



ANZCA

AUSTRALIAN AND NEW ZEALAND
COLLEGE OF ANAESTHETISTS

ANNUAL REPORT 2007



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Fellows and Trainees frequently remark on how well the College is served by its staff. In this Report, we have given a particular focus to some of the staff whose working lives are devoted to the interests of the College. The short profiles interspersed through this Report are intended to recognise that contribution.

PRESIDENT'S REPORT

DR WALTER R THOMPSON FANZCA FJFICM



2007 WAS A CHALLENGING, EXCITING AND VERY ACTIVE YEAR FOR THE COLLEGE, BOTH IN AUSTRALIA AND NEW ZEALAND.

In addition to rebuilding the core infrastructure in information technology and finance, we have:

- > Received ongoing accreditation to 31 December 2012 from the Australian Medical Council (AMC)
- > Introduced a modernised program of Continuing Professional Development
- > Completed the Professional Code of Conduct
- > Reviewed the College Constitution
- > Built staff capability in Government & Media Relations, Policy and Communication
- > Conducted the largest examinations in the College's history
- > Initiated a curriculum review of the FANZCA Training Program
- > Introduced a Policy on Intellectual Property
- > Introduced a Trainee Performance Review Process
- > Reviewed the 'sedation documents'
- > Progressed ANZTADC, the tripartite anaesthesia data collection project in relation to incidents and safety, to the stage where the feasibility work can begin
- > Commenced the staged roll-out of the new ANZCA website
- > Jointly commissioned an Australian Anaesthesia Workforce Study with the ASA.

Externally, the College has had to cope with an ever increasing number of demands and interactions with both the federal government and the state jurisdictions in Australia and the government in New Zealand. These include, but are not limited to, training and assessment, workforce, assessment of overseas trained specialists, area of need, expanded settings for medical specialist training, national registration and accreditation, informed financial consent, anaesthesia for endoscopy and other procedures and specialty accreditation. The College has coped well with all of this, but we increasingly need specialist staff and the capacity to absorb these escalating demands. 2007 ended with the election of a new federal government in Canberra and that will generate different interactions and policy directions in 2008. To facilitate this, we have appointed a Director of Policy and will be putting in place a comprehensive communications strategy following the appointment of a new Director of Communications.



ANZCA trainees at the Royal North Shore Hospital in Sydney

You will recall that in December 2006, the Council endorsed the key objectives for the period 2007–2009.

Those objectives include ensuring that the College:

- > maintains its position as the primary source of specialist training in anaesthesia
- > continues to foster safety and quality patient care in anaesthesia, intensive care and pain medicine
- > provides further support for Fellows in their professional development
- > improves communication and ease of dealing with the College for Fellows and Trainees
- > encourages Fellows and Trainees to participate in College activities
- > can engage effectively with other key stakeholders in government and the health care systems
- > has a Committee structure that is responsive to the strategic priorities of the College.

In 2007, the College achieved the following:

CONTINUING PROFESSIONAL DEVELOPMENT

The new Continuing Professional Development (CPD) program was finalised in 2007 and represents an improvement on the previous MOPS program due to the inclusion of planning and reflective components and the extensive guides and toolkits to facilitate participation. The CPD program was trialed at the end of the year and commenced operation in February 2008.

REVIEW OF CONSTITUTION

The original ANZCA Constitution was adopted in 1991, when the Faculty of Anaesthetists left the Royal Australasian College of Surgeons. Since then, ANZCA has operated under the law as a company limited by guarantee and has periodically amended its Memorandum and Articles of Association.

During the year, the Council undertook a review in order to develop a new Constitution for ANZCA for the 21st century, which would reflect current processes and expectations, modern corporate law requirements and practices, in addition to best-practice in corporate governance. The new Constitution was put to Fellows by postal ballot in November and accepted by the Fellowship and adopted on 10 December 2007.

CODE OF CONDUCT

The Code of Conduct arose out of the recommendations of the Taskforce on Professionalism and went through several iterations before it was finally adopted by Council in August 2007. The Code is a 'living document' and will be reviewed periodically with the initial review to occur following the revision by the New Zealand Medical Council of its Code of Conduct and the publication of the Code that is being developed by the Australian Medical Council.

ANZCA FOUNDATION

During 2007, Fellows donated \$49,762 to the Foundation.

In April 2007 there was a 'corporate launch' of the ANZCA Foundation at a gala event at 'Ulimaroa'. This highlighted the Foundation and attracted significant funding from each of the following Founder Sponsors:

Mundipharma

\$50,000 per annum for 5 years

Pfizer

\$50,000 per annum for 5 years

Advanced Neuromodulation

Systems (ANS)

\$50,000 per annum for 5 years

In addition, Organon pledged \$50,000 over 5 years and Aspect Medical Systems donated \$59,000 and Medtronic \$20,000.

INFRASTRUCTURE

The rebuilding of the College's infrastructure, particularly in relation to information technology, was completed in 2007. This saw new systems available to the finance department and the regional offices of the College plus improvements in the examination and library systems together with all aspects of communication. The regional offices in Wellington, Brisbane and Perth have been relocated to new and improved premises and this will enhance College activities in those regions.

WEBSITE

The new ANZCA website, which is faster and more effective than the previous website and incorporates enhanced features and functionality, will be of benefit to Fellows and trainees. The site will facilitate the interactions of Fellows and trainees with the College and will be the platform for enhanced aspects of both teaching and continuing education.

WORKFORCE

Despite studies by a range of governmental agencies over the years, there is a paucity of recent and reliable data on the anaesthesia workforce. This is partly due to the age of the data and the fact that the agencies are continually changing, coupled with the total lack of activity from the most recently established agency.

As a result, the College and the ASA decided to commission a joint study of the anaesthesia workforce in Australia. Access Economics commenced the study in late 2007 and the results are expected in the first quarter of 2008.

EDUCATION AND TRAINING

The current FANZCA training program commenced in 2004 and, as planned, a review was initiated in September 2007, with a view to recommendations going to Council in 2009. The review will include:

- > Evaluation of methodology, design, content and administration
- > Curriculum review
- > Review of assessment methodology including examinations, work-based assessments and summative assessments
- > Blueprinting in order to align the curriculum objectives with the methods of teaching/learning and methods of assessment.

In addition to the review, the College is supporting research projects into the evaluation of various methods of in-training assessment.

During 2007, Professor Russell Jones resigned as Director of Education in order to take up a position at the Royal Australian College of General Practitioners. Ms Mary Lawson, who has held a senior tenured position in Medical Education at Monash University, will join the College in February 2008 as Director of Education. The Review of the FANZCA Program will be led by Dr Lindy Roberts as Chair of the Education and Training Committee assisted by the Director of Education.

COUNCIL

In 2007, Dr Rod Westhorpe and Dr Di Khursandi retired from Council having each completed 12 years and nine years respectively on Council.

In the 2007 Council Election, there were nine nominations for the six vacancies. Drs Margaret Cowling, Lindy Roberts, Walter Thompson and Associate Professor Tony Weeks were re-elected to Council. Drs Peter Cook and Genevieve Goulding were elected to Council.

A review of the committee structure of Council was commenced in 2007 with a view to reducing the number of committees, sub-committees and working parties and streamlining both the reporting and functioning of committees. It is also planned that there will be more involvement of Fellows in the key committees of Council.

Professor Teik Oh resigned from his position as a Director of Professional Affairs (DPA) and Dr Steuart Henderson was appointed as a Director of Professional Affairs with primary responsibility as the DPA Assessor.

EXAMINATIONS

In 2007, 207 candidates satisfied the requirements for the Primary Examination.

During the year, 233 candidates passed the Final Examination and 20 candidates passed the OTS Performance Assessment. This represented a 22% increase in the number of graduands from the training program compared to 2006.

As evidenced by the number of successful candidates, the examinations have become a major logistical exercise particularly in relation to the viva and clinical components of the final examination. During 2007, changes to the final examination format were formalised in order to ensure the sustainability of the examination process and enhance the quality and reliability of the medical clinical section. In essence, the medical clinicals will be separated from the anaesthesia vivas and held at the time of the written examinations. Trainees and Supervisors of Training have been kept fully informed and the changes will be introduced at the first examination in 2008. During 2008 the written and medical clinical sections of the final fellowship examination will only be held in Adelaide, Brisbane, Melbourne, Perth, Sydney, Auckland and Hong Kong.

RESEARCH

In 2007, the College received 30 applications requesting a total funding of \$1,393,004 for research projects. In October, following review by and recommendations from the Research Committee, the College Council was pleased to announce that—through the ANZCA Foundation—\$512,641 will be provided for Research Awards and Novice Investigator Awards in 2008. In addition, \$35,000 was awarded for Simulation-Education Grants.

The Academic Enhancement Grant for 2007 was awarded to Professor Alan Merry of the University of Auckland in the amount of \$89,283 for the project entitled 'Enhancing the fidelity of modeling in simulation'.

Late in 2007, it was announced that several Fellows of ANZCA, JFICM and FPM—many of whom had received initial support through the ANZCA Foundation—had been successful in attracting grants totaling \$3,475,975 in the 2007 NHMRC Project Grant Round. This builds on the success achieved in 2006 and is a clear sign that the strategies of the College and the Foundation in providing seed funding and initial support for a large number of investigators and research projects are enhancing the research capabilities of the Fellowship. I trust that all Fellows will feel justifiably proud of these achievements and I urge Fellows to continue to support the ANZCA Foundation.

QUALITY AND SAFETY

Council established the Quality and Safety Committee in 2006 under the chairmanship of Professor Alan Merry. The principle objectives of the committee are to:

- > contribute to the improvement in quality and safety in anaesthesia in Australia and New Zealand
- > capture, analyse and disseminate relevant and appropriate information in order to provide advice to parent organisations, health authorities and patients on safety and quality in anaesthesia.

Following on from the agreement between ANZCA, the Australian Society of Anaesthetists (ASA) and the New Zealand Society of Anaesthetists (NZSA) to establish the Australian and New Zealand Tripartite Anaesthesia Data Committee (ANZTADC), major progress has been made in order to re-establish an effective incident monitoring system in Australia and New Zealand.

The legislative framework for anonymous data collection, incident reporting and privacy on both Australia and New Zealand has been defined. A part-time Medical Director has been appointed and the project reviewed prior to seeking expressions of interest for the software development.

AWARDS

In 2007, Council awarded the Orton Medal to Professor Teik Oh in recognition of his extensive contributions to anaesthesia and intensive care, including the review of the FANZCA Training and MOPS programs, development of the CPD program and his work in the initial development of the OTS process.

In 2007, Council awarded the ANZCA Medal to Dr Barrie McCann in recognition of his extensive involvement over many years in the areas of medical education and assessment, and especially his contributions to the final examination.

FINANCES

The College remains in a sound financial position and its capability has been enhanced by investments in infrastructure and personnel during the year. The 2007 operating result (including contingencies and efficiency dividend) was \$121,490 ahead of budget. However, the return on investments (income and growth) was heavily affected by market volatility in the last quarter. As a result, there is a shortfall of \$1,748,642 due mainly to a decrease in the value of the investment portfolio. The College is a long term conservative investor and, at this point in time, these valuations represent 'unrealised losses'. The College will continue to invest with a long term view in order to support the objectives of the College.

CONCLUSION

2007 was clearly a challenging and productive year for the College and I would like to acknowledge and record my gratitude for the extensive pro bono work undertaken by the members of regional and national committees, supervisors of training, regional education officers, module supervisors, tutors, mentors, members of College committees and working groups, examiners, Councillors and many other Fellows. I would also like to thank Mr Michael Gorton the College Solicitor, the community representatives, the staff at the regional and national offices, and the staff, management and Chief Executive Officer at the headquarters for their extensive contributions to the College.

DR WALTER R THOMPSON

PRESIDENT

CHIEF EXECUTIVE OFFICER'S REPORT

DR MIKE RICHARDS FAICD



I AM PLEASED TO SUBMIT MY THIRD ANNUAL REPORT ON ACTIVITIES IN THE COLLEGE IN 2007. THE YEAR HAS SEEN SIGNIFICANT ADVANCES ACROSS ALL AREAS OF ANZCA ACTIVITY, BUILDING UPON THE FOCUSED EFFORT TO RENEW CRITICAL COLLEGE INFRASTRUCTURE AND ACQUIRE CAPABILITY THAT OCCURRED THROUGH 2006.

Through 2007 a great deal of internally directed effort was undertaken to underpin the key strategic initiatives that Council had endorsed. This effort was not always visible externally, but it has successfully established a platform upon which Fellow- and Trainee-related programs and activities can be enhanced, and new initiatives introduced—in the context of the key strategic objectives mandated by ANZCA Council.

HIGHLIGHTS

ANZCA's excellent record of achievement in relation to its primary objectives was recognised again in 2007 with the accreditation of the College by the Australian Medical Council for a further four years—after a thorough process of review by the AMC. The accreditation was for the maximum period possible, and means that, apart from the normal annual reports to the AMC, the College will not have to undergo an accreditation process until December 2012. The AMC complimented the College for the quality of its accreditation submission, which was well deserved recognition for the Council and Fellows, supported by staff, who had contributed to the accreditation process.

The president, Dr Wally Thompson, has dealt with the professional issues arising in 2007. From an administrative and organisational perspective, there were many highlights in 2007, including the following achievements:

- > **Examinations:** the College had the largest number of examination candidates in its history. In the Primary Exam, 348 candidates sat the Pharmacology section with an overall pass rate of 74 per cent. In the Physiology section, 348 candidates sat with an overall pass rate of 70 per cent. In the Final Exam, 271 candidates presented with an overall pass rate of 86 per cent.



Westmead Careflight, Sydney

- > **Website:** the new ANZCA website was launched in November 2007 bringing greater functionality, navigability and ease-of-use to Fellows and Trainees. The website reflects the culmination of months of behind-the-scenes development and significant expenditure on IT infrastructure to support the new site. The site has recorded greatly increased traffic since the upgrade. Further developments in functionality will be rolled-out through 2008, with major new initiatives to come.
- > **FANZCA:** registration with IP Australia (Registrar of Trademarks) of the trademark 'FANZCA' as an exclusive term of usage of the College. This follows the earlier successful registration of the College coat of arms, and means that an important element of ANZCA's intellectual property is now fully protected.
- > **Intellectual Property:** a new policy on intellectual property was developed and implemented. In its many activities the College creates intellectual property; fully identifying that property and codifying its use was long overdue.
- > **Financial Management:** a new financial accounting system for the College was developed and implemented. The technical specifications for this system were developed through 2007 and an exhaustive evaluation of the available software packages was undertaken leading to a comprehensive tender process and final selection. The system 'went live' on 1 January 2008. With an annual budget of \$18 million in 2008, the College is a significant and complex organisation, and fully accounting for income and expenditure on behalf of the Fellows is a major undertaking. The new system means more timely, comprehensive and meaningful financial reporting to management and Council, and ultimately to the Fellowship.
- > **Council Committee Review:** the President was supported in a consultative review of the committee structure of Council. The objective of the review was to bring a better alignment between the committees and the priority areas of Council and College activity. Rationalising the committees to achieve that alignment was successfully accomplished.
- > **Continuing Professional Development:** with the new CPD program, there was a need to streamline the way Fellows related to it. This involved better communication of the CPD program itself, as well as utilising the new functionality of the ANZCA website to assist Fellows to manage their CPD activities.

- > **Trainee Performance Review:** a trainee performance review process was introduced, reflecting the need to ensure that Trainees are both better supported and better managed when performance issues emerge.
- > **Constitutional Review:** Council was supported in a review of the ANZCA Constitution. There is a need over time to ensure that the Constitutional provisions of the College adequately reflect the range of activities in which ANZCA is involved, and encompass provisions to ensure that best practice governance principles are in place. This is the best guarantee to Fellows that integrity and transparency is achieved in decisions taken by Council affecting the Fellowship.
- > **Regional offices:** during the year, new, more modern accommodation arrangements were put in place to better support the activities of our regional committees in Queensland and Western Australia, and the national committee in New Zealand. This has involved moving from shared accommodation with the Royal Australasian College of Surgeons in Brisbane and Wellington, and moving from university-based offices in Perth. These moves have meant more space and amenity for our regional committees, enabled better IT infrastructure and computer networking for our staff, and positioned the regional offices for growth in Fellow and Trainee activity. Upgrades to other regional offices will follow.
- > **Organisation capability:** This has primarily related to recruiting new staff to undertake responsibilities in key areas of activity such as policy and communications (including government and media relations). These are areas in which the College has not formerly had capability, but which have become an important requirement for Council support. The benefit of this new capability has been demonstrated in the significantly enhanced policy submissions that the College has been able to make to the Australian government and the jurisdictions. That capability will soon be strengthened in New Zealand, as well.
- > **Workforce:** a major study of the Australian anaesthesia workforce, both in terms of the supply and demand issues, has been undertaken. With government and the jurisdictions giving a high priority to workforce issues, the College initiated a study of the anaesthesia workforce in Australia, which began with a web-based survey of Fellows. Commissioned in collaboration with the ASA, the study is being conducted by economic consulting firm, Access Economics, and results will be reported to the College by mid-2008. It is intended that a New Zealand workforce study will soon follow.

FINANCIAL RESULTS

Financially, 2007 was a tough year for the College owing to the volatility in the stockmarket in the latter part of the year, and the overall financial result was adversely affected by the decline in the value of the College's investment portfolio. It is a common assumption that annual subscriptions by Fellows fund the recurrent activities of the College. The reality is, however, that subscription income only provides about 30 per cent of ANZCA revenue, which is less than the wages bill to run the College administration. A further 35 per cent is derived from training fees, course and examination fees, with an additional 30 per cent coming from sponsorships and meetings, including the Annual Scientific Meeting. While our dependence on the performance of ANZCA investments has decreased over time—and will do so still further—the College still relies upon dividends and interest, as well as the increased value of its investments, to supplement that income stream.

In 2006 our portfolio of investments brought a 19.7 per cent return to the College; in 2007 it was less than 1 per cent. In 2006 the overall financial result was a surplus of \$0.5 million, albeit one underpinned by that exceptional growth in the value of our investments. While the budgeted operating result was achieved in 2007 (\$0.12 million ahead of budget), the decline in the value of the investment portfolio (that is, unrealised losses) meant the overall financial result was a deficit of \$1.75 million.

STAFF

This year, we have given a particular focus in this Report to the staff of ANZCA. In their dealings with the College, Fellows and Trainees typically speak to staff on the phone and less often have the opportunity to meet staff directly. In this Annual Report we have sought to portray representatives of the staff whose working lives are devoted to the interests of the College.

Finally, I express my appreciation to the ANZCA Council—particularly the president, Dr Wally Thompson; vice-president, Dr Leona Wilson; and Honorary Treasurer, Associate Professor Kate Leslie—for their continuing support; my senior management team and the staff of the College for their dedicated efforts and hard work over the year; and the Fellows and Trainees of ANZCA, whose professional interests I have again been privileged to serve.

DR MIKE RICHARDS
CHIEF EXECUTIVE OFFICER

EXECUTIVE SNAPSHOT

FREDA KOULOUBARITSIS

Freda Kouloubaritsis, Executive Assistant to the CEO, manages the coordination of projects and facilitates the efficient operation of the CEO and Executive department, ensuring critical deadlines are met.

Freda coordinates the annual College election process, the CEO's Forum meetings when held at ANZCA and arranges meetings for the College Executive. Freda also provides support to Dr Mike Richards in handling formal complaints and the appeals process in line with College regulations.

ANZCA ANNUAL REPORT 2007

TO SERVE THE COMMUNITY
BY FOSTERING SAFETY AND QUALITY PATIENT
CARE IN ANAESTHESIA, INTENSIVE CARE
AND PAIN MEDICINE



ANZCA COUNCIL

- | | | |
|---------------------------------|--------------------------------|--------------------------------------|
| 01 A/Prof Kate Leslie | 07 Dr Stuart Henderson (DPA) | 13 A/Prof Jenepher Martin (RACS Rep) |
| 02 Dr Peter Cook | 08 Professor Barry Baker (DPA) | 14 Professor Alan Merry |
| 03 Dr Mike Richards (CEO) | 09 Dr Richard Waldron | 15 Dr Genevieve Goulding |
| 04 Dr Annabel Orr | 10 Dr Lindy Roberts | 16 Dr Margie Cowling |
| 05 Dr Richard Clarke (ASA Pres) | 11 A/Prof Tony Weeks | 17 Dr Richard Lee (Dean, JFICM) |
| 06 Dr Kerry Brandis | 12 Dr Frank Moloney | 18 Dr Leona Wilson (Vice-President) |
| | | 19 Dr Walter Thompson (President) |

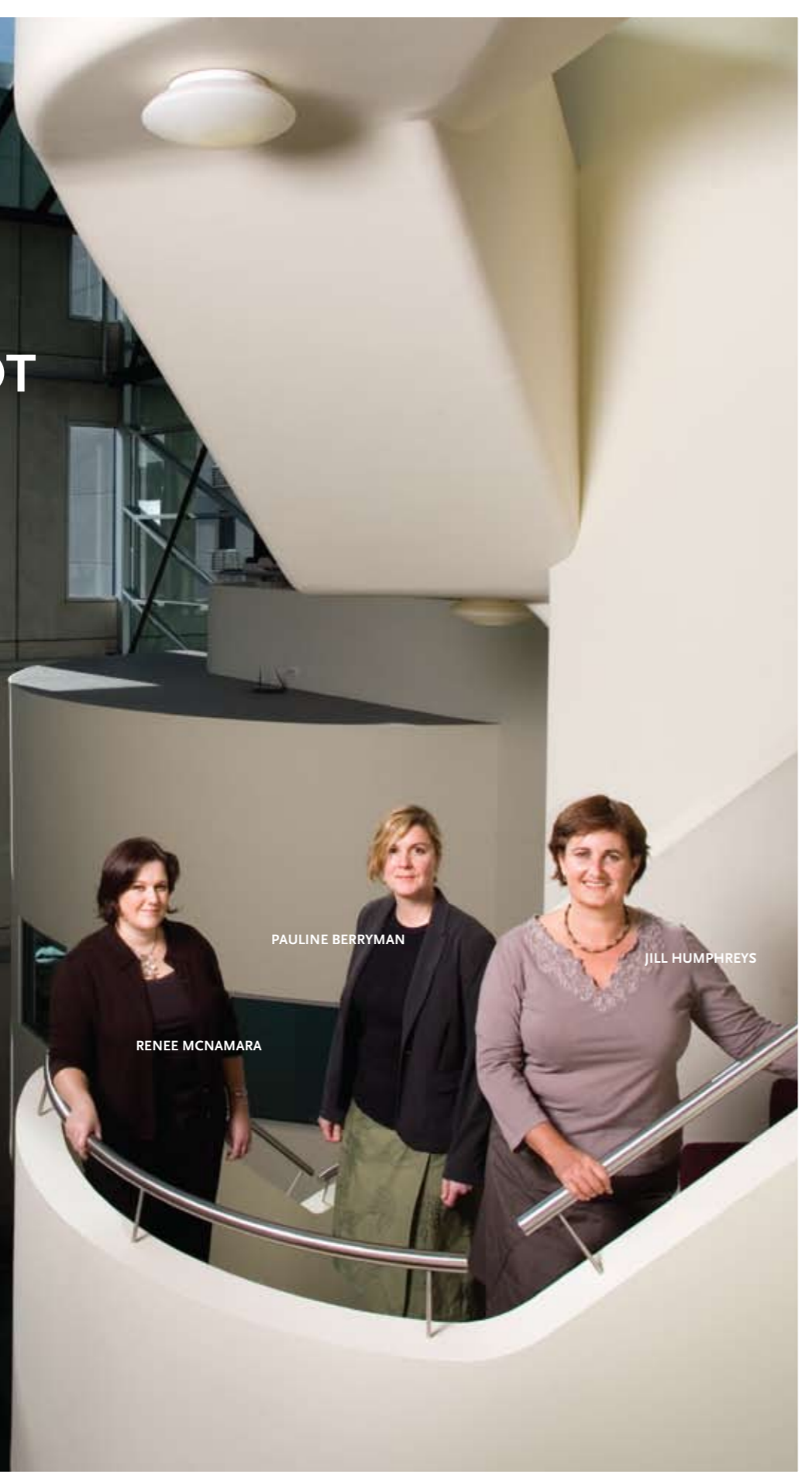
Absent: Dr Roger Goucke (Dean, FPM)

Q&S SNAPSHOT

The Quality, Safety and Accreditation department carries out a range of activities at the College, including administrative support for the following:

- > The assessment of Overseas Trained Anaesthetists
- > Research grants – the evaluation and funding of research projects in anaesthesia, intensive care and pain medicine
- > Accreditation for private and public institutions that undertake training
- > Trials Group – coordination of research undertaken by Fellows and Trainees in many centres across the world
- > Quality and safety functions of the College, including the re-establishment of anaesthesia incident reporting in Australia and New Zealand.

The department has also been working closely with government to standardise assessment processes across all Colleges for international medical graduates. The aim of this work is to ensure assessment is fair and transparent and upholds the mission statement of the College.



RENEE MCNAMARA

PAULINE BERRYMAN

JILL HUMPHREYS

QUALITY, SAFETY & ACCREDITATION

QUALITY AND SAFETY COMMITTEE

The membership of the Committee for 2007-2008 was:

Prof Alan Merry (Chair)

Dr Walter Thompson (ex-officio)

Dr Richard Clarke

Dr Graham Sharpe

Dr Margie Cowling

Dr Neville Gibbs

Mr Bruce Corkill

Mr Michael Gorton

Dr Patricia Mackay

Dr Frank Moloney

Prof Paul Myles

Prof Garry Phillips

A/Prof David Scott (from Melbourne) has just agreed to join the Committee.

COMMUNICATION

Led by Pat Mackay

Communication continues to be a priority for the Committee. A regular section in the Bulletin has been devoted to reports from the Committee, dealing with different aspects of quality and safety. These have included brief case reports highlighting topical points of concern in anaesthesia and pain management. Pat Mackay has led this activity, selecting and editing a number of excellent submissions. Anyone who would like to contribute cases or correspondence to this column should contact her (patmack@bigpond.net.au).

The redevelopment of the ANZCA website will result in the establishment of a more extensive information hub on safety and quality.

A session devoted to quality and safety has also been arranged for the Annual Scientific Meeting in May.

MORTALITY COMMITTEE

Chaired by the President, ANZCA, Dr Walter Thompson

Dr Neville Gibbs, editor of the upcoming triennial mortality report, has provided the following report:

During 2007, numerous items on the Action Statement of the 2006 Mortality Workshop were initiated. First, terms of reference for the ANZCA Mortality Committee were developed and endorsed, and guidelines for membership of the Committee were updated. The Chairs of each state Anaesthesia Mortality Committee were contacted to determine how the ANZCA Mortality Committee could best support the individual state committees in their various functions. For the ACT and New Zealand, which have no functioning Anaesthesia Mortality committees, nominees of ANZCA regional committees were contacted to determine how the ANZCA Mortality Committee could best support the establishment (or re-establishment) of Anaesthesia Mortality committees in their regions. A collaborative approach was used, with the states or regions identifying the key individuals in their region who should be contacted for assistance or support. These included ministers of health and chief coroners, among others. In line with the initial responses received, letters of support were written by the chairman of the ANZCA Mortality Committee (ANZCA President) to the key individuals identified in both the ACT and Western Australia. It was anticipated that there would be further responses, with follow up letters, in early 2008. In New Zealand, these activities have no doubt contributed to the fact that the Quality Improvement Committee (a Ministerial Advisory Committee) has listed adult perioperative mortality reporting as one of five priorities for healthcare in NZ, and meetings have been held between the NZ National Council (including the chair of the committee) and the director general of Health, and with the chief coroner.

Preparation of the 2003-2005 ANZCA 'Safety of Anaesthesia in Australia' report also commenced in 2007, with a plan for publication in mid to late 2008. Requests for the de-identified summary data for this period were sent to each state committee, with plans to obtain data on the number of anaesthetics performed using anaesthetic codes collected by the Australian Institute of Health and Welfare. Several suggestions were received by the committee in relation to improving the accuracy, readability, and educational value of triennial reports, which will be incorporated as much as possible in the new report.

INCIDENT REPORTING

The Australia and New Zealand Tripartite Anaesthetic Data Committee

Chaired by Alan Merry

Within the new organisational structure of ANZCA, this committee formally relates to the College through the Quality and Safety Committee. It has representatives from ANZCA, ASA and NZSA and has been very active. In particular, Dr Martin Culwick (a busy clinical anaesthetist from Brisbane) has been appointed as part-time Medical Director, and brings computer expertise and substantial organisational experience to the project. Martin has provided the following report:

The principle objectives of this Committee are to:

- 1 contribute to the improvement of safety and quality of anaesthesia in Australia and New Zealand
- 2 capture, analyse and disseminate information (de-identified) relevant to the safety and quality of anaesthesia
- 3 provide advice regarding the safety and quality of anaesthesia to the parent organisations, health authorities and patients.

Progress in 2007 included defining and analysing the requirements of an incident reporting system, reviews of existing software and design of the project requirements. The proposed design includes a web based incident recording system which will allow incident reporting from any device capable of connection to the internet. Initially this will be designed for browsers on personal computers and laptops but will be extended to include mobile devices such as PDAs and possibly mobile phones. Mobile devices would require a web page suited to the screen size of the device.

The next step is to design the support software to assist incident analysis, and the output requirements have already been designed to provide an online incident knowledge base for members. It is planned to show details of the design of these features at the ANZCA ASM in May 2008.

However, before incident monitoring can be resumed, legal considerations have to be considered, and it must be ensured that the data is protected against disclosure. Legal advice has been sought (see below). Applications for legal protection have been commenced in March 2008 but it is expected that this will take at least six months to complete.

In conclusion, 2008 will be an interesting and exciting year for ANZTADC. Key dates will be the release and discussion of the design at the ANZCA ASM 2008. Following this presentation, a web based version of this presentation will be posted by ANZTADC for comment by all member organisations. A pilot version of the complete program will be shown at the ASA and NZSA combined national congress in Wellington NZ in October 2008 and it is hoped that legal protection will have been achieved in time for a final release version to be operational by January 2009.

EVIDENCE BASED MEDICINE

We have arranged a workshop to be held in April to develop a consensus over guidelines for the content for equipment for the management of patients with difficult airways. An important output of this workshop (after due further process) will ultimately be a new College Professional Document. The Quality and Safety Committee is also explicitly interested in improving the way in which such documents are developed, and will be putting more effort in addressing this issue in the coming year. A document on the safe administration of drugs in anaesthesia, initiated by the NZ National Committee, is under review, and may be the subject of a second workshop later in the year. David Scott has agreed to take on the leadership of our efforts to improve the (sensible) application of evidence based medicine to the practice of anaesthesia.

LEGAL OPINION

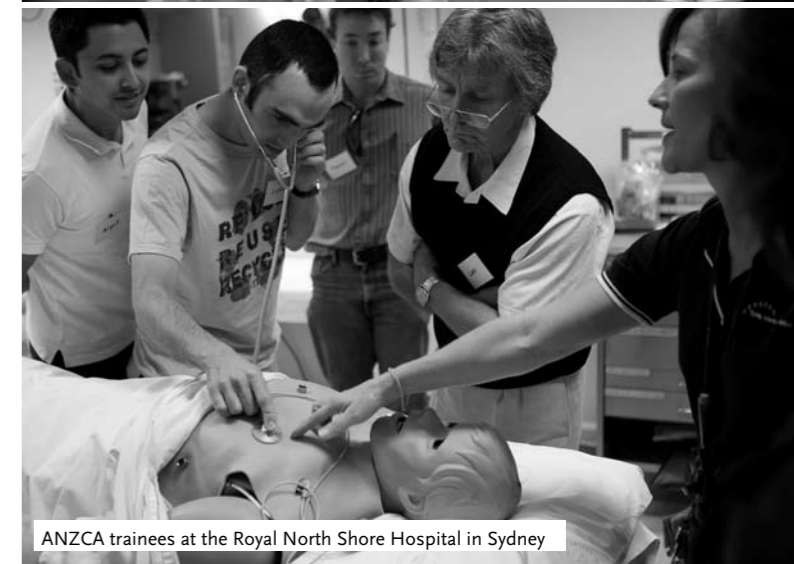
A substantial piece of work has been done by Bruce Corkill QC and Michael Gorton, with input from a number of Committee members, to develop an overview of the legislation relevant to collection and analysis of data in anaesthesia in general, and an opinion in relation to incident reporting in particular. These two documents are to be placed on the website and will serve as an essential guide to many of the activities of the Committee (notably those carried out through the ANZTADC and through the Mortality Committee).

CONCLUSIONS AND PLANS FOR NEXT YEAR

This has been a busy year for a Committee which is still new, and much has been achieved. The main aims for 2008 will be to build on the projects outlined above, and to consolidate the functioning of the Committee within the new structure of ANZCA. I would suggest that Australia and NZ are amongst the world's leaders in the provision of high quality and safe anaesthesia, but there is no room for complacency and the Committee will continue to support ANZCA in its long established commitment to the consistent provision of the best possible standards of anaesthesia to our patients.

PROFESSOR ALAN MERRY

CHAIR



ANZCA trainees at the Royal North Shore Hospital in Sydney

IT SNAPSHOT

The IT Department provides Information Technology and Information Systems services both internally and externally to the College's administrative units, to the extended enterprise in the form of Trainees and Fellows and to the wider world.

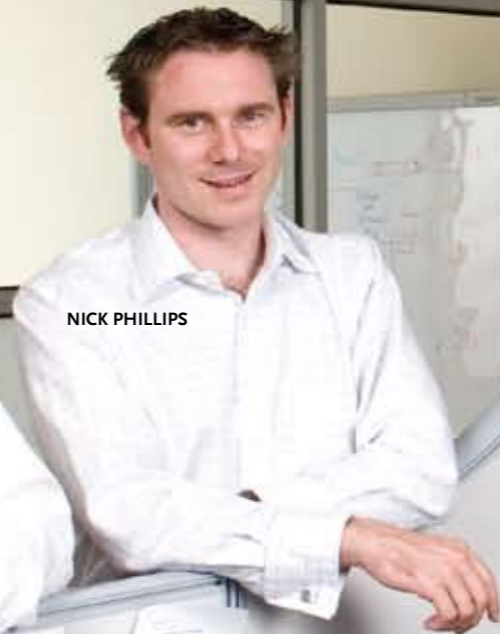
The IT Department oversees the use of this technology and has a number of specialists in complementary areas:

- > Construction and maintenance of intranet and extranet web sites (Tansel Tiknaz)
- > Server and data network infrastructure, security and capacity planning (Jerry Sutjiamidjaja)
- > Database administration and membership relationship management applications (Fiona Chen)
- > Desktop, laptop and imaging infrastructure, with staff IT training (Nick Phillips)
- > Audiovisual and telephony systems, data integrity and security and providing Help Desk services (Peter Soccio).

John Cook provides strategic direction as well as financial and resource management.



JOHN COOK



NICK PHILLIPS



PETER SOCCIO



FIONA CHEN



JERRY SUJIAMIDJAJA



TANSEL TIKNAZ

EXAMINATIONS & TRAINING

The General Examinations Committee (GEC) oversees the following ANZCA examinations:

- > Primary Examination
- > Final Fellowship Examination
- > Overseas Trained Specialists Performance Assessment
- > Examination for the Certificate in Diving and Hyperbaric Medicine

The Primary Examination Committee, chaired by Dr Noel Roberts, and the Final Examination Committee, chaired by Dr Peter Gibson, report to Council through the GEC.

ANZCA PRIMARY EXAMINATION

Two Primary Examinations were held during 2007:

February/April 2007

One hundred and four (104) candidates presented for both the Pharmacology and Physiology sections at this examination, of whom sixty six (66) candidates successfully completed the Primary Fellowship Examination.

Sixty six (66) candidates presented for Pharmacology only, of whom fifteen (15) successfully completed the Primary Fellowship Examination.

Fifty five (55) candidates presented for Physiology only, of whom three (3) successfully completed the Primary Fellowship Examination.

The Court of Examiners recommended that the Renton Prize for the half year ended 30th June 2007 be awarded to Dr Amanda Krays of South Australia.

Merit Certificates were awarded to Dr Claire Gifford (Qld), Dr Bradley Hindson (Vic), Dr Paul Lambert (SA), Dr Christine Tan (WA), Dr Chalk Wan (HKG).

July/August 2007

One hundred and five (105) candidates presented for both the Pharmacology and Physiology sections at this examination, of whom sixty three (63) candidates successfully completed the Primary Fellowship Examination.

Seventy three (73) candidates presented for Pharmacology only, of whom forty eight (48) successfully completed the Primary Fellowship Examination.

Eighty four (84) candidates presented for Physiology only of which twelve (12) 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), Dr Khai Tan Van (Qld).

FINAL FELLOWSHIP EXAMINATION

Two Final Fellowship Examinations were held in 2007 as follows:

May 2007

One hundred and sixty four (164) candidates presented for the examination in Melbourne and one hundred and forty-four (144) were approved.

The Court of Examiners recommended that the Cecil Gray Prize for the half year ended 30 June 2007 be awarded to Dr Daniel Faulke of New Zealand.

Merit certificates were awarded to Drs David Belavy (Qld), Justin Burke (Vic), Matthew Chacko (NZ), David Dolan (Qld), Sam Duncan (Vic), Jeremy Hickling (NZ), Andrew Weatherall (NSW).

September 2007

One hundred and seven (107) candidates presented in Sydney and eighty nine (89) were approved:

The Court of Examiners recommended that the Cecil Gray Prize for the half year ended 31 December 2007 be jointly awarded to:

Dr Suzanne Edith Miles (Qld): and
Dr Jodi Simone Murphy (NSW)

Merit Certificates were awarded to:
Drs Cambell Gill Bennett (NZ), Callum Radford Gilchrist (ACT), Roderick Kenneth Grant (Qld).

OVERSEAS TRAINED SPECIALIST PERFORMANCE ASSESSMENT

Two assessments were held in 2007 as follows:

April/May 2007

Twenty one (21) candidates presented for the Overseas Trained Specialist Performance Assessment held in April/May 2007 and seven (7) were successful.

The OTS Certificate of Excellence was awarded to Dr Nathan Davis of South Australia.

July/September 2007

Twenty two (22) candidates presented for the Overseas Trained Specialist Performance Assessment held in July/September 2007 and thirteen (13) were successful.

The OTS Certificate of Excellence was awarded to Dr Simone Malan-Johnson (Qld).

CERTIFICATE IN DIVING AND HYPERBARIC MEDICINE

This examination was not conducted in 2007.

ANZCA TRAINEE COMMITTEE

The ANZCA Trainee Committee for 2007-8 comprised:

Elected trainee members:

Dr Szu-Lynn Chan (Chair)	WA
Dr Kylie Julian	NZ
Dr Christopher Wilde (Deputy Chair)	Tas
Dr Lisa Cowell	Qld
Dr Richard Galluzo	ACT
Dr Neo Hong Jye	Sin
Dr Wat Chun Yin Leo	HK
Dr Tim Porter	SA
Dr Cheng Bee Yip	Mal
Dr Suzi Nou	Vic
Dr James Halloway	NSW

Ex-officio members and invited participants:

Drs Di Khursandi and Lindy Roberts, past and present Chairs of Education and Training Committee

Dr Russell Jones, Director of Education

The 11 trainee members of the ANZCA Trainee Committee represent each of the ANZCA training regions, and are chairs of their respective regional trainee committees. Three teleconferences were held on the 16th April, 9th July and 26th November of 2007, during which issues relating to education and training, trainee welfare, working conditions, and other matters affecting the trainee body were discussed.

In 2007, important issues included:

In-Training Assessment

The committee felt that there was much to be gained by the augmentation of Trainee-SOT interaction to optimise training opportunities. By identifying learning goals, and subsequently any areas of strength/weakness in a trainee's performance prior to the end of term, this allows timely targeted action. The committee wrote to the Education and Training Committee (ETC) requesting reinforcement of the need for the trainee to meet with the SOT at the beginning and end of term, and proposing the introduction of a mid-term meeting to assess a trainee's progress at a particular hospital. A positive response was received.



Course instructor Dr Adam Rehak at the Royal North Shore Hospital in Sydney

Part Zero Courses

The Trainee Committee meetings have served as a platform to share information and feedback regarding current successful Part Zero Courses being run in Victoria, New South Wales and Queensland.

Revision of Regulations

In an attempt to ensure consistent and effective trainee representation from each of the training regions as well as from the ANZCA Trainee Committee, the committee reviewed Regulation 16 (Regional/National Trainee Committees of the College). Of note, the proposal for Regulation 16.7 to be amended to remove the previous requirement of trainee representatives on ANZCA TC to be an advanced trainee was accepted by the College, allowing basic trainees, with the time and interest in trainee issues, to make valuable contributions to the Trainee Committee.

Trainee Input

Trainee representation continues on the ETC and the Hospital Accreditation Committee (HAC). Dr Suzi Nou (Vic) participated in the Web Redevelopment Steering Committee in 2007.

External Trainee Representation

In April 2007, Dr Christopher Wilde (Deputy Chair) represented the ANZCA TC at the National Health Workforce Specialist Medical Colleges Accreditation Workshop.

DR SZU-LYNN CHAN

Chair, ANZCA Trainee Committee

DR CHRISTOPHER WILDE

Deputy Chair, ANZCA Trainee Committee

PANEL OF EXAMINERS

PRIMARY EXAMINATION

Dr David Austin
 Dr Stephen Barratt
 Dr Rhonda Boyle
 Dr David Brown
 Dr Bernadette Burke
 Dr Linda Cass
 Assoc Prof Matthew Chan
 Dr John Copland
 Assoc Prof David Cottee
 Dr James Derrick
 Dr Peter Doran
 Dr Jennifer Fabling
 Dr Julia Fleming
 Dr Paul Forrest
 Dr Andrew Gardner
 Assoc Prof Geoffrey Gordon
 Dr Drew Heffernan
 Dr Brien Hennessy
 Dr Helen Kolawole
 Dr Alex Konstantatos
 Dr Yuri Kontrobarsky
 Dr Grace Koo
 Dr Peter Kruger
 Dr Samuel Leong
 Dr Terence Loughnan
 Professor Guy Ludbrook
 Assoc Prof Ross MacPherson
 Dr Alan McKenzie
 Dr Ian McKenzie
 Dr Gerard Meijer
 Professor Paul Myles
 Dr Craig Noonan (Deputy Chair)
 Dr Harry Prevedoros
 Dr Mark Reeves
 Dr Christopher Reid
 Dr Noel Roberts (Chair)
 Dr Graham Roper
 Dr Yahya Shehabi
 Dr Susannah Sherlock
 Dr Timothy Short
 Professor James Sleigh
 Dr Bradley Smith
 Assoc Prof Dave Story
 Dr Joanna Sutherland
 Dr Annette Turley
 Dr Neil Warwick

FINAL EXAMINATION

Dr Michael Amos
 Dr Allysian Armstrong-Brown
 Dr Maggie Bailey
 Dr Vanessa Beavis
 Dr Cameron Buchanan
 Dr Mark Buckland
 Dr Michael Bujor
 Dr Christopher Butler
 Dr Sesto Cairo
 Dr Damian Castanelli
 Dr Colin Chilvers
 Dr Chris Cokis
 Dr Timothy Costello
 Dr Margaret Cowling
 Dr Meredith Craigie
 Dr Patrick Farrell
 Dr Bradley Fawkes
 Dr Jeremy Foate
 Dr Peter Gibson (Chair)
 Dr Megan Gray
 Dr Keith Greenland
 Dr Kerry Gunn
 Dr Richard Halliwell
 Dr Phillipa Hore
 Dr Christopher Johnson
 Dr Michael Jones
 Dr Michele Joseph
 Dr Alan Kaplan
 Dr David Kibblewhite
 Dr Michal Kluger
 Dr Mark Lai
 Dr Vaughan Laurenson
 Dr Tsun Lee
 Dr Alison Lilley
 Dr Howard Machlin
 Dr Simon Maclaurin
 Dr Peter McCall
 Dr Jane McDonald
 Dr Douglas McEwan
 Dr Gregory Moloney
 Dr Patrick Moran
 Dr Michelle Mulligan
 Professor Mike Paech
 Dr Peter Peres
 Dr Stevenson Petito
 Dr Hugh Platt

Dr Mark Priestley (Deputy Chair)
 Dr Andrew Puddy
 Dr Philip Ragg
 Dr Lynne Rainey
 Dr Paul Rodoreda
 Dr Andrew Russell
 Dr Graham Sharpe
 Dr Craig Sims
 Dr Palvannan Sivalingam
 Assoc Prof Marcus Skinner
 Dr Karen Smith
 Dr Thomas Tan
 Dr David Tremewen
 Dr Vida Viliunas
 Dr Richard Waldron
 Dr Ross Wallace
 Dr Linda Weber
 Assoc Prof Jenny Weller
 Dr Moira Westmore
 Dr Sally Wharton
 Dr Daryl Williams
 Dr Boon Yong

CONTINUING MEDICAL EDUCATION

MEDICAL
EVAL TEAM

ANZCA, JFICM, FPM ANNUAL SCIENTIFIC MEETING (ASM) Melbourne, 26–29 May 2007

The premier event of the College and Faculties' continuing education calendar was held at the Melbourne Exhibition and Convention Centre. The meeting, themed 'Perioperative Medicine: Evidence and Practice,' was convened by Dr Rowan Thomas, with the scientific program organised by A/Prof David Story. The Faculty of Pain Medicine program was coordinated by Dr Julia Fleming. The meeting attracted 936 full registrants, 74 Faculty registrants, 305 exhibitor registrants, and 300 day registrants. In addition, there were 252 complimentary registrations.

International visitors included Prof Bruce Spiess from USA (ANZCA Foundation Visitor), Prof Martin Koltzenburg from UK (FPM Foundation Visitor), Prof Alan Merry from New Zealand (Australasian Visitor), Dr Dan Sessler from USA (Vic Invited Visitor, Anaesthesia) Dr Grant Duncan from New Zealand (Vic Invited Visitor, Pain Medicine).

2007 NAMED LECTURES:

The Australasian Visitor's Lecture

Prof Alan Merry *The Prodigal Sim*

The Michael Cousins Foundation Lecture

Prof Martin Koltzenburg *How Science is Informing the Management of Acute Pain*

The Ellis Gillespie Lecture

Prof Bruce Spiess *Emerging Data Regarding Outcome*

The Mary Burnell Lecture

Dr Dan Sessler *Preventing Surgical Wound Infection*

2007 PRIZE WINNERS:

Gilbert Brown Prize: Dr Dr Sui Cheung Yu (Hong Kong) – Cost Effectiveness of Intrathecal Morphine for Postoperative Analgesia after Caesarean Section: A Randomised Controlled Trial.

Formal Project Prize: Dr Kylie King (NSW) – 5 U Bolus Oxytocin at Caesarean Section in Women at Risk of Atony.

The ASM was supported by a large health care industry exhibition. The social program, organised by Dr Andrew Schneider, included the College Ceremony held at the Melbourne Exhibition and Convention Centre. The oration was delivered by Mr Adam Elliot director of the Academy Award® winning movie *Harvie Krumpet*.

The ASM was preceded by the annual New Fellows' Conference, held at Bellinzona Grange Country Retreat; the Faculty of Pain Medicine Refresher Course Day, held at the Langham Hotel; and a Day Care and Regional Anaesthesia SIGs conference, held at the Sofitel Melbourne prior to the commencement of the ASM.

MAINTENANCE OF PROFESSIONAL STANDARDS CONTINUING PROFESSIONAL DEVELOPMENT

The Maintenance of Professional Standards program (MOPS) aims to foster continuing education of Fellows after graduation in order to maintain a high standard of clinical practice.

The program validates continuing medical education, quality assurance and other self-improvement educational activities.

The program is voluntary, but participation is being increasingly mandated by regulatory authorities and hospital clinical privileging bodies. A return is required to be submitted annually so that a Statement of Participation can be issued. Random audits of participation are conducted each year.

The program has been extensively revised and the new Continuing Professional Development (CPD) Program was implemented in January 2008 replacing the MOPS Program.

The Audit Report of 2006

The participation rate in Maintenance of Professional Standards (MOPS) among the Fellows over the past 12 months has decreased slightly, down to 51% in 2006 (cf 54% in 2005). New Zealand continues to have the highest rate of participation at 89%, an increase from 88%. Slight increases in participation have been recorded in only two States: ACT from 60% to 61% and WA from 31% to 32%. The participation rate across the majority of states has decreased slightly in 2006: NSW from 69% in 2005 to 61.5%; QLD from 47% to 45.5%; VIC from 53% to 50.5%; SA from 44% to 41%; TAS from 65% to 64% and NT from 53% to 47%.

Of those returns submitted 92% met all criteria.

There were fewer non-Fellows participating in 2006, from 157 down to 114. Almost 59% of these are from New Zealand.

1.

Forty participants were randomly selected for auditing. The participants audited came from NZ (2), NSW (14), Qld (4), Vic (11), SA (2), TAS (3), WA (1), ACT (1) and HONG KONG (2).

Of those selected, the average number of CME/TTR points was 155 and the average number of QA points was 80.

2.

The audit was performed by staff in the Continuing Professional Development (CPD) Office, with guidance from the CPD Officer when necessary.

3.

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.

4.

Results: (thus far, with documentation for 4 participants not yet received)

- > 32 were satisfactory
- > 3 participants have been asked to provide further documentary evidence
- > 1 participant declined to participate in this year's audit
- > 0 returns had significant errors in documentation.

5.

As per previous audits, the 2006 audit demonstrated that participants had taken part in a good range of activities. Occasionally participants under claimed their points; they submitted documentation for more points than claimed on their annual return.

6.

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.

7.

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

8.

Recommendations:

- > To note the confusion regarding activities claimed and codes to specify and simplify the annual return process in the new CPD Program.
- > The new CPD Program should indicate clearly what evidence needs to be retained – particularly for rural practitioners.
- > 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.

9.

Any issues worth mentioning to participants were raised by letter when documentation was returned to the participant.

10.

The audit process for the new CPD Program will benefit from the experience of MOPS audits of this and previous years.

WORKFORCE

At the end of 2007 there were 4264 active and retired Fellows of the College. 24% were female and 76% Male. There were 206 New Fellows. Geographical distribution was as follows.

2007	FELLOWS	NEW FELLOWS
Australia	3273	171
ACT	52	1
NSW	1061	51
QLD	626	37
SA/NT	322	16
TAS	87	3
VIC	812	47
WA	313	16
New Zealand	483	14
Hong Kong	179	11
Malaysia	53	1
Singapore	65	2
United Kingdom	89	5
USA	49	0
Canada	17	0
Other	19	2
Unknown geographical location	37	0
Total:	4264	206

The number of anaesthetists admitted to Fellowship by training and examination in 2007 was 184. There were also 21 Fellows approved via the Overseas Trained Specialist pathway and 1 Fellow approved via the Election to Fellowship pathway.

CORPORATE SNAPSHOT

CAROLYN HANDLEY, DIRECTOR, CORPORATE



Carolyn Handley, Director, Corporate, has been with the College since 1992 and in addition to her normal duties, performs the role of Deputy Chief Executive Officer.

Carolyn ensures that decisions made at Council meetings regarding College regulations, policies and professional documents are implemented accurately. She is also the first point of contact for many people requiring

information on the College or its policies and regulations (often members of the general public or lawyers).

The Regional Committees also come under Carolyn's area of responsibility and she attempts to visit the regional offices at least once a year to catch up with staff. These visits are important because they allow her to see how the offices are operating and address any problems.

The Knowledge Resources unit which incorporates the College Archives, Museum and Library is another area that reports to the Director Corporate.

RESEARCH GRANT AWARDS

The following Research Grants for 2008, recommended by the Research Committee, were awarded by Council at the October 2007 Council Meeting:

Dr Ashley (Neil) Pollock (NZ)
\$25,000
Pharmacological characterisation of malignant hyperthermia

Professor James Sleigh (NZ)
\$20,625
Dreaming and EEG changes during anaesthesia

Associate Professor Colin Royse (VIC)
\$48,875
Evaluation of left ventricular function using tissue Doppler strain rate with pressure-volume loop analysis

Dr Charles Brooker (NSW)
\$25,000
Radiofrequency neurotomy for chronic lumbar zygapophyseal-joint pain: A randomised double-blinded investigation of diagnostic lumbar medical branch nerve blocks

Professor Michael Cousins (NSW)
\$54,402
Regulation of serotonin receptors by anti-migraine drugs
\$57,099
Experimental strategies for preventing persistent post surgical pain

Dr Anita Sumpter (NZ)
\$40,000
Age related changes in effects of sedatives and analgesics on quantitative EEG monitoring in paediatric intensive care

Dr Andrew Davies (VIC)
\$15,000
A multi-centre randomised controlled trial comparing early jejunal feeding and standard feeding in critical illness

Dr Paul Wrigley (VIC)
\$40,000
Cortical and fibre tract changes in subjects with neuropathic pain following spinal cord injury

Dr David McIlroy (VIC)
\$25,000
Can endothelial dysfunction predict perioperative cardiac morbidity?

Professor Andrew Bersten (SA)
\$45,000
Lung injury in acute pulmonary oedema: are there peripheral markers of tissue remodelling predictive of clinical outcome?

Professor Simon Finfer (NSW)
\$40,000
SAFE TRIPS: An international study of ICU fluid resuscitation practices

Professor Stephan Schug (WA)
\$27,590
Identifying clinical predictors of long-term pain outcomes among severe physical trauma survivors

Dr Jeremy Cohen (QLD)
\$15,000
Tissue cortisol activity in critical illness

Professor David (Jamie) Cooper (VIC)
\$15,000
Permissive Hypercapnia and Alveolar Recruitment with Limited Airway Pressures (PHARLAP): a phase II randomised trial in ARDS patients.

The Harry Daly Research Award was awarded to **Professor Michael Cousins** for his project 'Regulation of serotonin receptors by anti-migraine drugs'

The Mundipharma ANZCA Research Fellowship was awarded to **Dr Anita Sumpter** for her project 'Age related changes in effects of sedatives and analgesics on quantitative EEG monitoring in paediatric intensive care'

The Pfizer ANZCA Research Fellowship was awarded to **Dr Paul Wrigley** for his project 'Cortical and fibre tract changes in subjects with neuropathic pain following spinal cord injury'

The ANS ANZCA Research Fellowship was awarded to **Dr Charles Brooker** for his project 'Radiofrequency neurotomy for chronic lumbar zygapophyseal-joint pain: A randomised double-blinded investigation of diagnostic lumbar medical branch nerve blocks'

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*.

The Research Committee also resolved that the Organon Research Award be awarded to **Professor Michael Cousins** for his project 'Experimental strategies for preventing persistent post surgical pain'.

2008 NOVICE INVESTIGATOR GRANTS

It is a major goal of the College and its Faculties to encourage and foster novice investigators. Writing research applications can be a daunting task for the uninitiated. The ANZCA Research Committee has introduced a process whereby novice investigators may apply for mentoring during the application process.

Novice Investigator grants were awarded to:

Dr Nicholas Scurrah (VIC)
\$8,000
Postoperative analgesia after liver resection: a clinical trial with intravenous morphine and interpleural analgesia

Dr Rakshit Panwar (VIC)
\$11,050
Utility of protein C levels in immunocompromised septic patients

2007 ACADEMIC ENHANCEMENT GRANT

The 2007 Academic Enhancement Grant was awarded to Professor Alan Merry, Department of Anaesthesiology, University of Auckland in the amount of \$89,282.93 for the project entitled Enhancing the fidelity of modelling in simulation.

2008 SIMULATION/EDUCATION GRANT AWARDS

Two Simulation Education Grants were awarded for 2008:

Dr John Fraser
\$21,650
Practical Simulation of the Human Cardiovascular System for Education and Training.

Dr Mary Pinder \$13,350
Teaching clinical skills: evaluation of information transfer during medical handover at change of shift in the ICU.

LENNARD TRAVERS PROFESSORSHIP

The Lennard Travers Professorship was established by the Faculty of Anaesthetists, Royal Australasian College of Surgeons, in 1968. It is a prestigious award which provides support for a Fellow of the College to work in an area of his/her choosing towards the advancement of knowledge in a nominated area of anaesthesia in Australia, New Zealand, Hong Kong, Malaysia and Singapore. The award was adopted by the College following its establishment. The Professorship is awarded quadrennially at the discretion of the College Council.

The Lennard Travers Professor in 2007 was Professor Mike Paech (WA).

OVERSEAS TRAINED SPECIALISTS

IN 2007, IN AUSTRALIA, THE COLLEGE ASSESSED 90 OVERSEAS TRAINED SPECIALISTS (OTS), 21 MORE THAN IN 2006, ACCORDING TO THE PROCESS OUTLINED IN ANZCA REGULATION 23 AND IN THE DOCUMENT 'OVERSEAS TRAINED SPECIALISTS – ASSESSMENT PROCESS' (AVAILABLE AT WWW.ANZCA.EDU.AU).

Assessments were made by four member panels which included community representation, and were held every month through 2007 except October. 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 Maintenance of Professional Standards (MOPS) Program.

Countries of OTS origin included Bulgaria (1), Canada (1), Chile (1), China (1), Denmark (2), Germany (13), India (27), Iran (1), United Kingdom (26), Jordan (1), Korea (1), Macedonia (1), Malaysia (1), Netherlands (1), Pakistan (2), Poland (1), Saudi Arabia (1), South Africa (6) and Sri Lanka (2).

Of these applicants, 34 were determined to require a clinical practice assessment period of 12 months; 14 were determined to require 24 months; two were determined to require 18 months; and two were determined to require six months plus successful completion of their choice of OTS Performance Assessment or Final Fellowship Examination. Seven (7) applications were rejected, on the basis that the gap between their training and that required for FANZCA was too great for the OTS process.

The progress of three OTS applicants was reviewed during 2007. These applicants had either been unsuccessful in their OTS Performance Assessment/Final Examination attempts on two or more occasions or their assessments had lapsed (not completed requirements within five years of interview). The purpose of such reviews is to assist the applicant and identify barriers to their success.

Recommendation for specialist recognition

At its April 2006 Council meeting, ANZCA agreed that OTS be regarded as suitable for recommendation by the College to regulatory authorities for specialist recognition if they:

- > by training and examination, hold Fellowship of the Royal College of Anaesthetists (FRCA) or the College of Anaesthetists, Royal College of Surgeons in Ireland (FCARSCI); and
- > hold a Certificate of Completion of Training (CCT) or (CCST); and
- > have recency of clinical anaesthesia practice, recency of Continuing Professional Development (CPD) including Quality Assurance (QA) components, and who have been interviewed by an OTS interview panel since January 2001; and
- > have satisfactorily completed a minimum six months of clinical anaesthesia practice in Australia or New Zealand; and
- > have been assessed as requiring 12 months or less of clinical anaesthesia practice in Australia or New Zealand and have had a satisfactory on-site assessment by a Fellow of ANZCA nominated by the College from outside their employment area.

The Commonwealth funded Rapid Assessment Unit (RAU) project was completed in 2007. An evaluation report is yet to be received by the College. The RAU continues its review of assessment processes of overseas trained specialists, in conjunction with Medical Boards, jurisdictions and the Commonwealth.

Area of Need assessments

During 2007, 50 Area of Need (AON) assessments, nine more than in 2006, including applications for extension, were undertaken by the Assistant Assessor, according to the College document 'Anaesthesia Services for Areas of Need in Australia' (available at www.anzca.edu.au). Of the 34 primary applications, 17 commenced in positions, and 12 have commenced in the OTS process.

During the year, 17 AON extensions were approved.

NEW ZEALAND

In New Zealand, the Medical Council of New Zealand (MCNZ) will refer 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 they need to meet for eligibility for consideration for Fellowship of ANZCA.

In 2007, the NZ National Committee assessed nine overseas trained anaesthetists. Assessments were made by four member panels which included community representation.

Countries of origin included: United Kingdom (5), Sweden (2), United States of America (1) and Norway (1).

Of these applicants, 6 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, one was determined to require 18 months, plus successful completion of the OTS Performance Assessment (or Final Examination), and two were determined to require six months clinical practice assessment plus examination in order to become eligible for consideration for admission to Fellowship.

HOSPITALS AND TRAINING PROGRAMS

ANZCA accredits hospital departments of Anaesthesia and other organisations that comply with its requirements for recognition. Accredited departments and organisations must be associated with other accredited departments in a rotational training scheme of two or more hospitals, so that the required amount of sub-specialty 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 subspecialty training constitutes a training program.

ANZCA accredits both public and private organisations. The accreditation process is the same for both, to ensure maintenance of high standards. All accredited institutions must be part of a rotational network.

In 2007, a total of 31 hospitals were inspected in Australia and New Zealand. Of these, 27 were reaccreditations and four were new applications. Two of the new hospitals have now been accredited and the other two are progressing towards accreditation.

No hospitals were discredited.

In conjunction with a Commonwealth government initiative entitled Expanded Settings for Specialist Training Program (ESSTP), ANZCA undertook accreditation assessments of two private facilities which were both approved. Further assessments will occur in 2008, as requested.

The 2007 Hospital Accreditation workshop was held in Melbourne and trained eight new accreditors.

An agreement between the College and accredited hospitals was developed, for implementation in 2008.

A set of guidelines for the accreditation of satellite theatres was developed. The guidelines are published on the ANZCA website as an appendix to the Hospital Accreditation Handbook.

COURSES SUB COMMITTEE

Reviews

The Advanced Clinical Skills Centre (Auckland) was newly accredited in 2007. The following re-accreditations were undertaken, and continuing accreditation granted to all:

- > Sydney Medical Simulation Centre
- > Southern Health Simulation and Skills Centre (Monash)
- > National Patient Simulation Training Centre (Wellington)
- > Hong Kong College of Anaesthesiologists, Institute of Clinical Simulation.

EMAC Revision

Revision of the Effective Management of Anaesthetic Crises (EMAC) course has been underway throughout 2007 and is ongoing. Revision is being undertaken by working groups assigned to each of the five modules. Good progress has been made and a completed draft is expected in the near future.

Professional Document

A number of documents dealing with the accreditation of simulation centres to offer EMAC have been brought together and formulated into a draft College professional document. This is to be considered by regions and Council prior to finalisation.

Inspectors Handbook

A handbook for EMAC reviewers has been developed along the lines of that used for anaesthesia reviews. This will be circulated to the 2008 reviewers.

POLICY SNAPSHOT

JOHN BIVIANO, POLICY

Government health policy, which shapes the way health care is delivered, is a crucial element in the landscape in which ANZCA operates. It has become important for ANZCA to establish better relationships with government at all levels, and to be more proactive and influential. This is crucial to the future development of the College in its mission to educate and train anaesthetists.

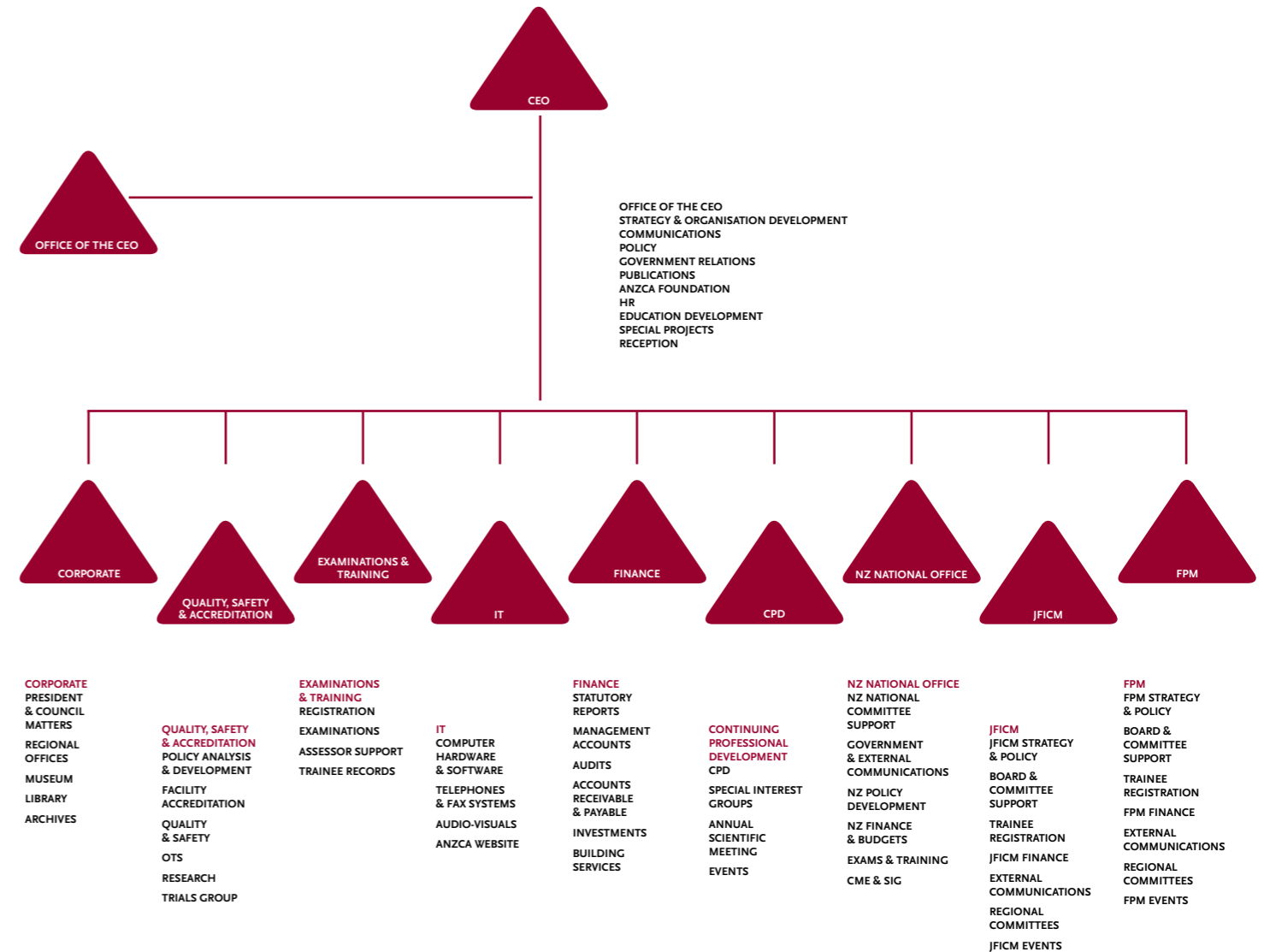
The new Hospital Reform Commission recently announced by the federal government presents a strategic opportunity to have input into the future health system of this country and to influence the provision of improved health care and better health outcomes.

The new role of Director, Policy is there to assist the College to navigate the complexities of government, to improve the interface with the bureaucracies, and most importantly to be able to frame anaesthesia within the broader milieu of the health sector and public policy. Improving this connection will place ANZCA at the forefront of new developments and present the College as a modern and professional organisation working in the interests of its members and the community.

John Biviano has been involved in working with government, on expanded training in private settings, improved support for rural anaesthetists, responding to the NSW Inquiry into public hospitals, and developing solutions with the valuable input of Councillors and other Fellow representatives.

COLLEGE COUNCIL

ANZCA ORGANISATION CHART



In accordance with the provisions of the Constitution, nominations were called for six vacancies on Council. Nine nominations were received. Drs Margaret Cowling, Lindy Roberts, Walter Thompson and A/Prof Tony Weeks were re-elected for a period of three years, along with new Councillors Drs Peter Cook (Qld) and Genevieve Goulding (Qld).

Two Councillors retired in May 2007 – Dr Diana Khursandi after 9 years service, and Rod Westhorpe following completion of 12 years on Council.

CONSTITUTION

In December, a number of amendments to the Constitution were adopted by the Fellowship following a postal ballot. The main revisions related to the introduction of a representative of new Fellows as an elected Councillor, and the re-naming of some Office Bearers in line with current regulations and practice.

The principles underpinning the review related to:

- > Simplifying and modernising language and content
- > Reflecting current legal requirements and modern corporate practice
- > Introducing less prescriptive requirements, and transferring many powers and functions to Regulations, to provide Council with greater flexibility
- > Supporting and enhancing the operations of Council, the Faculties and Committees.

ANZCA AWARDS

Orton Medal

The Orton Medal is the highest award the College can bestow, the sole criterion being distinguished service to Anaesthesia. In August 2007, Council supported a nomination in favour of Professor Teik Ewe Oh (WA). This award recognises his contributions over many years to teaching both in Australia and Hong Kong, to the development of the CPD Program, Maintenance of Professional Standards, revision of the FANZCA training program, and his dedicated service as College President and Director of Professional Affairs.

ANZCA Medal

The ANZCA Medal is awarded in recognition of major contributions to the status of anaesthesia, intensive care, pain medicine or related specialties. Dr Barrie McCann (Qld) was supported for this award as a result of his work in Medical Education and Assessment. He was also responsible for major changes made to the ANZCA Final Examination in the 1990s, and contributed to the development of the initial MOPS Program.

Both medals will be presented at the College Ceremony during the 2008 Annual Scientific Meeting in Sydney.

INTENSIVE IN IRAQ

IRAQ'S CRIPPLED HEALTH SYSTEM PUSHES INTENSIVIST TO THE LIMITS OF HER SPECIALTY

PAIN IS A PART OF DAILY LIFE IN IRAQ. THE CONFLICT, UNREST, CHAOS AND UNCERTAINTY IN THE WORST WAR ZONE OF THE NEW CENTURY INEVITABLY MEANS THERE ARE A NUMBER OF CHALLENGES FOR PAIN MANAGEMENT.



Dr Nikki Blackwell examines an x-ray with an MSF colleague



Photos courtesy of Valerie Babize/MSF



Patients are treated at the MSF base in northern Iraq

FEATURE

Dr Nikki Blackwell (FRACP, FChPaM and FJFICM from New Farm in Queensland) is currently working for Medecins Sans Frontieres/Doctors Without Borders (MSF) in northern Iraq. She says there are many obstacles that prevent doctors from effectively managing pain.

'The psychosocial component needs to be considered because people are often deeply traumatised from their exposure to war, even before they have undergone major complex surgery.

'It is harder to look after the pain because in many cases, a person hasn't just lost their arm and what that means for their body image, but they have lost their arm while they watched their child and husband being killed.'

A lack of basic supplies such as analgesics and amnesics also means many Iraqis have lived with pain that has gone untreated or had awareness under anaesthetic and as a result, they have had terrible experiences of pain.

It is an awful situation for the anaesthetists to have to give anaesthesia with the few means available to them, knowing that it may not be adequate.

'This is another challenge because, for example, some people have undergone amputation while they have been awake and aware,' Dr Blackwell said.

A consultant in intensive care, Dr Blackwell says access to drugs is also very limited in Iraq and there is a huge black market.

'So even if you can buy drugs you can't be sure of the quality because there is a good chance they are fake or copied,' she said.

'Another difficulty for pain management is the prevalence of the 'morphine myths'. It is a big problem and doctors, nurses and patients avoid taking it because they are fearful of addiction.'

Growing up in Northern Ireland in the 70s, Dr Blackwell is no stranger to the sound of guns, bombs and helicopters. She has also worked for various MSF missions in Haiti, Ivory Coast, Pakistan, Liberia and Indonesia over the last four years.

MSF withdrew its staff from Iraq in 2004 after two of its workers were kidnapped and Margeret Hussein from Care International was killed. However, MSF returned to northern Iraq in early 2007 and Dr Blackwell helped to set up bases there and in Amman in conjunction with the Jordanian Red Crescent Hospital.

There were 43,000 doctors in Iraq in 2003 but now only 9,000 remain – the others have been killed or managed to leave the country. Those who stay behind are extraordinarily brave.

'The projects were set up after doctors still working inside Iraq said they could perform immediate emergency care,' Dr Blackwell said, 'but reconstructive surgery was almost impossible due to the demand for operating theatre time (theatres are often overloaded with emergencies), a lack of supplies and the length of procedures.

'As a result, we specialise in reconstructive plastics, maxillofacial and orthopedic injuries to treat people for complex facial and orthopaedic injuries and burns resulting from blast and gunshot wounds.

'We receive patients referred from Iraqi doctors working close to the conflict. While it is difficult and time consuming to get people across the border to Jordan because of the paperwork, MSF is operating as close as it can given the security situation.'

Dr Blackwell says Iraq is different to other regions she's worked in because MSF is usually able to negotiate with rebels or the people in power so there is a 'safe humanitarian space' to work in.

With so many different groups operating in Iraq and a constantly shifting power balance, most of MSF's activities are undertaken from a remote, safe location and unfortunately this constraint affects its normal operations.

'On a positive note, transferring patients to the projects means psychological factors come into play with regard to pain control because taking them to a safe place, away from the sound of bombs and guns, already makes their pain feel better.'

Practices have improved enormously in the field over the last few years and equipment is often adapted for use in these complex and difficult environments.

'For example, mechanical ventilation is now available in all surgical missions and the ventilator we are using is an interesting one because it uses an air compressor and oxygen concentrator. However, we also have backup with bottled oxygen or drawover anaesthesia in case of electricity failure,' Dr Blackwell said.

'Capnography is also now used in all surgical missions and awake fiberoptic intubation is used for difficult maxillofacial cases in Amman – these advances were basically unheard of in the field four years ago.

'Other practices that were previously difficult in the field but have greatly improved are burns management (including early excision/grafting) and infection control/management.'

Dr Blackwell says there is always room for improvement and while MSF now has advanced technological capabilities in the field, doctors still must understand the basics.

'Doctors still must be able to do the basics using their hands, eyes and ears because if there is a power cut and a patient needs a lapotomy, the doctor has to work with what they've got to give the anaesthetic. This will cause problems if they haven't been taught the fundamentals.'

This is one of the major difficulties in Dr Blackwell's work – resources and working conditions are not assured and complex cases which are technically demanding are particularly challenging. Doctors often have to work on thoracic trauma with no double lumen tubes, no epidural analgesia, no post-operative ventilation and patients with difficult airways and maxillofacial trauma from blood and gunshot wounds.

'This situation makes you push yourself to the limits of your specialty, but in a context that is far from perfect because you can only work with what you've got.'

Other difficulties with her work in Iraq include: being away from home for long stretches of time and dealing with unreliable communications that make it hard to keep in touch with friends and family. Living communally with the team you work with can also have its challenges.

Like many doctors, the most satisfying aspect of Dr Blackwell's work in Iraq is seeing patients get better and she really enjoys seeing the 'magic moments' associated with reconstructive surgery.

'Seeing a four year old girl talk and eat for the first time since she was 18 months old is an example of one of those moments. Her face was so badly burnt and damaged from an American bomb that her parents had been forced to break her front teeth so she could drink through a straw before she was treated by MSF staff.'

'I also really like working with colleagues who have a similar ideological humanitarian perspective to me.'

Dr Blackwell believes people working with extreme human emotions should take responsibility for their own mental health.

'I have an excellent psychiatrist and I think whether you're working in Iraq or in intensive care in Australia – it is important to have somewhere to take your experiences.'

'Some of the things I've seen are so cruel and it is outside most people's experiences, so it would be unfair to expect my friends and family to debrief me.'

Dr Blackwell believes resilience makes people capable of working under the extreme conditions in Iraq and deal with the terrible things they see. MSF promotes characteristics that lead to resilience including community, coherence, cohesion, control, closeness, the capacity to find meaning, commitment and confidence.

'Confidence in your abilities is very important, otherwise you won't have the coping or professional skills to do what is being demanded of you and you might crumble when confronted with difficult situations,' Dr Blackwell said.

Being involved in setting up the bases in northern Iraq and Amman is one of the most satisfying achievements of Dr Blackwell's career so far and she has wanted to work for MSF for a long time.

'During my third year of medical school, I was deeply moved by John Snow's poignant report from Ethiopia during the famine in 1985.'

'I really wanted to get involved and when I was looking into the project, it became clear to me that MSF was by far the most credible of the NGOs because the funds are private. Therefore MSF is not tied to implementing policies depending on where its money is coming from.'

'I like the fact that MSF regards 'tmoignage' or witnessing as a crucial part of its work – the right to say "it's not ok" is important for me.'

Interestingly, Dr Blackwell has stopped making plans since she started working for MSF.

'I used to be very organised and would make plans and stick to them. However, I believe plans don't allow us to be open to opportunities as they arise and to see them for what they are.'

'I now take every day as it comes and I think it's ridiculous to make plans because life is so fragile and nothing is guaranteed.'

Dr Blackwell encourages members who are considering working for MSF to get involved because she hasn't regretted a minute of the experience – even the hard times.

Anaesthetists are desperately needed and not all missions are in war zones or in the direct line of fire. There are also opportunities to set up surgical care in countries after years of unrest or after a natural disaster.

Fellows and Trainees who are interested in working for MSF should apply online by logging onto the website: www.msf.org.au

KATE SAUNDERS
COMMUNICATIONS OFFICER

Reporting to the Director, Communications, Loueze and Kate are part of the team responsible for the development and oversight of all internal and external communications, including publications, online activities, government relations, corporate communications and community and media relations.

The aim of the Communications Department is to raise the profile of the College and its Fellows by proactively building relationships with government and the media and generally improving awareness of the essential and vital role played by anaesthetists, both in the medical profession and the broader community. Of equal importance is communication with College Fellows and Trainees.

Nigel Henham has recently joined ANZCA as Director of Communications. Reporting directly to the CEO, Nigel will play a key role in developing the College's communications strategy and advancing its key communications and marketing operations, including improved communication of ANZCA's professional and educational activities to external and internal stakeholders.

Nigel brings a wealth of experience in internal and external communications in both the private and public sectors in Australia over 25 years. He was most recently Communications Director at The Age in Melbourne, where he was responsible for corporate and internal communications for the newspaper in print and online.

KATE SAUNDERS

LOUEZE HARPER

COMMUNICATIONS SNAPSHOT

LOUEZE HARPER (PUBLICATIONS OFFICER)
AND KATE SAUNDERS (COMMUNICATIONS OFFICER)

ANZCA TRIALS GROUP

THE TRIALS GROUP CONTINUES TO ENCOURAGE THE DEVELOPMENT OF MULTICENTRE STUDIES AND RELATED RESEARCH AMONG COLLEGE FELLOWS AND TRAINEES, AS WELL AS PROVIDE THEM WITH SUPPORT AND GUIDANCE IN THEIR RESEARCH ENDEAVOURS.

In the past year, the Trials Group has awarded two Pilot Grants; supported two College and trainee surveys, as well as numerous formal projects for Trainees.

The Trials Group has also invested in establishing collaborative relationships with a number of new study investigators and study sites, in an effort to develop an innovative and research-focused network environment. We hope this provides new opportunities for College Fellows and Trainees to undertake original and exciting research.

The Trials Group has also begun to focus on new research priorities and, in conjunction with the Perioperative Medicine Committee (POMC), will this year conduct an audit of postoperative complications in Australia and New Zealand, as well as head a randomised controlled trial of Critical Care Outreach. Both of these studies will focus on postoperative complications and their effect on mortality and morbidity. We hope the results of this work will lead to improvements in perioperative patient care and subsequent reductions in postoperative morbidity and mortality.

ANZCA Trials Group Executive 2007

Chair: A/Prof David Story

A/Prof Matthew Chan

Dr Andrew Davidson

Dr Julia Fleming

A/Prof Kate Leslie

Prof Paul Myles

Prof Michael Paech

Prof Stephan Schug

A/Prof Tim Short

Dr Stephen Barratt

A/Prof Phil Siddall

Prof Guy Ludbrook

Prof Andrew Bersten

A/Prof John Myburgh

Staff

Research Coordinators

Richard Nasra

Stephanie Poustie

New Staff

The ANZCA Trials Group welcomes Richard Nasra as the recently appointed Research Coordinator, who has replaced Ornella Clavisi. Richard has a background in Biomedical Science and is completing his Masters of Public Health degree at the University of Melbourne. Richard was previously working on a nutritional and supplementary feeding trial of HIV-positive children in Addis Ababa, Ethiopia. The Group also welcomes Stephanie Poustie, who has filled the gap between Ornella's departure and Richard's appointment. Stephanie is known to many in the Anaesthesia research community and has returned to Melbourne after a short stint in Canberra. She will continue with Richard and the Trials Group on a part-time basis.

The ATG also acknowledges the contributions of Dr Geoff Booth and A/Prof John Rigg, who have since retired from their duties on the ATG Committee. The Trials Group wishes them the best for the future.

MULTICENTRE STUDIES

REASON Study – Research into Elderly Patient Anaesthesia and Surgery Outcome Numbers

ANZCA Council and Participating Hospital funded study.

(Perioperative Medicine Committee (POMC) and the ANZCA Trials Group)

A recent tri-hospital post-operative outcomes audit suggests that perioperative complications are associated with poorer postoperative outcomes in elderly patients having moderate to high-risk non-cardiac surgery. This study aims to validate the findings of the tri-hospital audit in a larger number of hospitals across Australia and New Zealand, with the possibility of exploring a perioperative care model aimed at improving postoperative outcomes.

ATACAS Trial – Aspirin and Tranexamic Acid for Coronary Artery Surgery

National Health and Medical Research Council (NHMRC) funded trial for \$1.17 million over 3 years.

(Investigators: Prof P Myles, Prof J Smith, A/Prof J Knight, Prof DJ Cooper, A/Prof B Silbert, Prof J McNeil)

This study is a prospective double blind trial in which patients are randomised to receive aspirin, tranexamic acid, aspirin plus tranexamic acid, or placebo. Overall, the aim of this study is to test whether aspirin, tranexamic acid or both can reduce mortality and/or major morbidity after coronary artery surgery.

A total of 315 patients have been recruited across eight sites in Australia, and a further five international sites are expected to commence recruitment in 2008.

iPEGASUS Sub-Study – international Perioperative Genetics and Safety Outcomes Study

Ethics approvals are currently being sought at various ATACAS Trial sites to collect saliva samples from new ATACAS patients. This sub-study is being conducted in collaboration with Duke University (USA), and numerous other international sites.

The aim is to establish a new validation dataset by assembling specimens and data from 16,000 cardiac surgery patients from a global consortium, and conduct genetic studies to reproduce previous findings of genotype/phenotype associations in cardiac surgery patients suffering stroke, renal failure and postoperative bleeding.

Over the two year period, approximately 2500 ATACAS patients are expected to be added to the iPEGASUS Sub-Study.

ENIGMA II Trial: Nitrous oxide anaesthesia and cardiac morbidity after major surgery

National Health and Medical Research Council (NHMRC) funded trial for \$2.7 million over 5 years.

(Investigators: Prof P Myles, A/Prof K Leslie, A/Prof B Silbert, Prof M Paech and A/Prof P Peyton).

ENIGMA-II is a large multicentre randomised double blind clinical trial designed to investigate whether removing nitrous oxide (N₂O) from the anaesthetic gas mixture in patients with coronary artery disease undergoing major surgery will reduce the incidence of cardiac complications, stroke or death when compared with otherwise identically managed surgical patients receiving N₂O as part of their anaesthesia.

Patient recruitment commenced in 2007 and 509 patients have been recruited across 20 active sites in Australia and internationally. A further 14 sites are pending ethics approval.

The Australasian Obstetric General Anaesthesia for Caesarean Section Survey

Awarded ANZCA Pilot Grant in 2005 for \$5,500 over 1 year

(Investigator: Prof M Paech)

This was a prospective study designed to estimate the incidence of difficult intubation and awareness in an Australasian population of women having caesarean section under general anaesthesia. The study also established baseline demographics for this patient cohort.

Data for this study was collected from 1,095 patients across thirteen Australasian sites, and analysed in 2007. The study concluded that rapid sequence induction with thiopentone remains the standard approach to general anaesthesia for caesarean section. The incidence of failed intubation is similar to that previously reported, and the incidence of awareness is lower. This research has been accepted for publication in the International Journal of Obstetric Anaesthesia.

PILOT GRANTS

The ANZCA Trials Group Pilot Grants Scheme is a fast-track program introduced to assist College Fellows in the development of high quality projects. Each year The Trials Group allocates \$25,000 (\$5,000 per project) in support of preliminary pilot-phase testing of trials or preliminary surveys, which have the potential to successfully acquire NHMRC funding in the future, and develop the research into a larger study. In 2006-2007, a further two pilot grants were offered by the Trials Group.

Does general anaesthesia modulate oxidative stress and toll-like receptor activation in human reperfusion injury?

Awarded to Dr Tomás Brian Corcoran, Royal Perth Hospital, WA.

This recently-commenced study is part of a broader line of investigation into the effect of anaesthesia upon the innate immune system when it is stimulated by surgical stress.

A pilot study into the adjuvant use of intravenous lignocaine for pain relief in those with burn injury.

Awarded to Dr Alex Konstantatos, Alfred Hospital, Melbourne Vic.

This randomised controlled trial (RCT) aims to examine the safety and effectiveness of the adjuvant use of intravenous lignocaine for pain relief during burn wound dressing changes in patients admitted to the Alfred Hospital. The study anticipates the administration of adjuvant lignocaine, used in combination with an opioid regime, will lead to lower opioid requirements during therapeutic procedures, hence reducing the risk of opioid-related complications, with the same or improved levels of pain control.

This trial has been in progress for three months and has recruited 40% of its expected sample. The investigators have also secured funding for a larger study based on the forthcoming findings of this pilot study.

Development of an Australian Spinal Cord Injury Pain (ASCIP) research database.

Awarded to Dr Paul Wrigley and A/Prof Phil Siddal, Royal North Shore Hospital, Sydney, NSW.

Development of a database designed to record spinal cord injury and pain-related information, track volunteers through research projects and identifying subjects suitable for future trials.

Ethics approvals have been obtained to establish the database and several volunteer mail-outs have occurred. As a result, the number of willing volunteers continues to increase. While significant progress has been made, refinement of the IT infrastructure to manage this key resource continues.

Anatomical and volunteer study to investigate the accuracy of ultrasound detection of the lateral femoral cutaneous nerve (LFCN).

Awarded to Dr Irene Ng, Vancouver General Hospital, BC Canada.

A study comparing the success rate of blocking the LFCN on patients using ultrasound guidance and the gold standard, anatomical landmark technique.

This study concluded that identification of the LFCN by ultrasound is feasible and more accurate than anatomical landmark technique, and may become an alternative to the standard blind technique of LFCN block in anaesthesia practice.

Dr Ng has since submitted a manuscript to Anaesthesia and Analgesia, which is currently undergoing its final review before publication. She has also commenced a clinical study following the initial pilot study, and is planning to write up a case series to submit to the Regional Anaesthesia and Pain Medicine journal.

FELLOW AND TRAINEE SURVEYS

Barriers to Adverse Event and Error Reporting in Anaesthesia.

Dr Gaylene Heard, FANZCA, St Vincent's Hospital, Melbourne, Vic.

Anaesthesia as a medical speciality is recognised as a leader in patient safety; however, there is very little published research on adverse event and error reporting in Anaesthesia. This study aims to examine and explore the existence of specific barriers in adverse event reporting and errors in Anaesthesia by comparing barriers to reporting with published literature for other areas of medicine; differences in perceived barriers; factors that would promote reporting; and the influence of demographics on reporting.

The Australian and New Zealand Survey on Informed Consent in Anaesthesia.

A/Prof Thomas Ledowski, FANZCA, Royal Perth Hospital, Perth, WA.

Informed consent in Anaesthesia is associated with a wide range of opinions and uncertainties. This survey aims to identify opinions and current practice on informed consent and uncertainties amongst Anaesthetists in Australia and New Zealand, and explore how the quality of informed consent can be improved in the future to protect anaesthetists from litigation.



Pain medicine specialists at the Royal Children's Hospital in Melbourne



Dr Tub Worthley (centre) at the Royal Adelaide Hospital ICU

PUBLICATIONS

Fed: Safety of laughing gas no joke. *The ANZCA Bulletin*, Oct 2007; 16(3): 1638-39.

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K Leslie, O Clavisi, J Hargrove. Target-controlled infusion versus manually-controlled infusion of propofol for general anaesthesia or sedation in adults (Cochrane Protocol). *The Cochrane Library*, issue 2, 2006. Oxford. Update Software.

D Jones, D Story, O Clavisi, R Jones, P Peyton. An introductory guide to survey research in anaesthesia. *Anaesthesia and Intensive Care* 2006; 34: 245-53.

McNicol L, Story DA, Leslie K, Myles PS, Fink M, Shelton AC, Poustie S. Postoperative complications and mortality in older patients having non-cardiac surgery at three Melbourne teaching hospitals. *Med J Aust* 2007;186(9):447-52

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. *Am Heart J* 2008; 155:224-230.

JFICM DEAN'S REPORT

DR RICHARD LEE FANZCA JFICM



2007 WAS A CHALLENGING YEAR FOR THE JOINT FACULTY, WITH CONTINUED GROWTH ON MANY FRONTS.

EDUCATION AND TRAINING

The process of review of the intensive care training curriculum is moving apace with the completion this year of a major building block. The new Objectives and Competencies for Basic and Advanced Training have been developed and recently ratified by the Board. This will now provide a basis on which to review the quickly growing number of courses run independently of the Joint Faculty. A courses sub-committee has been established to develop a framework for review and engage course providers. In training, assessment forms have been updated to include a trainees' exposure to major casemix, i.e. burns, trauma, cardiac surgery and neurosurgery.

Record numbers of candidates presenting for exams have led to a restructuring of the format of the Fellowship Examination in General Intensive care and Paediatric Intensive Care. The investigations components of the OSCE section will be incorporated into written section, with the communications and procedure stations incorporated into the viva section. The medical cases have been removed, with the aim of testing clinical examination more appropriately in basic training. Trainees will also be required to complete four practice cases with their Supervisor of Training, prior to presentation for the fellowship exam.

The new overarching Examinations Committee managed the broader issues surrounding clinical assessment, and sub-committees for all JFICM exams (primary examination, general fellowship examination and the paediatric intensive care fellowship examination) were active.

The inaugural primary examination was successfully held in August/September 2007 with seven candidates. The syllabus for the basic sciences in intensive care was finalised and published. During 2007, a total of 114 candidates presented, with 68 approved, making a pass rate of approx. 60%. Ten venues from Australia, New Zealand and Hong Kong were involved. Dr Richard Strickland, of SA was awarded the G.A. (Don) Harrison Medal for 2007.

Our Fellows continued their commitment to the quality of training, via the hospital accreditation process, utilising board and regional and national committee representatives. Eleven new applications for accreditation were received and thirteen site visits were undertaken, resulting in a total of ninety hospitals accredited during 2007. The Joint Faculty now has accredited twenty training sites, which include four overseas ICUs (outside of New Zealand and Hong Kong), and a number of units at private hospitals. Trainees at the accredited overseas units must still spend the remaining core year in a C24 unit in Australia, New Zealand or Hong Kong. Most recently, the board accredited the surgical ICU at Tan Tock Seng Hospital for a maximum period of 12 months towards core training.

The Board resolved to hold a separate JFICM New Fellows Conference in 2008, in conjunction with the JFICM/ANZICS ASM in May/June. It is being co-ordinated by the JFICM Trainee Committee and will be a forum for new Fellows and Advanced Trainees to discuss issues which affect specialists entering the workforce, and to identify leaders and promote involvement in the Joint Faculty. JFICM Fellows wishing to nominate for the ANZCA NFC will still be supported to attend, and funded by JFICM.

Activity surrounding overseas trained doctors continued to increase. Five applications for specialists in Areas of Need were assessed and a number of site reviews undertaken. Nine OTS assessments were conducted; however ongoing assessment and the resulting workload has increased overall. OTS examinations saw a total of eleven candidates present for examinations with six being successful.

PROFESSIONAL

With assistance from the Director of Professional Affairs, Dr Felicity Hawker, the Joint Faculty was represented at a number of important conferences. These included:

- > National Health Workforce Forum
- > International Association of Medical Regulatory Authorities
- > 'Better Skills, Best Care' DoH, Vic.

A discussion document titled 'Review of C24 Classifications' was considered by the Board. The revision of the JFICM MOPS Program was assisted by a close examination of the ANZCA CPD program prepared and presented by the ANZCA DPA, Prof Teik Oh. Discussion continues on adoption of the CPD program. A submission for application of the JFICM MOPS program as a protected Quality Assurance Activity has been prepared by the DPA. Changes to the on-line operation of the MOPS program were advised.

A 'Cooperation Agreement' between the Joint Faculty and the Australian and New Zealand Intensive Care Society (ANZICS) has been signed by the Dean and President, respectively. The document identifies the separate and shared roles of each body. ANZICS Review of Brain Death and Organ Donation Guidelines has been circulated to the Board for comment and the ANZICS Intensive Care Echocardiography Committee has prepared a guidelines document for 'Intensive Care Echocardiography' which has now been ratified. Proposed changes to the Intensive Care Foundation would result in the JFICM Dean and ANZICS President invited to be Foundation directors for their term of office.

In reviewing its policies, the JFICM promulgated the following:

IC-8 'Principles of Quality Improvement'

IC-6 'The role of Supervisors 'Intensive Care Specialist Practice in Hospitals Accredited for Training in Intensive Care Medicine'

IC-13 'Recommendations on Standards for High Dependency Units seeking Accreditation of Training in Intensive Care'

IC-12 'Examination Candidates Suffering from Illness, Accident or Disability'

In preparation are Guidelines for Percutaneous Tracheostomy and Pulmonary Artery Catheters and Policy on Infection Control.

The Board endorsed the terms of reference of the Disaster Response Taskforce, which met at the ASM. It will provide expert opinions and guidelines on ICU involvement in mass casualty and chemical/biological/radiation situations.

The third Annual Scientific Meeting of the Joint Faculty was held in Sydney in June 2007. Themed 'The Heart of the Matter', the meeting was again very successful. The dinner was a great opportunity to recognise the contributions of Dr Ron Trubuhovich, who was awarded the JFICM Medal. Successful contributions were again made at the ANZCA ASM and the RACP Congress, in May.

JFICM Fellows continue to contribute a huge effort to research. For instance, our Fellows received \$90,000 funding from ANZCA following the October Council Meeting and have been closely involved in the ANZICS CTG, which was increasingly active during 2007.

The relationship between the Joint Faculty and ANZCA and RACP Council was discussed and resulted in a statement which clarifies the delegations from Council to Board.

BOARD AFFAIRS

Dr Richard Lee has continued his term of office as Dean in 2007. Dr Felicity Hawker, former Dean, continued in her part-time role of Director of Professional Affairs, providing invaluable assistance with representation to government and other organisations, and preparation of data and reports to such bodies.

The year provided many challenges, not least being a restructuring of administration at the JFICM office with the introduction of new staff following several changes. The Board reluctantly accepted Ms Carol Cunningham-Browne's resignation, effective from 2 February 2008. Carol has overseen the administration of the organisation throughout its formative years and will be greatly missed. The continuing growth in numbers of trainees and exam activity required a new position of Administrative Assistant (Training and Examinations) taking the total number of staff to six.

Communications were strengthened with the launch of the improved, interactive website which will streamline the updating of information to Fellows and trainees.

Prof Rinaldo Bellomo has been appointed Editor-in-Chief of the JFICM Journal 'Critical Care and Resuscitation'. Dr Bellomo is a highly published member of the international intensive care research scene. The transition of Journal Critical Care and Resuscitation from the ACCCM to the Faculty has been a most successful undertaking.

The survey of Fellows on the future of JFICM was completed in November 2007. Discussions with ANZCA executive regarding allocation of corporate costs have been ongoing during December 2007. A Finance Committee has been established involving the Dean, Vice-Dean, Treasurer, Immediate Past Treasurer, Director of Finance and the Executive Officer.

The Board approved amendments to Regulations pertaining to the Formal Project and Primary Examination exemptions.

I would briefly like to acknowledge the staff and Fellowship for their continued hard work and dedication.

The Board noted with regret the death of Professor G A (Don) Harrison. His contribution to the education and training of intensive care specialists is enormous. It was resolved to posthumously award him the JFICM Medal.

DR RICHARD LEE
DEAN

JFICM SNAPSHOT



ALLISON BURGER



CAROLA SCHMIDT



DANIEL ANGELICO



SUMITHRA SUBASINGHE



LISA DAVIDSON



LAURA FERNANDEZ

The administration team of the Joint Faculty of Intensive Care Medicine (JFICM) is responsible for coordinating training, education, assessment and continuing professional development for Trainees and Fellows of the Joint Faculty. The Board's strategic initiatives for the Joint Faculty are administered professionally and assiduously by the staff. Of significant benefit to the Fellowship has been the recent acquiring of the Critical Care and Resuscitation Journal – a new research publication which will further enhance communication.

JOINT FACULTY OF INTENSIVE CARE MEDICINE BOARD OF FACULTY 2007

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Dean

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Dr Peter Cook
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Dr Allan Beswick
Co-opted Representative, Tasmania

Dr Miceal O'Fathartaigh
Co-opted Representative, South Australia

Dr Peter Hicks
Observer, ANZICS President

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Dr M Kilminster
Dr Shane Townsend
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FPM DEAN'S REPORT

DR ROGER GOUCKE FANZCA FPPMANZCA



THE FACULTY THIS YEAR HAS MADE A NUMBER OF STEPS TO IMPROVE OUR CORPORATE RESPONSIBILITY, RAISE OUR PROFILE IN THE WIDER COMMUNITY AND MAKE OURSELVES MORE SUPPORTIVE OF OUR FELLOWS.

The Board believes that its impending restructure to take effect from May 2008 will contribute significantly to achieve these aims.

The number of Fellows grew to 236, of whom seven are Honorary. Eighty-five have been admitted through training and examination. Of the 226 active Fellows, 178 were domiciled in Australia, 13 in New Zealand and 35 in other countries. Those whose primary specialty is anaesthesia make up just over 60% of the Fellowship.

In 2007, 15 Fellows were admitted to Fellowship; 11 by training and examination and four by election. Although the majority of trainees continue to be anaesthetists by primary specialty, 2007 saw the admission of two surgeons and three rehabilitation physicians.

STRATEGIC PLANNING

Priorities identified during the Board's Strategic Planning Day in July 2006 were further advanced in 2007:

Academic

The Faculty submitted a basic syllabus in Pain Medicine to the Confederation of Postgraduate Medical Education Committee (CPMEC) for PGY1 and 2. This syllabus now forms a compulsory part of skills training for PGY1&2.

At an undergraduate level, a document was sent to the heads of all undergraduate curriculum committees outlining the training needs and to provide a basic syllabus in Pain Medicine. Positive feedback was obtained. The Faculty Education and Training Committee (ETC) is working on providing more detailed frameworks to submit to both the undergraduate and PGY1&2 CPMEC committees.

The Faculty was represented at the anzMET meeting in Sydney – the Inaugural Postgraduate Medical Education and Training Forum, incorporating the 12th National Prevocational Medical Education Forum.

Fellowship

The strategic objective of placing more emphasis on providing services to Fellows, in addition to the current and continuing focus on trainees, was addressed in plans for the Board restructure. There will be a designated Board member responsible for Fellowship Affairs.

Access to further continuing education was provided with the introduction of the inaugural Spring Meeting: 'Waves of Change in Pain and Suffering'.

Formation of regional committees has been encouraged again with the aim of improving communication between Fellows and with the College. Queensland Fellows have formed the Faculty's first regional committee.

Relationships

In 2007, regular teleconference meetings with the Australian Pain Society and New Zealand Pain Society were convened to discuss areas of mutual interest, including the Global Day Against Pain, our respective Annual Scientific Meetings and mechanisms to promote pain related activities throughout Australia and New Zealand.

A Delegation of Responsibility document is now in place between ANZCA Council and the Faculty and is working well. A budget for 2007 was established to provide adequate funding to meet the requirements of expanding Faculty activities. The Faculty continues to grow at approximately 10% per year.

The Faculty initiated the development of a Memorandum of Understanding (MoU) to facilitate communication and collaboration between the Faculty and its founding bodies. Following a positive response to this initiative, it is anticipated the MoU will be signed off by the participating bodies in May 2008.

The Faculty was successful in progressing an extensive Pain Medicine Program at the RACS ASM in Christchurch and participated in the adult medicine scientific program at the RACP Congress in Melbourne.

The President of the Royal Australasian College of Physicians, Professor Napier Thompson and the Chair, Professional Development and Standards Board, Royal Australasian College of Surgeons, Mr Ian Dickinson, met with the Board in May and October 2007 respectively to discuss opportunities for communication with regard to educational issues and potential areas of collaboration.

October saw the commencement of the Global Year Against Pain in Women. The Faculty will take this opportunity to raise awareness of painful conditions more common or specific to women, and to develop links with RANZCOG and gynaecological colleagues, to develop more multidisciplinary services for female chronic pelvic pain.

The American Academy of Pain Medicine, with which the Faculty shares the journal Pain Medicine, is keen to strengthen ties with the Faculty and offered further representation on the Editorial Board of the journal. There has been a steady rise in the Impact Factor of this journal which now exceeds that of Anesthesia and Analgesia, Spine, and the Journal of Pain and Symptom Management. Discussions commenced with regard to identifying Faculty input into the program for their scientific meeting in Hawaii in February 2009.

The Board restructure will include a sub-committee to focus on opportunities to enhance relationships with external organisations.

Policy/Government

Following the recognition of Pain Medicine as a medical specialty in Australia in November 2005, the Faculty continued to explore options with the Medical Council of New Zealand with regard to an application for recognition of Pain Medicine as a medical specialty in that country. Following changes to the submission process, an application will be made in 2008.

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

The Faculty presented information to the Victorian Parliament's inquiry into misuse/abuse of benzodiazepines and other pharmaceutical drugs. The interim report of that committee has focused on proscription and legislative areas with only a limited view on educational activities. As this is not only a Victorian issue, the Faculty has called for a national working group to address some of the problems raised.

With the support of the CPMC and AMA, the Faculty has plans to convene a multidisciplinary taskforce to progress the work initiated by the RACP/ACHAM working party looking at the management of pain in people with drug dependency. The Faculty believes that a strong lead, together with these other key bodies, will have a positive impact on appropriate opioid prescribing in Australia and New Zealand.

EDUCATION AND TRAINING

The ETC, a large and active committee of 19 members, oversees all education and training requirements of the Faculty. Reflecting the growth of Pain Medicine in Australia and New Zealand and the interaction with the participating Colleges, the work of the ETC is expanding so rapidly that, with the Board re-structure, it will be broken up into smaller sub-committees focusing on specific areas but under the guidance of the Vice Dean.

Educational documents on the Conduct of Diagnostic Cervical and Lumber Medial Branch Blocks, Use of 'Off label' or Drugs Beyond Licence in Pain Medicine, Pain Medicine Practitioners and Wellbeing and Guidelines on Continuous Quality Improvement were approved for promulgation.

Professional Document PM6 Guidelines for Long Term Intrathecal Infusions was approved and PS41 Guidelines on Acute Pain Management was revised. PM1 (2006) Policy for Trainees Seeking Faculty Approval of Programs for Training in Multidisciplinary Pain Medicine was rescinded.

Work commenced on the development of material for Patient Education on various aspects of interventional Pain Medicine, which should be of value to Fellows and their patients. It is intended that these pamphlets will be accessible on the Faculty's website in a pdf format.

The Faculty's 2007 Annual Scientific Meeting in Melbourne was a great success and the satellite Refresher Course Day had a record attendance. A highlight of the ASM program was the Sunday afternoon rotating series of lectures, workshops and simulations held at the Royal Australian College of Surgeons, which focused on neurosurgical and anaesthetic interventions for pain and development of key outcome indicators for pain.



FPM SNAPSHOT

HELEN MORRIS – EXECUTIVE OFFICER,
FACULTY OF PAIN MEDICINE

Helen Morris has been Executive Officer of the Faculty of Pain Medicine since January 2005, following ten years with the College in the area of Continuing Education and Quality Assurance. The Executive Officer's role is to direct and manage all aspects of the Faculty's business, to provide operational and administrative advice to the Board and to oversee the implementation of the Faculty's strategic initiatives. This involves the coordination and delivery of services to Fellows and Trainees, including an increased number of CME activities, improved communications by electronic means (Synapse and Trainee Newsletter) and a significantly improved website.

Raising the profile of the specialty and promotion of the Pain Medicine training program has been a focus in 2007. With the support of Board Members, Fellows and the Faculty staff, significant progress was made in improving liaisons with the participating colleges, engaging in an increasing number of interactions with state and federal authorities and participation in a number of medical career events. The Faculty welcomed two new staff: Jenni Allison (Administrative Officer, Education and Research) and Penny McNair (Administrative Assistant, Training and Accreditation), who provided a high level of support to the Faculty and to the Executive Officer during this busy year.

The Faculty held its inaugural Spring Meeting, Waves of Change in Pain and Suffering, on the Gold Coast in conjunction with the Medico-Legal Society of Queensland. The international guest lecturer was Professor Dan Carr from Boston and the conference was opened by the Hon. Cecil Pincus, QC. Additional Senior Counsel and QCs also presented. The meeting was well attended, with 123 delegates, and there was considerable variety in the program including judicial, medical scientific, sports injuries, rehabilitation and opioids. The 2008 Spring Meeting, Pain at the Centre, will be held in conjunction with the Acute Pain Special Interest Group (SIG) of ANZCA/ASA/NZSA and the IASP Acute Pain SIG at Ayers Rock in September. The theme will be Acute Pain and will recognise the 20th anniversary of Acute Pain Services.

A Supervisor of Training Workshop was convened during the 2007 ASM focusing on the examination, including examination failure, case reports and development of a mini clinical exercise to give trainees guidance on how to talk to patients about neuropathic pain. In an effort to further support SoTs, a second workshop for SoTs was convened on the Gold Coast in conjunction with the Faculty's inaugural Spring Meeting.

A Trainee Agreement, to formulate the obligations of each party involved in the FPM training process, and a Trainee Performance Review process, for an independent review to determine the future of a Trainee, were developed in line with ANZCA processes and will take effect in 2008.

The Faculty commenced a '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 ETC includes multidisciplinary representation and is being facilitated by Professor Brian Jolly, Monash University.

The overall response to the first year of trainee exit questionnaires was positive. Data will continue to be collected and deidentified feedback will be provided to Directors and SoTs to assist in recognising what our trainees require.

MOPS/CPD

The Faculty was actively involved in the design of the new Continuing Professional Program run by ANZCA, which will replace the Maintenance of Professional Standards Program from 2008. Compliance with a CPD program is a mandatory requirement for ongoing Fellowship of the Faculty and an audit of compliance was undertaken in 2007.

EXAMINATIONS

The Faculty Examination was held at the Geelong Hospital, Victoria on 28 to 30 November. All seventeen candidates were successful and were from the following disciplines: anaesthesia (14), and rehabilitation medicine (3).

A pre-examination short course was held at the Royal Adelaide Hospital in September and was attended by sixteen trainees.

Four new examiners were appointed.

TRAINING UNIT ACCREDITATION

In 2007, Sir Charles Gairdner Hospital (WA), Westmead Multidisciplinary Pain Service (NSW), the Hunter Integrated Pain Service (NSW), Geelong Hospital Pain Management Unit (Vic), Royal North Shore Pain Management Centre (NSW), Flinders Medical Centre Pain Management Unit (SA) and the Royal Hobart Hospital were reaccredited for Pain Medicine Training.

The Royal Prince Alfred Pain Management Centre (NSW), Bayside Pain Service: Caulfield Pain Management and Research Centre and Alfred Anaesthesia were accredited.

There are now 22 accredited Pain Medicine Training Units in Australia and New Zealand.

There is increasing flexibility for trainees to 'design' their own program with assistance from their SoT and, in certain cases, advice from the Assessor.

Accreditation reviewer training was made available to faculty reviewers through ANZCA to address issues of consistency. The electronic unit accreditation questionnaire and report developed in 2006 proved useful in simplifying the processes during this busy year of accreditation reviews. Thanks go to the panel of reviewers for their ongoing willingness to participate in this important but time consuming activity.

The Faculty Board wishes to focus not only on chronic pain medicine but also acute pain medicine and to this end, a number of initiatives were commenced in 2007. These include; a closer liaison with the ANZCA Hospital Accreditation Committee (with appointment of a Faculty representative), offering a closer involvement with ANZCA Module 10 and support of the development of Acute Pain Management: Scientific Evidence 3rd Edition. The Faculty ETC began a review of the Acute Pain component of the Faculty's training program.

PAIN MEDICINE TRAINING ROTATIONS

Following a funding initiative from the Victorian Government in 2006, a successful Pain Medicine Training rotation was established in Victoria. Hospitals involved in the rotation include the Geelong Hospital, Royal Melbourne Hospital, Royal Children's Hospital and St Vincent's Hospital training programs. All positions were successfully filled in 2007.

Plans for developing a NSW rotation are being explored.

RESEARCH

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

A Dean's Prize, to be awarded to the Fellow/Trainee judged to have presented the most original pain medicine/pain research paper at the free papers session of the FPM ASM, was introduced in 2007. The inaugural Dean's Prize not awarded and the Faculty has made significant efforts to raise awareness of the Prize in advance of the 2008 ASM. As a result of the general high quality of free papers presented in 2007, the Board resolved to award a Best Free Paper Prize in addition to the Dean's Prize for papers of sufficient standard from 2008.

The Faculty contributed seed funding, in partnership with the Australian Pain Society and the Australian Society of Clinical and Experimental Pharmacologists and Toxicologists, to the Australian Health and Medical Research Congress in November 2008 in Brisbane. The group will have the opportunity to provide a plenary speaker and can also invite an international speaker for the symposium. It is hoped that by being represented at this important research congress we can help bridge the gap between clinical and experimental research in Pain Medicine.

COMMUNICATIONS

The development of the Faculty website was a focus in 2007 and functionality and content were significantly improved. A trainee e-newsletter was established and trainees have been encouraged to establish an email communications forum.

The Faculty's bi-monthly e-newsletter Synapse continued to keep Fellows and Trainees informed of items of interest.

HONOURS AND APPOINTMENTS

A number of Fellows were recipients of awards and honours in 2007:

Dr James Bradley (Qld) – award of Honorary Life Membership Australian Society of Anaesthetists and New Zealand Society of Anaesthetists

Prof Michael Cousins (NSW) – receipt of the Pugh Award, Australian Society of Anaesthetists and conferral of DSc, University of Sydney for his dissertation related to pain, analgesia and anaesthesia in the management of acute, chronic and cancer pain

Professor Alan Merry – conferral of Honorary Fellowship, Royal College of Anaesthetists

Prof Michael Paech (WA) – conferral of Honorary Fellowship, Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

BOARD AND COMMITTEES

Dr Roger Goucke, FANZCA was re-elected as Dean.

Dr Geoffrey Booth, FAFRM (RACP) resigned from the Board in May 2007, one year short of completing his three year term, with the Faculty's gratitude for his contribution, particularly in his role as Chair of the Research Committee. Dr Christopher Hayes, FANZCA, was co-opted to complete Dr Booth's term on the Board. Dr Kerry Brandis was welcomed as the Co-opted Council Representative.

The Faculty Board comprises:

Dr C Roger Goucke FANZCA FFFPMANZCA
Dean

Dr Penelope A Briscoe FANZCA
Vice Dean and Chair, Examination Committee

A/Prof Milton L Cohen FRACP
Immediate Past Dean

A/Prof R Leigh Atkinson AO, FRACS
Past Dean

Dr David Jones FANZCA
Censor

Prof Edward A Shipton FANZCA
Chair, Education and Training Committee

Dr Brendan J Moore FANZCA
Chair, Training Unit Accreditation Committee

Dr Frank J New FRANZCP

Dr Carolyn A Arnold FAFRM (RACP)
Chair, Research Committee

Dr Christopher Hayes FANZCA

Dr Kerry Brandis FANZCA
Co-opted Council Representative

Committees:

Education and Training Committee

Examination Committee

Training Unit Accreditation Committee

Research Committee

DR ROGER GOUCKE

DEAN

HONORARY TREASURER'S REPORT

ASSOCIATE PROFESSOR KATE LESLIE FANZCA



ANZCA ANNUAL REPORT 2007

THIS IS MY FOURTH REPORT AS HONORARY TREASURER. I AM ABLE TO REPORT THAT, DESPITE THE IMPACT OF VOLATILITY IN INVESTMENT MARKETS IN 2007, THE COLLEGE REMAINS IN A SOLID FINANCIAL POSITION AND HAS CONTINUED TO IMPLEMENT THE COLLEGE'S INITIATIVES APPROVED IN THE STRATEGIC PLAN.

THE FINANCIAL REPORT FOR 2007, IN THE FORMAT REQUIRED BY THE AUSTRALIAN SECURITIES AND INVESTMENTS COMMISSION (ASIC), HAS BEEN CIRCULATED TO ALL FELLOWS. THIS REPORT HAS UNDERGONE EXTERNAL INDEPENDENT AUDIT AND HAS BEEN DISCUSSED AND ACCEPTED BY COUNCIL. COMMENTS BELOW APPLY TO THE FINANCIAL REPORT.

PROFIT AND LOSS STATEMENT

This is a summary of the revenue, expenses and surplus from the activities of the College. The overall revenue for the year ended 2007 of \$14,181,068 was 5% greater than that for 2006 (\$13,521,952). Total expenses increased by 22% to \$15,929,710 (2006: \$13,006,410), leaving a deficit of \$1,748,642 (2006 surplus: \$515,541). Amongst the revenue items, income from meetings and courses increased to \$3,260,302 (from \$2,199,988 in 2006), income from subscriptions increased to \$4,703,919 (from \$4,114,205 in 2006) and income from training and examination fees increased to \$5,166,221 (from \$4,475,647 in 2006).

These increases in income reflect increased participation as well as increases in fees. Income from investments (including changes in capital value, dividends and interest) decreased to \$211,864 (from \$2,018,756 in 2006). Within the 2007 expenses, employment related expenses increased to \$6,481,138 (from \$4,740,159 in 2006) due to increased capability in the areas of education, policy, communications and professional affairs. Research grants and scholarships paid decreased to \$761,485 (from \$820,449 in 2006) due to weaker investment performance.



John Hunter Hospital Newcastle

BALANCE SHEET

This is a summary of the assets, liabilities and equity position of the College. The net assets of the College decreased by 7.5% to \$22,089,894 (2006: \$23,838,536), largely due to a 13% decrease in the value of our equity investments from \$14,916,961 in 2006 to \$12,964,196 in 2007 (accounted for at fair value). The value of our property, plant and equipment increased from \$10,897,335 to \$11,649,436 (accounted for at cost minus depreciation and not at market value). The total liabilities of \$8,797,685 have increased from \$7,679,425 in 2006.

CASH FLOW STATEMENT

Cash held at 31 December 2007 increased to \$2,078,325 (an increase from \$1,367,634 at December 31 2006). This increase was assisted by a 40% improvement of the on-time payment of subscriptions by Fellows.

NOTES

The remaining section of the Financial Report provides accounting policies, further breakdowns to the actual statements and financial instruments.

COMMENTS

The College remained in a sound financial position during the period of this report, despite decreased revenue from equity investments. The College has enjoyed high rates of capital growth and income in the past few years, due to the strength of domestic and international share markets, and strong property values. This income has helped to underwrite College activities. More recently, Council's strategy has been to move away from our reliance on investment income, as reflected in the 2008 budget and revised fee structures for College activities. The College's Investment Committee and Finance, Audit and Risk Management Committee continue to monitor our investment situation closely.

The College was able to continue with the significant initiatives from the Strategy Plan, including a new IT platform and high-functionality website, new financial management software, new educational initiatives (i.e., distance learning modules, workplace based assessment tools) and improved capability in the areas of policy and communications. At the same time, management has embarked on a cost-minimisation exercise aimed at reducing the operational expense of running the College.

Funds available for research were augmented by donations by Fellows, which increased as anticipated after the launch of the ANZCA Foundation in April 2007.

The solid financial position of the College has resulted from the commitment of Councillors, Committee Members, Fellows and staff throughout Australia, New Zealand and South East Asia. They all deserve recognition for their efforts.

ASSOC PROF KATE LESLIE
HONORARY TREASURER

FINANCE REPORT AND AUDITOR'S REPORT

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 2007 Financial Report of the Australian and New Zealand College of Anaesthetists.

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

The discussion and analysis is provided to assist the members in understanding the concise financial report. The discussion and analysis is based on the Australian and New Zealand College of Anaesthetists consolidated financial statements and the information contained in the concise financial report has been derived from the full 2007 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 ordinary activities for the financial year was (\$1,748,642) which is \$2,264,183 lower than the result in 2006. Total operating revenue increased by 21% to \$13,969,204 whilst total operating expenses increased by 22% to \$15,929,710. The result was significantly affected by the volatility in investment markets that reduced investment income to \$211,864 compared to \$2,018,756 in 2006.

BALANCE SHEET

Total assets decreased by \$630,382 to \$30,887,579 representing a decrease of 2%. This decrease was attributable to a fall in trading investments individually valued at fair market value. Total liabilities increased by \$1,118,260 to \$8,797,685 representing an increase of 14%.

CASH FLOW STATEMENT

Cash flows increased in 2007 by \$710,690 due to a 40% increase in on-time subscription payments.

FINANCE SNAPSHOT

MONIQUE BAKER

DANIEL RINK

IAN LARDNER

DAMIEN MORGAN

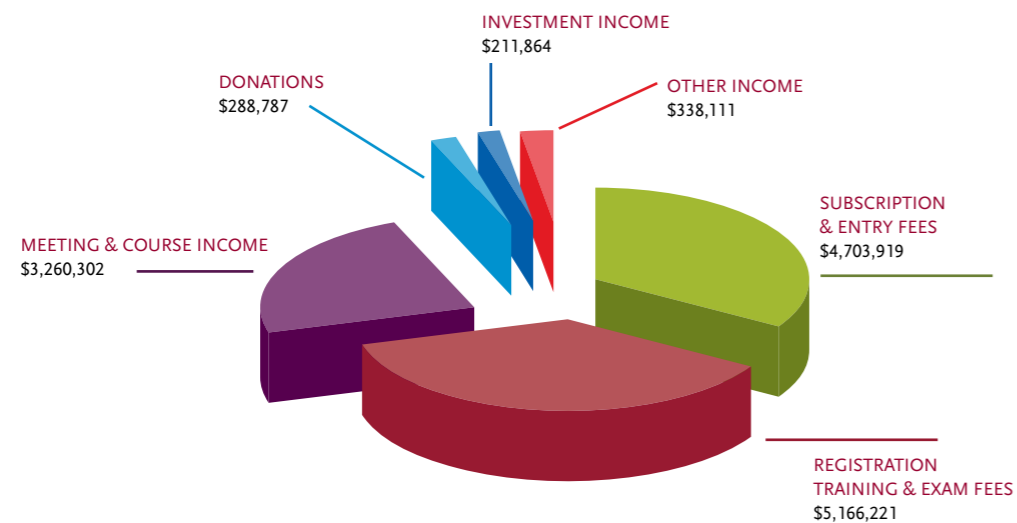
Ian Lardner (Director of Finance and Business Administration) is responsible for managing the Finance team and overseeing the financial performance, management reporting and statutory compliance of ANZCA. Daniel Rink (Finance Manager) is responsible for financial and management reporting, ensuring that not only are the transactions accurately recorded but are presented in a manner that supports

management analysis and decision making. Damien Morgan (Accountant) looks after payroll and accounts receivable (including billing of subscriptions and courses). Monique Baker (Finance Officer) is responsible for accounts payable, ensuring the College's suppliers are paid on time. She previously worked at the Faculty of Pain Medicine for two years before transferring to Finance.

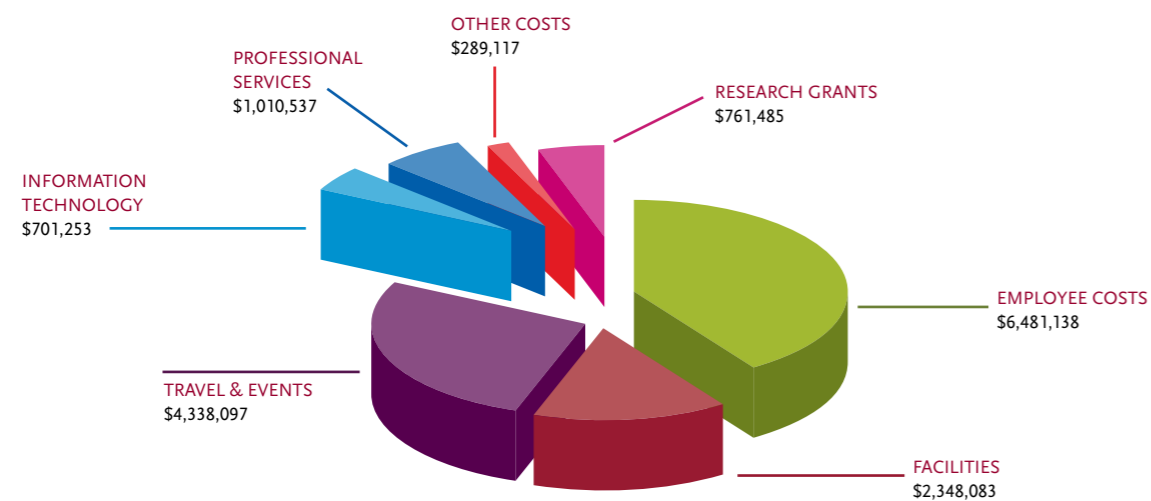
Finance has recently introduced a new accounting and payroll system to further improve its systems and processes. The modern, multi-user system offers improved integrity, access and reporting facilities. The system provides a solid framework upon which the Finance team will ensure more reliable reporting and greater transparency.

REVENUE & EXPENSES

TOTAL REVENUE



TOTAL EXPENSES



INCOME STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2007

	2007 \$	2006 \$
REVENUE		
Subscriptions and entry fees	4,703,919	4,114,205
Registrations, training and exam fees	5,166,221	4,475,647
Meeting & course income	3,260,302	2,199,988
Other income	838,761	713,353
TOTAL REVENUE FROM OPERATING ACTIVITIES	13,969,204	11,503,194
EXPENSES		
Employee costs	6,481,138	4,740,159
Facilities	2,348,083	2,449,241
Travel & events	4,338,097	3,258,057
Information technology	701,253	475,784
Professional services	1,010,537	690,098
Other costs	289,117	572,622
Research grants	761,485	820,449
TOTAL EXPENSES FROM OPERATING ACTIVITIES	15,929,710	13,006,410
DEFICIT FROM OPERATING ACTIVITIES	(1,960,506)	(1,503,216)
INCOME FROM NON-OPERATING ACTIVITIES		
Investment income	211,864	2,018,756
RESULT FROM ORDINARY ACTIVITIES	(1,748,642)	515,540

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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 2007, 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

RSM BIRD CAMERON PARTNERS
Chartered Accountants

P A Ransom

P A RANSOM
Partner

31 March 2008
Melbourne

Liability limited by a
scheme approved under
Professional Standards
Legislation

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

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International, an affiliation of independent
accounting and consulting firms.



BALANCE SHEET AS AT 31 DECEMBER 2007

	2007 \$	2006 \$
CURRENT ASSETS		
Cash and cash equivalents	2,078,325	1,367,634
Trade and other receivables	3,299,237	3,653,495
Other financial assets	13,291,273	15,247,315
Other	569,308	352,182
TOTAL CURRENT ASSETS	19,238,143	20,620,626
NON CURRENT ASSETS		
Property, plant and equipment	11,649,436	10,897,335
TOTAL NON CURRENT ASSETS	11,649,436	10,897,335
TOTAL ASSETS	30,887,579	31,517,961
CURRENT LIABILITIES		
Trade and other payables	2,358,419	2,219,812
Provisions	260,789	139,091
Other	6,151,869	5,308,484
TOTAL CURRENT LIABILITIES	8,771,077	7,667,387
NON CURRENT LIABILITIES		
Provisions	26,608	12,038
TOTAL NON CURRENT LIABILITIES	26,608	12,038
TOTAL LIABILITIES	8,797,685	7,679,425
NET ASSETS	22,089,894	23,838,536
EQUITY		
Share capital	2	2
Retained earnings	22,089,892	23,838,534
TOTAL EQUITY	22,089,894	23,838,536

**STATEMENT OF RECOGNISED INCOME AND EXPENSES
FOR THE YEAR ENDED 31 DECEMBER 2007**

	2007 \$	2006 \$
Total equity at the beginning of the year	23,838,536	23,322,995
Movement in retained surplus	(1,748,642)	515,541
Total Equity at the end of the year	22,089,894	23,838,536

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2007

	2007 \$	2006 \$
CASH FLOW FROM OPERATING ACTIVITIES	Inflows / (Outflows)	
Subscriptions and entry fees received	5,479,367	4,678,612
Examination and trainees fees received	5,276,101	4,299,632
Regional committee income	1,374,048	523,064
Interest received	1,644,368	1,201,736
Donations received	290,323	76,397
ASM income received	2,213,527	1,616,601
Project income received	37,843	185,578
Other cash receipts	469,057	482,565
Payments to suppliers and employees	(13,732,690)	(12,067,722)
Research grants and bequests paid	(814,815)	(812,006)
Net cash provided by operating activities	2,237,129	184,456
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from sale of investments	9,479,009	2,634,552
Proceeds from sale of property, plant and equipment	6,746	566,788
Purchase of investments	(9,548,017)	(2,200,000)
Purchase of property, plant and equipment	(1,464,175)	(654,999)
Net cash used in investing activities	(1,526,438)	346,340
Net increase (decrease) in cash held	710,690	530,796
Cash at 1 January 2007	1,367,634	836,838
Cash at 31 December 2007	2,078,325	1,367,634

**NOTES TO THE CONCISE FINANCIAL REPORT
FOR THE YEAR ENDED 31 DECEMBER 2007**

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 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 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 2007, as set out in pages 1 to 5:

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

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



DR W R THOMPSON
PRESIDENT



ASSOCIATE PROFESSOR K LESLIE
HONORARY TREASURER

Dated 31 of March 2008

RSM Bird Cameron Partners

Chartered Accountants

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525 Collins Street Melbourne VIC 3000
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www.rsmi.com.au

INDEPENDENT AUDIT REPORT

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

Report on the Financial Report

We have audited the accompanying financial report of the Australian and New Zealand College of Anaesthetists ("the company"), which comprises the balance sheet as at 31 December 2007, the income statement, statement of recognised income and expenses and cash flow statement for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the *Corporations Act 2001*. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

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INDEPENDENT AUDIT REPORT (CONT.)

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

Independence

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

Auditor's Opinion

In our opinion:

- (a) the financial report of Australian and New Zealand College of Anaesthetists is in accordance with the *Corporations Act 2001*, including:
 - (i) giving a true and fair view of the company's financial position as at 31 December 2007 and of its performance for the year ended on that date;
 - (ii) complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Regulations 2001; and
- (b) the financial reports also complies with international Financial Reporting Standards as disclosed in Note 1.

RSM BIRD CAMERON PARTNERS
Chartered Accountants

P A RANSOM
Partner

31 March 2008
Melbourne

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AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

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