA Mortality Working group has also made good progress. Difficulties remain in some regions that are not currently contributing to mortality reporting so this will remain a major focus in 2009.

Independent College of Intensive Care Medicine

Council accepted that the vote taken at the JFICM Annual General Meeting in June 2008 gave the Board of JFICM a mandate to proceed with the formation of a separate College of Intensive Care Medicine. The Council and Board jointly appointed representatives working with the College's solicitor to develop a Heads of Agreement for the separation of JFICM from ANZCA for formal approval by Council and the Board. Council ratified a Memorandum of Intent between ANZCA and JFICM which provided a strategy and process for progressing the collaborative separation of JFICM and ANZCA.

Looking ahead

It is important that ANZCA take a central role in key policy debates. To this end, the Australian anaesthesia workforce study "Supply and Demand for Anaesthesia Services" undertaken by Access Economics and commissioned jointly by ANZCA and the ASA to examine factors that shape the supply of, and demand for, anaesthesia services and identify gaps in service provision over the next 20 years is important. With the information contained in this study, ANZCA will be able to take a leading role in the development of public policy with regard to anaesthesia workload and workforce. If we are not involved, others will define these parameters for us. Critical issues such as the proper scope of services provided by anaesthetists and the appropriate model of care will continue to be a major focus for the College, working proactively in partnership with governments to deliver the best outcomes for the community.

Conclusion

2008 was a busy and active year for the College. While economic developments globally are challenging, the College remains in a strong financial position. 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 and enthusiasm. 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.

Dr Leona Wilson
President



I am pleased to submit my Fourth Annual Report on activities in the College in 2008. Following several years of rapid modernisation and change, 2008 was a year of consolidation in many ways although still a very busy year of activities; Council, Fellows and staff have made significant achievements working to ensure that the College's mission is realised in Australia and New Zealand.

In 2008, the College has:

- ▼ held the largest Annual Scientific meeting in the College's history
- ▼ conducted the largest examinations in the College's history
- ▼ commenced a comprehensive review of the training curriculum and clinical training
- ▼ conducted more than 80 medical education events
- ▼ implemented a Continuing Professional Development (CPD) program replacing the MOPS program
- ▼ made a record number of submissions to government and the jurisdictions representing anaesthesia and pain medicine
- ▼ introduced a regular six weekly e-newsletter and redesigned the ANZCA *Bulletin*
- ▼ made significant improvements to the College website
- ▼ completed a major supply and demand study of Australia's anaesthesia workforce
- ▼ allocated \$664,000 for 18 important medical projects.

As the extensive list of highlights itemised elsewhere in this Report attest, 2008 has been a very productive year for the College, and the hard work by Council, committees, Fellows and staff has placed ANZCA in a strong position to advance its mission.

Record numbers of candidates

The number of trainees and candidates sitting Primary and Final Examinations continues to grow, and this year established a new record for the number of candidates presenting.

A great deal of work has also been put in by Examiners over the last 18 months to the development – in conjunction with the College's IT department and external software developers – of a new Examinations Management System (EMS). When final tests are complete and the EMS is fully rolled out, the system will bring a new level of functionality and operational integrity to our examination processes. We have also made significant advances in our efforts to streamline the way Fellows and Trainees relate to the College, with online payments and profile management contributing to a greater ease-of-access. A new Trainee email system has been trialled through 2008, and will be rolled out in early 2009, with extensions of the system to include Supervisors of Training and others after that. The objective is to provide a secure and reliable means by which the College communicates important information to our Trainees and SOTs, and they with us.

Raising awareness, influencing policy

Externally, the College has been kept very busy dealing with governments and the jurisdictions and their plans for health care reform. In Australia, there has been a plethora of submissions that needed to be made to the federal government ranging through issues such as maternity services, national registration and accreditation, review of higher education, review of the Australian Medical Council's Code of Conduct, to the Garling Inquiry, which inquired into acute care services in New South Wales. In New Zealand, our submission on the *Health Practitioners Competence Assurance Act* about improving processes for approval of applications for protection of quality assurance activities bore fruit with our ANZCA CPD Program, JFICM MOPS program and ANZTADC bi-national Anaesthesia Incident Reporting System applications being expedited.

With the appointment of specialist staff in areas such as policy and communications in recent years the College has been much better placed to cope with additional stakeholder demands placed on us. The challenge remains, however, to increase the effectiveness of our representations to government and the jurisdictions and ensure that our key policy positions in support of quality and safety standards in anaesthesia, intensive care and pain medicine are better understood and accepted. This is particularly so as governments review and introduce significant changes to health policy. That is why major initiatives such as workforce studies are important because it means ANZCA is able to take a proactive role in the development of public policy with regard to anaesthesia workforce issues. Public policy in this area will have a significant impact on the practice of our Fellowship over time, and we need to ensure that the College's concerns are articulated and heard. Similarly, we must have a voice on key committees that are deciding vitally important matters such as the future of maternity services in both countries.

Upgrading educational programs

Internally, the Education Development Unit has taken on a heavy workload, including the review of the FANZCA curriculum, and review of teacher training. A Distance Education Working Group was appointed to develop a range of online and distance educational activities. We continue to offer training to Fellows who are involved in our work. This includes running clinical teaching courses in most regions, holding bi-national workshops for examiners, training hospital accreditors, and members of the IMGS and Trainee Performance Review Panels. A series of monthly education seminars featuring leading speakers to provide evidence-based and innovative training opportunities for Fellows and trainees was also introduced. A new Continuing Professional Development Program commenced in January 2008 with continuing medical education, quality assurance and other self-improvement educational activities becoming mandatory from January 2009.

Enhancing the amenity of Fellows in regional offices

During the course of 2007, new office accommodation was provided for the New Zealand national committee, as well as for the Queensland regional office. In 2008, that program of upgrading the office accommodation and amenity was extended to Western Australia with lease of new premises and the provision of an additional staff resource. The objective is to provide higher levels of support to regional committees as they conduct courses, workshops, CME meetings, regional committee meetings and the like. In 2009, the program will take in new accommodation and staff support arrangements for the ACT regional committee. Other states will follow in future years.

Improving communications

Our commitment to improving communication continued with the introduction of a regular high quality e-newsletter. As well, the ANZCA Bulletin was redesigned with a greater emphasis on news about anaesthesia, intensive care and pain medicine topics to our Fellows and trainees, as well as other groups including governments and the media. The Fellowship Affairs Committee of Council has been highly active in promoting communications initiatives to ensure that Fellows are better informed about vital developments affecting their College. The e-Newsletter coming out every six weeks has been very well received by Fellows and trainees with highly positive comments from readers about its quality and relevance. The communications unit of the College continues to refine it to ensure it reflects Fellow interests and priorities.

Strong finances

As is evident in the Statutory Accounts and reported through the Balance Sheet the College remains in a very sound financial position with significant assets and no debt. The 2008 operating result was within one per cent of budgeted operating income and – as a result of intensive management efforts to reduce costs – operating expenditures were almost \$1 million under budget. The overall result was adversely affected by the performance of

the College's portfolio of investments. In essence, the volatility of financial markets has had a negative impact on the College's equity investment values. The College has historically depended upon its investment portfolio for budgeted income from the investments to fund operations, but in 2008 – with significant declines in equity values – that income fell well short of budget resulting in a deficit overall. Cost reductions and prudent financial management ensured a significant improvement on 2007 with a deficit of \$0.615 million. In a significant budget policy initiative, from 2009 and going forward, the College has ended its dependence on investment income to supplement operating income. That will mean that the corpus of investments can be restored and rebuilt over time, assuring the College of long-term financial stability.

Conclusion

2008 was a challenging but productive year for ANZCA. While the economic environment remains tough, the College has achieved a great deal across a number of areas. Our strategy of modernising and professionalising the College's operations, which has meant investing in rebuilding core capabilities means that we are now able to be more effective externally and internally. The President, Dr Leona Wilson, has rightly congratulated Fellows for their extensive input and expertise throughout the year. As she elsewhere writes in this Report, ANZCA would not be in the strong position it is without the extensive pro bono work by members of the regional and national committees, supervisors of training, examiners, module supervisors, tutors, working groups, Councillors, and many other Fellows who freely give up their time to support the College in its important work. Finally, I would like to thank the members of my management team and all the staff of the College for their hard work and dedication during 2008. I know that Fellows appreciate the hard work of staff; all staff, in turn, are very aware and very much appreciate the hard work of Fellows and are grateful for the support they receive from Council and Fellows.

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

Awards, Prizes and Honours

Robert Orton Medal

The Orton Medal is the highest award the College can bestow, the sole criterion being distinguished service to anaesthesia. In December 2008, Council supported a nomination in favour of **Professor Michael Cousins (NSW)**. This award is in recognition of his outstanding contributions over many years to anaesthesia and pain medicine research, to clinical practice in pain medicine, the establishment of the Faculty of Pain Medicine, to the College as an examiner and Committee member, and as President from 2004 to 2006.

Gilbert Brown Prize

The Gilbert Brown Prize is awarded to the Fellow judged to make the best contribution to the free research paper session named the Gilbert Brown Prize Session at each Annual Scientific Meeting.

David McIlroy (Vic): “The impact of intraoperative and anaesthetic factors on early post lung transplant outcomes” (2008 Annual Scientific Meeting).

Formal Project Prize

The Prize shall be 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.

Remesh Kumar Balasingam (Malaysia): “Prophylactic ephedrine with propofol for ‘rapid sequence induction’ for laryngeal mask airway insertion”.

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.

Ann-Lynn Kuok (WA) April 2008

Stanley Tay (Vic) September 2008

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.

Gabriel Lee Snyder (Vic) May 2008

Lisen Emma Hockings (WA) September 2008

ANZCA International Scholarship

This prestigious award is directed at anaesthetists of the highest quality, who are destined to be leaders in their home countries. The scholarship is offered to a young anaesthetist (up to 40 years of age) from Papua New Guinea, Fiji, the South Pacific Islands, Myanmar, Vietnam, Laos or Cambodia.

Dr Bataiboni Anigafutu (Solomon Islands)

Dr Ray Hader Trainee Award for Compassion

The award is given to ANZCA trainees and Fellows within three years of Fellowship by Examination who have made a significant contribution to the welfare of an individual, a group or system that promotes welfare and compassion.

Inaugural award was made to **Dr Amanda Young (Vic)**.

Other awards

Dr David Komesaroff (FANZCA deceased) – Medal in the General Division (OAM) – Australia Day Honours

Dr Patricia Mackay (Vic) – A Medal of the Order of Australia in the General Division (OAM), Queen’s Birthday Honours

Dr Sidney Giddy (Vic) – A Medal of the Order of Australia in the General Division (OAM), Queens Birthday Honours

Dr Leslie H Galler – A Member of the New Zealand Order of Merit (MNZM), Queens Birthday Honours

A/Prof Stephen Gatt (NSW) – Indonesian Society of Anesthesiology and Reanimation (INSAR) – Highest Award for many years of committed service

Prof William B. Runciman (SA) – Awarded the Sidney Sax Public Health Medal

ANZCA Undergraduate Prizes in Anaesthesia

Mei Ling Pearson (NZ)

Sebastian John Corlette (SA)

Belinda Jackson (Vic)

Roger T Booth (Tas)

Lynette McGaughr (NZ)

Phillipa Rains (NSW)

The ANZCA/ASA Gilbert Troup Prize for 2008 was awarded to **Tim Mitchell (WA)**



Education Development, Training and Assessments

Education and Training Committee

Chair	Dr Lindy Roberts	WA
DPA Assessor	Dr Steuart Henderson	NZ
Director Education Development Unit	Ms Mary Lawson	VIC
Chair, Training Accreditation Committee	Assoc Prof Kate Leslie	VIC
Chair, New Programs Committee	Dr Michelle Mulligan	NSW
Chair, Assessments Subcommittee	Assoc Prof Jennifer Weller	NZ
Chair, Trainee Committee (or nominee)	Dr Christopher Wilde	TAS
Community Representative	Ms Gabrielle Endacott	VIC
Fellow	Dr Kerry Brandis	QLD
Fellow	Assoc Prof David Scott	VIC
Fellow	Dr Genevieve Goulding	QLD
Fellow	Dr Nicole Phillips	NSW
Co-opted Member	Dr Michele Joseph	VIC

The Education and Training Committee (ETC) reports to Council and receives reports from the Assessments Subcommittee, the Workplace-Based Assessment Subcommittee, the Final Examination Subcommittee, the Primary Examination Subcommittee, Curriculum Review Working group, Clinical Teacher Development Working Group, Distance Education Working Group and the Courses Working Group. The duties of the Education and Training Committee include:

- ▼ The implementation of Council policy relating to the education and training of trainees in anaesthesia.
- ▼ The provision of advice to Council on policy regarding the education and training of trainees in anaesthesia.
- ▼ Co-ordination of educational activities relating to the education and training of trainees in anaesthesia.

The Education and Training Committee oversees the following ANZCA examinations:

- ▼ Primary Examination
- ▼ Final Fellowship Examination
- ▼ International Medical Graduate Specialists Performance Assessment
- ▼ Examination for the Certificate in Diving and Hyperbaric Medicine

The Primary Examination Sub-Committee, chaired by Dr Craig Noonan, and the Final Examination Sub-Committee, chaired by Dr Peter Gibson, report to Council through the ETC.

Primary Examination

Two Primary Examinations were held during 2008.

February/April 2008

One hundred and thirteen (113) candidates presented for both the

Pharmacology and Physiology sections at this examination, of which fifty (50) candidates successfully completed the Primary Fellowship Examination.

Forty eight (48) candidates presented for Pharmacology only, of which thirty one (31) successfully completed the Primary Fellowship Examination.

Sixty eight (68) candidates presented for Physiology only, of which sixteen (16) successfully completed the Primary Fellowship Examination.

The Court of Examiners recommended that the Renton Prize for the half year ended 30 June 2008 be awarded to Dr Ann-Lynn Kuok of Western Australia.

Merit Certificates were awarded to Dr Sheila Barnett (NZ), Dr Frances Cammack (NZ), Dr Amanda Diaz (SA), Dr Kathryn Hagen (NZ), Dr Stuart Hastings (VIC), Dr Andrew Lovett (NSW) and Dr Terence Jen Keat Wong (WA).

July/September 2008

One hundred and twenty five (125) candidates presented for both the Pharmacology and Physiology sections at this examination, of which seventy one (71) candidates successfully completed the Primary Fellowship Examination.

Seventy four (74) candidates presented for Pharmacology only, of which fifty eight (58) successfully completed the Primary Fellowship Examination.

One hundred and six (106) candidates presented for Physiology only, of which seventeen (17) successfully completed the Primary Fellowship Examination.

The Court of Examiners recommended that the Renton Prize for the half year ended 31 December 2007 be awarded to Dr. Siu Wah Sylvia Au of Hong Kong

Merit Certificates were awarded to Dr Andrea Bowyer (VIC), Dr Christopher Breen (QLD), Dr Kate Ferris (QLD), Dr Michelle Hughan (NSW), Dr Vanessa Jones (NSW), Dr Steven Koh (NSW), Dr Igor Lemech (VIC), Dr Luke Mercer (NZ), Dr Yvette D'Oliveiro (Malaysia), Dr Timothy Paterson (WA), Dr Kalmin Senaratne (QLD), Dr Hon Earn Sim (ACT), Dr Georgia Stefanko (NZ) and Dr Khai Tan Van (QLD).

Final Fellowship Examination

Two Final Fellowship Examinations were held in 2008.

April/May 2008

One hundred and seventy six (176) Candidates presented for the Medical Clinical and Written sections of the examination and one hundred and fifty eight (158) were invited to attend the Anaesthesia Vivas in Melbourne. A total of one hundred and thirty nine (139) successfully completed the Final Examination.

The Court of Examiners recommended that the Cecil Gray Prize for the half year ended 30 June 2008 be awarded to Dr Gabriel Lee Snyder (Vic).



Professor Peter Kam conducting a lecture at the Royal Prince Alfred Hospital in Sydney.

Merit certificates were awarded to Dr James Julian N Hafner (NSW), Dr Andrew James Howard (NSW), Dr Steve John Philpot (WA), Dr Mark Dilda (Qld) and Dr Dick Montague Ongley (NZ).

August/October 2008

One hundred and forty (140) candidates presented for Medical Clinical and Written sections of the examination and one hundred and thirty five (135) were invited to attend the Anaesthesia Vivas in Sydney. A total of one hundred and twelve (112) successfully completed the Final Examination.

The Court of Examiners recommended that the Cecil Gray Prize for the half year ended 31 December 2008 be awarded to Lisen Emma Hockings (WA).

Merit Certificates were awarded to Dr Nathan James Kershaw (NZ), Dr Petray Fey Muriel Millar (Qld), Dr Clinton George Paine (NZ) and Dr Damian Michael Simpson (Vic).

International Medical Graduate Specialists Performance Assessment

(Previously known as the Overseas Trained Specialists Performance Assessment)

Two assessments were held in 2008.

April/May 2008

Seven (7) candidates presented for the International Medical Graduate Specialists Performance Assessment held in April/May 2008 and four (4) candidates were successful.

August/October 2008

Twenty two (22) candidates presented for the International Medical Graduate Specialist Performance Assessment held in August/October 2008 in Sydney and nine (9) candidates were successful.

Certificate In Diving and Hyperbaric Medicine

This examination was not conducted in 2008.

Education Development Unit

Introduction

The Education Development Unit (EDU) acts as a professional support unit providing educational expertise and leadership in educational development and evaluation for ANZCA. It follows that the EDU is not responsible for operational and administrative aspects of the training program. These functions remain the responsibility of the Training and Assessments Unit and are reported separately.

In February 2008, Mary Lawson was appointed as Director of Education. The EDU coordinates activity in the following areas:

- ▼ ANZCA Training Program Review
- ▼ Distance Education
- ▼ Educational quality enhancement
- ▼ Training and support for clinical teachers

Each of these functions is described more fully below. Further details are also available via the website at <http://www.anzca.edu.au/edu>.

ANZCA Training Program Review

A revised ANZCA training program was implemented in 2004. At that time it was anticipated that a thorough review would be conducted after four or five years. It was anticipated that this time period would allow for the course to become embedded in the diverse contexts in which it is delivered, any deviations from the original curriculum plan to be detected and innovations evaluated and disseminated more broadly. It is now recognised that a systematic program of ongoing course evaluation is also required.

The curriculum review is being conducted to ensure that ANZCA maintains a high-quality educational program in the national and international arena of safe, effective anaesthesia that is modern and evidence-based in terms of both clinical content and also educational theory and practice.

To this end, a Curriculum Review Working Group (CRWG), reporting to Council via the Education and Training Committee, was appointed in mid-2008 to provide oversight of the curriculum review process. The CRWG met on one occasion in 2008. Outcomes of the first meeting were agreement of the use of the CanMEDS-2005 framework for the revised curriculum, development of the principles of the review process and agreement on the structure of an open submissions process.

The submissions process was designed to canvass opinions and ideas from a broad range of stakeholders and highlight areas requiring further review. It ran from October 2008–January 2009 inclusive and more than 600 individual invitations to participate were sent. The activities of the curriculum review will continue throughout 2009 with a view to reporting a set of recommendations at the end of 2009.

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>

Education Development, Training and Assessments

Continued



Distance Education initiatives

Funding was obtained in 2008 under the Australian Government's Rural Advanced Specialist Trainee Support (RASTS) program. The goal of the program is to provide support for advanced trainees located in rural areas. From 2008–2009, ANZCA will be developing capacity in the development and delivery of a range of online and distance educational activities. A Distance Education Working Group (DEWG) was appointed in 2008 to oversee both the RASTS project and a number of other related initiatives. The working group will convene in early 2009.

Further information on distance education initiatives can be accessed at the following webpage:
<http://www.anzca.edu.au/edu/projects/distance-education>

Educational Quality Enhancement Activities

Members of the EDU were involved in a range of different projects and activities in 2008 that relate to the enhancement of either teaching and learning or assessment resources. Some examples include:

- ▼ Quality Assurance of ANZCA assessment processes
- ▼ Exams Management System implementation
- ▼ Education seminars involving national and international speakers
- ▼ Review of the Supervisor of Training (SOT) Handbook
- ▼ Review of the Trainee Support Kit

With the last two examples, the plan is to identify any existing material that is redundant or outdated, identify any gaps in material; and update and improve them. The practice of distributing hard copy resources will be replaced by providing online materials where links can be maintained to up-to-date information in other sections of the ANZCA website.

Training and Support for Clinical Teachers

The EDU is responsible for both the delivery and review of training and support for ANZCA trainers and supervisors.

Pending the completion of the ANZCA Curriculum Review, the Education and Training Committee approved the delivery of the Clinical Teachers Course in its current format and mode of delivery (i.e. one face-to-face workshop per year in each of the ANZCA regions) for 2008. Eleven Clinical Teacher Development workshops were held between July and November 2008 throughout Australia and in New Zealand and Hong Kong. Tasmania and Hong Kong both hosted their first workshops. The workshops delivered were: 'Teaching in the Operating Theatre', 'Effective Strategies for Clinical Supervision', 'Assessment', 'Assisting trainees with Difficulties' and 'Feedback'. All were aimed at developing teaching skills and knowledge of participants, thus requiring active participation in the form of discussion, role-play and analysis of case-studies. In addition to the regular scheduled Clinical Teacher Development workshops, sessions were also delivered at the ASM and Combined SIGS Meeting held in Queenstown, NZ, September 2008. The previous fixed group size has been relaxed to allow greater participation. Groups of up to 20 have been and can be accommodated, limited only by local room capacity. Regions are also invited to nominate new workshop topics as required.

The Clinical Teacher Development Working Group (CTDWG) was formed in 2008 to oversee the redevelopment of all teacher development and support initiatives of the College. The inaugural meeting of the ANZCA CTDWG was held in December. The outcomes of the meeting were:

1. Agreement to employ The Bridging Project (<http://www.thebridgingproject.com.au/>) as a framework for Clinical Teacher development, training and support with refinement to the Anaesthetic context.
2. Development of underlying principles for Clinical Teacher development, training and support activities.
3. Analysis of current Clinical Teacher training and support activities with considerations for future development.

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>

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 so that the required amount of sub-speciality training can be provided for trainees. There must be the opportunity for experience in a rural centre. A grouping of hospitals providing such a program of specialty and sub-speciality training constitutes a training program.

ANZCA accredits both public and private facilities. The accreditation process is the same for both, to ensure maintenance of high standards.

In 2008, a total of 29 facilities were inspected in Australia and New Zealand. Of these, 26 were reaccreditations and 3 were new applications. Two facilities are currently working towards accreditation. Accreditation has been granted for the third, which is a private facility reviewed as part of the Commonwealth funded Expanded Specialist Training Program (ESTP).

Accreditation was withdrawn from one hospital.

Accreditation Training was held in Brisbane, and 11 new accreditors were trained.

A set of "Terms and Conditions of Hospital Accreditation" was finalised and will be sent progressively to hospitals upon confirmation of accreditation.

The following Working Groups were established and will provide reports/action plans to be implemented in 2009:

- ▼ Training in Private
- ▼ Rural Training
- ▼ Accrediting Retrieval
- ▼ TAC Processes
- ▼ Guidelines for TAC recommendations

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 Effective Management of Anaesthetic Crises (EMAC) course is owned by ANZCA, and simulation centres across Australia, New Zealand and South-East Asia are accredited and licensed to offer the course to ANZCA trainees and other participants.

Two simulation centres were reviewed in 2008, and continuing accreditation was granted to both. There were no new applications.

The revision of the Effective Management of Anaesthetic Crises (EMAC) course continued throughout 2008 and is nearing completion.

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 who satisfy the assessment requirements of a particular certificate program. The only certificate currently offered is the Certificate in Diving and Hyperbaric Medicine (DHM), offered on the basis of 18 months' experience in an ANZCA accredited Hyperbaric Medicine Department. The NPC is responsible for accrediting departments for training.

One new hyperbaric medicine unit was granted accreditation in 2008. Two units were reviewed and granted ongoing accreditation.

Regulations 35 "ANZCA Certificates" and 36 "Certificate in Diving and Hyperbaric Medicine" were finalised and have been promulgated.

The revised PS47, Guidelines For Hospitals Seeking College Approval For Vocational Training In Diving And Hyperbaric Medicine, was finalised and has been promulgated.

A manual for DHM trainees was developed and is available on the ANZCA website.

It was agreed that all holders of the ANZCA Certificate in DHM are required to participate in an approved CPD program.

Education Development, Training and Assessments

Continued

Panel of Examiners

Primary Examination

Dr David L. Austin
Dr Stephen M. Barratt
Dr Christopher D. Bowden
Dr David L. Brown
Dr Bernadette T. Burke
Dr Lindy J. Cass
Professor Matthew Tak Vai Chan
Dr John Copland
Assoc Prof David B. Cottee
Dr James L. Derrick
Dr Peter S. Doran
Dr Jennifer M. Fabling
Dr Julia A. Fleming
Dr Andrew P. Forrest
Dr Andrew I. Gardner
Dr Emma K. Giles
Assoc Prof Geoffrey S. Gordon
Dr Brien Hennessy
Dr Helen Kolawole
Dr Alex H. Konstantatos
Dr Grace N. Koo
Dr Peter S. Kruger
Dr Samuel W. Leong
Dr Terry E. Loughnan
Professor Guy L. Ludbrook
Assoc Prof Ross D. MacPherson
Dr Alan J. McKenzie
Dr Ian M. McKenzie
Dr Gerard A. Meijer
Dr Craig L. Noonan (Chair)
Dr Mark D. Reeves
Dr Christopher J. Reid
Dr Graham M. Roper
Dr Yahya M. Shehabi
Dr Susannah D. Sherlock
Professor Timothy G. Short
Dr David A. Sidebotham
Professor James W. Sleight
Dr Bradley C. Smith
Assoc Prof David A. Story
Dr Jeneen K. Thatcher
Dr Annette M. Turley
Dr David C. Zoanetti

Final Examination

Dr Michael J. Amos
Dr Allysan Armstrong-Brown
Dr Vanessa S. Beavis
Dr Cameron C. Buchanan
Dr Mark R. Buckland
Dr Michael A. Bujur
Dr Christopher S. Butler
Dr Sesto A. Cairo
Dr Damian J. Castanelli
Dr Colin R. Chilvers
Dr Chris J. Cokis
Dr Timothy G. Costello
Dr Margaret H. Cowling
Dr Meredith J. Craigie
Dr Patrick T. Farrell
Dr Bradley M. Fawkes
Dr Jeremy A. Foate
Dr Peter R. Gibson (Chair)
Dr Megan Gray
Dr Keith B. Greenland
Dr Kerry N. Gunn
Dr Richard M. Halliwell
Dr Christopher M. Johnson
Dr Michael R. Jones
Dr Michele A. Joseph
Dr Alan M. Kaplan
Dr David P. Kibblewhite
Dr Michal T. Kluger
Dr Mark Y. Lai
Dr Vaughan G. Laurenson
Dr Tsun W. Lee
Dr Alison M. Lilley
Dr Howard A. Machlin
Dr Simon C. Maclaurin
Dr Peter R. McCall
Dr Jane M. McDonald
Dr Douglas C. McEwan
Dr Gregory E. Moloney
Dr John Morris
Dr Michelle J. Mulligan
Professor Michael J. Paech
Dr Peter W. Peres
Dr Stevenson P. Petito

Dr Hugh C. Platt
Dr Mark C. Priestley
Dr Andrew G. Puddy
Dr Philip G. Ragg
Dr Lynne Rainey
Dr Paul J. Rodoreda
Dr Andrew D. Russell
Dr Craig Sims
Dr Palvannan Sivalingam
Assoc Prof Marcus W. Skinner
Dr Karen M. Smith
Dr Thomas S. Tan
Dr David R. Tremewen
Dr Vida Viliunas
Dr Richard J. Waldron
Dr Stewart R. Wallace
Dr Linda S. Weber
Assoc Prof Jennifer M. Weller
Dr Moira D. Westmore
Dr Sally J. Wharton
Dr Daryl L. Williams
Dr Maggie Y. Wong
Dr Boon Hun Yong

ANZCA Trainee Committee

Elected trainee members

Christopher Wilde (Chair)	Tasmania
Suzi Nou (Deputy Chair)	Victoria
Jeremy Brammer	Queensland
Szu-Lynn Chan / Ann Ngui	Western Australia
Richard Galluzo / Zain Upton	Australian Capital Territory
Hong Jye Neo	Singapore
Tim Porter / Luke Murtagh	South Australia and Northern Territory
Michael Stone	New South Wales
Wat Chun Yin Leo	Hong Kong
David Whybrew	New Zealand
Cheng Bee Yip	Malaysia

(Where two names appear, representation was handed over during 2008.)

Ex-officio members and invited participants:

Lindy Roberts	Chair, Education and Training Committee (ETC)
Mary Lawson	Director of Education
Lauren McCarthy	Administrative Support Officer, Training and Assessments

Meetings were held in April, July and November 2008, during which issues relating to education and training, examinations, trainee welfare, working conditions, and other matters affecting the trainee body were discussed. The Committee chose the broad area of improving communication as a key focus in 2008.

Face-to-Face Day

The inaugural annual face-to-face meeting of the ANZCA Trainee Committee occurred on July 4, 2008 at ANZCA House with a number of presentations by senior ANZCA personnel including President, Leona Wilson, Lindy Roberts (Chair, Education Training Committee (ETC)), and CEO Mike Richards.

Communication

The Committee is working hard to improve communication between the ANZCA Trainee Committee and the Regional/ National Trainee Committees, individual trainees, the College Council and its committees, College staff, and with external trainee representatives.

The Trainee Committee worked with the College to obtain a permanent email address for communication, and include regular features and updates in the Bulletin and trainee e-newsletter.

Trainee Representation

The ANZCA Trainee Committee is pleased with the high degree of trainee input and representation sought by Council and its committees, and the staff of the College, especially related to the curriculum review process. Importantly, Council moved to elevate the Trainee Committee to be a Committee of Council.

Trainee representation continued on the Education and Training Committee (ETC) by Christopher Wilde and the Training Accreditation Committee (TAC) by Szu-Lynn Chan. In addition, the Assessments and the Workplace-Based Assessment Subcommittees of ETC were formed in 2008, and each of these subcommittees has a trainee member. The Trainee Committee is also represented on the Curriculum Review, Clinical Teaching Development, and Distance Education working groups.

The Trainee Committee was also involved with testing the trainee email system, updating the Trainee Support Kit, and reviewing the online trainee profile now available for every trainee. Members also provided feedback to Council on behalf of trainees in the review of Professional Documents, regulations and policies.

External Trainee Representation

The ANZCA trainee body was represented by Szu-Lynn Chan at the Australian Medical Association's Council of Doctors-In-Training's (AMACDT) annual Trainee Forum in February 2008.

Continuing Medical Education

ANZCA Annual Scientific Meeting (ASM), Sydney, 3–7 May 2008

The premier event of the College and Faculties' continuing education calendar was held at the Sydney Convention and Exhibition Centre. The Annual Scientific Meeting, themed 'Anaesthesia: Science, Art and Life', was convened by Dr David Elliott, with the Scientific Program organised by Dr Mark Priestley. The Deputy Convenor was Dr Nicole Phillips. The Faculty of Pain Medicine program was coordinated by Dr Charles Brooker. The meeting attracted 999 full registrants, 70 Faculty registrants, 244 exhibitor registrants, and 318 day registrants. In addition, there were 207 complimentary registrations. The Professional Conference Organiser was ICMS Australasia.

International visitors included Professor Steven Shafer from USA (ANZCA Foundation Visitor), Professor Quinn Hogan from USA (FPM Foundation Visitor), Professor Michael Paech from WA (Lennard Travers Professor and Australasian Visitor), Dr David Bogod from UK (NSW Visitor, Anaesthesia) and Professor Linda Watkins from USA (NSW Visitor, Pain Medicine).

2008 Named Lectures

The Australasian Visitor's Lecture

Professor Michael Paech

Does surgery still have to be a sickening experience?

The Michael Cousins Foundation Lecture

Professor Quinn Hogan

New observations about anatomy in regional anaesthesia

The Ellis Gillespie Lecture

Professor Steven Shafer

Critical thinking in anaesthesia

The Mary Burnell Lecture

Dr David Bogod

Stabbed in the back: individual and systematic failures in obstetric anaesthesia and their medicolegal consequences

2008 Prize Winners

Gilbert Brown Prize

David McIlroy (Vic): *The impact of intraoperative and anaesthetic factors on early post lung transplant outcomes*

Formal Project Prize

Remesh Kumar Balasingam (Malaysia): *Prophylactic ephedrine with propofol for 'rapid sequence induction' for laryngeal mask airway insertion*

The ASM was supported by a large health care industry exhibition. The social program, organised by Dr Leonie Watterson, included the College Ceremony held at the Sydney Convention and Exhibition Centre. The Oration was delivered by Dr Gary Harstein, F1A Medical Delegate for the Formula 1 World Championship.

The ASM was preceded by the annual New Fellows' Conference, held at the Tuscany Wine Estate in the Hunter Valley, and the Faculty of Pain Medicine Refresher Course Day, held at the Australian National Maritime Museum.

Workforce



At the end of 2008, there were 4472 active and retired Fellows of the College. 24% were female and 76% Male.

There were 234 New Fellows admitted in 2008.

Geographical distribution was as follows.

2008	Fellows	New Fellows
Australia	3448	181
ACT	54	3
NSW	1107	50
QLD	671	45
SA/NT	346	22
TAS	95	7
VIC	847	40
WA	319	14
New Zealand	506	28
Hong Kong	188	13
Malaysia	50	1
Singapore	68	3
United Kingdom	89	6
USA	50	0
Canada	18	2
Other	19	0
Unknown	45	0
Total:	4472	234

The number of anaesthetists admitted to Fellowship by training and examination in 2008 was 201. There were also 33 Fellows approved via the International Medical Graduate Specialist pathway. No new Fellows were approved via the Election to Fellowship pathway.

Continuing Professional Development

CPD Committee

Chair (CPD)	Dr Frank Moloney	NSW
Director of Professional Affairs	Prof Garry Phillips	SA
Member	Dr Michelle Mulligan	NSW
Member	Dr Peter Cook	QLD

The Maintenance of Professional Standards Program (MOPS) concluded at the end of 2007 and was replaced in January 2008 by the Continuing Professional Development Program.

Report of Audit of 2007 MOPS Returns

The participation rate in Maintenance of Professional Standards (MOPS) among the Fellows over the past 12 months has increased slightly, up 6% to 57% from 51% in 2006. New Zealand continues to have the highest rate of participation at 92%, an increase from 89%.

Of those returns submitted, 92% of participants met all criteria.

There was an increase in the number of non-Fellows participating in 2007, from 114 up to 143. New Zealand had the highest rate of participation by non-Fellows comprising 53% of non-Fellow participants.

- Forty participants were randomly selected for auditing. The participants audited came from NZ (9), NSW (12), QLD (3), VIC (9), SA (3), TAS (2), WA (1) and ACT (1).
Of those selected, the average number of CME/TTR points was 138 and the average number of QA points was 52.
- The audit was performed by staff in the Continuing Professional Development (CPD) Unit, with guidance from the CPD Officer when necessary.
- The returns were audited according to the criteria set out in the program manual, which are the accuracy of returns and the relevance of activities to the participants practice.
- Results (thus far, with documentation from one participant not yet received).
 - 39 were satisfactory
 - 0 returns had significant errors in documentation.
- As per previous audits, the 2007 audit demonstrated that participants had taken part in a range of activities. Occasionally participants under-claimed their points; they submitted documentation for more points than claimed on their Annual Return.
- Errors noted:
 - Frequently, activities were claimed under incorrect codes, although generally this did not affect their total points.
 - Some participants claimed CME and QA activities that they could not provide supporting documentation for.
 - Documentation supplied did not always clearly match activities claimed.



- It was noted that the majority of audit participants were able to supply over and above the evidence actually required.

Recommendations:

- The MOPS Program has been replaced by the Continuing Professional Development (CPD) program in 2008. A random audit will be undertaken with participants when they complete the three-year program.
- The audit process for the new CPD Program will benefit from the experience of MOPS audits of this and previous years.
- Following the revision of the audit process for the new CPD Program, it is suggested that staff in the CPD Office continue to perform the audit, referring to the CPD Officer when difficulties arise.
- Any issues worth mentioning to participants were raised by letter when documentation was returned to the participant.
- The audit process for the new CPD Program will benefit from the experience of MOPS audits of this and previous years.



Policy

1. Federal health minister Nicola Roxon (AAP Image/Alan Porritt).
2. Parliament House, Canberra.
3. Royal Prince Alfred Hospital.

The past year has been a very busy one at ANZCA for developing submissions on a range of government policy directions. Health policy is currently under serious scrutiny in Canberra, with a number of major reviews commenced by the Rudd Government shortly after taking office in late 2007. Given the far-reaching nature of the reforms and their potential implications, ANZCA has been active in developing high quality, comprehensive submissions to government.

The College has been working hard to improve ANZCA's standing with government both nationally and at state level. ANZCA is heavily involved in committees and working groups that shape policy.

Submissions

During 2008 ANZCA made 12 submissions to Government in Australia:

1. Building a sustainable Rural Anaesthesia Workforce – Commonwealth Treasury, Jan 2008 (in partnership with ASA).
2. Audit of Rural and Regional Health Workforce – Commonwealth Dept. Health and Ageing, February 2008.
3. Special Commission of Inquiry (Garling Inquiry) into Acute Care Services in NSW Public Hospitals, March 2008.
4. National Health and Hospitals Reform Commission – Commonwealth Government, May 2008.
5. National Health and Medical Research Council Review of Public Health Research – NHMRC, July 2008.
6. Review of Australian Higher Education – Commonwealth Dept. Education, Employment and Workplace Relations, August 2008.
7. Maternity Services Review – Commonwealth Dept. Health and Ageing, October 2008.

In addition, five submissions were made to the Health Workforce Principal Committee of the National Health Workforce Taskforce, in relation to the National Registration & Accreditation Scheme for the Health Professions.

8. ANZCA Submission on first Bill – September 2008
9. Proposed Registration Arrangements – October 2008
10. Proposed arrangements for handling complaints and dealing with performance, health and conduct matters – November 2008
11. Proposed arrangements for information sharing and privacy – December 2008
12. Proposed arrangements for accreditation – December 2008

In NSW, ANZCA was active in responding to the NSW Inquiry into Acute Care Services in Public Hospitals. The submission, co-ordinated by John Biviano, Director Policy, Quality & Accreditation was prepared in close consultation with Director of Professional Affairs, Professor Barry Baker, Council Fellows, and the NSW Regional Committee. The College was subsequently invited to meet with Commissioner Garling to explore various issues and to clarify key points from the submission. The final report adopted many of ANZCA's recommendations.

At a national level, we have been busy responding to reviews in relation to rural and regional health, health and hospitals reform, higher education, and maternity services, as well as the National

Health and Medical Research Council's Review of Public Health Research.

The interim report of the National Health and Hospitals Reform Commission has acknowledged the problems with "planned" and "emergency" procedures and the need for separation and dedicated facilities. The impact on training and teaching has also been recognised. Rural and remote services have come under scrutiny with improved services as well as better training and professional development for health practitioners. Clinical training has come under the spotlight with a call for a national centralised system of clinical placements. ANZCA is watching this closely, given the likely impacts on our system of training. The final report from the NHHRC is due in June 2009.

ANZCA welcomes the introduction of a national registration scheme for the health professions and the benefits it will bring to the Australian public. We argued 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. Key issues are as follows:

- ▼ ANZCA continues to have concerns about the proposed role for the Ministerial Council. Government should set legislation and independent statutory bodies should be responsible for its implementation.
- ▼ Proposed accreditation processes should be independent of government to ensure patient safety and equity of access, as recommended by the World Health Organisation (WHO) and World Federation for Medical Education (WFME).
- ▼ A national uniform registration process should have a separate specialist register for specialist medical practitioners, in addition to the general register for medical practitioners who do not possess approved specialist qualifications, training and experience.
- ▼ Entry to the specialist register must be limited to health practitioners with approved qualifications on advice from the relevant accredited specialist body. For medical practitioners, this would be the relevant medical college, which has been accredited by the Australian Medical Council for this (and other) purposes.

The maternity services report has also caused some concerns given the emphasis on midwife-led care and the almost total absence of the mention of specialist support services and their vital role. ANZCA, with the assistance of the Obstetric Anaesthesia Special Interest Group Executive, has responded proactively on this issue and achieved higher level representation on the steering group for the *Core Competencies and Educational Framework for Maternity Services in Australia Project*.

New Zealand

In New Zealand ANZCA was involved in more than 30 submissions to, and consultations, with the New Zealand government and agencies. Key submissions included:

- Clinical Training Agency Purchasing Intentions Plan
- Medical registration and recertification requirements
- Health and Disability Commissioner Naming Policy
- NZ Incident Management System
- Workforce statistics
- Medical Training Board

Quality and Safety



Quality and Safety Committee

Prof Alan Merry (Chair)
Mr Bruce Corkill
Dr Margie Cowling
Dr Elizabeth Feeney
Dr Neville Gibbs
Mr Michael Gorton
Dr Patricia Mackay
Prof Paul Myles
A/Prof David Scott
Dr Andrew Warmington

Restructure of ANZCA Council Committees

With the implementation of the restructure of ANZCA Council Committees, in 2008 the Continuing Professional Development (CPD) representative on the Quality and Safety Committee became a co-opted membership position in 2008 and the portfolio subsequently moved to the CPD Committee. In addition, the task of the development of a Skills Maintenance Program was moved to the newly established Fellowship Affairs Committee.

Q&S Information at the Annual Scientific Meeting (ASM) – 2008

A concurrent session was chaired by Professor Alan Merry, on Incident Reporting in Anaesthesia, with speakers Professor Bill Runciman, Mr Michael Gorton, Associate Professor Larry McNicol and Adjunct Professor Martin Culwick.

External Submissions and Projects

Throughout 2008, the Chair and the Quality & Safety Committee reviewed a variety of external discussion papers on topics relating to quality and safety in anaesthesia. In addition, volunteers were sourced through the Q&S Committee to represent the College on a variety of working groups, projects and reviews.

Work Undertaken by Quality and Safety Portfolios

Evidence Based Medicine Portfolio (A/Prof. David Scott and Prof. Alan Merry)

▼ Improving Development of College Guidelines

During 2008, the Quality and Safety Committee discussed ways to improve the development of the College Professional Documents. To this end, a draft guideline Professional Documents has been produced and approved by Council to be distributed to the regions for comment.

▼ Equipment for Difficult Airway Management

Two workshops were conducted in 2008 (April and July) to develop consensus over guidelines for Equipment for the Difficult Airway Management. A draft guideline and a draft background document have been produced, which will be refined in 2009.

▼ Guidelines for the Safe Administration of Injectable Drugs in Anaesthesia

A draft guideline for the Safe Administration of Injectable Drugs in Anaesthesia was written and has been passed to a Director of Professional Affairs (DPA) for further development.

▼ WHO Safe Surgery Saves Lives

The Q&S committee reviewed the WHO Safe Surgery Saves Lives Checklist. A proposal to Council for ongoing support of the Checklist was supported. Prof. Merry is a member of this WHO project.

Communication/Liaison Portfolio (Dr Patricia Mackay)

▼ A plan for the Quality and Safety section of the website was developed and submitted to the ANZCA Director, Communications, for inclusion in the overall ANZCA Communications Strategic Plan.

▼ Approval was sought and obtained for the development of an informal Editorial Advisory Body, to assist the Committee with quality and safety communications and alerts in 2009 (for example, within the ANZCA e-newsletter, Bulletin, and website).

▼ Quality and Safety articles have been submitted for each edition of the ANZCA Bulletin during 2008.

Clinical Indicators Portfolio

(Dr Margie Cowling and Prof. Paul Myles)

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

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) see within ANZTAD Committee

Mortality working group

(chaired by ANZCA President, Dr Leona Wilson)

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

In 2008, the ANZCA Mortality Working Group continued its efforts to improve anaesthesia mortality reporting in Australia and New Zealand. Following a similar approach in Western Australia (WA) and Victoria in 2007, letters of support were sent to key individuals identified by regional committees in the Australian Capital Territory (ACT) and Tasmania. Steady progress toward the establishment of anaesthesia mortality reporting in the ACT, and the re-establishment of reporting in New Zealand, were noted and welcomed. Nevertheless, it became apparent early in the year that neither the Queensland nor the South Australian (SA) Committees had been functioning appropriately for some time. Indeed, it was evident that neither of these states could provide data for the 2003-2005 triennial report. As the Northern Territory reports to the SA Committee, data from this region was

also lost. A teleconference was held in October to discuss options to manage and correct this situation. However, it became clear that fundamental state-based issues were involved. These could not be overcome in the short term and would require continued negotiations at a state level. These would be supported by the working group.

Meanwhile, preparation of the 2003–2005 triennial report, *Safety of Anaesthesia: A review of anaesthesia related mortality reporting in Australia and New Zealand, 2003–2005*, continued with data from New South Wales, Victoria, and WA. Although Tasmania currently has a well functioning committee, it was established after 2005, so also could not provide data for 2003–2005 triennium. Despite the reduced data, it was noted that the three reporting states included about two-thirds of the population of Australia, which provided a large sample in its own right, and would also be sufficient for the assessment of trends and comparisons with previous reports. By the end of the year, all numerator data (from the three states) and denominator data (from the Australian Institute of Health and Welfare) had been collected, and a first draft had been prepared. The format is similar to previous reports, but with some modifications due to the reduced number of states reporting, and with a new section providing comments from each region on its recent developments and plans. A final draft will be available early in the New Year.

Neville Gibbs
Western Australia

Australia and New Zealand Tripartite Anaesthetic 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:

Over the past year, significant progress has been achieved in the Australian and New Zealand Incident Recording and Reporting Project. Early in the year, a review of current anaesthetic incident monitoring programs and current progress of the committee up to December 2007 was conducted. A strategic design was developed in January 2008 and discussed at the ANZTAD Committee meeting in February 2008.

The strategic design included making the required quality assurance activity protection applications and the ethics applications required in both New Zealand and Australia. It was anticipated that these applications could take up to 12 months to be processed and that delays would occur as there would be changes in the government of both countries. This, in turn, would mean that the new Federal Health Ministers would be settling in to their new portfolios. The application for quality assurance protection was signed off for Australia in October 2008 and for New Zealand in March 2009. Ethics approval for four Australian sites has been agreed to by the relevant authorities and signed off in three locations, two in Queensland and one in Western Australia. In New Zealand, it is possible to apply for National

Ethics Approval and the application has been prepared and should be signed off soon after the New Zealand QAA application is signed.

The other major component of the strategic design was software selection. The specifications were prepared and approved in May 2008 and after further modification sent to potential software suppliers in June 2008. Several software suppliers responded to the request for proposals by the deadline in August 2008. The results of their proposals were analysed but all the suppliers failed to comply in some of the important specification areas. The software suppliers were notified of these issues and some of the suppliers indicated that these problems could be fixed by their programmers. A demonstration was held in October 2008 and prior to the demonstration a sample dataset was sent to each supplier. At the demonstration, only one supplier had loaded the dataset and all failed the multiple browser compatibility testing. Some of the programs were found on testing to be more suited to managerial and insurance risk management and some would have required training and dedicated data entry clerks. It was decided that the resultant program would be better tailored to ANZTADC and anaesthetic requirements if “in-house” software development was undertaken. Since then, it has been possible to form an agreement with a major university to assist with program development. A pilot program has been produced and the committee is in the process of finalising the dataset.

In conclusion, the ANZTAD Committee has learnt a great deal about our program requirements during the year and is in a prime position to roll out the Anaesthetic Incident Recording and Reporting Program to members during 2009. The required approvals for ethics and quality assurance have been signed off for pilot program testing in Australia. New Zealand pilot program approval is expected soon. I will be speaking at the ANZCA ASM in May 2009, the ASA NSC in September 2009 and the NZSA ASM in October 2009 and will be happy to answer questions relating to the project either via email or in person at any of the above conferences.

Martin Culwick
Medical Director ANZTADC, Queensland

Quality and Safety: Conclusions and plans for next year

This has been a busy and productive year for the Quality and Safety Committee and its associated Committees. For the coming year, the priority is to maintain the momentum on the ANZTAD Committee incident reporting project, and on the activities of the Mortality Working Group (particularly in respect of addressing difficulties in regions not currently contributing to mortality reporting). The website will be the focus of improved communication with the Fellowship. The revised process of developing Professional Documents should be in place within the year, and several important new documents should be promulgated.

Involvement by Fellows in the activities of the College is essential. Please contact me if you have any suggestions or questions. Ultimately the quality and safety of anaesthesia depends more than anything else on the commitment of those who practice this specialty.

Alan Merry, Chair
New Zealand

International Medical Graduate Specialists (IMGS)

1. Dr Rob McDougall FANZCA and Dr Luke Nasedra ANZCA Pacific Fellow.
2. Doctors from the Department of Anaesthesiology at Wellington Hospital.

IMGS Committee

Chair	Prof Garry Phillips	SA
Councillor	Dr Frank Moloney	NSW
Councillor	Dr Peter Cook	QLD
DPA Assessor	Dr Stuart Henderson	NZ
Chair, New Zealand Panel for Vocational Registration	Dr Vanessa Beavis/ Dr Vaughan Laurenson	NZ
Director Education Development Unit (or nominee)	Ms Mary Lawson	VIC
Chair, Final Examinations Subcommittee	Dr Peter Gibson	NSW
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 (or nominee)	Prof Vernon van Heerden/ Dr Ross Freebairn	WA NZ
Representative of the Faculty of Pain Medicine	Dr Frank New	QLD
Community/Jurisdictional Representative	Ms Helen Maxwell-Wright	VIC
Member	A/Prof Steven Katz	NSW
Member	A/Prof Michael Steyn	QLD

A number of changes were approved by Council in 2008. The OTS Committee became the International Medical Graduate Specialist (IMGS) Committee, and new assessment processes for IMGS were due to commence on January 1, 2009. The new processes were developed in consultation with the Australian Medical Council, Medical Boards/Councils and Governments.

During 2008, the College assessed 89 international medical graduate specialists (IMGS) in Australia, one more than in 2007. Assessments were made by four member panels which included community representation. Interviews were held, on average, every 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 Czech Republic (1), Denmark (1), Germany (13), India (19), Iran (3), Israel (1), Malaysia (1), Nepal (1), Russia (1), Saudi Arabia (1), South Africa (11), Sri Lanka (9), Switzerland (1) and the United Kingdom (26).

Of these applicants, 63 were determined to require a clinical practice assessment period of 12 months: 18 were determined to require 24 months, and one was determined to require 18 months. Each applicant was also required to successfully complete their choice of the IMGS Performance Assessment or Final Fellowship Examination. Seven (7) applications were rejected at interview and three rejected prior to interview, on the basis that the gap between their training and that required for FANZCA was too great for the IMGS process.

Of the 63 applicants determined to require a Clinical Practice Assessment of 12 months, 22 were recommended for specialist recognition after successful completion of an on-site assessment with 6 months Clinical Practice Assessment (with eligibility for application for Fellowship only following successful completion of either the IMGS Performance Assessment or the Final FANZCA Examination).

Area of Need Assessments

During 2008, 45 Area of Need (AON) assessments, including applications for extension, were undertaken by the IMGS Committee Chair, according to the College document 'Anaesthesia Services for Areas of Need in Australia'. Of the 32 primary applications, 25 commenced in positions, and 15 have commenced in the IMGS process.

New Zealand

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 consideration for Fellowship of ANZCA.

In 2008, the NZ National Committee assessed 18 overseas-trained anaesthetists.

Countries of origin included: United Kingdom (8), United States of America (1), Germany (6), Romania (1), Malaysia (1) and South Africa (1).

Of these applicants, 12 were determined to require a clinical practice assessment period of 12 months plus successful completion of their choice of OTS Performance Assessment or Final Fellowship Examination, and six were determined to require 18 months, plus successful completion of the OTS Performance Assessment (or Final Examination).

New Assessment Process for 2009

IMGS will be classified at interview as having "Advanced Standing Towards Substantial Comparability" (ASTSC), being "Partially Comparable" (PC) or "Not Comparable" (NC). Details of the new processes are available on the College website at www.anca.edu.au/imgs-aon/three-areas-of-assessment. A key change is that an IMGS assessed as ASTSC will 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 PC still requires up to 24 months of CPA plus an examination plus WBA.

The Area of Need (AoN) process for Australia is similar, with more careful screening to ensure agreed regulatory authority processes are followed. Located at the same website location, there will be two essential differences. First, an IMGS approved for an AoN position must enter the IMGS process within three months. Secondly, whenever possible, the AoN assessment and IMGS interviews will be concurrent.



The ANZCA Foundation

The College re-launched the ANZCA Foundation in April 2007 to attract funding for research in three specific areas:

- ▼ To increase the safety and comfort of patients undergoing anaesthesia.
- ▼ To improve outcomes for critically ill patients.
- ▼ To improve the treatment of acute pain, cancer pain and persistent non-cancer pain focusing attention on "Pain Relief as a Basic Human Right".

The Foundation is governed by a community-based board chaired by Professor Michael Cousins AM, Professor of Anaesthesia and Pain Management, University of Sydney. Professor Cousins is a former President of ANZCA.

The members of the Board are:

- ▼ Hon Neil Batt AO
- ▼ Mr Michael Gorton AM
Honorary College Solicitor;
Partner,
Russell Kennedy Lawyers.
- ▼ Mr Peter Griffin AM
Former Chairman Rothschild Bank
- ▼ Ms Yvonne Kenny AM
Opera Diva
- ▼ Mr Kieren Perkins OAM
Olympian
- ▼ Mr James Strong AO
Chairman IAG; Chairman Woolworths Limited
- ▼ Mr Richard Turner AM
Director Mirvac; Director PBL

The President of the College and the Chair of the Research Committee of the College are ex-officio members of the Board.

During 2008, Her Excellency Ms Quentin Bryce AC, Governor-General of the Commonwealth of Australia, accepted the College's invitation to become Patron of the ANZCA Foundation.

Following the re-launch of the Foundation, steps were taken during 2008 to staff the Foundation and to put in place the necessary infrastructure. A Foundation Director was appointed in July. Ian Higgins was appointed to the position, joining ANZCA from the National Gallery of Victoria where he was the architect of the NGV Foundation's successful bequest program. Ian has a background in the corporate sector and extensive experience in fundraising and philanthropy.

A promotional suite of material covering the ANZCA Foundation and a Bequest program was completed. Preparation of a short audio/visual presentation was commenced. The aim of the presentation is to introduce ANZCA and the Foundation and its purpose to a wider audience in Australia and New Zealand, many of whom will not be familiar with anaesthesia, pain medicine and intensive care.

Organisations Supporting The ANZCA Foundation since 2007

The ANZCA Foundation gratefully acknowledges the support of these organisations:

- ANS Medical (Founding Sponsor)
- Aspect Medical System
- Medtronic
- Mundipharma (Founding Sponsor)
- Pfizer Australia (Founding Sponsor)
- Schering-Plough
- Tattersall's George Adams Foundation

During 2008 a number of donations were received by the Foundation from Fellows of the College and the wider community. The value of donations totalled \$31,893. The Foundation greatly appreciates the support shown by these people.

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



1



2

1. Professor Alan Merry,
Professor of Anaesthesiology,
University of Auckland, in
the simulation facility at
Mercy Hospital in Auckland.

2. Research at the Pain
Management Research
Institute, a division of the
Kolling Institute at
Royal North Shore
Hospital, Sydney.

Trials Group Committee

(Chair) Associate Professor David Story
Associate Professor Kate Leslie
Associate Professor Matthew Chan
Associate Professor Tim Short
Professor Stephan Schug
Dr Andrew Davidson
Dr Julia Fleming
Professor Paul Myles
Professor Michael Paech
Ms Stephanie Poustie: ANZCA Trials Group Coordinator

The ANZCA Trials Group aims to foster multicentre trials in anaesthesia, pain medicine, and intensive care medicine. The major Trials Group project during 2008 was the REASON audit (Research into Elderly Patient Anaesthesia and Surgery Outcome Numbers). This is a multicentre audit conducted with the ANZCA Perioperative Medicine Committee. The hypothesis tested was that the rate of postoperative complications in older patients in hospitals across Australia and New Zealand would be the same (19%) as in a cluster of Melbourne hospitals. This audit has been heavily dependent on the goodwill of the participating hospitals. Originally we had planned for a sample size of 1500 patients from 10 hospitals. Instead we collected data on 3000 patients from 20 hospitals from Perth to Auckland and Darwin to Hobart. The Trials Group co-ordinated this study and the Research Coordinators have centrally collated data uploaded from individual hospitals. We hope the data from this study will help plan a multicentre intervention study in perioperative medicine and further develop a risk score for postoperative mortality. This study was awarded a 2009 ANZCA Research Grant.

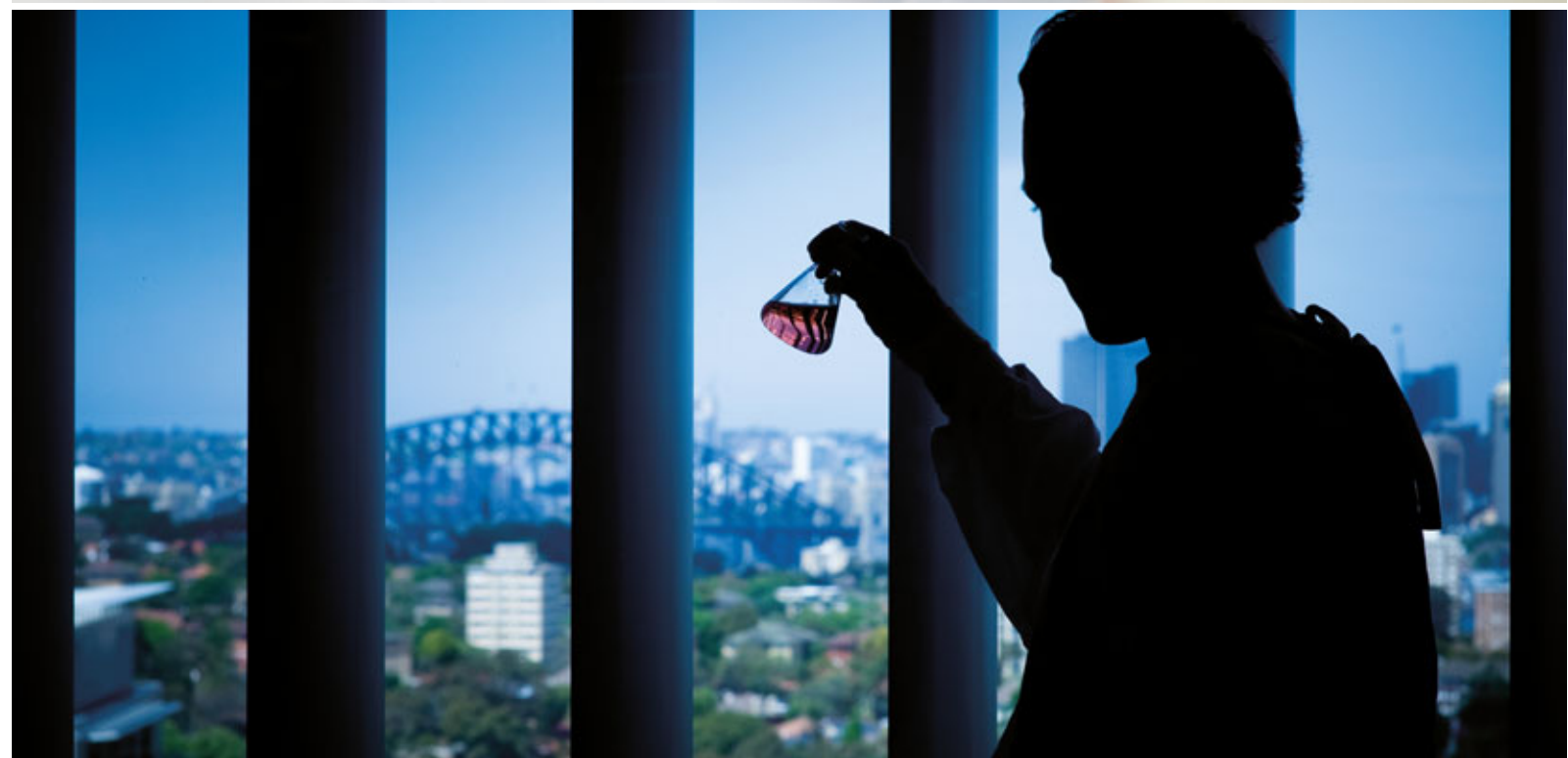
The Trials Group is also involved in ongoing large multicentre studies: ENIGMA II Trial (Nitrous oxide anaesthesia and cardiac morbidity after major surgery) and ATACAS Trial (Aspirin and Tranexamic Acid for Coronary Artery Surgery). These studies continue to foster a research community across Australia and New Zealand.

The Trials Group is also playing an increasing role in overseeing surveys sent to Fellows and trainees through the College. This particularly applies to Formal Project surveys sent by trainees. The Trials Group attempts to balance appropriate scientific enquiry with the privacy and “survey fatigue” of Fellows and trainees. While we are not always successful we think that the quality of surveys sent via the Trials Group continues to improve and are comparable to, or better than, some commercial surveys Fellows receive. We plan to further develop our expertise in survey research and link up with international experts.

Publications

The list of publications below reflects the growing number of publications associated with Trials Group activities.

1. Myles PS, Leslie K, Peyton P, Paech M, Forbes A, Chan MTV, Sessler D, Devereaux PJ, Silbert BS, Jamrozik K, Beattie S, Badner N, Tomlinson J, Wallace S, and the ANZCA Trials Group. Nitrous oxide and perioperative cardiac morbidity (ENIGMA-II) trial: rationale and design. *American Heart Journal*. 2009; 157: 488–494.
2. Story D. Postoperative complications in elderly patients and their significance for long-term prognosis. *Current Opinion in Anesthesiology*. 2008; 21: 375–379
3. Myles PS, Smith J, Knight J, Cooper DJ, Silbert B, McNeil J, Esmore, DS, Buxton B, Krum H, Forbes A, Tonkin A, and the ATACAS Trial Group. Aspirin and tranexamic acid for coronary artery surgery(ATACAS) trial: rationale and design. *American Heart Journal* 2008; 155:224–230.
4. Story D, Fink M, Leslie K, Myles P, Yap S, Beavis V, Kerridge R. Perioperative mortality risk score using pre- and postoperative risk factors in older patients. *Anaesthesia and Intensive Care* IN PRESS.
5. Leslie K, Clavisi O, Hargrove J. Target-controlled infusion versus manually-controlled infusion of propofol for general anaesthesia or sedation in adults. *Anesthesia and Analgesia*. 2008 Dec;107:2089.
6. Leslie K, Clavisi O, Hargrove J. Target-controlled infusion versus manually-controlled infusion of propofol for general anaesthesia or sedation in adults. *Cochrane Database Systematic Reviews*. 2008 Jul 16;(3):CD006059.
7. McDonnell NJ, Paech MJ, Clavisi OM, Scott KL; ANZCA Trials Group. Difficult and failed intubation in obstetric anaesthesia: an observational study of airway management and complications associated with general anaesthesia for caesarean section. *International Journal of Obstetric Anesthesia*. 2008;17:292–297.
8. Paech MJ, Scott KL, Clavisi O, Chua S, McDonnell N; ANZCA Trials Group. A prospective study of awareness and recall associated with general anaesthesia for caesarean section. *International Journal of Obstetric Anesthesia*. 2008;17:298–303.



Key Achievements

The following list represents just some of ANZCA's key achievements and milestones in 2008.

Conducted major study of the Australian anaesthesia workforce

Conducted the largest examinations in the College's history

Secured additional \$100,000 in government grants to support distance learning

Launched ANZCA Education Seminar series

Implemented new Continuing Professional Development program

Redesigned finance processes and improved financial controls

Automation of processes reducing costs and improving data accuracy (e.g. Online Trainee Profile)

Commenced comprehensive review of ANZCA curriculum

ANZCA's membership management system reviewed and evaluated

Published new obstetric anaesthesia guidelines

Piloted new trainee email system to improve communications with trainees

Conducted more than 80 events and conferences in Australia and New Zealand

Revised and expanded the ANZCA Clinical Teachers Course

Announced \$664,000 in funding for 18 medical research projects

Introduced new six-weekly ANZCA e-newsletter

Record Annual Scientific Meeting and FPM Spring Meeting attendance

Comprehensively redesigned the ANZCA Bulletin

Upgraded the library catalogue to a web-based system to enable online search and increased resources by more than 500 anaesthesia-related books

Thirty submissions and consultations with the New Zealand government and agencies

Established Pain Medicine Regional Committees in Queensland and New South Wales

Introduced new financial accounting system

ANZCA website upgraded to provide enhanced functionality

Museum's dangerous goods and hazardous substances catalogued, re-stored and disposed

Produced 12 major submissions to Australian government agencies on new health policy directions

Introduced first JFICM New Fellows Conference

New exams management IT system developed

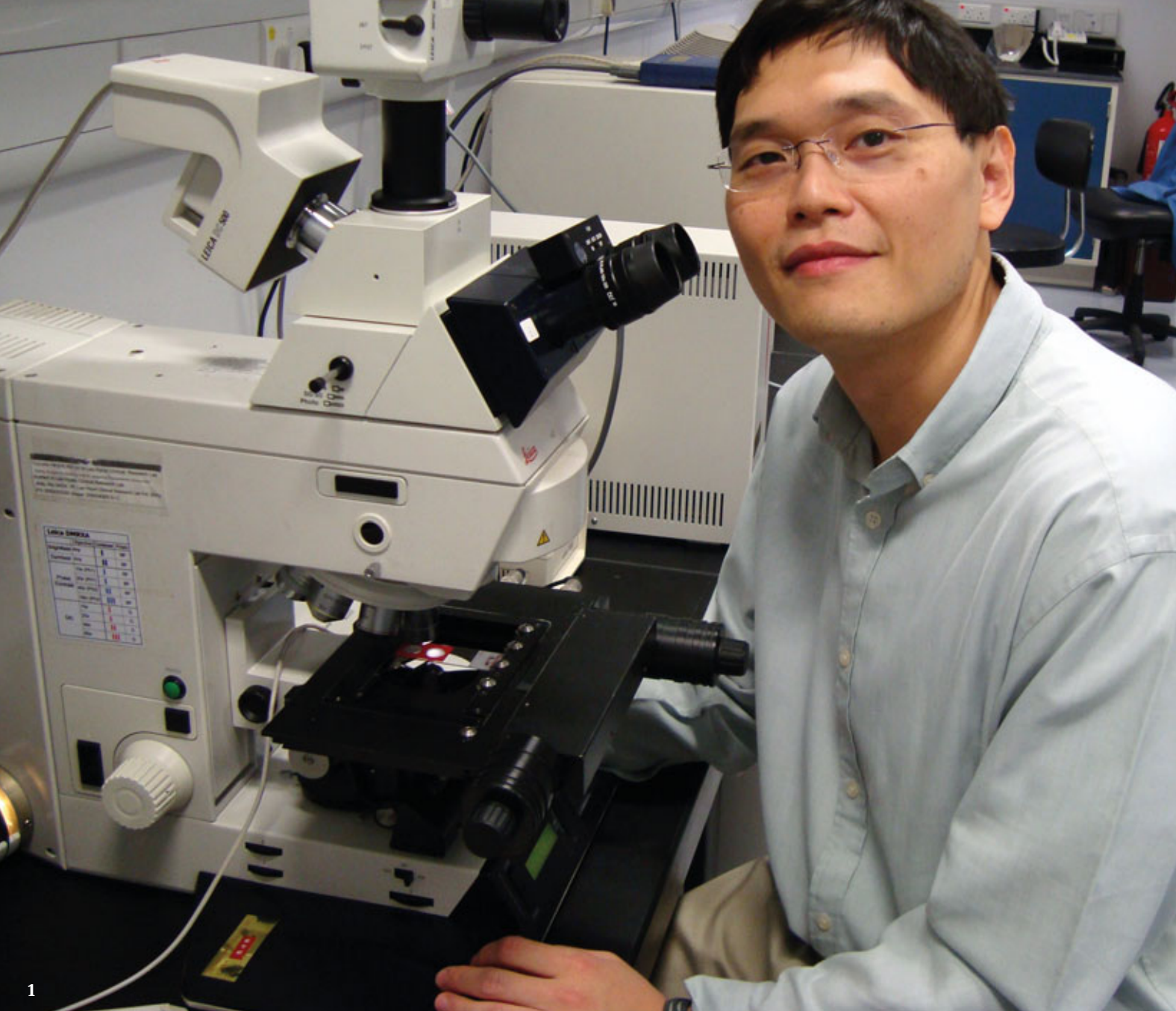
New Hospital accreditation IT system completed

Compiled data for NSW, Vic and WA for 2003-05 triennial "safety of anaesthesia" report

Launched the ANZCA Foundation bequest program and developed suite of promotional materials

Significant progress to establish Perioperative Mortality Review Committee

Research Grant Awards



The following research grants for 2009, recommended by the research committee were awarded by Council at the October Council Meeting.

A phase 2b study to evaluate the safety and efficacy of intravenous paracetamol in reducing body temperature after traumatic brain injury.

Dr Manoj Saxena, Prof John Myburgh and Dr John Gowardman (Department of Intensive Care Medicine, St George Hospital, New South Wales)

\$30,000

Validating anaesthesia simulation-based error research (the VASER study).

Prof Alan Merry, A/Prof Jennifer Weller and Dr Brian Robinson (Department of Anaesthesiology, University of Auckland, New Zealand)

\$45,000

Screening and functional characterisation of mutations that cause malignant hyperthermia.

Dr Neil Pollock and Dr Kathryn Stowell (Institute of Molecular BioSciences, Massey University, New Zealand)

\$25,000

Genomic stability after nitrous oxide anaesthesia.

Dr Matthew Chan, Prof Paul Myles, A/Prof Kate Leslie and Prof Tony Gin (Department of Anaesthesia and Intensive Care, The Chinese University of Hong Kong)

\$50,000

Systemic lignocaine shortens length of hospital stay after open radical retropubic prostatectomy: A double-blinded, randomised, placebo-controlled multicentre trial.

Dr Laurence Weinberg and A/Prof David Story (Department of Anaesthesia, Austin Hospital, Melbourne)

\$25,000

Intraoperative titratability of opioids – Can electroencephalographic (EEG) monitoring help us predict how much to give?

Dr Corinne Law and Prof James Sleight (Waikato Hospital, New Zealand)

\$50,000

A new strategy to inhibit visceral pain.

Prof Michael Cousins and A/Prof Janet Keast (Pain Management Research Institute, Royal North Shore Hospital, Sydney)

\$50,000

Comparison of 2D with real-time 3D transoesophageal echo for assessment of ventricular volumes and mitral valve dimensions.

Dr Roman Kluger and Dr Mario Kalpokas (Department of Anaesthesia, St Vincent's Hospital, Melbourne)

\$21,000

Pharmacokinetics of cephalothin, vanomycin and gentamicin used for antimicrobial prophylaxis during elective abdominal aortic aneurysm surgery.

Dr Alexandra Douglas, Prof Jeffrey Lipman, Mr Jason Roberts and A/Prof Kersi Taraporewella (Department of Anaesthesia and Intensive Care Medicine, Royal Brisbane and Women's Hospital)

\$45,000

The impact of the intensive care discharge process on patient outcomes.

A/Prof John Santamaria, Dr David Pilcher, Dr Graeme Duke and Prof D James Cooper (St Vincent's Hospital, Melbourne)

\$25,000

Audit of postoperative complications in Australian and New Zealand hospitals (The REASON study)

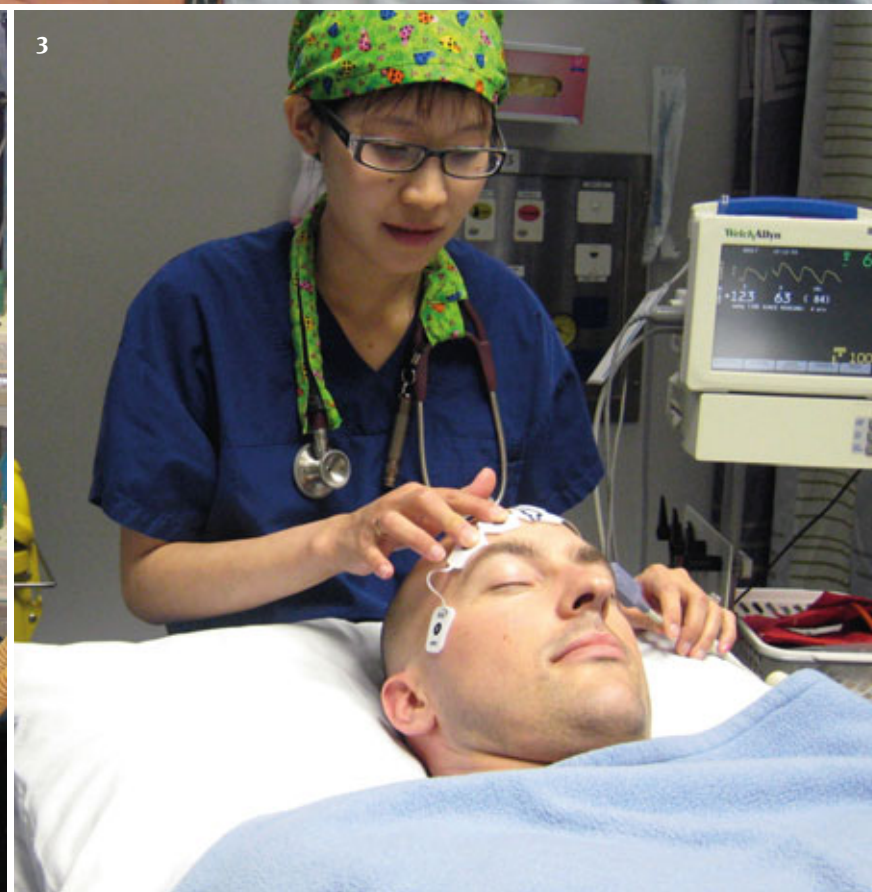
A/Prof David Story, A/Prof Kate Leslie and Prof Paul Myles (Australian and New Zealand Departments of Anaesthesia)

\$30,000

The effects of midazolam on respiratory and cardiovascular control mechanisms during severe arterial hypoxia in the rabbit.

A/Prof Anthony Quail and Conjoint A/Prof David Cottee (Faculty of Health, The University of Newcastle)

\$25,000



1. Dr Matthew Chan from the Chinese University of Hong Kong looking for damaged DNA in lymphocyte.
2. Dr Laurence Weinberg in one of the theatres at the Austin Hospital where research into post-operative pain relief is being conducted.
3. EEG monitoring is being placed on the patient by Dr Corinne Law in the preoperative period so as to monitor spindle changes throughout the perioperative period.



Simulated action at the Advanced Clinical Skills Centre, Auckland.

Research Grant Awards

Continued

2009 Novice Investigator Grants

A randomised comparison of combined suprascapular and axillary nerve block with interscalene block.

Dr Darcy Price (Department of Anaesthesia and Perioperative Medicine, North Shore Hospital, New Zealand)

\$10,000

Ultrasound guided transversus abdominis plane (TAP) block for analgesia after caesarean surgery.

Dr Phillip Cowlshaw and Dr David Belavy (Department of Anaesthesia, Mater Misericordiae Health Services, South Brisbane, Queensland)

\$6,000

Ultrasound guided transversus abdominis plane block in major gynaecological surgery – a randomised controlled trial.

Dr James Griffiths (Department of Anaesthesia, Royal Women's Hospital, Melbourne)

\$7,000

Comparison of airway scope and glide scope in patients with cervical spine immobilisation.

Dr Michael Edwards and Dr James Troup (Department of Anaesthesia and Perioperative Medicine, Royal Brisbane and Women's Hospital, Queensland)

\$2,800

2009 Academic Enhancement Grant

Cognition and anaesthesia.

Dr Brendan Silbert and A/Prof David Scott (Department of Anaesthesia, St Vincent's Health, Melbourne)

\$90,000

2009 Simulation/Education Grant

Validity of performance in the anaesthesia patient simulator as a measure of performance in the operating room.

A/Prof Jennifer Weller, Prof Alan Merry, Dr Jane Torrie and Dr Robert Frengley (Centre for Medical and Health Sciences Education and Department of Anaesthesiology, Faculty of Medical and Health Sciences, University of Auckland, Auckland City Hospital)

\$34,812

The **Harry Daly Research Award** was awarded to **Professor Michael Cousins** for his project 'A new strategy to inhibit visceral pain'.

The **Schering-Plough Research Award** was awarded to **Professor Matthew Chan** for his project 'Genomic stability after nitrous oxide anaesthesia'.

The **Mundipharma ANZCA Research Fellowship** was awarded to **Dr Corinne Law** for her project 'Intraoperative tiratability of opioids – can electroencephalographic (EEG) monitoring help us predict how much to give?'

The **Pfizer ANZCA Research Fellowship** was awarded to **Dr Laurence Weinberg** for his project 'Systemic lignocaine shortens length of hospital stay after open radical retropubic prostatectomy: A double-blinded, randomised, placebo-controlled multicentre trial'.

The **ANS ANZCA Research Fellowship** was awarded to **Dr Phillip Cowlshaw** for his novice project 'Ultrasound guided transversus abdominis plane (TAP) block for analgesia after caesarean surgery'.

The **Aspect ANZCA Research Fellowship** was awarded to **Professor Stephan Schug** for his project 'Identifying clinical predictors of long-term pain outcomes among severe physical trauma survivors' (Second year).

The **Medtronic ANZCA Pain Research Fellowship** was awarded to **Dr Darcy Price** for his project 'A randomised comparison of combined suprascapular and axillary nerve block with interscalene block'.

JFICM Dean's Message

Professor P. Vernon van Heerden PhD FANZCA FJFICM



Faculty Board

Professor P Vernon van Heerden
Dean

Professor John Myburgh
(Vice-Dean and Treasurer)

Associate Professor Richard Lee
(Immediate Past Dean)

Dr Ross Freebairn
(Censor)

Dr Peter Morley
(Education Officer and Co-ordinator of Advanced Training)

Dr Charlie Corke
(Assistant Education Officer)

Dr Bruce Lister
(Chair, Paediatric Examination Committee, Communications Officer and Critical Care and Resuscitation Journal Officer)

Professor Bala Venkatesh
(Chairman of Examinations Committee and Chair of Fellowship Examination Committee)

Professor Gavin Joynt
(MOPS Officer, International Liaison Officer)

Professor Barry Baker
(Co-opted ANZCA Council Representative)

Dr Micael O'Fathartaigh
(Co-opted Representative, South Australia and Rural Focus Officer)

Dr Alan Beswick
(Co-opted Representative, Tasmania and ASM Officer)

Dr Nikki Blackwell
(New Fellows' Representative)

The 2008 Annual General Meeting was notable for the positive vote and strong support given by the Fellows towards the establishment of an independent College of Intensive Care Medicine. The mandate given to the Board of the Joint Faculty was a powerful affirmation of their decision to seek the support of the Fellowship in making this move and particularly pleasing for my predecessor as Dean, Prof. Richard Lee, who led the Joint Faculty in taking this momentous step.

Since that time, the Board has been working diligently to have in place the necessary corporate and business structure to allow the new College of Intensive Care Medicine to be ready to take over the training program and other functions of the Joint Faculty by the end of 2009. Tasks such as registering the business, formulating a constitution, establishing the inaugural Board of Directors, drafting regulations, arranging business processes and IT systems, have proceeded side by side with notification of regulatory authorities such as the Australian Medical Council and the Medical Council of New Zealand, to ensure that we maintain our specialist accreditation status with them.

None of this progress would have been possible without the assistance and exceptional goodwill shown by the ANZCA Council and CEO. The ANZCA President, Dr Leona Wilson, and Vice-President, A/Prof Kate Leslie have met regularly with myself and the JFICM Vice-Dean Prof. John Myburgh, to work through the various issues that have arisen (such as transfer of staff employment agreements, use of intellectual property, transitional financial arrangements, etc).

Apart from the additional activity generated by the move to the new college, 2008 was again a busy year for the Joint Faculty. Fifty-five new Fellows were admitted (44 by examination, 11 through the Overseas Trained Specialist pathway), bringing the total number of JFICM Fellows to 640. The Board was also very pleased to award Honorary Fellowship to Ms Carol Cunningham-Browne in recognition of her long service as Executive Officer of the Joint Faculty.

Examinations

The JFICM General Fellowship Examination was held twice in 2008, with the oral section in Adelaide in May and in Melbourne in October. In all, 117 candidates presented, with 67 approved, giving an overall pass rate of 58%. In addition, five candidates sat the exam in paediatric intensive care medicine, with four of them approved.



The JFICM Board

Back row: Dr Alan Beswick, Mr Phil Hart (Executive Officer), Associate Professor Richard Lee, Dr Bruce Lister, Professor Barry Baker, Professor Gavin Joynt, Dr Ross Freebairn, Dr Peter Hicks (President of ANZICS).

Front row: Dr Charlie Corke, Dr Nikki Blackwell, Professor John Myburgh (Vice Dean), Professor Vernon van Heerden (Dean), Dr Micael O'Fathartaigh, Dr Felicity Hawker (DPA), Dr Peter Morley, Professor Bala Venkatesh.

The JFICM Primary examination was first held in August 2007 and the numbers presenting, although small, are gradually increasing.

The G.A. (Don) Harrison Medal for 2008 was awarded to Dr Edward Litton (for the May Fellowship exam) and Dr Sara Allen (for the October Fellowship exam).

Annual Scientific Meeting

The fourth JFICM Annual Scientific Meeting was held at the Sofitel, Melbourne from May 30 to June 1, 2008. The theme of the meeting was 'Blood and Blood Product Usage in the ICU'. More than 300 Fellows and Trainees attended the meeting, which was held in conjunction with the JFICM Annual General Meeting. The local organising committee led by scientific convener Dr Craig French provided an excellent and well-received program, highlighted by the three key speakers, invited from overseas.

A feature of the JFICM ASM each year is the conference dinner, which includes the graduation ceremony for New Fellows, the bestowing of awards and the Oration. Thirty five New Fellows were presented at the ceremony. Apart from the presentation of the Honorary Fellowship to Carol Cunningham-Brown, the Don Harrison Medal (for 2007) was presented to Dr Richard Strickland, the Felicity Hawker Medal for best presentation of a formal project went to Dr David Knight and the JFICM Medal, recognising an outstanding contribution to Intensive Care Medicine, was posthumously awarded to Professor Don Harrison. Mrs Susie Harrison was able to attend the ceremony and accepted the award, to great applause, on behalf of her late husband.

Professor Malcolm Fisher's very entertaining and inspiring oration was a highlight of the evening.

JFICM New Fellows Conference

The first conference specific to JFICM New Fellows was held over two days at the Royce Hotel in Melbourne, just prior to the ASM. Fifteen New Fellows attended and the conference program followed the general theme of transition from trainee to consultant. Some of the topics presented included leadership, legal issues, conflict resolution and career direction. Discussion of the issues was very open and animated, and all participants were very positive about the value of continuing this as an annual event.

Board Affairs

Prof Richard Lee concluded his two-year term as Dean of the Joint Faculty in June 2008. On behalf of all Board members and the wider JFICM Fellowship, I would like to thank him for the contribution he has made – and continues to make – to the Joint Faculty. In particular, the work he did in preparing the ground for the move to the new college, culminating in the vote at the AGM, will be long remembered. Dr Jack Havill retired from the Board in 2008 having served as a Board member for eight years and as Dean from 2004–2006. Jack's wise counsel and sage advice will be missed by all.

Professor John Myburgh accepted the position of Vice Dean and Professor Gavin Joynt was elected to the Board following the departure of Dr Havill. Professor Joynt is the first Fellow resident in Hong Kong to be elected to the Board. This will be an opportunity to further develop our links with Hong Kong and firmly establish our program there.

I would like to take this opportunity to acknowledge the tremendous amount of work which is contributed to the running of the Joint Faculty by our Fellows. Board members, committee members and chairs, supervisors of training, examiners, members of hospital accreditation teams, the editor of the JFICM journal 'Critical Care and Resuscitation' all provide their time free of charge. At the last Fellowship oral examination, for instance, 29 examiners attended in Melbourne for three days. To have provided any kind of realistic remuneration for their time would enormously increase the cost of staging the exams, which would, of course, have to be passed on to the candidates.

It is very pleasing to see the spirit of service and volunteerism displayed by JFICM Fellows. May they serve as an excellent example to our trainees, who are the specialists of the future.

Relationship with our Society

Relationship with ANZICS remain strong, as they do with the ANZICS Clinical Trials Group and the Intensive Care Foundation. It is hoped that these relationships will only strengthen with the commencement of operations of the College of Intensive Care Medicine next year.

Finally I wish to thank the Board and the JFICM staff for their hard work and enthusiasm over the past year. It has been a pleasure to work with you all.

Prof. P. V. van Heerden
Dean.

FPM Dean's Message

Dr Penelope A Briscoe FANZCA



Board and Committees

Dr Roger Goucke stepped down as Dean of the Faculty following his two-year term. Dr Penelope Briscoe, FANZCA, was elected as Dean and Dr David Jones was elected Vice-Dean. Dr Christopher Hayes, FANZCA, was elected to the Board following 12 months as a co-opted Member.

Faculty Board

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

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

Dr Brendan J Moore FANZCA
(Chair, Trainee Affairs Portfolio)

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

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

A/Prof Milton L Cohen FRACP
(Past Dean and Chair Continuing Education and Quality Assurance Committee)

Dr C Roger Goucke FANZCA
(Immediate Past Dean)

Dr Christopher Hayes FANZCA
(Chair, Research Committee)

Dr Frank J New FRANZCP
(Assessor)

Prof Edward A Shipton FANZCA
(Chair, Education Committee)

Dr Kerry Brandis FANZCA
(Co-opted Council Representative)

Committees

Education Committee
Examination Committee
Training Unit Accreditation Committee
Research Committee
Continuing Education and Quality Assurance Committee

Following the Annual General Meeting in May, the Faculty implemented a new Board structure, recognising its responsibility to Fellows and to better provide support for the progression of strategic initiatives. Four portfolios were formed (Relationships, Fellowship Affairs, Trainee Affairs and Resources), each with a Board Member as Chair. This restructure involved a rewrite of the Administrative Instructions, now renamed Regulations.

A workshop on Board Member responsibilities, accountability and processes was convened in conjunction with the October Board Meeting and was facilitated by a consultant from the Australian Institute of Company Directors. This was a useful exercise in identifying areas for streamlining and improvement of governance processes. Following this workshop, terms of reference for the Board and Board members are being delineated.

Relationships Portfolio

Relationships

Participating Colleges

A Memorandum of Understanding was signed by the Presidents of the five participating Colleges. The purpose of this agreement is to further the aims and objectives of the Faculty and to facilitate communication and collaboration.

To reflect the reorganisation of the Royal Australian College of Physicians and the "one College" policy and recognising that the predominant physician group in the FPM is rehabilitation medicine, Regulations pertaining to the composition of the Board were amended to include at least two Fellows of a Division or a Faculty or a Chapter of the Royal Australasian College of Physicians (RACP).

Dr Alex Holmes, Chair, Section of Consultation Liaison Psychiatry met with the Board in February to discuss ways by which FPM trainees could more fully interact with psychiatry and how the Faculty might interest CL psychiatry trainees in Pain Medicine.

Dr Leona Wilson, President of ANZCA met with the Board in October to discuss any areas of concern in Faculty/ANZCA communications including committee representation. Acute Pain was highlighted as an area that ANZCA and the FPM could work more closely to mutual benefit. Module 10 is also an area which very much pertains to the Faculty and requires input from its Fellows.



FPM Board

Back row: Drs K J Brandis, F J New, A/Professor M L Cohen, Drs C A Arnold, C Hayes, Professor E A Shipton, Ms H M Morris (Executive Officer).

Front row: Drs C R Goucke, D Jones (Vice-Dean), P A Briscoe (Dean), B J Moore, A/Professor R L Atkinson.

AAPM/ABPM

In 2008 ties were strengthened with the American Academy of Pain Medicine with the immediate past Dean attending their February Board Meeting as an observer and the Chief Examiner for the American Board of Pain Medicine attending the Faculty's examination in November as an observer. In 2009 members of the Faculty were invited to co-chair sessions at the AAPM annual meeting in Hawaii. Opportunities were taken to discuss areas of interest between the two bodies, including the potential to accredit some period of training in North America and vice versa, the examination processes, how to promote pain medicine as a specialty and issues relating to community and medical practitioner educational initiatives.

Corporate Affairs

Regional Committees

Regulations for Faculty Regional Committees were approved and Regional Committees were formed in Queensland and New South Wales. The FPM Queensland Regional Committee circulated its first quarterly e-newsletter (*The Transmitter*) in August. Other states are being strongly encouraged to form committees.

National Pain Summit

The Access Economics Report 2007: *The high price of pain: the economic impact of persistent pain in Australia* sets out a number of recommendations for addressing the impact of persistent pain in the community. The idea of the National Pain Summit has been proposed as a first step in progressing some of these recommendations and the Pain Management Research Institute in partnership with the MBF Foundation is planning a National Pain Summit. Pain specialists from the Faculty are involved with the steering committee. The Summit will bring together key healthcare professionals, consumers and other stakeholders, with the aim of developing the framework for a National Pain Strategy, to take to the Federal Government.

Communications

A significantly improved website was launched at the beginning of 2008 with improved functionality and content. The Faculty's bi-monthly e-newsletter *Synapse* and the *Trainee e-newsletter* continued to keep Fellows and Trainees informed of items of interest. In addition, a regular six weekly ANZCA e-newsletter was also introduced in July 2008.

Trainee Affairs Portfolio

Education Committee

With the Board re-structure, the workload of the Education and Training Committee was separated into two Committees: The Education Committee, focusing on trainees, and the Continuing Education and Quality Assurance Committee, which focuses on the Fellowship.

Professional Documents

The Faculty provided input to the revision of ANZCA/FPM Professional Document PS3 *Guidelines for the Management of Major Regional Analgesia* and ANZCA/JFICM/FPM Professional Document PS49 *Guidelines on the Health of Specialists and Trainees*. The Board also resolved to endorse Professional Document PS9 *Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical or Surgical Procedures in place of PS48 Statement on Clinical Principles for Procedural Sedation*. Training units are now referred to this document.

Patient Education

Patient Education Pamphlets on *Facet Joint Injections and Medial Branch Blocks*, *Epidural Injections* and *Caudal Epidural Injections* were approved for promulgation through the Faculty Website in pdf format to provide information for patients and for use by Fellows in the informed consent process. Work commenced on an educational document on Paediatric Pain.

Acute Pain Training

The Board plans to review what constitutes adequate training in acute pain for Faculty trainees. A survey of trainees and recent graduates is proposed to obtain a narrative of what acute pain training they are exposed to. Other recommendations included a review of accreditation criteria for acute pain training, consideration of an acute pain module, modifying acute pain training content and working with contributing colleges on acute pain and perioperative pain. This issue will be included in the next strategic planning meeting of the Board.

Pain Medicine Training

A meeting was convened during the joint FPM and Acute Pain SIG Spring Meeting at Ayers Rock to discuss the variability in training and exposure to Pain Medicine across Australasia. There was agreement to work together to improve education to all practitioners involved in patient care and ways were discussed to do this which will be progressed in 2009.

FPM Dean's Message

Continued

International Medical Graduate Specialists

Following changes to ANZCA and other Specialist Colleges' International Medical Graduate Specialist Assessment Processes, which will impact on award of FPM Fellowship for Faculty trainees with an overseas qualification, Regulations for admission to Fellowship have been amended to clarify that holders of an international qualification who have completed all training and examination requirements of the Faculty must be assessed as substantially comparable by the relevant College in Australia or New Zealand before award of Fellowship.

Supervisors of Training

A Supervisor of Training Workshop was convened in conjunction with the 2008 ASM focusing on Case Reports, In-Training Assessments (subsequently amended to include leave and Unit Director's signature) and on levels of supervision. (A document is to be developed). A template for Observing Management Focused Short Cases will be trialled for 12 months.

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.

Examinations

The 2008 Faculty Examination was held at St Vincent's Hospital, Sydney on 26–28 November. Twenty candidates presented of which 14 were successful, an overall pass rate of 70%. Successful candidates were from the following disciplines: anaesthesia (13), general medicine (1).

A pre-examination short course was held at the Royal Adelaide Hospital in September and was attended by 22 trainees. There are plans to expand the course to include a long case, which will be an invaluable addition to this well-regarded program.

Three new examiners were appointed and 17 were reappointed for a further three-year period, taking the examination panel to 27–15 ANZCA, 4 RACP, 1 RACS, 2 RANZCP, 4 AFRM (RACP) and 1 FARCSI.

Training Unit Accreditation

Hospital Accreditations

In 2008, Royal Perth Hospital (WA), Prince of Wales Hospital, Sydney (NSW), St Vincent's Hospital, Sydney (NSW), Royal Brisbane and Women's Hospital (Qld) and the Barbara Walker Centre for Pain Management, St Vincent's Hospital, Melbourne (Vic) were reaccredited for pain medicine training.

The Burwood Hospital Pain Management Centre, Christchurch (NZ) and Singapore General Hospital (Singapore) were accredited. Singapore is the first unit outside of Australia and New Zealand to be accredited by the Faculty for Pain Medicine Training.

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.

Pain Medicine Training Rotations

In May, the Faculty wrote to the Victorian Minister for Health, seeking further commitment to the ongoing support of Pain Medicine specialist training positions in Victorian public hospitals to supply the specialists needed in this expanding field. The initial funding commitment in October 2006, which supported four trainee positions in the four Faculty-accredited units at that time, was only for two years, ceasing at the end of 2008. The funding support for these positions had been complemented by hospital networks and compensable funding streams. In addition, since that time, Bayside Health (Caulfield General Medical Centre/Alfred Hospital) has gained training accreditation with the Faculty. The Faculty felt it important that funding support for medical training positions in Pain Medicine be maintained. Although this initial request was not successful, communications are ongoing.

The Faculty also supported applications from Barwon Health, Geelong Hospital, Multidisciplinary Pain Management Unit for funding under the Outer Metropolitan Specialist Trainee Program and the 2008 Strengthening Medical Specialist Training Program.

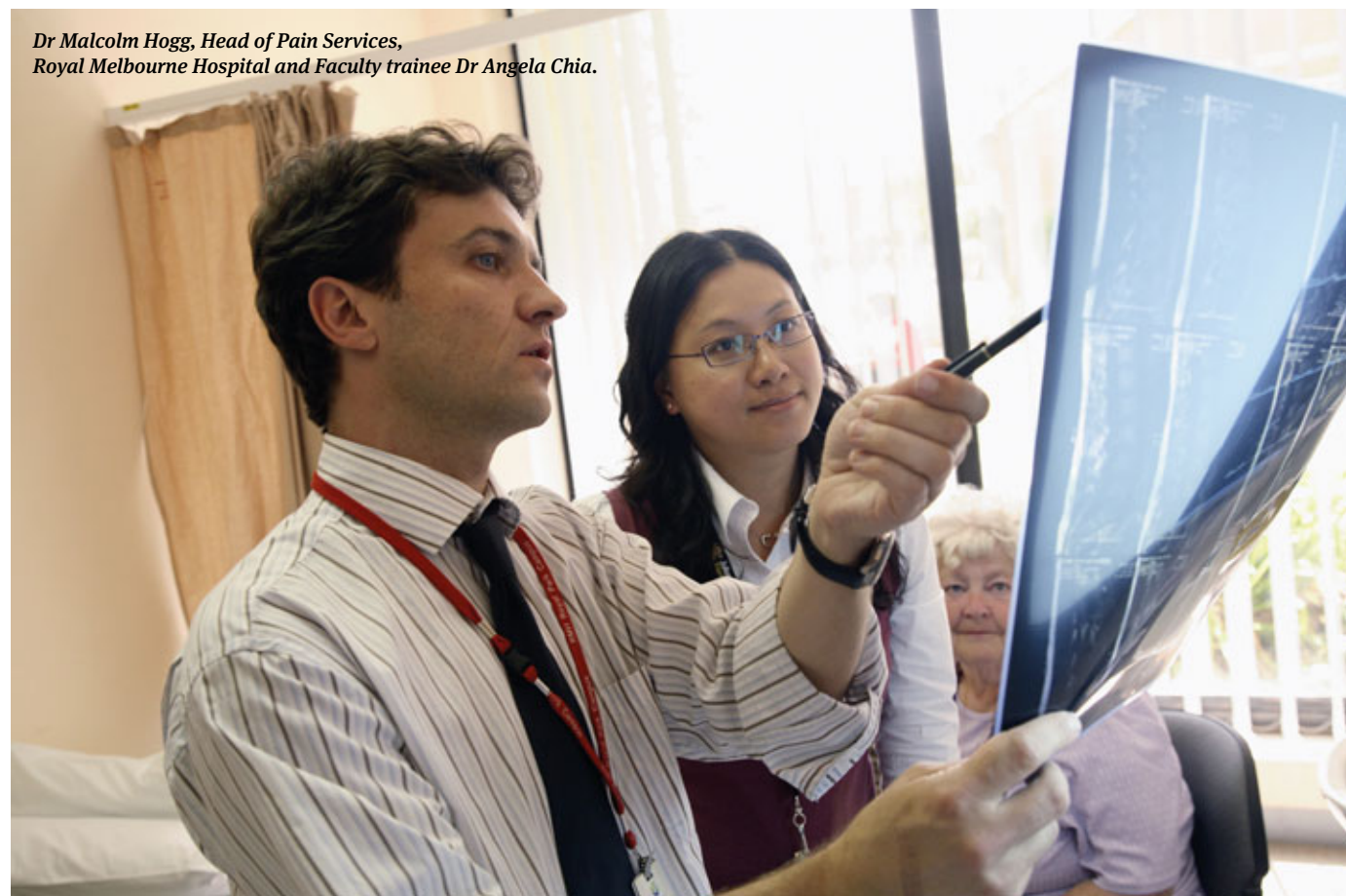
Review of Chronic Pain Management Services Victoria

Faculty representatives met with Aspex Consulting, a group which has been engaged by the Victorian Department of Human Services to undertake a review of chronic pain management services in Victoria. 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. The meeting had a positive outcome; however a final report from Aspex to the Victorian DHS is awaited to see if funding will be forthcoming.

Chronic Pain Planning Advisory Group for Queensland

The Faculty sought broader multidisciplinary input to the Queensland Health Advisory Group for the development of the Statewide Chronic Pain Health Services Plan for Queensland, which is in the process of formulating a plan in 2009. The Faculty's concerns were acknowledged and it was agreed that the wider consultation process would ensure that key stakeholders such as the Faculty of Pain medicine are consulted. The Chair of the FPM Queensland Regional Committee was invited on to the Advisory Group in addition to three other Faculty Fellows.

Dr Malcolm Hogg, Head of Pain Services,
Royal Melbourne Hospital and Faculty trainee Dr Angela Chia.



Fellowship Affairs Portfolio

Fellowship

In 2008, the number of Fellows grew to 254, of whom seven are Honorary and 100 admitted through training and examination. Of the 244 active Fellows, 187 were domiciled in Australia, 16 in New Zealand and 41 in other countries. Those whose primary speciality is anaesthesia make up just over 63% of the Fellowship.

In 2008, 18 Fellows were admitted to Fellowship, 15 by training and examination and three by election. Although the majority of trainees continue to be anaesthetists by primary speciality, 2008 admissions included one surgeon, one physician, three rehabilitation physicians and the first obstetrician.

New Pathway to Fellowship

A new pathway to Fellowship was introduced for applicants for election 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. Applicants will be considered through the Election to Fellowship application process. The Board may then either award Fellowship directly or, following satisfactory completion of examination and case report requirements, without further training.

Continuing Education and Quality Assurance

Scientific Meetings

It was a busy year for Faculty educational activities.

Refresher Course Day

The Faculty's Annual Refresher Course Day at the Australian National Maritime Museum in May was a great success with over 190 registrants enjoying the program which focused on Pain and Opioids.

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 Professors Quinn Hogan and Linda Watkins from the USA.

A trainee lunch was convened during the ASM to give trainees the opportunity to meet with key people within the Faculty and included a presentation on *How to survive your Pain Medicine Training*. A trainee lunch will now be convened annually at the ASM.

Annual Spring Meeting

The 2008 Spring Meeting of the Faculty of Pain Medicine, *Pain at the Centre*, held in conjunction with the Acute Pain SIG of ANZCA, ASA and NZSA and the Acute Pain SIG of IASP, at Voyages Ayers Rock Resort was an overwhelming success with more than 200 delegates in attendance. A great deal of goodwill and enthusiasm was generated between acute and chronic pain practitioners and recognition that improved outcomes can be generated with improved communication. Plans are underway for a 2009 Spring Meeting Program in Melbourne with a similar focus, aiming to strengthen the ties.

FPM/Victorian Pain Management Group Meeting

The Faculty of Pain Medicine in conjunction with the Victorian Pain Management Group held an educational evening at ANZCA House in May with Dr Robert Blackshear (USA) as guest speaker.

MOPS/CPD

The Board strongly endorsed the new ANZCA/FPM CPD program and encouraged Fellows to take early advantage of the program to develop their thoughts and plans for self development during 2008.

Quality and Safety

The issue of significant morbidity and mortality that occurs on occasion following a lack of effective acute pain medicine treatment was raised during the 2008 Spring Meeting at Ayers Rock. The Board considered what influence the Faculty might have in terms of preventing this type of event. A range of initiatives will be explored including liaison with ANZCA's Quality and Safety Committee and developing common threads in the hospital accreditation processes between the College and Faculty with regard to Acute Pain Services.

FPM Dean's Message

Continued

Fellows Survey

A survey of Fellows was undertaken to seek Fellows' input in determining the future direction of the Faculty and their interest in contributing expertise to Faculty activities.

Research

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

Standardised Outcome Measures in Persistent Pain

The Research Committee investigated options for establishing a dataset which would include some agreed outcome data and epidemiological data as a Research Committee project. Negotiations commenced between two centres for a pilot project with other centres to be invited to join using an established dataset. Five relatively short measures will be used. The project is in the final stages of preparation ahead of Ethics Committee submission.

AH&MRC

The Faculty contributed to the Australian Health and Medical Research Congress - Chronic pain and its treatment. This multi-society scientific meeting, related to life science research, was held in Brisbane in November and included a session on chronic pain and its treatment: from molecular to clinical, which was organised by the Faculty in conjunction with the Australian Pain Society and the Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists.

Research Database

Some progress was made in establishing a research database aimed at making it easier for people to find out what research is being undertaken. It is anticipated that the database will start small and simple and be expanded later, with the introduction of some workshops at future Faculty meetings. It is intended that the database will not only be informational but educational as well.

Methadone Survey

Fellows of the Faculty of Pain Medicine (ANZCA), the Australasian Chapter of Palliative Medicine (RACP) and the Australasian Chapter of Addiction Medicine (RACP) took part in a survey designed to assess the level of interest in participating in a workshop on the use of methadone in pain management. The workshop is prompted by a recent government decision to license methadone liquid for use in palliative care. A report of the collated results was published on the Faculty's website.

Research Trial – what Fellows do in their practice

A survey of Fellows was undertaken with the aim of identifying what Fellows do in their practice. It is anticipated that the next step will be multicentre collaboration trialling. Further questionnaire results are awaited before work begins on identifying key areas for possible collaboration.

Awards, Prizes and Honours

Dean's Prize and Best Free Paper Awards

The Dean's Prize is awarded for original work in the area of pain, presented in the FPM Dean's Prize/Free Papers session at the Annual Scientific Meeting, judged to be a significant contribution to Pain Medicine and/or Pain Research. Eligibility is limited to Trainees of the FPM, Trainees of the five participating professional bodies or FPM Fellows within eight years of admission to their original Fellowship. The inaugural Prize was awarded to:

Dr Paul Wrigley (NSW): "Somatosensory cortical reorganisation associated with neuropathic pain following spinal cord injury".

The inaugural Best Free Paper Award was awarded to:

Dr Allyson Browne (WA): "A prospective investigation of the prevalence of persistent pain following traumatic injury".

Barbara Walker Prize

The Barbara Walker Prize for Excellence in the Pain Medicine Examination is awarded to candidate obtaining the highest marks in the Pain Medicine Examination.

Dr Charles Kim (Vic) November 2008.

Merit Award

The Merit Award is a certificate recognising candidates who have shown excellence in the examination and achieved a mark in the top 10%.

Dr Richard Sullivan (Vic) November 2008.

Honours and Appointments

Professor Michael Cousins (NSW) – award of the ANZCA Orton Medal for distinguished services to anaesthesia and pain medicine.

Professor Tess Cramond (Qld) – Naming of the "Professor Tess Cramond Multidisciplinary Pain Centre" Brisbane.

Dr David A Scott (Vic) – elected to ANZCA Council.

Professional

Opioid Prescribing

The Faculty provided input to the Royal Australasian College of Physicians/Australasian Chapter of Addiction Medicine working paper, *Improving management of people with chronic non-malignant pain and opioid drug dependence*, which will include the Faculty Logo. The common theme is to call for better management of persistent pain and there are calls for a government taskforce to be established to look at the broader issues.

RACP Guideline Statements

Two Faculty representatives were included on the RACP Writing Group for the revision of the RACP Guideline Statements: *Management of Procedure-related Pain in Neonates, Children and Adolescents*.

Recognition of Pain Medicine as a Specialty – New Zealand

The Faculty continued to progress an application to the Medical Council of New Zealand for recognition of Pain Medicine as a medical specialty in that country. Dr Steuart Henderson, ANZCA Director of Professional Affairs, will assist the Faculty to complete this application as a matter of urgency.

Global Year Against Pain

2007–2008 was the Global Year Against Pain in Women. The Faculty commenced liaison with RANZCOG and gynaecological colleagues to develop a document promoting the value of interdisciplinary and multidisciplinary pain clinics as being best practice for the management of pelvic pain. In October 2008, the Global Year Against Cancer Pain commenced.

Acute Pain Management: Scientific Evidence (APM:SE)

A subcommittee reviewed the 2nd edition and produced a rated level 1 evidence update, which was published on the website. As the evidence for many aspects of acute pain management continues to grow very rapidly, a 3rd edition of APM:SE is being undertaken. Publication is anticipated in 2010.

Policy/Government

The Faculty was represented at the Victorian Medical Specialist Training forum convened by the Victorian Department of Human Services in May to begin to plan the development of an integrated and sustainable medical specialist training system for Victoria across a range of public, private and community settings.

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

The Faculty contributed to a number of submissions:

AMC Good Medical Practice: Code of Conduct

Medication Scoping Study by Australian Commission on Safety & Quality in Health Care

AMA Victoria study addressing medical specialist shortfalls and maldistribution in Victoria

Maternity Services Review

National Health and Hospitals Reform Commission

NHMRC Review of Public Health Research

Review of Australian Higher Education

National Registration and Accreditation Scheme for the Health Professions

Resources Portfolio

Finance

A higher-than-budgeted surplus for 2008 was the result of the high level of attendance at Faculty CME events and a successful cost reduction program. A budget for 2009 was established to provide adequate funding to meet the requirements of expanding Faculty activities. The Faculty continues to grow at approximately 10% per year.

Dr Penelope A Briscoe FANZCA

Dean

Panel of Examiners 2008

Dr Penelope A Briscoe

Dr Meredith J Craigie

Dr Matthew R Crawford

Dr C Roger Goucke

Dr Paul D Gray

Dr David W Gronow

Dr David Jones

Dr Kok E Khor

Dr Diarmuid McCoy

Dr Greta M Palmer

Dr Lindy J Roberts

Dr Bruce F Rounsefell

Prof Edward A Shipton

Dr Melissa Viney

Dr Paul J Wrigley

Dr Richard Chye

A/Prof Milton L Cohen

Dr Raymond Garrick

Prof George Mendelson

Dr Frank J New

A/Prof R Leigh Atkinson

Dr Carolyn Arnold

Dr Lynette K Lee

Dr J E (Ben) Marrosszeky

Dr Di Pacey

Honorary Treasurer's Report

Dr Richard Waldron
Honourary Treasurer



This is my first report as Honorary Treasurer. Despite the economic impact of the global financial crisis, ANZCA maintains a sound financial position. Most importantly, the College has no outstanding loans or debts.

The operations of the College, including The ANZCA Foundation produced a deficit of \$0.615 million which represented a significant improvement on the 2007 deficit of \$1.961 million. This was largely due to cost-reduction initiatives made by management. The area of significant loss was the investment portfolio which suffered a 30% loss in value since January 2008. This was partially offset by an 8.3% investment return.

In recent years, the College has relied on its investment portfolio income to offset any losses incurred with operations. The investment portfolio also encompasses The ANZCA Foundation funds. It is also the source of funds for a variety of training scholarships and professorships as well as a capital reserve. Council at its December 2008 meeting endorsed the management plan for the 2009 budget so that normal operations of the College need no longer be reliant on income from the investment portfolio to balance the overall budget.

Profit and Loss Statement

This is a summary of the revenue, expenses, and surplus from the activities of the College. Overall revenue from operating activities for year ended 31 December 2008 was \$16.541 million (\$13.969 million in 2007). Total expenses were \$17.156 million (\$15.930 million for 2007), leaving a deficit of \$0.615 million (\$1.961 million in 2007). The improved result came through higher revenue primarily from registration, training and exam fees (increased by \$1.392 million), meeting and course income (increased by \$0.804 million) and subscriptions and entry fees (increased by \$0.652 million). The management initiatives, particularly in the second half of the year helped curtail overall growth in expenses to \$1.226 million. Included in expenses is \$0.810 million in research grants, compared to \$0.761 million in the prior year.

Overall, the investments (consisting of the investment portfolio and interest bearing operational bank accounts) lost \$2.752 million in 2008 compared to a gain of \$0.212 million in 2007. There was a \$4.000 million capital loss which was partially offset by \$1.247 million in income. As mentioned above, this represents a 30% capital loss from January 2008, partially offset by an 8.3% income return. The resultant consolidated outcome for the College is a deficit of \$3.367 million compared to \$1.749 million

in 2007.

Balance Sheet

This is a summary of the assets, liabilities and equity position of the College. Over the year, the net assets of the College reduced by \$3.367 million, primarily due to the reduction in value of the investment portfolio which fell by \$4.000 million in capital value as a direct result of the world-wide volatility of financial markets. Excluding the impact of the investment decline, the overall balance sheet position was stable with the College having a conservative balance sheet holding \$18.723 million in retained earnings at year end.

Cash Flow Statement

The cash holding at the end of the year of \$1.599 million is \$0.479 million less than 2007, largely due to the reduced earnings from the investment portfolio. Additionally, the introduction of the early-bird option for the payment of 2009 subscriptions delayed the issue of subscription notices and impacted on the level of cash received prior to the end of December.

Comments

ANZCA continues to operate in a sound financial manner. It has net assets (cash, investments, buildings) in excess of \$18 million with no outstanding loans or debts. The 2009 budget has been framed in such a way that the operations of ANZCA are no longer reliant on income from the Investment Portfolio to cover any shortfall in revenue.

Financial checks and balances have been strengthened this year. Recommendations made last year by the external auditors have been complied with, and an internal auditing company has also been appointed.

The College has also moved to formalise the Investment Committee in late 2008. It has now been made a committee of Council and a draft strategy document has been prepared for consideration by Council early in 2009. It meets regularly on a bi-monthly basis.

As outlined in the President's report, the College has implemented a number of major initiatives over the past 12 months which have strengthened the College and improved its services to Fellows.

The overall financial result of the College is due in no small measure to the ongoing commitment of Councillors, Committee members, Fellows and staff throughout Australia, New Zealand, Hong Kong, and South-East Asia. On behalf of the College, I would like to thank those people.

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 2008 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 report financial report has been derived from the full 2008 Financial Report of the Australian and New Zealand College of Anaesthetists.

The College is a Company Limited by Guarantee which 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.

Income Statement

The deficit from operating activities for the year was \$614,735 which is an improvement of \$1,345,771 on the prior year which had a deficit of \$1,960,506. The overall result was significantly impacted by the continuing volatility of the investment markets which commenced in 2007 and continued throughout 2008 resulting in a negative return of \$2,752,453 compared to a gain of \$211,864 in 2007.

As a result of this, the deficit from ordinary activities for the financial year was \$3,367,218, compared to a \$1,748,642 deficit in 2007.

Total operating revenue rose by 18.4% to \$16,541,243, whilst operating expenditure was contained to rise by 7.7% to \$17,155,978.

Balance Sheet

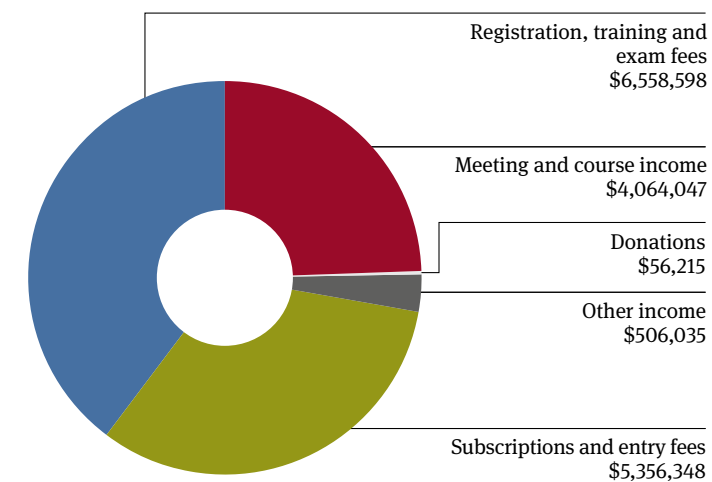
Total assets decreased by 8.7% or \$2,698,973. The major contributor to this was the reduction in the value of the investment portfolio as outlined above. This decrease was attributable to a fall in trading investments individually valued at fair market value. Total liabilities increased by \$668,243 to \$9,465,928 representing an increase of 7.6%.

Cash Flow Statement

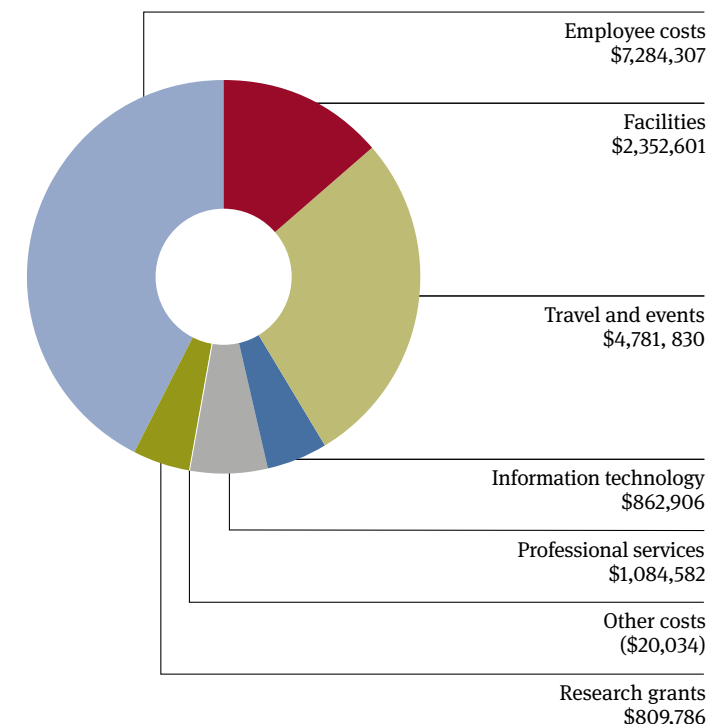
Cash flows for the year decreased by \$479,260 primarily reflecting the impact of the reduced investment returns.

Revenue and Expenses

Total revenue for the 12 months ended 31 December 2008



Total expenses for the 12 months ended 31 December 2008



Discussion and Analysis of the Financial Statements

Continued

Income statement for the financial year ended 31 December 2008

	2008 \$	2007 \$
Revenue		
Subscriptions and entry fees	5,356,348	4,703,919
Registrations, training and exam fees	6,558,598	5,166,221
Meeting and course income	4,064,047	3,260,302
Other income	562,250	838,761
Total revenue from operating activities	16,541,243	13,969,204
Expenses		
Employee costs	7,284,307	6,481,138
Facilities	2,352,601	2,348,083
Travel and events	4,781,830	4,338,097
Information technology	862,906	701,253
Professional services	1,084,582	1,010,537
Other expenses	(20,034)	289,117
Research grants	809,786	761,485
Total expenses from operating activities	17,155,978	15,929,710
Deficit from operating activities	(614,735)	(1,960,506)
Income from non operating activities		
Investment income	(2,752,483)	211,864
Result from ordinary activities	(3,367,218)	(1,748,642)

Balance Sheet as at 31 December 2008

	2008 \$	2007 \$
Current assets		
Cash and cash equivalents	1,599,065	2,078,325
Trade and other receivables	6,274,597	3,299,237
Other	625,384	569,308
Total current assets	8,499,046	5,946,870
Non-current assets		
Property, plant and equipment	11,335,884	11,649,436
Other financial assets	8,353,676	13,291,273
Total non-current assets	19,689,560	24,940,709
Total assets	28,188,606	30,887,579
Current liabilities		
Trade and other payables	1,615,675	2,358,419
Provisions	223,107	260,789
Other	7,564,013	6,151,869
Total current liabilities	9,402,794	8,771,077
Non-current liabilities		
Provisions	63,134	26,608
Total non-current liabilities	63,134	26,608
Total liabilities	9,465,928	8,797,685
Net assets	18,722,677	22,089,894
Equity		
Share capital	2	2
Retained earnings	18,722,675	22,089,892
Total equity	18,722,677	22,089,894

Discussion and Analysis of the Financial Statements

Continued

Statement of Recognised Income and Expenses for the year ended 31 December 2008

	2008 \$	2007 \$
Balance at the beginning of the year	22,089,894	23,838,536
Current year surplus	(3,367,218)	(1,748,642)
Balance at end of the year	18,722,677	22,089,894

Cash flow statement for the financial year ended 31 December 2008

	2008 \$	2007 \$
Cash flows from operating activities		
Receipts from members and customers	15,750,274	14,849,944
Interest received	153,817	1,644,368
Donations received	55,421	290,323
Payments to employees & suppliers	(16,971,695)	(13,732,690)
Research grants and bequests paid	(902,828)	(814,815)
Net cash provided by/(used in) operating activities	(1,915,011)	2,237,130
Cash flows from investing activities		
Proceeds from sale of investments	2,000,000	9,479,009
Proceeds from sale of property, plant & equipment	381,770	6,746
Purchase of investments	-	(9,548,017)
Purchase of property, plant & equipment	(946,019)	(1,464,175)
Net cash (used in)/provided by investing activities	1,435,751	(1,526,437)
Net increase in cash and cash equivalents	(479,260)	710,691
Cash and cash equivalents at the beginning of the financial year	2,078,325	1,367,634
Cash and cash equivalents at the end of the financial year	1,599,065	2,078,325

Notes to the Concise Financial Report for the Year Ended 31 December 2008

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 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 position and financing 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 2008, as set out in pages 43-50:

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

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



Dr. L F Wilson
President
1 April 2009



Dr R J Waldron
Honorary Treasurer
1 April 2009

RSM Bird Cameron Partners

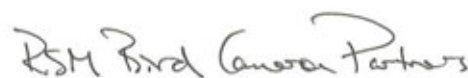
Chartered Accountants

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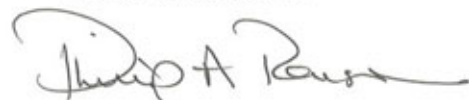
AUDITOR'S INDEPENDENCE DECLARATION

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 2008, I declare that to the best of my knowledge and belief, there have been no contraventions of:

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



RSM BIRD CAMERON PARTNERS
Chartered Accountants



P A RANSOM
Partner

1 April 2009
Melbourne

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Legislation

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INDEPENDENT AUDITOR'S REPORT

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

Report on the concise financial report

The accompanying concise financial report of the Australian and New Zealand College of Anaesthetists comprises the balance sheet as at 31 December 2008, 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 2008, 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 2008. Our audit report on the financial report for the year was signed on 3 April 2009 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

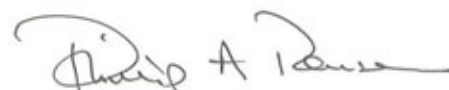
In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*. We confirm that the independence declaration required by the *Corporations Act 2001*, provided to the directors of the Australian and New Zealand College of Anaesthetists on 1 April 2009, would be in the same terms if provided to the directors as at the same date of this auditor's report.

Auditor's opinion

In our opinion, the concise financial report of the Australian and New Zealand College of Anaesthetists for the year ended 31 December 2008 complies with Australian Accounting Standard AASB 1039: *Concise Financial Reports*.



RSM BIRD CAMERON PARTNERS
Chartered Accountants



P A RANSOM
Partner

3 April 2009
Melbourne

Committees

Committees of the Council

Executive Committee

<i>President (Chair)</i>	Dr Leona Wilson	NZ
<i>Vice President</i>	A/Prof Kate Leslie	VIC
<i>Director of Professional Affairs</i>	Prof Barry Baker	NSW
<i>Chief Executive Officer</i>	Dr Mike Richards	VIC

Education and Training Committee

<i>Chair (appointed by Council)</i>	Dr Lindy Roberts	WA
<i>DPA Assessor</i>	Dr Steuart Henderson	NZ
<i>Director Education Development Unit</i>	Ms Mary Lawson	VIC
<i>Chair Training Accreditation Committee</i>	A/Prof Kate Leslie	VIC
<i>Chair New Programs Committee</i>	Dr Michelle Mulligan	NSW
<i>Chair Assessments Subcommittee (ex officio)</i>	A/Prof Jennifer Weller	NZ
<i>Chair Trainee Committee or his/her nominee</i>	Dr Christopher Wilde	TAS
<i>Community Representative</i>	Ms Gabrielle Endacott	VIC
<i>Up to four additional Fellows with educational expertise (at least one SOT or REO)</i>	Dr Kerry Brandis A/Prof David Scott Dr Genevieve Goulding Dr Nicole Phillips	QLD VIC QLD NSW
<i>Co-opted Member</i>	Dr Michele Joseph	VIC

Training Accreditation Committee

<i>Chair (appointed by Council)</i>	A/Prof Kate Leslie	VIC
<i>Deputy Chair</i>	Dr Margaret Cowling	SA
<i>DPA Assessor</i>	Dr Steuart Henderson	NZ
<i>Chair Education and Training Committee</i>	Dr Lindy Roberts	WA
<i>Chair Trainee Committee or his/her nominee</i>	Dr Szu-Lynn Chan	WA
<i>Community Representative and such other Member as the Council may appoint</i>	Mrs Susan Sherson Dr Kerry Brandis Dr Frank Moloney Dr Alastair McGeorge	VIC QLD NSW NZ

Continuing Professional Development Committee

<i>CPD Officer (Chair)</i>	Dr Frank Moloney	NSW
<i>Director of Professional Affairs</i>	Prof Garry Phillips	SA
<i>Up to two additional members</i>	Dr Michelle Mulligan Dr Peter Cook	NSW QLD

Fellowship Affairs Committee

<i>Chair (appointed by Council)</i>	Dr Margaret Cowling	SA
<i>Annual Scientific Meeting Officer</i>	Dr Richard Waldron	TAS
<i>Continuing Professional Development Officer</i>	Dr Frank Moloney	NSW
<i>Director Education Development Unit or his/her nominee</i>	Ms Mary Lawson	VIC
<i>New Fellow Councillor</i>	Dr Nicole Phillips	NSW
<i>Up to five additional Fellows</i>	Dr Kerry Brandis Dr Genevieve Goulding Dr Peter Cook Dr Michelle Mulligan	QLD QLD QLD NSW
<i>(NZAEC Chair)</i>	Brian Lewer	NZ

Committees

Continued

Quality and Safety Committee

Chair (appointed by Council)	Prof Alan Merry	NZ
Councillor (at least one)	Dr Margaret Cowling	SA
President Australian Society of Anaesthetists or nominee	Dr Elizabeth Feeney	NSW
President New Zealand Society of Anaesthetists or nominee	Dr Andrew Warmington	NZ
Such other members as appointed by Council	Mr Bruce Corkill Dr Neville Gibbs Mr Michael Gorton Dr Patricia Mackay Prof Paul Myles A/Prof David Scott	NZ WA VIC VIC VIC VIC

Research Committee

Chair (appointed by Council)	Prof Alan Merry	NZ
Deputy Chair	A/Prof Kate Leslie	VIC
Joint Faculty of Intensive Care Medicine Representative	Dr Steve Webb	WA
Faculty of Pain Medicine Representative	Dr Chris Hayes	NSW
Chair Trials Group Executive	A/Prof David Story	VIC
Community Representative	Dr Angela Watt	VIC
Up to ten other members with an interest in Research	A/Prof Kate Leslie Prof Paul Myles Prof Michael Paech A/Prof David Cottee A/Prof Tony Quail Prof Tony Gin Prof Andrew Bersten A/Prof Phillip Siddall Dr Tim Short A/Prof David Scott	VIC VIC WA NSW NSW Hong Kong SA NSW NZ VIC
Locum for A/Prof David Cottee	Dr Dan Wheeler	UK
Co-opted Member	Prof Stephan Schug	WA

New Programs Committee

Chair (appointed by Council)	Dr Michelle Mulligan	NSW
Second Councillor	Vacant	
Chair Final Examinations Subcommittee or nominee	Dr Peter Gibson	NSW
Chair Training Accreditation Committee or his/her nominee	A/Prof Kate Leslie	VIC
A Director of Professional Affairs	Prof Barry Baker	NSW
Fellow of ANZCA		
Two co-opted nominees from the particular area of expertise e.g. Diving and Hyperbaric Medicine comprises the above, plus:		
Fellow	Dr Margaret Walker	TAS
Two co-opted nominees from the particular area of expertise	Prof Mike Bennett Dr Bob Wong	NSW WA

International Medical Graduate Specialists Committee

Chair (appointed by Council)	Prof Garry Phillips	SA
Councillor(s) (at least one)	Dr Frank Moloney Dr Peter Cook	NSW QLD
DPA Assessor	Dr Steuart Henderson	NZ
Chair New Zealand Panel for Vocational Registration	Dr Vaughan Laurenson/ Dr Vanessa Beavis	NZ
Director Education Development Unit or his/her nominee	Ms Mary Lawson	VIC
Chair Final Examinations Subcommittee	Dr Peter Gibson	NSW
Two other Fellows nominated by Council	A/Prof Greg Knoblanche Dr Peter Roessler	NSW VIC
Joint Faculty of Intensive Care Medicine Representative	Prof Vernon van Heerden/ Dr Ross Freebairn	WA NZ
Faculty of Pain Medicine Representative	Dr Frank New	QLD
Community and/or Jurisdictional Representative	Ms Helen Maxwell-Wright	VIC
Such other members as appointed by Council	Dr Steven Katz Dr Michael Steyn	NSW QLD

Finance, Audit and Risk Management Committee

Chair (appointed by Council)	Mr Tom O'Brien	QLD
Vice-President	A/Prof Kate Leslie	VIC
Honorary Treasurer	Dr Richard Waldron	TAS
Three members (one of whom will normally be Chair)	Mr Tom O'Brien Mr Henry Bosch Mr Michael Gorton	QLD VIC VIC

Trainee Committee

Chair (Trainee to be appointed by the Committee)	Dr Christopher Wilde	TAS
Members (Chairs of the Regional/National Trainee Committees)	Dr Jeremy Brammer Dr Szu-Lynn Chan Dr Richard Galluzzo Dr Hong Jye Neo Dr Suzi Nou Dr Tim Porter Dr Michael Stone Dr Wat Chun Yin Leo Dr David Whybrew Dr Christopher Wilde Dr Cheng Bee Yip	QLD WA ACT Singapore VIC SA NSW Hong Kong NZ TAS Malaysia
Chair Education and Training Committee	Dr Lindy Roberts	WA

Investment Committee

Chair (appointed by Council)	Dr Richard Waldron	TAS
President	Dr Leona Wilson	NZ
Honorary Treasurer	Dr Richard Waldron	TAS
Chief Executive Officer	Dr Mike Richards	VIC
Director of Finance	Ms Jess McKay	VIC

Regional Committees

Victoria

Committee Members and Portfolios:

Name	Position held
Dr Rowan Thomas	Chair – Elected May 2008
Dr Rod Tayler	Deputy Chair/Hon Treasurer – Elected May 2008
Dr Craig Noonan	Hon Secretary/Assistant Regional Education Officer – Elected May 2008
Dr Richard Horton	Regional Education Officer – Elected May 2008
Dr Debra Devonshire	Continuing Medical Education Officer – Elected May 2008
Dr Mark Hurley	Assistant Continuing Medical Education Officer – Elected May 2008
Dr Fred Rosewarne	Paramedical Personnel Officer – Elected May 2008
Dr Andrew Schneider	Safety Officer – Elected May 2008

Exofficio and Co-opted Members

Name	Position held
Dr Winifred Burnett	Co-opted Member June 2008 – VRC
Dr Andrew Buettner	Co-opted Member – June 2008 VRC 3rd Yr Training Liaison Officer
Dr David Bramley	Co-opted Member – June 2008 – VRC Social Officer
Dr David Pescod	Co-opted Member – June 2008 – VRC Formal Project Officer
Dr Irene Ng	Co-opted Member – June 2008 – VRC Assistant Formal Project Officer
A/Prof Kate Leslie	Ex-officio Member of Council
A/Prof David Scott	Ex-officio Member of Council
A/Prof Larry McNicol	Victorian Consultative Council on Anaesthetic Mortality and Morbidity
Dr Simon Reilly	ASA Representative – June 2008

Committees

Continued

South Australia / Northern Territory

Committee Members and Portfolios

Name	Position held
Dr Simon Jenkins	Chair / Formal Projects Officer / Elected Member
Dr Thien Le Cong	Vice Chair / Hon. Treasurer / Hon. Secretary / New Fellows Representative / Elected Member (from May 2008)
Dr Gerry Neumeister	Elected Member
Dr Peter Doran	Regional Education Officer / Elected Member (from May 2008)
Dr Walleed Alkhazrajy	Elected Member
Dr Charles Clegg	Elected Member
Dr Kym Osborn	Elected Member
Dr Gary Tham	Elected Member
Dr Lynne Rainey	Elected Member
Dr Jonathan Hopkinson	Elected Member
Dr Glenys Miller	Elected Member (to May 2008)
Dr Pam Macintyre	Faculty of Pain Medicine Representative / Elected Member

Exofficio and Co-opted Members

Name	Position held
Dr Margie Cowling	Ex Officio Member of Council
Dr Brian Spain	NT Representative
Dr Gerry O'Callaghan	JFICM Representative
Dr Peter Lillie	Directors Representative
Dr Guy Christie-Taylor	ASA Representative (from August 2008)
Dr Julia Coldrey	CME Committee Representative
Dr Kenneth Chin	Rotational Co coordinator
Dr Sam Willis	Rotational Co coordinator
Dr Tim Porter	Trainee Committee Representative
Dr Mark Sinclair	ASA Representative (to August 2008)
Dr John Russell	POMC Representative

New Zealand National Committee

Committee Members and Portfolios

Name	Position held
Dr Vanessa Beavis	Chair (from July 2008)
Dr Vaughan Laurenson	Chair (to July 2008)
Dr Gerard McHugh	Hon Treasurer
Dr Paul Smeele	Education Officer
Dr Arthur Rudman	Formal Projects Officer
Dr Peter Cooke	Member (to July 2008)
Dr Brian Lewer	Member
Dr Geoff Long	Member
Dr Alastair McGeorge	Member
Dr Joe Sherriff	Member
Dr Malcolm Stuart	Member
Dr Gary Hopgood	Co-opted Member from September 2008
Dr Jennifer Woods	Co-opted Member from September 2008

Exofficio and Co-opted Members

Name	Position held
Prof Alan Merry	Ex Officio Member of Council
Dr Leona Wilson	Ex Officio Member of Council
Dr Rebecca de Souza	New Fellows' representative (to September 2008)
Dr Amber Chisholm	New Fellows' representative (from October 2008)
Dr Tony Williams	JFICM Representative (to July 2008)
Dr Mike Gillham	JFICM Representative (from July 2008)
Dr David Jones	FPM Representative
Dr David Whybrew	Chair, NZ Trainee Committee
Dr Andrew Warmington	NZSA President
Dr Steuart Henderson	Director of Professional Affairs

New South Wales

Committee Members and Portfolios

Name	Position held
Dr Michael Amos	Elected Member/ Hon Sec/Treasurer to April 2008/Chair from May 2008
Dr Margaret Bailey	Elected Member/Deputy Chair from May 2008
Dr Kim Gray	Co-opted Member/Elected Member from May 2008
Dr Richard Halliwell	Elected Member/Hon Sec/Treasurer from May 2008
Dr Stafford Hughes	Elected Member
Dr Richard Morris	Elected Member
Dr Gergory O-Sullivan	Elected Member/ANZCA Representative to ACE Committee from May 2008
Dr Michael Rose	Elected Member from May 2008
Dr Natalie Smith	New Fellow Representative to April 2008/Elected Member /Deputy Regional Educational Officer from May 2008
Dr Bradley Smith	Co-opted Member to April 2008
Dr Keith Streatfeild	Elected Member
Dr Joanna Sutherland	Elected Member/Chair/Formal Project Officer to April 2008/Formal Project Officer from May 2008
Dr Tracey Tay	Elected Member/Regional Educational Officer to December 2008

Exofficio and Co-opted Members

Name	Position held
Dr Francis Moloney	Ex Officio Member of Council
Dr Michelle Mulligan	Ex Officio Member of Council
Dr Nicole Phillips	Ex Officio Member of Council
Dr Anthony Padley	ASA Representative
Dr Ray Raper	JFICM Representative
Dr K E Khor	FPM Representative
Dr Stephen Brazenor	ACT Representative
Dr James Holloway	Trainee Committee Representative to April 2008
Dr Kar Soon Lim	Trainee Committee Representative from May 2008

Western Australia

Committee Members and Portfolios

Name	Position held
Dr David Wright	Chair from June 2008
Dr Michael Veltman	Chair to May 2008
Dr Simon Maclaurin	Elected Member
Dr Jenny Stedmon	Deputy Chair from June 2008
Dr Jodi Graham	Hon Secretary/Treasurer
Dr Suzanne Bertrand	Regional Education Officer
Dr Soo-Im Lim	Rotational Supervisor
Dr Richard Riley	Webmaster
Dr John Martyr	Formal Project Officer
Dr Andrew Gardner	Member (to May 2008)
Dr Kevin Elks	Member (from June 2008)
Dr Markus Schmidt	Member (from June 2008)
Dr Grant Turner	Member to May 2008

Exofficio and Co-opted Members

Name	Position held
Dr Walter Thompson	Ex Officio Council Member to May 2008
Dr Lindy Roberts	Ex Officio Council Member
Dr Roger Goucke	FPM Representative
Dr Neville Gibbs	Mortality Committee
Dr Alison Corbett	CME Committee
Dr Nedra Vanden Driesen	WAASM
Dr Michael Paech	To July 2008
Prof Stephan Schug	
Dr Mary Pinder	JFICM Representative
Dr Roger Goucke	FPM Representative
Dr Szu Chan	Trainee Representative (to May 2008)
Dr Ann Ngui	Trainee Representative (from June 2008)
Dr Chris Cokis	
Dr Sai Fong	ASA Representative (to May 2008)
Dr Paul Rodoreda	ASA Representative (from June 2008)

Committees

Continued

Tasmania

Committee Members and Portfolios

Name	Position held
Dr Mark Reeves	Chair
Dr Lia Freestone	Hon Secretary
Dr David Brown	Hon Treasurer
Dr Michael Grubb	Regional Education Officer
Dr Susan Sherlock	Member

Exofficio and Co-opted Members

Name	Position held
Dr Richard Waldron	Ex Officio Member of Council
Dr Gajinder Oberoi	FPM Representative
Dr M Yarrow	New Fellows' Representative
Dr Chris Wilde	Trainee Committee Representative

Australian Capital Territory

Committee Members and Portfolios

Name	Position held
Dr Stephen Brazenor	Chair
Dr Grant Devine	Hon Secretary
Dr Caroline Fahey	Hon Treasurer/New Fellows' Representative
Dr Carmel McInerney	Regional Education Officer
Prof Thomas Bruessel	Deputy Chair/Formal Project Officer
Dr Clifford Peady	Member
Dr Vida Viliunas	Member

Exofficio and Co-opted Member

Name	Position held
Dr Richard Galluzzo	Trainee Representative (to August 2008)
Dr Zain Upton	Trainee Representative (from August 2008)
Dr Mark Oliver	JFICM Representative
Dr Linda Weber	ASA Representative

Queensland

Committee Members and Portfolios

Name	Position held
Dr Anton Loewenthal	Chair
Dr Michael Steyn	Deputy Chair
Dr Pal Sivalingam	Hon Secretary
Dr Charmaine Barrett	Hon Treasurer
Dr Michael Haines	Member (to August 2008)
Dr Richard Pendleton	Combined CME Officer
Dr Mark Gibbs	Regional Education Officer
Dr Gerald Power	Formal Project Officer
Dr Peter Duff	Member
Dr Nicole Fairweather	Member
Dr David Trappett	Member
Dr Martin Wakefield	Member
Dr Gerald Power	Member
Dr Nicole Fairweather	Member
Dr Lorraine Robinson	Member (to June 2008)
Dr Michael Fanshawe	Member (to June 2008)
A/Prof Geoffrey Gordon	Member (to June 2008)

Exofficio and Co-opted Member

Name	Position held
Dr Kerry Brandis	Ex Officio Council Member
Dr Peter Cook	Ex Officio Council Member
Dr Genevieve Goulding	Ex Officio Council Member
Dr Sean McManus	2009 ASM Convenor
A/Prof Robert Boots	JFICM Representative
Dr Paul Gray	FPM Representative
Dr Martin Culwick	ASA Representative
Dr R Brijball	OTSAN Representative
Dr J Brammer	Trainee Committee Representative
Dr Taryn Naggs	New Fellows' Representative



Australian and New Zealand College of Anaesthetists

Joint Faculty of Intensive Care Medicine Faculty of Pain Medicine

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