

# ANZCA

ANNUAL REPORT / 2006

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS



safety

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## ANZCA 2006

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



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‘Academia in anaesthesia, intensive care medicine and pain medicine has taken root and we must now ensure that it flourishes for the benefit of the community and the specialties’

# President's report

**Dr Walter R Thompson, FANZCA FJFICM**  
President, ANZCA



## Administration

2006 marked the start of a new era for the College. It was the first full year with Dr Mike Richards as the Chief Executive Officer (CEO) and during the year ANZCA Council embarked on a major process of change aimed at strengthening the College's support to Fellows and Trainees and positioning the College to be more responsive to emerging developments in its external environment. The process commenced with an organisation effectiveness review and assessment of the capabilities of the College and was followed by a strategy review, looking at key objectives for the College from 2007 to 2009.

In December 2006 Council endorsed the strategic plan for the next three years. The Strategic Plan will ensure 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.

The plan is both relevant and progressive and, when coupled with the organisation effectiveness review and the outcomes from the Taskforces, highlights the need for enhancement of the College infrastructure, resources, information technology and staffing. In addition, it was noted that there is a need for change in the ways that external relationships are managed. It is very important to ensure that the College can deal effectively and professionally with all the external opportunities and threats, while continuing to provide world-class training for Trainees and support for the Fellows in their professional development.

As a result there have been new investments in staff and infrastructure. These initiatives have been undertaken in order to increase the capabilities of the College so that we can respond more effectively to challenges facing the College and to provide better service to Fellows and Trainees. There have been many developments, but I would just like to mention three briefly. Firstly, our government and media relations effort has improved our access to both federal and state governments, and the media. This new capability achieved a significant advance late in 2006 when the Victorian government accepted the College's submission to fund four new training positions in pain medicine. Secondly, the investment in information technology, databases and website technology that commenced at the end of 2006 has produced advances in the ways in which ANZCA operates and communicates, both internally and externally, with further progress in

train through 2007. Thirdly, the College has provided educational grants for three trials of Clinical Skills Assessment Tools and is actively moving to provide distance education materials and additional evidence based clinical guidelines.

However, the organisation effectiveness review revealed serious administrative failings in our Finance unit stretching back to 2001. This primarily involved significantly understated GST liabilities to the Australian Tax Office between 2001 and 2006. A thorough forensic audit was instituted by the CEO, the GST understated liabilities and undisclosed penalties were identified, and full voluntary disclosure and payment of all liabilities made to the ATO. A subsequent management review has instituted changes to the College's accounting software, Finance management has been strengthened through new senior appointments, new risk management protocols have been developed, and new auditors have been appointed to ensure that the College's finances are managed and accounted for according to the appropriate Australian accounting standards. Through this audit/review process and the rectification initiatives, Council—and especially its Finance, Audit & Risk Management Committee—was kept fully informed, and approved the corrective action taken.

## Council

In 2006 Professor Michael Cousins retired from Council having completed his Presidency and 12 years on Council.

Drs Leona Wilson and Frank Moloney were re-elected to Council and Dr Richard Waldron was elected to Council.

Dr Annabel Orr was elected as the inaugural New Fellow to Council.

Professor Barry Baker and Professor Teik Oh were appointed as Directors of Professional Affairs

## Examinations

In 2006, 237 candidates satisfied the requirements for the Primary Examination.

During the year 183 candidates passed the Final Examination and 25 candidates passed the OTS Performance Assessment.

The examinations are becoming a major logistical exercise and changes to the Final examination format are being investigated in order to cope with the ever increasing number of candidates.

## Research

It is encouraging to note that the College received 37 applications requesting a total funding of \$1,558,262.55 for research projects in 2007. In October, following review by and recommendations

from the Research Committee, the College Council was pleased to announce that—through the ANZCA Foundation—\$612,463 will be provided for Research Awards in 2007. The ANZCA Research Committee has established a novice investigator scheme which will also provide mentoring and start-up grants for novice investigators. Late in 2006, the Council was delighted to hear several Fellows of ANZCA, JFICM and FPM, many of whom had received initial support through the ANZCA Foundation, had achieved unprecedented success in the recent NHMRC Grant announcements for 2007. This 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 for medical research are both maturing and starting to pay dividends for the specialties. I trust that all Fellows will feel justifiably proud of these achievements and will continue to support the ANZCA Foundation.

Academia in anaesthesia, intensive care medicine and pain medicine has taken root and we must now ensure that it flourishes for the benefit of the community and the specialties. However, there remains a very significant ‘funding gap’ and clearly there is more that can be achieved. The College is planning a ‘corporate’ launch for the ANZCA Foundation in 2007 in order to attract public and corporate donations to the Foundation.

## Continuing Professional Development

ANZCA introduced Maintenance of Standards (MOS) in 1995, which was revised in 1998 as the Maintenance of Professional Standards (MOPS) and further updated in 2001. In recognition of the fact that the landscape of continuing education has changed in the last six years and the need to embody both professional learning and professional growth development, a review of the MOPS program was undertaken at a workshop in April 2006. The recommendation was that MOPS be replaced by a Continuing Professional Development (CPD) program. CPD extends past maintenance of knowledge and skills to include improving personal and professional qualities throughout one's career, and it relies more heavily on self-directed learning and assessment than does the traditional continuing medical education. The proposed ANZCA CPD program has been circulated for comment prior to further revision with a view to introduction in January 2008.

## Taskforces

The taskforces that were established in 2005 all completed their reports by February 2006 and the recommendations were then prioritised by ANZCA Council. To date the 'Priority A Items' have been, or are, being implemented. Several of the taskforces had recommendations related to communication at a number of levels and as a result there has been a revamp of the Bulletin and improved

communication with the Regional Committees, but more importantly there has been a major upgrade of the computing and web-based capabilities at the College. These will facilitate communication with Fellows, web-based educational activities and interaction with College processes. In addition, I would like to note the following developments:

### Quality and Safety

The College has had a long standing commitment to Quality and Safety in healthcare. However, two of the Taskforces established in 2005 had recommended that ANZCA establish a Quality & Safety Committee in order to provide a specific focus for quality and safety issues and to facilitate feedback to the Fellowship. In 2006 Council established the Quality & Safety Committee 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 to provide advice to parent organisations, health authorities and patients on safety and quality in anaesthesia.

The first goal will be to re-establish an effective incident monitoring system in Australia and New Zealand. As an initial step, the Committee has finalised the agreement between ANZCA, the Australian Society of Anaesthetists (ASA) and the New Zealand Society of Anaesthetists (NZSA) establishing the Australian and New Zealand Tripartite Anaesthesia Data Committee (ANZTADC).



### **Perioperative Medicine**

Following on from the Perioperative Medicine Taskforce the Council established the Perioperative Medicine Committee (POMC) and in 2006 this committee pursued the development of clinical models and is now planning to test the suggested models at a variety of clinical sites. In addition, the POMC will be developing educational strategies that will facilitate the involvement of anaesthetists in perioperative medicine.

### **Professionalism**

There has been extensive consideration and further input into the proposed Code of Conduct. Council has considered several revisions of the document and has given extensive consideration to all the issues that are related to the proposals from the Taskforce.

### **Disaster Medicine**

Following the recommendations of Australian Disaster Response Taskforce, a Disaster Response Executive of three Fellows was established. This Executive has been developing a Disaster Response database plus guidelines that address the key issues for individuals and hospital Departments of Anaesthesia in relation to domestic and international disaster response.

### **New Fellow on Council**

There is now an elected New Fellow on Council

### **Awards**

At the 2006 ANZCA ASM, Orton Medals were awarded to:

- > Professor Garry David Phillips
- > Dr Pamela Elizabeth Macintyre
- > Professor Cindy Sui Tee Aun
- > During 2006 ANZCA Citations were awarded to:
  - > Dr Kenneth McLeod
  - > Dr Campbell Barrett (posthumous award)
  - > Dr Roman Kluger

### **Conclusion**

2006 was clearly a 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 Taskforces and College Committees, Examiners, Councillors and many other Fellows. I would also like to thank the community representatives, the staff at the regional and national offices, Mr Michael Gorton the College Solicitor, and the staff, management and Chief Executive Officer at national headquarters for their extensive contributions to the College.

### **Dr Walter R Thompson**

President

A photograph of a person in a laboratory setting, wearing a white hairnet and a lab coat. The person is looking down and appears to be working with equipment. The image has a strong blue color overlay. In the background, there are shelves with various items, possibly petri dishes or lab equipment. The text is overlaid on the lower left portion of the image.

‘As such, the strategy creates a focused and revitalised organisation with clear priorities and targeted outcomes that ensures support for its Fellows...’

# CEO's report

**Dr Mike Richards**  
Chief Executive Officer



This is my second Annual Report as Chief Executive Officer of ANZCA, but my first for a full reporting year since taking up appointment as CEO in December 2005. The year has seen significant advances for the College as the organisation has sought to modernise and professionalise its operations and activities.

An early focus during 2006 was in rebuilding critical infrastructure and building capability to enable the College to respond to the key priorities of Council as it works to advance quality and safety in anaesthesia, intensive care and pain medicine, and to support Fellows and Trainees in asserting and upholding quality standards in the profession. The College had grown steadily in recent years as it has been called upon to take on new tasks and responsibilities, and to respond to the increasing demands of government and its agencies to report on anaesthesia workforce issues and fulfil new compliance obligations with respect to matters

like trainee data and OTS assessments. ANZCA's administrative capacity to effectively meet those obligations was constrained by both technical and human resource limitations. Specifically, our IT infrastructure had not kept pace with technical advances with respect to communications, database and website management, and our staff capabilities had not been expanded in line with the stakeholder demands being put on the organisation. Those limitations were exacerbated by a financial accounting system that needed serious upgrading to provide more timely, comprehensive and meaningful financial reporting to management and Council, and ultimately the Fellowship.

Hence, the shape of the College's reporting year was determined by the need to effectively address these issues, whilst ensuring that the key imperatives of education and training and exams were met seamlessly and well. More broadly, the focus of 2006 was in three primary areas:

› a **strategy review** involving Council and senior staff to draw out the key priorities of ANZCA in the period 2007-2009, and establish a strategy implementation plan to ensure Council's objectives were achieved;

› an **organisation effectiveness review** involving all staff to ensure that the structure and operations of the College were aligned with those objectives—in other words, to prioritise our administrative effort to better reflect Council's strategic imperatives; and

› a **restructured Budget process** to ensure that the financial resources of the College were used to support the approved priorities of the Council.

The strategy plan and the effectiveness review were the result of extensive planning, discussion and consultation involving Council members and senior staff. The six main objectives identified in the strategy plan—which was approved by Council following an intensive strategy workshop in late 2006—are to:

- › position ANZCA as the primary conduit of specialist training in anaesthesia; ensuring the pre-eminence of the College in delivering authoritative and cost-effective anaesthesia training;
- › ensure that College Fellows continue to possess knowledge and skills relevant to the health care system in which they work; thus fostering safety and quality patient care;
- › develop and communicate ANZCA's position on the differing roles and professional training of Fellows and others providing sedation and

anaesthesia-related care; facilitating dialogue and an understanding of the role of anaesthetists with governments and other health workers;

› improve the College's standing with governments, media and other key stakeholders; helping ensure that the role of anaesthetists is understood and considered in the early stages of formulating policies or programs that potentially affect the profession;

› ensure that the Council and Committee structures are responsive to the strategic priorities of the College; and

› improve the support for, and communications to, Fellows and Trainees; and improve the ease of doing business with the College.

The 2007 strategy proposes significant changes to the workings of the College at both an operational and strategic level. In conjunction with the organisation effectiveness review, it aims to streamline and simplify the administrative processes that currently consume a great deal of Council's, and most of the administrative staff's, time. This will be enhanced by improvements to the College's IT systems and a redevelopment of the ANZCA website. The Committee structure will be reviewed to ensure alignment with the College strategy, and the roles redefined to relieve some of the current workload of Council. And, finally, additional staff resources will be added to assist Council in identifying and addressing the many exogenous factors that affect the workings of the College.

Achieving the strategic outcomes identified and endorsed in the strategy plan will require considerable effort on the part of both Council and administrative staff. For College staff it means rethinking the many paper-based processes

with which they are very familiar, and learning new ways of managing administrative processes and making greater use of online and electronic communications with Fellows. For Council, it requires making significant decisions on many of the core activities of the College—e.g., the Training Program, Clinical Skills Assessment methodology, a new CPD program—while heightening its strategic focus and managing the increased demands of governments and other jurisdictional bodies.

But the changes, once implemented, will create a College and Council that is more efficient, better focused and more responsive to the external demands placed upon it. As such, the strategy creates a focused and revitalised organisation with clear priorities and targeted outcomes that ensures support for its Fellows and maintains the highest standards of practice and ethics in relation to anaesthesia, intensive care and pain medicine.

That commitment has been already tangibly expressed through Council's approval of increased resources to upgrade critical infrastructure and build staff capability. Foremost has been the upgrading in 2006 of the IT and communications infrastructure involving new fibre-optic cabling in ANZCA House, and the provision of new servers to underpin the planned revamp of the College website.

That project, scheduled to be completed late in 2007, will simplify sign-on procedures for Fellows and Trainees, automate our on-line registration functions, and provide a more user-friendly, more easily navigable web-site.

Building capability has involved recruiting staff in new areas of College activity, such as government and media relations, to enable the College to better position itself with key decision-makers and opinion-formers. That initiative was shown to be effective in 2006 with significantly greater media

coverage of the conference presentations by Fellows at the Annual Scientific Meeting. More than forty media stories were published or went to air during the ASM, the result of a significant effort by our government and media relations team. As well, submissions to government regarding expanded numbers of trainee positions—for example, for pain medicine in Victoria—have confirmed that more can be done to have the key priorities of the College embraced by the jurisdictions.

The modernisation and professionalisation program referred to above required significant expenditure in 2006, expenditure that was made possible by the strong financial performance of the College. The overall financial result for 2006 was a healthy surplus, although one underpinned by exceptional growth in the dividend stream from ANZCA's investment portfolio. The overall revenue for the year ended 2006 of \$13.5m. was 15 per cent greater than that for 2005 (\$11.8m). Total expenses increased by 30 per cent to \$13.0m. leaving a surplus of \$0.5m. Within the 2006 expenses, administration expenses increased due to increased capability in the areas of education, finance, information technology, strategy and policy development. The net assets of the College increased by 2.2 per cent to \$23.8m.

Finally, I would like to thank the Council of the College—particularly successive presidents, Professor Michael Cousins AM, and Dr Wally Thompson—for their encouragement and support in 2006; my senior management team and the staff of the College for their dedicated efforts and hard work over the course of a challenging year; and the Fellows and Trainees of ANZCA, whose professional interests I have been privileged to serve.

**Dr Mike Richards**  
Chief Executive Officer



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AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

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# ANZCA



Professor Alan Merry,  
FANZCA, FFPANZCA

## QUALITY AND SAFETY COMMITTEE

Anaesthetists have long taken pride in being leaders in patient safety, and ANZCA is an organisation dedicated to safety and quality in the care we provide to our patients.

In response to recommendations from its taskforces on Data and on an Integrated Approach to Quality and Safety (set up by former President, Professor Michael Cousins), Council established a new Quality and Safety (Q&S) Committee. The aim of the Committee is to assist Council in actively advancing the mission of ANZCA to serve the community by fostering safety and quality in patient care in anaesthesia, intensive care and pain medicine. The combined 42 recommendations from the taskforces provide the framework for the Q&S Committee.

The inaugural membership of the Committee was:

- 1 Alan Merry (Chair)
- 2 Christine Jorm
- 3 Neville Gibbs
- 4 Pat Mackay
- 5 Greg Deacon
- 6 Graham Sharpe
- 7 Michelle Joseph
- 8 Frank Moloney
- 9 Garry Phillips
- 10 Bruce Corkill
- 11 Diana Khursandi

Recently Michelle Joseph (who chaired the Data Taskforce) has stood down because of other commitments and Paul Myles and Michael Gorton have now joined the Committee. Also Richard Clarke has taken over from Greg Deacon, in the role of President of the ASA.

The Committee's inaugural meeting was held in Adelaide on 14th May 2006. At that meeting a number of priorities were established.

### Communication

The new Committee has identified communication as high on this list of priorities. A regular section in the Bulletin will be devoted to reports from the Committee, dealing with different aspects of quality and safety. We envisage publishing a brief case report in each Bulletin as well, highlighting possible topical points of concern in relation to anaesthesia and pain management. In addition anaesthetic alerts will be published and readers will be referred to relevant publications. The success of this initiative depends on involvement of all Fellows and contributions will be actively sought. Anyone who would like to contribute cases or correspondence to this column should contact Pat Mackay (patmack@bigpond.net.au).

It is hoped that, with the redevelopment of the ANZCA website, a much more extensive information hub on safety and quality will be established.

## Mortality Assessment

Supporting the excellent work of the State Anaesthesia Mortality Committees is another obvious priority. A Workshop on Anaesthetic Mortality was held on 23rd September 2006, chaired by Neville Gibbs, with all State Mortality Committee Chairpersons and several Q&S Committee members and other important stakeholders in attendance. The aim of the workshop was to increase the understanding of issues relating to anaesthetic mortality reporting in Australasia, and to formulate a plan to improve both reporting and education in anaesthetic mortality throughout the region. A summary of the workshop appeared in the December 2006 Bulletin.

## Incident Reporting – the Australian and New Zealand Tripartite Anaesthetic Data Committee

The Q&S Committee facilitated the formalisation of an agreement between the Australian and New Zealand College of Anaesthetists, the Australian Society of Anaesthetists, and the New Zealand Society of Anaesthetists and established the Australian and New Zealand Tripartite Anaesthetic Data Committee (ANZTADC).

The inaugural meeting of the ANZTADC was held on 22nd September 2006 at ANZCA House in Melbourne. At this meeting, a Memorandum of Understanding, signed by the Presidents of the Australian and New Zealand College of Anaesthetists, Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists, formalised a long discussed desire for these three organisations to work together to improve incident reporting within our region.



Dr Neville Gibbs,  
FANZCA

The principle objectives of this Committee are:

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

The first goal of the Committee will be to re-establish an effective incident monitoring service for Anaesthetists in Australia and New Zealand. A workshop of users of systems to subserve incident reporting is to be held in New Zealand in March 2007, to refine the criteria for selecting a system for use in Anaesthesia.

## Plans for 2007-2008

We aim to develop the infrastructure to facilitate the numerous activities presaged above. This will include a staff member to serve the Committee, a part time Medical Director and a project officer for ANZTADC.

The major focus for the coming year will be establishing incident reporting in anaesthesia as a tripartite activity, improving the coordination of the review of mortality data in Australia and hosting a workshop to discuss standard operating procedures in anaesthesia.

## TRAINING AND ASSESSMENT

Trainees are selected in a process which complies with College guidelines, based on the Medical Training Review Panel Report '*Trainee Selection in Australian Medical Colleges, 1998*' (Brennan). Interview, selection and appointment are carried out by jurisdictions, with the assistance of College representatives.

After 24 months general hospital experience, training can begin at the date of commencement of supervised training within an Approved Hospital Department. The five-year training program is divided into Basic (24 months) and Advanced Training (36 months) with structured progression through a series of learning experiences organised into 12 Modules. These include major anaesthesia subspecialty areas, pain medicine, intensive care, professional attributes and practice, and a Formal Project which advances skills in scientific enquiry,

Trainee aims, learning objectives, required knowledge, skills, attitudes and behaviours, and assessments for each Module are detailed in the document '*ANZCA Curriculum Modules for the Diploma of Fellowship of the Australian and New Zealand College of Anaesthetists*'.

Assessment is by means of:

- › Regular formative in-training assessment
- › Satisfactory completion of Modules
- › The Primary Examination, based on the '*Syllabus for Examination in the Basic Sciences in Anaesthesia and Intensive Care*'

- › The Final Examination which assesses the theory and practice of clinical anaesthesia, intensive care medicine and pain medicine, and relevant aspects of clinical medicine
- › Completion of either the Early Management of Severe Trauma (EMST) or the Effective Management of Anaesthetic Crises (EMAC) course.

The College supports part-time and interrupted training, and recognises prior experience in anaesthesia-related disciplines.

## Trainee Numbers

At the end of 2006, the following number of financial Trainees was registered with the College:

Australia	953
New Zealand	198
Hong Kong	92
Singapore	56
Malaysia	25
Other	21
	<b>1345</b>



## TRAINEES' COMMITTEE

The ANZCA Trainee Committee consists of the chairs of the ANZCA Regional Trainee Committees. The Committee met three times during the year via teleconference. It was chaired by Annabel Orr (Vic), who brought valuable continuity to the committee, having been on the committee the previous year. The other members were Corinne Bennett-Law (NZ), Angela Ralph (Tas), David Duke (NSW), Ben Lloyd (Qld), Andrew Beinssen (SA), Alan Millard (WA), Wanling Leong (Singapore), Rafidah Atan (Malaysia), and Assad Hussain (Hong Kong). Leona Wilson, Chair of the Education and Training Committee, was an ex-officio member and provided a valuable sounding board for Trainee discussions.

The Committee felt its primary roles were as a platform to have Trainee concerns expressed in a formal and collective way to the College, and as a representative group that the College could consult to gauge trainee opinion. In this regard the most significant ongoing issue was undoubtedly that of the Revised FANZCA Program.

The regional representatives reported concern from Trainees that the goalposts had been shifted after they had commenced training. Of particular concern was access to subspecialty training in order to complete modules, specifically paediatric, cardiac and neuroanaesthesia. In some cases registrars were unable to sit Final examinations as they had not completed a sufficient number of modules.

The Committee felt that Leona Wilson had taken on-board the concerns it expressed and it was able to report back to Trainees in each State the feedback on these issues.

Other issues discussed included:

- › the status of rural training rotations (being compulsory or not);
- › Trainee involvement in the hospital accreditation process;
- › a proposal for a compulsory Provisional Fellowship Year after completing the final examination and all modules;
- › a survey of Trainee experiences conducted by the College;
- › a proposal for College regulations to recognize that over supervision of senior Trainees is an issue in some institutions; and
- › reasons for the low traffic on the College-run Trainee “e-Communities” website.

In all, the Committee felt it had provided an important link in communication between trainees in each region and the College Education and Training Committee. May that liaison continue and enrich in 2007.

## EXAMINATIONS

The examinations co-ordinated by the General Examinations Committee (GEC) are the ANZCA Primary Examination, the ANZCA Final Fellowship Examination, the Overseas Trained Specialist Performance Assessment and the Examination for the Certificate in Diving and Hyperbaric Medicine.

The courts of Examiners, the Final Examination Committee (FEC) and the Primary Examination Committee (PEC) report to Council via the GEC. A/Professor David Cottee and Dr Noel Roberts chaired the PEC in 2006. Dr Michele Joseph was the Chair of the FEC in 2006.

### ANZCA Primary Examination

Two Primary Examinations were held in 2006 as follows:

#### February/April 2006

One hundred and fifty three (153) candidates presented for the Pharmacology section and of those ninety four (94) were approved. One hundred and fifty four (154) candidates presented for the Physiology section and of those one hundred and four (104) were approved. In total ninety six (96) candidates satisfied the requirements of the Primary Examination.

The Renton Prize for the half year ended 30th June 2006 was awarded to Dr Raymond Tiong Chin Hu (VIC).

Merit Certificates were awarded to Drs Lisen E Hockings (WA), James P Jarman (NZ), Jonathan R Golshevsky (VIC), Steven J Philpot (WA), Jonathan G Hiller (VIC) and Kirsten N Matheson (NZ).

#### July/September 2006

One hundred and ninety six (196) candidates presented for the Pharmacology section and of those one hundred and fifty three (153) were approved. Two hundred (200) candidates presented for the Physiology section and of those one hundred and forty two (142) were approved. In total one hundred and forty one (141) candidates satisfied the requirements of the Primary Examination.

The Renton Prize for the half-year ended 31st December 2006 was awarded to Dr Damien R Wallman (WA).

Merit Certificates were awarded to Drs James M M Dowling (SA), James M Koziol (VIC), Andrew D Jones (VIC), Quek Sui-Yi Alina (SGP), Chan Lai Mei (HKG), David F Isaac (NSW), Wat Chun Yin (HKG), Jennifer E Upton (NSW), Peter J Effeney (VIC), Benjamin Hallett (VIC), Adam R Nettleton (VIC), Katherine J Perry (NZ), Chun K Wong (SA), Nicholas W Marks (NZ) and Adriano G Coccianti (VIC).

### ANZCA Final Fellowship Examination

Two Final Fellowship Examinations were held in 2006 as follows:

#### May 2006

One hundred and twenty eight (128) candidates presented for the examination and one hundred and sixteen (116) were approved.

The Cecil Gray Prize for the half year ended 30th June 2006 was awarded to Dr Brett Chaseling, (QLD).

Merit Certificates were awarded to Drs Peter Waterhouse (QLD), Daniel Jolley, (VIC) and Linda Beckmann (QLD).

### **September 2006**

Eighty four (84) candidates presented for the examination and sixty seven (67) were approved.

The Cecil Gray Prize for the half year ended 31st December 2006 was awarded to Dr Heidi Walker (NZ).

Merit Certificates were awarded to Drs Benjamin Cheung (QLD), Kenneth Chin (SA), Lionel Tan (QLD) and Rudolf van der Westhuizen (QLD).

The total number of candidates who passed the Final Fellowship Examination in 2006 was one hundred and eighty three (183).

### **Overseas Trained Specialist Performance Assessment**

Two assessments were held in 2006.

#### **May 2006**

Thirty four (34) candidates presented for assessment and ten (10) were approved.

The OTS Certificate of Excellence was awarded to Dr Neil Paterson (QLD).

#### **September 2006**

Thirty (30) candidates presented for assessment and fifteen (15) were approved.

The OTS Certificate of Excellence was awarded to Dr Rajesh Brijball (QLD).

The total number of candidates who passed the OTS Performance Assessment in 2006 was twenty five (25).

### **Certificate in Diving and Hyperbaric Medicine**

#### **October 2006**

This examination was not conducted in 2006.

### **MAINTENANCE OF PROFESSIONAL STANDARDS**

The Maintenance of Professional Standards Program (MOPS) aims to foster continuing scholarship 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 is currently being revised and a Continuing Professional Development Program will be implemented in January 2008, replacing the current MOPS Program.

### **The Audit Report of 2005 returns is set out below:**

The participation rate in MOPS among the Fellows over the past 12 months has increased to 54% (cf 50% in 2004). Once again, New Zealand stands out at 88%. South Australia's participation has again increased; from 38% in 2004 to 44%. In addition, there have been significant increases in participation rates from other states: ACT from 50% in 2004 to 60% and NSW from 56% in 2004 to 69%. The remaining states have participation rates as follows: QLD 47%, VIC 53%, WA 31%, TAS 65% and NT 53%.



Of those returns submitted 92% met all criteria.

The number of non-fellows continues to increase with 157 participants in 2005. 63% of these are from New Zealand.

➤ 40 participants were randomly selected for auditing. All participants bar one have sent in the documentation to support their 2005 Annual Returns. The participants audited came from NZ (8), NSW (7), QLD (9), VIC (6), SA (3), TAS (2), WA (1), NT (1), CANADA (1), SINGAPORE (1) and UK (1).

Of those selected the average number of CME/TTR points was 210 and the average number of QA points was 50.

- The audit was performed by members of the CE & QA committee who are also Councillors.
- 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 participant's practice.
- Results: (thus far, with documentation for one participant not yet received)
  - 38 were satisfactory
  - 1 was given Provisional Approval. This participant has been asked to provide further documentary evidence
  - 0 returns had significant errors in documentation.

➤ The auditors were pleased to see the range of activities that participants had taken part in. It was noted that several participants had under claimed, in that when reviewing the documentation, it was apparent that they could have claimed for more activities to be credited in their return, particularly in the area of Local CME and QA Meetings.

➤ Errors noted:

- Evidence of attendance at CME (Code 1.2) or QA (Code 2.1) hospital/practice meetings is variable in quality. Annual attendance certificates seem to be provided only occasionally by practices.
- Some participants claimed CME and QA activities that they could not provide supporting documentation for.
- Sometimes unclear which documentation referred to which activity claimed.

➤ The auditors considered that the activities recorded by the participants were relevant to their practice.

➤ Recommendations:

- To use the findings from this and previous audits for the revision of the program
- For the MOPS Program Manual to indicate clearly what evidence needs to be retained – particularly for rural practitioners
- The same format and timetable should be used for next year. Selected Councillor members of the CE & QA Committee will be asked to perform the audit of 40 randomly selected returns.

➤ The auditors made a note of any outstanding issues with each participant's returns, and these were notified to the participant when the material was returned to them.

➤ The MOPS program is currently undergoing revision, using the information from the audits of this and previous years.

## CONTINUING MEDICAL EDUCATION

### **ANZCA, JFICM, FPM Annual Scientific Meeting (ASM), Adelaide, 13-17 May 2006**

The premier event of the College and Faculties' continuing education calendar was held at the Adelaide Convention Centre. The Meeting themed 'All in a day's work' was convened by Dr Margie Cowling, with the Scientific Program organised by Dr Pam Macintyre. Faculty programs were coordinated by Dr Tim Semple (FPM) and Dr Dilip Kapur (FPM) and Dr Mark Finnis (JFICM). The meeting attracted 628 full registrants, 77 Faculty registrants, 245 exhibitor registrants, and 203 day registrants. The Professional Conference Organiser was SAPMEA.

World-class visitors included Dr William Harrop-Griffiths from England (ANZCA Foundation Visitor), Dr William Macrae from Scotland (FPM Foundation Visitor), Dr Geoffrey Shaw from New Zealand (JFICM Foundation Visitor), Associate Professor Kate Leslie from Melbourne (Douglas Joseph Professor and Australasian Visitor), Dr Therese Horlocker from USA (SA Invited Visitor, Anaesthesia), Dr Suellen Walker from England (SA Invited Visitor, Pain Medicine).

### **The 2006 Named Lectures were:**

#### **The Australasian Visitor's Lecture**

Associate Professor Kate Leslie  
*Dreaming under anaesthesia*

#### **The Michael Cousins Foundation Lecture**

Dr William Macrae  
*Can we prevent chronic pain after surgery?*

#### **The JFICM Foundation Visitor's Lecture**

Dr Geoffrey Shaw  
*Think smart or drive blind: sensors and models in critical illness*

#### **The Ellis Gillespie Lecture**

Dr William Harrop-Griffiths  
*Should general anaesthesia remain the mainstay of modern anaesthesia?*

#### **The Mary Burnell Lecture**

Dr Therese Horlocker  
*Analgesia without paraplegia: neuraxial anaesthesia and anticoagulation*

#### **The South Australian Pain Medicine Visitor's Lecture**

Dr Suellen Walker  
*Development changes in spinal cord pain processing: implications for management*

### **The 2006 Prize Winners were:**

Gilbert Brown Prize: Dr Ashley R Webb (Vic)  
*The addition of a ketamine infusion to tramadol for postoperative analgesia: a double-blinded, placebo-controlled, randomised trial after abdominal surgery*

Formal Project Prize: Dr Gabriel Snyder (Vic)  
*Intrathecal pethidine does not decrease shivering during caesarean section when compared to intrathecal fentanyl*

The ASM was supported by a large Health Care Industry Exhibit, and successful liaison with local, national and overseas media. The social program, organised by Dr Lynne Rainey, included the College Ceremony held at Bonython Hall at the Adelaide University, with College Orator Mr Bernard Salt, and presentation of new Fellows of the College and its Faculties.

The ASM was preceded by the annual New Fellows' Conference, held at McCracken Country Club, Victor Harbour, and the Faculty of Pain Medicine Refresher Course Day held at Radisson Playford Hotel prior to the commencement of the ASM.

## RESEARCH GRANT AWARDS

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

**Assoc Prof M Chan (HK)**

\$26,650 *PeriOperative ISchemic Evaluation (POISE) study. How does metoprolol prevent postoperative cardiac complications?*

**Assoc Prof M Chan (HK)**

\$58,652 *Visualizing expired air dispersion during common respiratory therapy: a simulator model to assess the risk of nosocomial infection*

**Assoc Prof K Leslie (VIC)**

\$53,807 *ENIGMA Trial Long-term follow-up study*

**Professor M J Paech (WA)**

\$15,149 *The use of skin conductance monitoring to predict severe hypotension after spinal anaesthesia for elective caesarean section*

**Professor M J Paech (WA)**

\$45,549 *Transfer of parecoxib into breast milk; a study of post-operative use following caesarean section*

**Dr A J Davidson (VIC)**

\$44,820 *An international RCT comparing spinal and general anaesthesia on neurodevelopment outcome and apnoea in neonates*

**Dr A J Davidson (VIC)**

\$14,006 *Explicit recall during anaesthesia in children*

**Assoc Prof P J Siddall (NSW)**

\$50,943 *Activation of brain regions in people with neuropathic pain following spinal cord injury*

**Dr A N Pollock (NZ)**

\$20,000 *Pharmacological characterisation of malignant hyperthermia*

**Dr P J Peyton (VIC)**

\$40,000 *Continuous non-invasive measurement of cardiac output in ventilated patients by the pulmonary capnodynamic method*

**Assoc Prof A W Quail (NSW)**

\$40,000 *The effects of volatile anaesthetic agents on bronchial dimensions and blood flow*

**Dr D J Sturgess (QLD)**

\$22,500 *Comparison of BNP, Troponin and Tissue Doppler in the Evaluation of Ventricular Filling and Prognosis in Severe Sepsis*

**Assoc Prof D J Cooper (VIC)**

\$54,280 *PROphylaxis for ThromboEmbolism in Critical Care Trial*

**Dr M J Chapman (QLD)**

\$35,965 *Effects of glucagon-like peptide-1 on glucose levels and small intestinal transit in critically ill patients*

**Professor P S Myles (VIC)**

\$21,500 *International Perioperative genetics and safety outcomes study in cardiac surgery (iPEGASUS)*

The Harry Daly Research Award was awarded to Professor Paul Myles for his project "International Perioperative genetics and safety outcomes study in cardiac surgery (iPEGASUS)"

The Organon Research Award was awarded to Dr David (Jamie) Cooper for his project "PROphylaxis for ThromboEmbolism in Critical Care Trial"

The 2006 Academic Enhancement Grant was awarded to both Professor J Lipman, Department of Anaesthesia, Royal Brisbane and Women's Hospital and Professor C A Kam, Department of Anaesthesia, Royal Prince Alfred Hospital, Camperdown, in the amount of AUD\$45,000 each.

Dr R W Frengley (NZ) was awarded the Simulation/ Education Grant for 2007 in the amount of \$35,000 for his project *An intervention to improve rapid sequence intubation in intensive care teams*

## OVERSEAS TRAINED SPECIALISTS

In 2006, in Australia, the College assessed 69 overseas trained specialists (OTS) according to the process outlined in ANZCA Regulation 23 and in the document 'Overseas Trained Specialists – Assessment Process' (available at [www.anzca.edu.au](http://www.anzca.edu.au)). Assessments were made by four member panels which included community representation and jurisdictional representation, and were held in February (2), April (2), June, August, September, October and November (2). 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.

Countries of OTS origin included India (36), United Kingdom (12), Germany (4), South Africa (6), Canada (1), Chile (1), China (2), Egypt (1), Finland (1), Poland (1), Saudi Arabia (1), Singapore (1), Vietnam (1), Zimbabwe (1).

Of these applicants, 31 were determined to require a clinical practice assessment period of 12 months plus successful completion of their choice of OTS Performance Assessment or Final Fellowship Examination, and 32 were determined to require 24 months, plus successful completion of the OTS

Performance Assessment (or Final Examination). Four 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 13 OTS applicants was reviewed during 2006. 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 interviews). The purpose such reviews is to assist the applicant and identify barriers to their success.

## Recommendation for Specialist Recognition

At its April 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 (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.

Twelve such applicants were recommended by ANZCA for specialist recognition. If such applicants wish to pursue Fellowship of ANZCA they are required to undertake the examination and Clinical Practice Assessment components as specified in the OTS interview.

### Area of Need Assessments

During 2006, 41 Area of Need (AON) assessments, 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](http://www.anzca.edu.au)). Of the 30 primary applications, 19 commenced in positions, and 12 have commenced in the OTS process.

During the year 11 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 2006, the NZ National Committee assessed 12 overseas trained anaesthetists. Assessments were made by four member panels which included community representation.

Countries of origin included: United Kingdom (5), South Africa (3), Canada (3), Sweden (1).

Of these applicants, 11 were determined to require a clinical practice assessment period of 12 months plus successful completion of their choice of OTS Performance Assessment or Final Fellowship Examination, and 1 was determined to require 24 months, plus successful completion of the OTS Performance Assessment (or Final Examination), in order to become eligible for consideration for admission to Fellowship.

### WORKFORCE

At the end of 2006 there were 4091 active and retired Fellows of the College. 33% were female and 77% male.

There were 213 New Fellows.

Geographical distribution was as follows:

2006	FELLOWS	NEW FELLOWS
Australia	3142	158
ACT	50	2
NSW	1035	41
QLD	592	38
SA/NT	316	16
TAS	83	2
VIC	773	38
WA	293	21
New Zealand	480	24
Hong Kong	172	11
Malaysia	53	4
Singapore	60	3
United Kingdom	97	10
USA	48	1
Canada	18	1
Other	21	1
<b>Total:</b>	<b>4091</b>	<b>213</b>



The number of anaesthetists admitted to Fellowship by training and examination in 2006 was 184. There were also 27 Fellows approved via the Overseas Trained Specialist pathway and 2 Fellows approved via the Election to Fellowship pathway.

## ACCREDITATION

### Hospitals and Training Programs

ANZCA accredits Hospital Departments and other organisations which 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 to 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.

The Hospital Accreditation Committee continued its workshops for hospital accreditors, aiming to upskill hospital accreditors and increase the pool of available accreditors.

Two new resources were developed in 2006: a Handbook for Hospital Reviewers and Handbook for Hospitals Undergoing ANZCA Accreditation. Guidelines for the accreditation of Satellite Hospitals and Theatres are under development.

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 2006, a total of 28 hospitals were inspected in Australia and New Zealand. Of these 5 were new accreditations and 23 were reaccreditations.

New applications for accreditation were received from 3 hospitals.

No hospitals were discredited.

## ANZCA AWARDS

### ANZCA Council Citation

The ANZCA Council Citation award is made at the discretion of Council in recognition of significant contributions to activities of the College, particularly in education.

Citations were awarded to the following Fellows in 2006:

- › Dr Kenneth McLeod (Qld)
- › Dr Campbell Barrett (NZ) – posthumous award
- › Dr Roman Kluger (Vic)

## COLLEGE COUNCIL

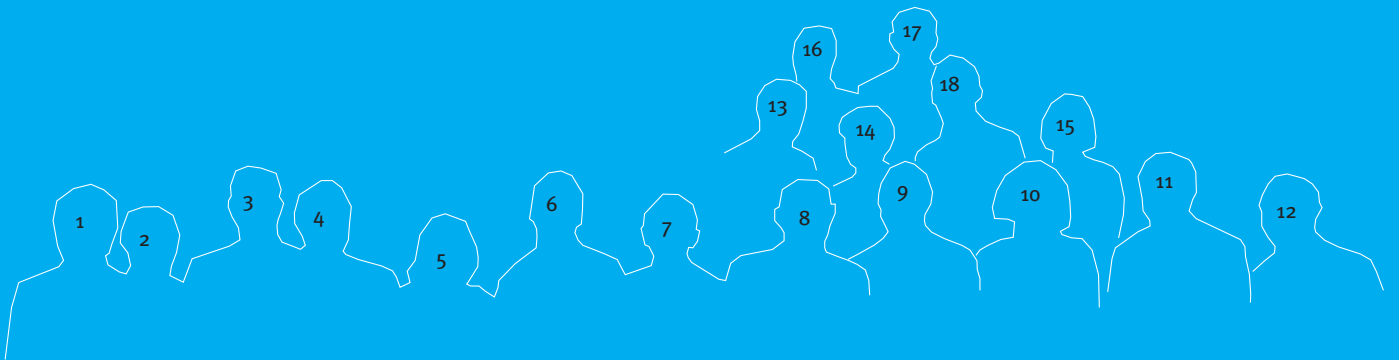
In accordance with the provisions of the Constitution, nominations were called for three vacancies on Council. As only three nominations were received, an election was not required. Drs Frank Moloney and Richard Waldron were appointed, and standing Councillor Dr Leona Wilson was re-appointed, all for a period of three years.

### New Fellow on Council

In April, Council supported the inclusion of a New Fellow on Council. It was agreed that the incumbent would be within three years of admission to ANZCA Fellowship by Examination, and would be elected by Fellows within that same demographic.

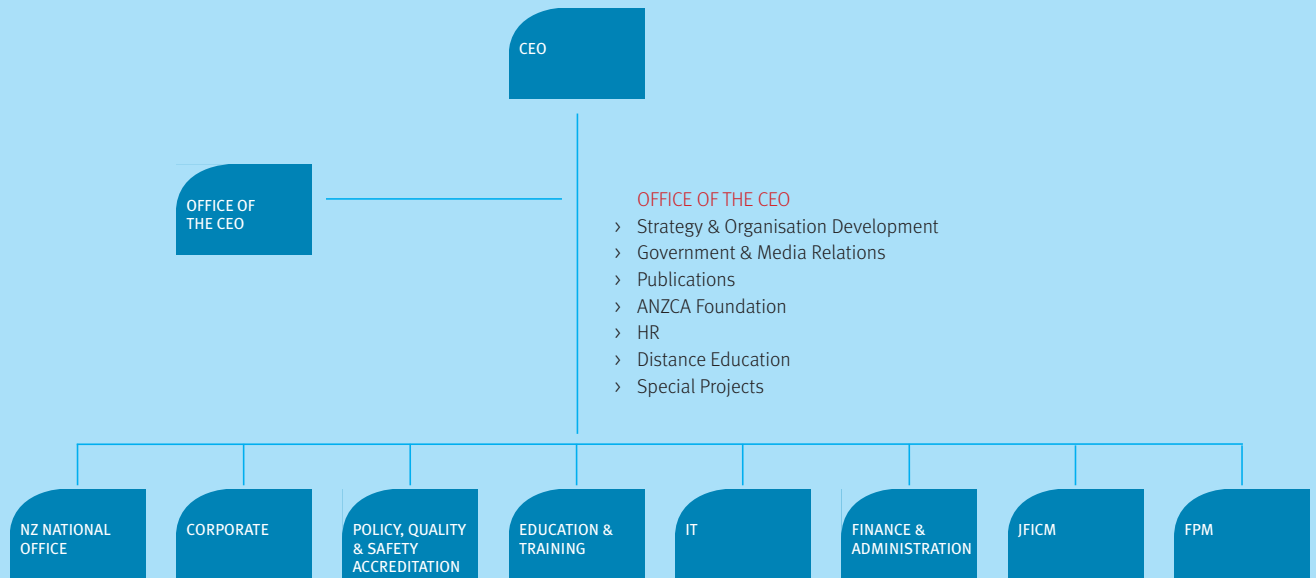
Five nominations were received. Dr Annabel Orr (Vic) was elected and her term of office will conclude in May 2008.

# College Council



- |                            |                      |                                    |                         |
|----------------------------|----------------------|------------------------------------|-------------------------|
| 1 Dr Lindy Roberts         | 5 Dr Leona Wilson    | 9 Dr Roger Goucke                  | 14 Dr Margaret Cowling  |
| 2 Professor Garry Phillips | 6 Dr Rod Westhorpe   | 10 Associate Professor Kate Leslie | 15 Dr Annabel Orr       |
| 3 Dr Richard Clarke        | 7 Dr Richard Lee     | 11 Dr Frank Moloney                | 16 Dr Diana Khursandi   |
| 4 Dr Mike Richards         | 8 Dr Walter Thompson | 12 Professor Barry Baker           | 17 Professor Alan Merry |
|                            |                      | 13 Dr Kerry Brandis                | 18 Dr Tony Weeks        |

# Organisational Chart



## NEW ZEALAND NATIONAL OFFICE

- › NZ National Committee support
- › Gov't & external communications
- › NZ Policy development
- › NZ Finance & budgets
- › Exams & Training
- › CME & SIG

## IT

- › Computer hardware and software
- › Telephones and fax systems
- › Audio-visuals
- › ANZCA website
- › Building security

## CORPORATE

- › President & Council matters
- › Regional Offices
- › Museum
- › Library
- › Archives

## FINANCE & ADMINISTRATION

- › Statutory reports
- › Management accounts
- › Audits
- › Accounts receivable & payable
- › Investments
- › Building Services
- › Reception

## POLICY, QUALITY, SAFETY & ACCREDITATION

- › Policy analysis & development
- › Facility Accreditation
- › Quality & Safety
- › OTS
- › Research
- › Clinical Trials

## JFICM

- › JFICM strategy & policy
- › Board and committee support
- › Trainee registration
- › JFICM Finance
- › External communications
- › Regional Committees
- › JFICM Events

## EDUCATION & TRAINING

- › Registration and Training
- › Exams
- › Assessor Support
- › Continuing Education
- › SIGs
- › ASM

## FPM

- › FPM strategy & policy
- › Board and committee support
- › Trainee registration
- › FPM Finance
- › External communications
- › Regional Committees
- › FPM Events

## ANZCA TRIALS GROUP REPORT

The Trials Group has worked hard in 2006 to encourage the development of multicentre studies and related research among College Fellows. We are pleased to report that the Trials Group awarded three Pilot Grants in 2006, completed its first clinical audit and started its first multicentre trial.

### ANZCA Trials Group Executive 2006

Chair: A/Prof David Story  
Dr Geoff Booth  
A/Prof Matthew Chan  
Dr Andrew Davidson  
Dr Julia Fleming  
A/Prof Kate Leslie  
Prof Paul Myles  
Prof Michael Paech  
A/Prof John Rigg  
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

Ornella Clavisi  
Research Coordinator

## Multicentre studies

### 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.

In 2006 the ATACAS trial commenced recruiting. A total of 90 patients across four sites (The Alfred Hospital, St Vincent's Hospital, Austin Hospital and Monash Medical Centre) have been recruited into the study. It is anticipated that another 16 sites will commence the trial in 2007.

### ENIGMA II Trial: Nitrous oxide anaesthesia and cardiac morbidity after major surgery: a randomised controlled trial

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)*



This is a large multicentre randomised double blind clinical trial. The study is designed to investigate whether removing nitrous oxide (N<sub>2</sub>O) 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 N<sub>2</sub>O as part of their anaesthesia.

The grant was awarded in 2006. The trial will commence recruiting patients in 2007.

#### **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)*

The project is a prospective survey designed to quantify the number of patients identified as difficult to intubate and approximate the incidence of failed intubation. It will also estimate the incidence of awareness in this patient group and establish baseline demographics of women undergoing general anaesthesia for caesarean section.

Data collection for this survey reached completion in December 2006. Thirteen sites participated in the study with data from 1070 patients collected. Analysis of results will commence in 2007.

## **Pilot Grants**

### **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.**

An RCT regarding 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.

### **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.

### **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.

## **Publications**

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: 245-253



2006 was a challenging year  
for the Joint Faculty of Intensive Care  
Medicine, with continued growth  
on many fronts

**Dr Richard Lee, FANZCA FJICM**  
Dean  
Joint Faculty of  
Intensive Care Medicine



## Education and Training

Much of the focus of activities was based on education and training issues. The review of the curriculum commenced. Highlighting the importance of the role of Supervisors of Training continued to be a priority and a successful workshop was held during the Annual Scientific Meeting.

Examinations have grown significantly. The structure for administering examinations was expanded to assist with the growing numbers of exam candidates. A new overarching Examinations Committee was formed to manage the broader issues surrounding clinical assessment, and sub-committees for the Intensive Care Primary Examination, the Fellowship Examination and the Paediatric Intensive Care Fellowship Examination were constituted. A great deal of work was completed in preparation for the inaugural Primary Examination to be held in August/September 2007,

culminating in the publication of the Syllabus for the Basic Sciences in Intensive Care. During 2006, a total of 68 candidates presented for the Joint Faculty Fellowship Examination, with 45 approved, making a pass rate of 66%. Thirteen venues from Australia, New Zealand and Hong Kong were involved. The G.A. (Don) Harrison Medal was awarded to Dr Owen Roodenberg, SA for his performance at the Fellowship Examination.

Our Fellows continued their unstinting commitment to the quality of training, via the Hospital Accreditation process, utilizing Board and regional and national committee representatives. Nineteen new applications for accreditation were received and 15 site visits were undertaken, resulting in a total of 12 new hospitals accredited during 2006. The Joint Faculty now has accredited 82 training sites, which include three overseas ICUs, and a number of units at Private Hospitals.



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. Seven OTS assessments were conducted, and three were completed, however ongoing assessment and the resulting workload has increased overall. OTS Examinations saw a total of four candidates present for examinations with two being successful.

## Professional

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

- › ANZCA Workshop on Assessment and Blueprinting
- › International Association for Medical Regulatory Authorities in November
- › ANZICS Safety and Quality Committee
- › Participation in ANZCA Strategic Review

Significant discussions with the Australian and New Zealand Intensive Care Society (ANZICS) has led to a document identifying the separate and shared roles of each body, entitled the 'Cooperation Agreement'.

In reviewing its policies, the JFICM promulgated the following:

- › *'Recommendations on Practice Re-entry for Intensive Care Specialists'*
- › *'Intensive Care Specialist Practice in Hospitals Accredited for Training in Intensive Care Medicine'*
- › *'The Supervision of Vocational Trainees in Intensive Care Medicine'*
- › *'Statement of Patients' Rights to Pain Management'*

In preparation are Guidelines for Percutaneous Tracheostomy and Pulmonary Artery Catheters.

On the rural front, an application for funding to the Support Scheme for Rural Specialists was successful, resulting in support for a BASIC Course in resuscitation and intensive care for rural practitioners and nurses.

Further afield, the Joint Faculty strengthened its ties with the European Society of Intensive Care Medicine (ESICM) with a visit by the Board's International Liaison Officer and Executive Officer to a workshop associated with its Annual Conference in Barcelona in September 2006. Visits were also made to Ireland to review Units at the Mater Misericordiae and St James' Hospitals.

The second Annual Scientific Meeting of the Joint Faculty was held in Melbourne in June 2006. Themed *'Sepsis – surviving the Guidelines'*, the meeting was again very successful. The Dinner at the Plaza Ballroom was a great opportunity to recognize the contributions of Dr Lindsay 'Tub' Worthley, who was awarded the JFICM Medal. Successful contributions were again made at the ANZCA ASM held in Adelaide and the RACP Congress in Cairns, in May.

During 2006, our Fellows were recognized by the RACP for their contributions, notably Dr Ion Alexander, who was awarded The College Medal, and Dr Paul Torzillo and A/Professor George Skowronski, who were awarded the John Sands Medal.

It should be noted that JFICM Fellows contribute a huge effort to research. For instance our Fellows received \$200,000 funding from ANZCA and have been closely involved in the ANZICS Clinical Trials Group, which was awarded grants exceeding one million dollars during 2006. This is a remarkable achievement for our comparatively small Fellowship.

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

### **Board Affairs**

One vacancy became available on the Board, when Dr Neil Matthews stepped down after completing 12 years service to the Faculty of Intensive Care, ANZCA and the Joint Faculty. Neil has made a remarkable contribution in nearly every portfolio of the Board, including Dean. Fond memories were shared over a wonderful dinner. As a result of the vacancy Dr Bruce Lister of Queensland was duly elected. Representatives from Tasmania (Allan Beswick) and South Australia (Miceal O’Fathartaigh) were co-opted.

Dr Richard Lee took office as Dean in June, taking over from Professor Jack Havill, who remains a Board member. Dr Felicity Hawker, former Dean, was employed in the part-time role of Director of Professional Affairs, providing invaluable assistance with representation to government and other organizations, and preparation of data and reports to such bodies. Dr Nikki Blackwell was elected as the New Fellow representative on the Board. This portfolio represents trainees’ interests as well and acts as Chair of the Trainee Committee.

The year provided many challenges, not least being a restructuring of administration at the JFICM office, with the resignation of two valued staff members. 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 five.

Undoubtedly the highlight of the year was the acquisition of the journal *Critical Care and Resuscitation*. This is the result of long term negotiations with the Australasian Academy of Critical Care Medicine and will be a huge resource for the research of Fellows and Trainees. A further pleasing achievement was re-accreditation of the JFICM by the Medical Council of New Zealand, for a period of six years.

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

## **JOINT FACULTY OF INTENSIVE CARE MEDICINE**

### **Board of Faculty 2006**

**Dr Richard Lee**  
Dean

**Dr Vernon van Heerden**  
Vice-Dean, Censor, Chair, OTS Committee

**Dr David Ernest**  
Education Officer

**Associate Professor John Myburgh**  
Treasurer and Research Officer

**Dr Peter Morley**  
Chairman, Examinations and  
Assistant Education Officer

**Dr Ross Freebairn**  
Chairman, Hospital Accreditation Committee,  
Rural Focus Officer and International Liaison Officer

**Dr Megan Robertson**  
Assistant Censor, MOPS Officer, ASM Officer

**Associate Professor Bala Venkatesh**  
Chairman, Fellowship Examinations Committee

**Dr Bruce Lister**  
Communications Officer,  
Journal CC&R representative

**Dr Nikki Blackwell**  
New Fellow Representative

**Professor Garry Phillips**  
Nominee of ANZCA Council


**Professor Napier Thomson**  
Nominee of RACP Council

**Dr Allan Beswick**  
Co-opted Representative, Tasmania

**Dr Miceal O’Fathartaigh**  
Co-opted Representative, South Australia

**Dr Ian Jenkins**  
Observer, ANZICS President



A person is shown in profile, looking at a grid of MRI scans displayed on a light box. The person is holding a pen, suggesting they are reviewing or marking the scans. The image has a dark, teal-blue tint. The text is overlaid on the lower left portion of the image.

‘The expansion of funded training posts across the nation should allow for strong growth within the Faculty for the coming years and help to meet the large unmet need’

**Dr Roger Goucke, FANZCA FFPMANZCA**  
Dean  
Faculty of Pain Medicine



## Strategic Planning

The Faculty Board held a Strategic Planning Day in July with a focus on short term goals for the next two years. Priorities were identified as:

**Academic** – With a focus on promoting a Pain Module in medical schools and encouraging the Confederation of Postgraduate Medical Education Councils to include pain in PGY1 and 2.

**Fellowship** – Focusing on the provision of services for Fellows (in addition to the current and continuing focus on trainees), expansion of Continuing Professional Development activities, formation of Regional Committees in larger states and possibly regional business meetings.

**Relationships** – Develop draft Memoranda of Understanding with the parent colleges and establish stronger links with the Australian Pain Society and New Zealand Pain Society and other relevant organisations. A Board sub-committee will be formed to progress these issues.

**Policy/Government** – Make contact with the Medical Council of New Zealand to raise the profile of Pain Medicine in New Zealand. Continue communication with national (AMC) and state/territory Registration Boards.

## Education and Training

The Education and Training Committee has been actively engaged in developing a number of initiatives. The potential role of the Faculty in influencing undergraduate medical curricula and early post graduate medical training is being explored and a submission was made to the Confederation of Post Graduate Medical Education Councils on Pain Medicine at PGY1 and 2. Patient Education Pamphlets are in progress, to be made available in pdf format from the website. A Seeds Distance Education Program is in development and will be launched on-line in 2007. Victoria and Queensland convened successful regional



education meetings with the support of local administrative personnel. The identification of core competencies that need to have been attained at the end of pain medicine training are under consideration and will be progressed further in the coming year along with a model to allow the Faculty to progress 'blueprinting.'

A major project to support Supervisors of Training commenced with a Supervisors of Training workshop in Melbourne in November and was facilitated by Dr Russell Jones. A further workshop will be held during the ASM in May 2007. A revised Exit Questionnaire was developed and circulated to trainees and Supervisors for inclusion in their support Kits. Professional Document *PM5 Policy for Supervisors of Training in Pain Medicine was accepted for promulgation.*

The Faculty extended its agreement with the American Association of Pain Medicine for its journal *Pain Medicine* to be adopted as the Faculty's publication vehicle for a further two years. The journal now has the Faculty name on its masthead and a number of Fellows are on the Editorial Board, one at senior level.

A companion document to the second edition of *Acute Pain Management: Scientific Evidence* was finalised with the input of a number of Faculty Fellows and was circulated to all Fellows and published on the Faculty Website in pdf format. This booklet, *Managing Acute Pain – A Guide for Patients* aims to help health professionals work with patients to manage acute pain effectively and safely.

The Faculty of Pain Medicine 2006 Refresher Course Day 'Next Patient, Please' was held in Adelaide on 12 May and attracted 127 delegates and the Annual Dinner was well attended. The Faculty contributed a two-day Scientific Program to the ANZCA Annual Scientific Meeting in Adelaide in May 2006, to which the Foundation Visitor, Dr Bill Macrae, and the South Australian Visitor (Pain Medicine), Dr Suellen Walker, contributed significantly. Dr Macrae also undertook successful regional visits to Queensland, Melbourne and New Zealand. The Faculty contributed a Pain Medicine session to the RACS Congress and will contribute to the RACS and RACP programs in 2007.

Throughout 2006 there was considerable discussion of qualification requirements for Overseas Trained Doctors wishing to enter the Faculty training Program. It was confirmed that equivalence with the qualifications of Australian trainees be endorsed and advice from the respective primary Colleges or Faculty be sought as outlined under AI 3.2.1.6 and 3.2.1.7. Directors of training units were subsequently advised that individuals not meeting Faculty requirements might be accepted by individual training units and given a certificate by that unit/facility as having completed a year of training.

Plans for a Faculty Annual Spring Meeting are progressing with the inaugural meeting to be held in October 2007 on the Gold Coast.

## **MOPS/CPD**

The Faculty strongly endorses the College's moves to broaden and develop learning portfolios within the MOPS/CPD program and will be involved in development of the revised program to be launched in 2008.

## **Examinations**

The Faculty Examination was held at the Sir Charles Gairdner Hospital, Perth on 28 November to 1 December. Fourteen of the twenty candidates were successful, representing a 70% pass rate. Successful candidates were from the following disciplines: anaesthesia (12), neurosurgery (1) and rehabilitation medicine (1).

Following a survey of recent graduates and Supervisors of Training with respect to the timing of the Faculty's examination, it was resolved that the timing would remain unchanged and would continue to be held toward the end of the training year. Consideration is being given to holding the written component two-three weeks in advance of the clinical component from 2008.

## **Training Unit Accreditation**

The Faculty's Unit Accreditation Questionnaire and Report process were extensively revised and simplified. In 2006, Concord Hospital (NSW) was reaccredited for Pain Medicine Training. Liverpool Hospital (NSW), St Vincent's Campus Pain Medicine Unit, Sydney (NSW), Royal Melbourne Hospital (Vic) and the Barbara Walker Centre for Pain Management, St Vincent's Hospital, Melbourne (Vic) were accredited.

There are now 20 accredited Pain Medicine Training Units in Australia and New Zealand.

## **Victorian Government Funding for Training Places**

The Board was delighted to hear that the Victorian Government made additional funding available for four training places in Pain Medicine in Melbourne and Geelong. Following this funding initiative, development of an exciting training rotation in Pain Medicine in Victoria is in place. It is hoped that this initiative, primarily directed by ANZCA's Director of Government and Media Relations, may be repeated in other states. The expansion of funded training posts across the nation should allow for strong growth within the Faculty for the coming years and help to meet the large unmet need.

## **Research**

The FPM Research Committee produced a comprehensive proposal to foster a culture of research and input was sought from the Fellowship and trainees.

A Pain Medicine 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 Annual Scientific Meeting has been established. The inaugural award Prize Session will be held during the 2007 ASM. Eligibility is limited to Trainees of the Faculty of Pain Medicine or Trainees of the five participating professional bodies of the FPM, or Fellows of FPM within eight (8) years of admission to their original Fellowship at the date of the meeting. The prize, to be awarded at the FPM Annual General Meeting, is in the form of a Certificate and a Grant of \$1,000 for educational or research purposes. A Scientific Papers and Research Projects Review Committee (SPARP-RC) has been established to review abstracts for Faculty Free Papers Sessions, appoint adjudication panels and to consider and formulate responses to other research papers and proposals.

Discussion has been opened with Fellows on a potential for a collaborative project with the Australasian Rehabilitation Outcome Centre run by the University of Wollongong to ascertain whether Pain Medicine Outcome Studies can be incorporated by this centre.

### **Admissions to Fellowship**

During 2006, fifteen Fellows were admitted to Fellowship; ten by training and examination and five by election. Total Fellowship as at December 2006 numbered 221, of whom seven are Honorary. Seventy-four have been admitted through training and examination. Of the 212 active Fellows, 164 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. Although the majority of trainees have been anaesthetists by primary specialty, neurosurgeons, psychiatrists and rehabilitation physicians have taken up the challenge of training in pain medicine.

### **Intercollegiate Relationships**

The Faculty continued to pursue opportunities to progress inter-collegiate interaction through involvement in participating colleges' annual meetings and through liaison with the appropriate officers. Opportunities were taken to raise awareness of the Faculty's training program through their publications. Memoranda of Understanding are gradually being progressed with the participating Colleges and Faculty and discussions continued with the College with regard

to governance issues and establishment of a budget which allows adequate funding to meet the requirements of Fellows as numbers grow.

The Faculty participated in the development of a Clinical Diploma in Palliative Medicine for General Practitioners through the Chapter of Palliative Medicine and has formally endorsed the program.

### **Pain Medicine Recognised as a Medical Specialty**

Following the recognition as a Medical Specialty in November 2005, Pain Medicine was subsequently recognised for the purposes of inclusion on Schedule 4 of the *Health Insurance Regulation 1975* which enable Medicare benefits for related services to be reimbursed. The Faculty facilitated the recognition of its Fellows by Medicare Australia in accordance with section 3D of the *Health Insurance Act*. This involved the introduction of new consultation and case conferencing items specific to Pain Medicine that general practitioners, Fellows and consultant physicians can access. These initiatives from the Federal Government should improve the development of interdisciplinary case conferences, drafting of care plans and ultimately to the encouragement of self management for our patients.

The Faculty is exploring 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.

## Board and Committees

Dr Roger Goucke, FANZCA was elected as Dean and took office in May 2006. A/Professor Milton Cohen, immediate past Dean, remains on the Board.

Dr Carolyn Arnold was elected to the Board and Professor Rob Helme retired from the Board with the Faculty's gratitude for his outstanding contribution.

## The Faculty Board comprises:

**Dr C Roger Goucke**  
FANZCA (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 Geoffrey Booth**  
FAFRM (RACP)  
(Chair, Research Committee)

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

**Dr Frank J New**  
FRANZCP

**Dr Carolyn A Arnold**  
FAFRM (RACP)

**Prof Garry Phillips AM**  
FANZCA, FJFICM  
(Co-opted Council Representative)

## Committees:

Education and Training Committee  
Examination Committee  
Training Unit Accreditation Committee  
Research Committee

## Panel of Examiners 2006

### JOINT FACULTY OF INTENSIVE CARE MEDICINE

Prof A D Bersten  
Dr M J Chapman  
Prof D J Cooper  
Dr C F Corke  
Dr S A Edlin  
Dr J S M Evans  
Dr A Flabouris  
Dr L H Galler  
Dr J Gillis  
Dr S R Keeley  
Dr C J Joyce  
Dr B G Lister  
Dr I Mitchell  
Dr T J Morgan  
Dr P T Morley  
A/Prof J A Myburgh  
Dr S Peake  
Dr N Ramakrishnan  
Dr J H Reeves  
Dr M S Robertson  
Dr M P Rowley  
Dr I M Seppelt  
Dr E R Stachowski  
Dr J M Torrance  
Prof P V Van Heerden  
Prof B Venkatesh  
Dr R Young

### FACULTY OF PAIN MEDICINE

Dr Carolyn A Arnold  
A/Prof R Leigh Atkinson  
Dr Penelope A Briscoe  
Dr Michael J Butler  
A/Prof Richard W Chye  
A/Prof Milton L Cohen  
Dr Meredith J Craigie  
Dr Matthew R Crawford  
Dr Julia A Fleming  
Dr Raymond Garrick  
Dr C Roger Goucke  
Dr David W Gronow  
Prof Robert D Helme  
Dr David Jones  
Dr Kok Eng Khor  
Dr Pamela E Macintyre  
Dr J E (Ben) Marosszeky  
Prof George Mendelson  
Dr Allan R Molloy  
Dr Frank J New  
Dr Greta M Palmer  
Dr Lindy J Roberts  
Dr Bruce F Rounsefell  
Prof Edward A Shipton



# Honorary Treasurer's Report

Associate Professor Kate Leslie, FANZCA



This is my third report as Honorary Treasurer. I am pleased to report that the College remains in a robust financial position, whilst undertaking new initiatives that have arisen from the new Strategic Plan developed by Council during the year.

The Financial Report for 2006, 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 2006 of **\$13,521,950** was 15% greater than that for 2005 (\$11,770,714). Total expenses increased by 30% to **\$13,006,410**, leaving a surplus of **\$515,541**. This surplus equates to 3.8% of the total revenue. Amongst the revenue items, income from investments increased to **\$1,983,562** (from \$1,848,208 in 2005); income from the Annual Scientific Meeting increased to **\$1,616,601** (from \$1,345,675 in 2005); subscriptions increased to **\$4,122,705** (from \$3,419,069 in 2005) and Training and Examination fees increased to **\$4,242,796** (from \$3,465,596 in 2005) reflecting higher numbers of Fellows and Trainees as well as increases in fees. Within the 2006 expenses, administration expenses increased to **\$9,878,576** (from \$7,093,439 in 2005) due to increased capability in the areas of education, finance, information technology, strategy and policy development. Research grants and scholarships paid increased to **\$836,706** (from \$678,701 in 2005).

## Balance Sheet

This is a summary of the assets, liabilities and equity position of the College. The net assets of the College increased by 2.2% to \$23,838,536. This includes investments of \$15,247,315 (accounted for at fair value). Total assets of \$31,517,961 include property, plant and equipment of \$10,897,335 (accounted for at cost minus depreciation and not at market value). Total non current assets have decreased from 2005 due to the sale of property in Queensland. The total liabilities of \$7,679,425 have increased from \$6,502,187 in 2005.

## Cash Flow Statement

There was an increase in cash held at 31 December 2006 (\$1,367,634; an increase from \$836,838).

## 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. The College's assets increased in value and revenue from fees, investments and educational activities increased. These were accompanied by an increase in expenses, but overall left a healthy surplus.

Several decisions were made in 2005 that have had an impact on the financial statements. The first was the Council's decision to increase capability in the areas of education, finance, information technology, strategy and policy development, in line with its newly adopted Strategic Plan. Senior appointments in Government and Media Relations, Strategy and Organisational Development and Professional Affairs have been made, and major project infrastructure and functionality improvements in IT has commenced. The Finance area has been supported by increased staffing and improved accounting processes. The second was the decision to account for all administrative functions of the College under "Administrative Expenses" and not arbitrarily allocate them between Fellows and Trainees. Funds available for research were augmented by donations by Fellows, with an increase anticipated after the launch of the ANZCA Foundation in 2007.

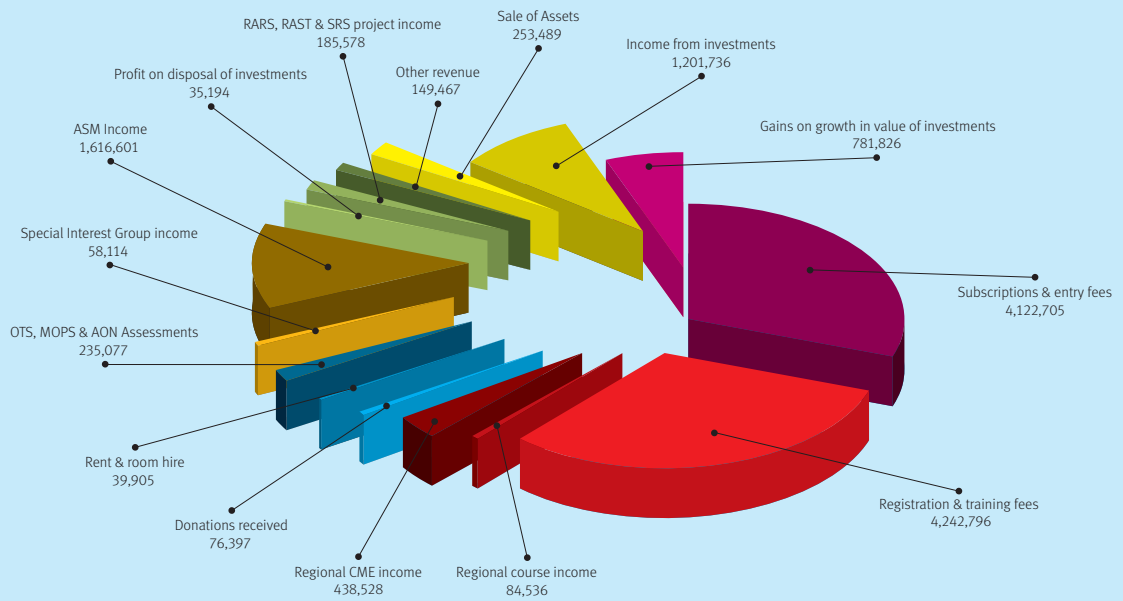
It should be noted that the College's property, plant and equipment are accounted for on a cost basis (minus depreciation), whilst its cash and managed fund investments are accounted for on a fair market value basis. The College's ASGARD wrap account continues to perform well. Due to the strength of domestic and international share markets, the market value of this investment had grown to over \$15M by 31 December 2006, as well as producing substantial interest income.

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.

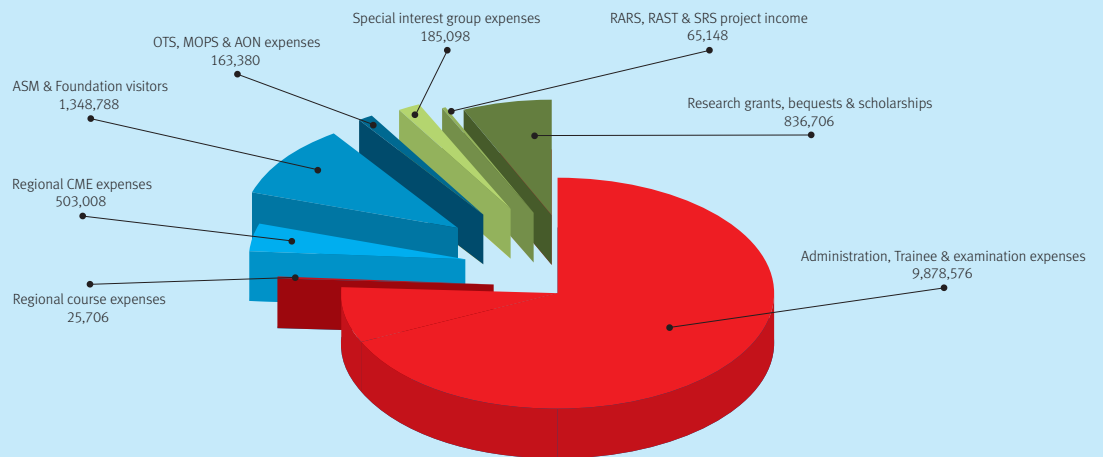
**Associate Professor Kate Leslie**

Honorary Treasurer

## TOTAL REVENUE \$ FOR THE 12 MONTHS ENDED 31 DECEMBER 2006



## TOTAL EXPENSES \$ FOR THE 12 MONTHS ENDED 31 DECEMBER 2006



## CONCISE FINANCIAL REPORT FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2006

### 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 2006 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 financial statements and the information contained in the concise financial report has been derived from the full 2006 Financial Report of the Australian and New Zealand College of Anaesthetists.

#### **Income Statement**

The operating surplus from ordinary activities for the financial year was \$515,541 which is \$1,257,086 lower than the result in 2005. Total revenue increased by 15% to \$13,521,950 whilst total expenses increased by 30% to \$13,006,410. 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.

#### **Balance Sheet**

Total assets increased by \$1,692,776 to \$31,517,958 representing an increase of 6%. This increase was mainly attributable to trading investments individually valued at fair value. Total liabilities increased by \$1,177,238 to \$7,679,425 representing an increase of 18%.

#### **Cash Flow Statement**

Cash flows increased in 2006 by \$530,796.

# RSM Bird Cameron Partners

Chartered Accountants

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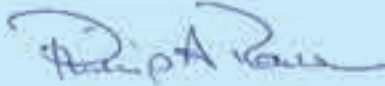
## AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial statements of, the Australian and New Zealand College of Anaesthetists for the financial year ended 31 December 2006. I declare that to the best of my knowledge and belief, there have been no contraventions of:

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



**RSM BIRD CAMERON PARTNERS**  
Chartered Accountants



**P A RANSOM**  
Partner

29 March 2007  
Melbourne

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**INCOME STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2006**

	<b>2006</b>	<b>2005</b>
	<b>\$</b>	<b>\$</b>
<b>REVENUE</b>		
Subscriptions and entry fees	4,122,705	3,419,069
Registrations, training and exam fees	4,242,796	3,465,596
Regional CME & course income	523,064	703,297
Donations received	76,397	129,260
ASM income	1,616,601	1,345,675
OTS & AON assessments, MOPS fees	235,077	209,682
Special interest group income	58,114	152,536
Rent and room hire	39,905	119,342
Other income	149,467	38,990
RARS, RAST & SSRS project income	185,578	213,272
Profit on sale of fixed assets	253,489	-
Profit on disposal of investment securities	35,194	125,787
Investment income	1,201,736	914,820
Gains on growth in value of investments	781,826	933,388
<b>TOTAL REVENUE</b>	<b>13,521,950</b>	<b>11,770,714</b>
<b>EXPENSES</b>		
Administration, registrations, training and exam expenses	9,878,576	7,093,439
Regional CME & course expenses	528,714	605,813
ASM and Foundation visitor costs	1,348,788	1,169,506
OTS and AON assessments, MOPS expenses	163,380	118,371
Special Interest Group income costs	185,098	195,408
RARS, RAST & SSRS project costs	65,148	136,840
Research grants, bequests & international scholarships	836,706	678,710
<b>TOTAL EXPENSES</b>	<b>13,006,410</b>	<b>9,998,087</b>
<b>SURPLUS FROM ORDINARY ACTIVITIES</b>	<b>515,541</b>	<b>1,772,627</b>

**BALANCE SHEET AS AT 31 DECEMBER 2006**

	2006 \$	2005 \$
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	1,367,634	836,838
Trade and other receivables	3,653,495	3,616,250
Other financial assets	15,247,315	14,042,067
Other	352,182	294,165
<b>TOTAL CURRENT ASSETS</b>	<b>20,620,626</b>	<b>18,789,320</b>
<b>NON CURRENT ASSETS</b>		
Property, plant and equipment	10,897,335	11,035,862
<b>TOTAL NON CURRENT ASSETS</b>	<b>10,897,335</b>	<b>11,035,862</b>
<b>TOTAL ASSETS</b>	<b>31,517,961</b>	<b>29,825,182</b>
<b>CURRENT LIABILITIES</b>		
Trade and Other payables	2,219,812	1,296,904
Provisions	139,091	482,040
Other	5,308,484	4,691,735
<b>TOTAL CURRENT LIABILITIES</b>	<b>7,667,387</b>	<b>6,470,679</b>
<b>NON CURRENT LIABILITIES</b>		
Provisions	12,038	31,508
<b>TOTAL NON CURRENT LIABILITIES</b>	<b>12,038</b>	<b>31,508</b>
<b>TOTAL LIABILITIES</b>	<b>7,679,425</b>	<b>6,502,187</b>
<b>NET ASSETS</b>	<b>23,838,536</b>	<b>23,322,995</b>
<b>EQUITY</b>		
Share capital	2	2
Retained earnings	23,838,534	23,322,993
<b>TOTAL EQUITY</b>	<b>23,838,536</b>	<b>23,322,995</b>

## CASH FLOW STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2006

	2006 \$	2005 \$
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>		
Receipts from Fellows and Trainees	11,194,306	7,934,835
Other receipts	633,643	707,821
Payments to suppliers and employees	(12,033,223)	(8,876,620)
Interest received	1,201,736	908,804
Research grants, bequests and scholarships paid	(812,006)	(621,739)
Net cash provided by (used in) operating activities	184,456	53,101
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Proceeds from sale of investments	2,634,552	200,000
Proceeds from sale of property, plant and equipment	566,788	38,440
Purchase of investments	(2,200,000)	(1,607,144)
Purchase of property, plant and equipment	(654,999)	(91,237)
Net cash used in investing activities	346,340	(1,459,941)
Net increase (decrease) in cash held	530,796	(1,406,840)
<b>Cash at 1 January 2006</b>	836,838	2,243,678
<b>Cash at 31 December 2006</b>	1,367,634	836,838

## NOTES TO THE CONCISE FINANCIAL REPORT FOR THE YEAR ENDED 31 DECEMBER 2006

### 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.

### NOTE 2: SUBSEQUENT EVENTS

Legal proceedings were commenced against the College for compensation for discrimination and loss. The amount sought is \$450,000 plus legal costs of \$100,000. The College's legal advisers strongly believe that the case will not succeed.

### NOTE 3: SEGMENT REPORTING

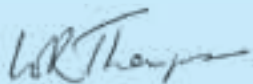
The entity operated primarily in one geographic segment, being Australia and operated primarily in one industry segment, being the anaesthetics profession.

## COUNCILLORS' DECLARATION

The councillors of Australian and New Zealand College of Anaesthetists declare that the concise financial report of the Australian and New Zealand College of Anaesthetists and Controlled Entity for the financial year ended 31 December 2006, 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 and Controlled Entity.

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



Dr W R Thompson  
**PRESIDENT**



Associate Professor K Leslie  
**HONORARY TREASURER**

Dated this 29 day of March 2007

# RSM Bird Cameron Partners

Chartered Accountants

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PO Box 248 Collins Street West VIC 9007  
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www.rsm.com.au

## INDEPENDENT AUDIT REPORT

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

### Scope

We have audited the concise financial report of the Australian and New Zealand College of Anaesthetists for the financial year ended 31 December 2006 as set out on pages 1 to 6 in order to express an opinion on it to the members of the company. The company's directors are responsible for the concise financial report.

Our audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance whether the concise financial report is free of material misstatement. We have also performed an independent audit of the full financial report of the Australian and New Zealand College of Anaesthetists for the year ended 31 December 2006. Our audit report on the full financial report was signed on 26 March 2007, and was subject to qualification for the reasons set out in the qualification paragraph below.

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

The audit opinion expressed in this report has been formed on the above basis.

### Basis for Qualified Auditor's Opinion

The financial report of Australian and New Zealand College of Anaesthetists as at 31 December 2005 was audited by another auditor, G S Parker of Impact McDonald Carter Chartered Accountants, whose report dated 31 March 2006 expressed an unqualified audit opinion. However, we were unable to obtain sufficient appropriate audit evidence regarding the comparatives included in the financial report for the year ending 31 December 2006.

### Qualified Audit Opinion

In our opinion, except for the effects on the concise financial report of the matter referred to in the qualification paragraph, the concise financial report of the Australian and New Zealand College of Anaesthetists complies with Accounting Standard AASB 1039 "Concise Financial Reports".

RSM BIRD CAMERON PARTNERS  
Chartered Accountants

P A RANSOM  
Partner

29 March 2007  
Melbourne

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**Australian and New Zealand  
College of Anaesthetists  
Joint Faculty of Intensive Care Medicine  
Faculty of Pain Medicine**

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