



Australian
Society of Anaesthetists

**PAST MINUTES AND REPORTS FOR THE SIXTY-SIXTH ANNUAL GENERAL MEETING (AGM)
OF THE AUSTRALIAN SOCIETY OF ANAESTHETISTS (ASA)
ACN 095 377 370 ABN 16 095 377 370**

**Item No: 3.1
Ref: AGM 170907**

MINUTES OF THE SIXTY-FIFTH ASA AGM HELD ON MONDAY 23 OCTOBER 2006

1. ASA MEMBERS IN ATTENDANCE

Michael Aitken, Phillip Alen, R. Allen, Alex Baker, Michael Barrington, Stewart Bath, James Bradley, Catherine Brooksbank, Kester Brown, Reg Cammack, William Cheng, Colin Chilvers, Richard Clarke, David Crankshaw, Leslie Csenderits, Martin Culwick, Greg Deacon, R Dean, A. Donovan, Alan Duncan, Mathew Duncan, Elizabeth Feeney, David Fenwick, Mark Freedman, Nicholas Gemmell-Smith, Robyn Gillies, Genevieve Goulding, Cameron Gourlay, Richard Grutzner, John Hains, Kenneth Hales, Alec Harris, William Herlihy, Ruth Hippisley, Michael Hodgson, William Hoffmann, Mathew Howes, Susan Inglis, Beverley Jan, Chris Jeeliffe, Nareen Joan, Kevin Johnston, Karin Jones, John Keneally, David Kinchington, Jenny King, Louis Klein, John Lauritz, Hugh Lawrence, Michael Lawrence, Sue Lawrence, Peter Lillie, John Lodge, Barbara Main, Graham Mapp, Elizabeth Maycock, Phillip Mayne, Don Maxwell, John McCarty, David McConnel, Rob McDougall, Joe McGuinness, Carmel McInerney, Noel McMahon, George Merridew, Rowan Molnar, Frank Moloney, Fariborz Moradi, Andrew Mulcahy, Tom Mullins, Tim Nyman, John Oswald, Anthony Padley, Michael Paech, Thomas Palmer, Tim Pavy, Peter Peres, Haydn Perndt, Renald Portelli, Tony Quail, Anne Rasmussen, Ross Rathborne, Marilyn Rees, John Richards, Orysia Sandry, Andrew Schneider, David Scott, Murray Selig, John Shrapnel, Scott Simmons, Mark Skacel, Adrian Skidmore, Alan Stern, Neil Stokes, Rob Storer, Stephen Swallow, Joel Symons, Sandray Taylor, Jeneen Thatcher, Jeanette Thirlwell Jones, Wally Thompson, Jim Troup, Michael Tuch, Allan Tyson, Benjamin Van Der Griend, Maurice Vialce, Richard Waldron, Paul Waizer, Liam Walker, Linda Weber, Rodney Westhorpe, Richard Willis, Timijin Wong, David Woods, Dennis Wooller, Gregory Wotherspoon, Ken Williams, Michael Wilson, M. Xavier and John Zubevich.

SECRETARIAT STAFF IN ATTENDANCE

Mr Peter Lawrence and Ms Cassandra Hargreaves.

2. APOLOGIES

Drs David Bollinger, Margie Cowling, Mark Donnelley, Mark Fajgman, Paul Ferris, Harbans Gingham Gill, John Hickman, John Lee, Christopher Lourey, Richard Maynard, Paul McGrath, Andrew Patrick, Brian Pezzutti, Lindy Roberts, Peter Rodds, John Russell, Mark Sinclair, Ian Seppelt, John Williamson and David Woods.

There being a quorum of ASA members present Dr Gregory Deacon, the ASA President, opened the meeting at 14.30 hrs and welcomed those in attendance.

3. CONFIRMATION OF MINUTES FROM PREVIOUS MEETING

3.1 Minutes of the ASA AGM held 25 September 2005

- 3.1.1 Prior to confirming the minutes of the previous meeting Dr James Bradley presented the following ASA Awards for 2006:
- | | |
|--------------------------------------|--------------------------------|
| 3.1.1.1 Gilbert Troup Award | Dr Colin Chilvers |
| 3.1.1.2 Kevin McCaul Prize | Dr Darcy Carol-Apeli |
| 3.1.1.3 Diners Club | Dr Bradley LaFerlita |
| 3.1.1.4 LMA PacMed Award | Dr Elizabeth Prentice |
| 3.1.1.5 ASA PhD Support Grant | Dr Paul Soeding, Dr Allan Cyna |
| 3.1.1.6 GE Healthcare Research Grant | Dr Michael Barrington |
| 3.1.1.7 Abbott/ASA Research Grant | Dr Robyn Gillies |

“That the Minutes of the ASA AGM held 25 September 2006 (Item 3.1) be accepted as a true and accurate record”

MOVED FROM THE CHAIR SECONDED BY DR MARTIN CULWICK

CARRIED

4. BUSINESS ARISING FROM THE MINUTES

4.1 Nil

4.1.1

5. PRESIDENT’S REPORT

5.1 Dr Gregory Deacon read from his report which was available on the ASA website. He highlighted the profound sadness at losing two influential life members of the ASA, Dr Ben Barry and Dr Brian Dywer, who had both served as the ASA President. They would be sadly missed.

5.1.1 Dr Deacon encouraged members who were not presently ASA office bearers to consider contributing to the ASA. He commented that it was a particularly satisfying and a worthwhile experience.

5.1.2 Dr Deacon concluded that it had been an enormous honour and privilege to serve as the ASA President.



12. MOTIONS

12.1 Society Honours

12.1.1 Dr Deacon put forward a proposal to the members that Dr Bradley be awarded life membership for his service to the ASA. He gave background on Dr Bradley's achievements and the positions he had held at the ASA and other medical colleges and organisations.

“That Members award Dr Jim Bradley Life Membership of the Australian Society of Anaesthetists for long and distinguished service to the Society.”

12.1.2 MOVED FROM THE CHAIR SECONDED BY RICHARD CLARK CARRIED

12.1.3 Dr Bradley proposed that the Pugh Award be awarded to Prof Michael Cousins.

“That Members award the Pugh Award to Prof Michael Cousins for his outstanding contribution to the advancement of the science of anaesthesia and related disciplines.”

MOVED FROM THE CHAIR SECONDED BY DR JAMES BRADLEY CARRIED

12.1.4 Dr Andrew Mulcahy proposed that Mr Roger Kilham receive an Honorary Membership of the ASA. He outlined his reasons for proposing the award.

“That Members award Mr Roger Kilham an Honorary Member of the Australian Society of Anaesthetists in recognition of his outstanding contribution to members, specifically in the field of economic analysis.”

MOVED FROM THE CHAIR SECONDED BY DR GREGORY DEACON CARRIED

12.2 Changes to the Constitution

12.2.1 Dr Deacon advised that the ASA Constitution should be amended under paragraph 4.16 to read “Trainee members shall be those people who are registered with the Australian and New Zealand College of Anaesthetists”.

“That the meeting approved the removal of the words, ‘whether in an accredited or unaccredited post’ from Paragraph 4.16. of the ASA Constitution.”

MOVED FROM THE CHAIR SECONDED BY DR ELIZABETH FEENEY CARRIED

13. ELECTION OF OFFICE BEARERS

13.1 Dr Gregory Deacon, Past-President, announced the unopposed nomination for President of Dr Richard Clarke.

“That Dr Richard Clarke be accepted as President of the Society”

MOVED BY DR GREGORY DEACON CARRIED

13.2 Dr Gregory Deacon announced the unopposed nomination for Vice-President of Dr Elizabeth Feeney.

“That Dr Elizabeth Feeney be accepted as Vice-President of the Society”

MOVED FROM THE CHAIR CARRIED

13.3 Dr Gregory Deacon announced the unopposed nomination for Honorary Federal Treasurer of Dr Michael Tuch.

“That Dr Michael Tuch be accepted as Honorary Federal Treasurer of the Society”

MOVED FROM THE CHAIR CARRIED

13.4 Dr Gregory Deacon announced the unopposed nomination for Executive Councillor of Dr Vida Viliunas.

“That Dr Vida Viliunas be accepted as Executive Councillor of the Society”

MOVED FROM THE CHAIR CARRIED

14. OTHER BUSINESS

14.1 John, an ASA member, advised that in the past a vote of the membership was normally conducted prior to a rise to the annual subscription.

14.2 PL replied that the annual subscription was now approved during the budgetary process, and approved by Council and the Board of Directors, which complied with the Commonwealth Authorities and Companies Act 1997.

There being no other business the Chair closed the Meeting at 15.30 hrs and thanked those in attendance.



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Item No: 5
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PRESIDENT'S REPORT FOR THE 66TH ASA AGM
ACN 095 377 370 ABN 16 095 377 370

DR IAN STEVEN AO (24/12/1926 – 06/12/2006)



Society members would have been saddened to hear of the death in December last year of Dr Ian Steven. Steve as he was universally known was a Life Member and Past President of the ASA. He was devoted to the advancement of the professional status of our specialty, being involved with the AMA, the Faculty, the College of Surgeons and innumerable committees. He served with the ASA at Executive level for over 20 years and was Honorary Federal Treasurer for 12 years. In 1995 he was awarded the Office of the Order of Australia.

Steve helped pioneer the use of naso-tracheal tubes in management of upper airway obstruction associated with acute epiglottitis or severe croup, and thus dramatically reduced the mortality rate of over 30% from the use of emergency tracheostomies. The associated article, published in 1965 in the BJA, describing 70 cases with this management regimen revolutionised treatment and led to the evolution of the intensive care units worldwide. Steve had a pivotal role in the development of the intensive care unit at the Adelaide Children's Hospital. In 1998 the *British Journal of Anaesthesia*, celebrating 75 years of publication, chose to reprint this paper as the most outstanding contribution to anaesthesia and intensive care in 1965.

Upon retirement in 1989 he was honoured at The Conference on Paediatric Emergencies, which was attended by Directors from national and international departments—a recognition of his standing as a world leader in paediatric anaesthesia. His obituary is published in the April 2007 issue of *ASA News*.

ASA FINANCES

There has been a significant amount of time and energy devoted to the financial affairs of the Society by the Investment Committee, chaired by the Honorary Federal Treasurer, Dr Michael Tuch. He has been well supported in the secretariat by the Finance Manager, Mr Russell Black. We have also been very well served by the involvement of an independent financial consultant, Mr Alan Pashut from Masu Group. Alan is a senior adviser and works for the Society in a pro bono capacity.

With Alan's advice, the entire investment portfolio has been restructured during the last year with very positive results. As you can see from the slide, in the last financial year the Society has achieved a surplus of \$1.74 million compared to \$1.2 million in 2006. Total assets of the Society have risen from just under \$10M. in 2006 to slightly more than \$11m in 2007.

I will leave further discussion of finances for the Treasurer's Report. But, I would like to congratulate Michael and his team for an outstanding result. His diligence is second to none.

ECONOMICS ADVISORY COMMITTEE

The amount of activity and output from this committee always impresses me. Its chairman, Andrew Mulcahy is a powerhouse. But he has a very active and involved committee to help shoulder the burden and provide sound advice.

Consultations

You should all be familiar with the new consultation structure that was introduced into the Medicare Benefits Schedule (MBS) on November 1, 2006. This is the culmination of 15 years of submissions, negotiations and lobbying. It brings substantial extra funding for anaesthesia services into the MBS. In addition there is extra funding from health insurers. More importantly, I believe this is going to lead to a major improvement in health care for our patients and significant cost savings to the community.

Anaesthetists for the first time are being treated within the CMBS as equal to other medical specialists. Rather than assuming all anaesthesia consultations are brief and simple there is now be recognition of the longer, more complex anaesthesia consultations. This recognition will be such that the rebates generated will be at least equal to those generated by other specialists. This is a quality health initiative that started with Greg Deacon and has been seen through to fruition by Andrew Mulcahy and his Economics Advisory Committee (EAC) all of whom deserve enormous praise.

Department of Veterans' Affairs

Following representations from the ASA to the Minister for Veterans' Affairs, Mr Bruce Bilson regarding the failure of the Department of Veterans' Affairs (DVA) to provide an increase in the payment to anaesthetists for their consultations on veterans, when all other specialists received a 15% increase in January 2005, the DVA agreed to provide extra funding for consultations by anaesthetists on veterans. We finally saw an adjustment payment made in May 2007, with the increased fees bringing approximately an extra \$3 million per annum to anaesthetists for their anaesthesia consultations with veterans.

Workers' Compensation

The Society has successfully concluded negotiations with workers compensation insurers in Western Australia and Queensland, achieving substantial increases in payments to anaesthetists. These negotiations have been ongoing for many years and the EAC office



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bearers - Rob Storer (WA) and Tim Wong & Martin Culwick (Qld) deserve enormous praise for their persistence and eventual success. There is still work to be done to achieve reasonable parity across all states, most notably SA and Vic who now lag behind significantly.

New Items

The EAC continues to review and refine the Relative Value Guide, in line with changes in both anaesthesia and surgical practice. A series of new anaesthesia item numbers have been discussed with the Department. It is expected that these will be introduced into the schedule in November. I will not steal and more of Andrew's thunder, but let him inform you of these changes.

Extra Funding

The ASA continues through the negotiations through the work of the EAC for many millions of dollars in both direct payments to anaesthetists through the DVA and workers compensation insurers and in increased rebates for anaesthesia consultations through the MBS and private health insurers. This extra funding is worth annually many, many times each ASA member's annual subscription. This is on top of the increased payments to anaesthetists from the DVA which occurred in 2005 and which averaged five times each anaesthetist's annual ASA subscription.

These increases are in perpetuity. It should be emphasised however that the extra expenditure is exceeded many times by the cost savings that are associated with them. Once again enormous praise must be directed to Dr Mulcahy and his Committee for their incredible achievements in the last two years.

Informed Financial Consent (IFC)

You will no doubt recall the launch of the IFC campaign in August 2006 at Parliament House. It was done jointly by the President of the AMA and the Federal Minister for Health. From the outset the ASA has been at the forefront of activity in supporting IFC and promoting it to the ASA membership. The IFC campaign continues as a major task for the EAC this year. The Society has been able to get financial support for this campaign via the AMA from the Federal Government. This has allowed us to offset the majority of the costs without directly receiving Government money.

Earlier this year, following an approach by the Chief Medical Officer (CMO), Prof Horvath, the Australian and New Zealand College of Anaesthetists (ANZCA) has also been involved in the IFC debate on the basis that this was a professional issue in which the College had a significant role to play. Both ANZCA and ASA consider IFC to be a well-defined area of activity of the ASA. However, it is accepted by all parties that there is an imperative to 'solve' the IFC issue from a political perspective. Discussions have since occurred between the 2 Presidents, the ASA/ANZCA Liaison committee, the ASA and AMA, as well as between the ASA and Mr Terry Barnes, the principal advisor to the Minister for Health and Aging. The ASA and ANZCA are committed to working together to improve the rate of pre-admission IFC in anaesthesia.

A combined approach between the ASA and ANZCA is being developed. This includes joint letters from the Presidents of ANZCA and ASA to the Health Minister endorsing the concept of IFC, as well as to all anaesthetists stressing the importance of the issue. You will have also seen IFC articles in the most recent edition of the ASA News. A review of applicable Position Statements on the topic from both the ASA and ANZCA is also progressing.

The ASA has held the first of the IFC Practice Managers Seminar in early August in Sydney. Others are planned in different states. There has also been discussion regarding the development of a QA module to be available through 'iamonline' to ASA members and (as a 'one-off') to non-ASA Fellows (via an ANZCA web link).

Previous IPSOS surveys have shown poor IFC rates for Anaesthesia (as well as a couple of other specialty groups). The ASA has been active in pointing out to the Minister the reasons for this situation not the least of which is a delay in receiving patient information from the surgeon's rooms. As a result we have been successful in introducing a "five-day rule" to future surveys - the basic premise that patients presenting for elective surgery/procedures inside a 5 working day timeframe from the point of booking will not be considered in evaluating the level of IFC in the next survey.

ANZICS – HDU Proposal

A Medicare Benefits Consultative Committee meeting with Australian and New Zealand Intensive Care Society (ANZICS), Economics Advisory Committee members and other interested groups (Emergency Medicine and Physicians) occurred in December 2006 to discuss an ANZICS proposal for a raft of new High Dependency Unit items. The general idea of these items was well supported. However the ASA's firm view was that the ANZICS proposal was too restrictive with regard to who was eligible to claim these services, with only Fellows of the Joint Faculty of Intensive Care Medicine (JFICM) and already accredited Intensive Care Unit (ICU) specialists being able to use these items. It proposed the establishment of a new 'Specialist Advisory Committee' to determine the eligibility of other doctors who might wish to claim these item numbers for services rendered, again with very restrictive criteria. All medical delegations, excepting ANZICS, were vehemently opposed to this exclusive attitude. In particular it was seen to disadvantage rural medical practitioners, both anaesthetists and non-anaesthetists, who provide such services in good faith, in the absence of any local ICU specialist.



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There have been a series of meetings since all aimed at reaching a compromise that all groups can live with. Whilst there have been a number of concessions on both sides there is yet to be agreement. The most recent meeting saw the matter referred to an independent AMA fees consultant for an opinion. To date the Department has leaned towards the non-restrictive views expressed by the ASA. However, there is likely to be no progress until agreement can be reached within the profession.

Trade Practices Act – ‘Notification’

The ASA met with John Martin, the Small Business Commissioner from the Australian Consumer and Competition Commission (ACCC), early in 2007 for a briefing on the revised collective bargaining provisions. The ACCC offered to assist the ASA in developing the Notification Process which would enable associateships to collectively bargain with organisations wishing to purchase anaesthesia services. We have accepted the ACCC’s offer and are in the process of developing a notification template with one associateship.

AUSTRALIAN AND NEW ZEALAND TRIPARTITE ANAESTHESIA DATA COMMITTEE (ANZTADC)

Having ratified and signed the ANZTADC MoU in September 2006 at ANZCA headquarters, there has been steady and significant progress made over the last year. The committee chaired by Professor Alan Merry, has recently advertised for a Medical Director and developed both a specification for the project and an ‘expressions of interest’ document in advance of calling for tenders to either build or supply a web-based application for data collection, analysis and feedback to anaesthetists across Australia and New Zealand.

A major body of work to define and codify the law relating to this project in both Australia and New Zealand, has been completed by the ANZCA solicitors, Mr Michael Gorton and Mr Bruce Corkhill. Applications will be made to both governments to register this activity as a quality assurance activity and also to regional (NZ) and local (Aus) ethics committees to allow for the collection of patient data without specific and individual patient consent. The former measure will provide protection from discovery of information submitted to the Data Collection project. The latter is not seen as being a major issue as it is envisaged that (at least initially) all data collected will be de-identified.

The most recent discussions regarding the ANZTADC project relate to the conduct of a pilot project in a few centres prior to a wider application of the project.

The members of the Data Committee are all committed to the success of the project and I am very pleased with what has been achieved so far. The collection of anaesthesia critical incidents and their analysis will most definitely produce information which will further improve the standard of anaesthesia in both Australia and New Zealand.

ANAESTHESIA WORKFORCE STUDY OF AUSTRALIA (AWSA)

The ASA is currently also collaborating with ANZCA on a project to do an in-depth evaluation of the Anaesthesia Workforce in Australia. The ASA and ANZCA require similar information on the anaesthesia workforce to assist in planning and negotiations. We know that no one has accurate figures, not the DHA, the AIHW, not the States or the Medical Boards, not even the ABS. We are aiming to capture all anaesthesia providers, whether they are specialists, trainees, general practitioners, career medical officers or others. We have engaged the services of Access Economics (acknowledged leaders in the area of healthcare economic and workforce modelling) to undertake this study which we hope to have completed early in 2007.

PROFESSIONAL ISSUES ADVISORY COMMITTEE (PIAC)

This committee originally started as a working group in response to the Medical Indemnity crisis. While there is still a significant medico-legal focus, the work of the committee has broadened substantially with attention being paid to many different issues –

- Interpersonal Skills Training Workshops
- Quality activities such as *‘iamonline’*
- Development of a number of position statements
- Revision of Mitec patient information brochures
- Changes to the Trade Practices Act - ‘Notification’
- Application and interpretation of Privacy Law
- Interpretation of recent Medico-legal decisions
- Management of a Catastrophic Event

I would like to make particular mention of the Chairman Nigel Symons and the *‘iamonline’* subcommittee Chairman, Martin Culwick for their untiring efforts on this committee. Martin has recently added a new Obstetric module to the *‘iamonline’* site. There are now 5 modules. There are a number of different modules that could be adapted to the site but the development of each is quite labour intensive. The Society would like to assist Martin as much as possible in this endeavour. To that end we are seeking *‘iamonline’* development representatives from each of the States. If anyone is interested in assisting Martin, please let me, any of the committee or secretariat staff know.

Having met with the ACCC’s Small Business Commissioner, John Martin and staff on 1 May 2007, to discuss the changes to collective bargaining arrangements, the ASA is currently examining a particular situation where a ‘notification’ of a collective



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bargaining proposal is being considered. The Commissioner has offered the assistance of his office in preparing the necessary documentation. This you will agree is a far cry from the relationship which the ASA and the profession at large enjoyed with ACCC Mk I.

MEMBERSHIP

The Society has been concerned to maintain and expand its membership at all levels. To that end it has embraced registrars in training through the Group of ASA Clinical Trainees (GASACT) committee and General Practitioner members through the General practitioner Anaesthetists (GPAC) committee. The Society's Executive Councillor Vida Viliunas has done a great job of addressing issues of membership. She has reviewed and modified where necessary processes related to communication with members

STATUS OF NORTHERN TERRITORY ASA MEMBERSHIP

Correspondence was received in early 2007 from an ASA member in the Northern Territory (NT) on the matter of the representation of NT ASA members within the ASA sectional structure. Different options were considered before deciding on a joint membership with the South Australian section. This is in line with existing formal links between South Australia and Northern Territory for ANZCA training, as well as for the emergency retrieval service. It was also considered appropriate given that the SA section was to be organising the 2009 NSC in Darwin. A combined SA/NT organising committee is already very active.

MARKETING AND SPONSORSHIP

Earlier this year the Marketing and Sponsorship committee took the plunge and voted to employ a marketing officer, whose role includes both the marketing of the Society 'externally' to sponsors, trade and the healthcare industry generally, but also 'internally' to the membership.

That person is Avril Cronk. She commenced work in mid August, and has been thrown in the deep end by coming to the NSC to see firsthand how our major yearly educational event is run, to familiarise herself with the trade and other sponsors and you the members. If you see her around say "Hello and Welcome!"

COMMUNICATIONS COMMITTEE

I'm sure you'll all agree that the re-designs of the Society's Newsletter (now *ASA News*), the Annual Report and the Website represent major improvements. I wish to acknowledge the earlier work of Dr Jim Bradley for his excellent stewardship of the Communications Committee. These changes have all been implemented 'in-house' and our thanks must also go to Clarissa Fletcher and Erin McGarrigle for their excellent work.

The website re-design, already significantly improved in its appearance and functionality, is a work in progress. Greg Deacon and Liz Feeney continue to commit long hours to the task of sifting through the information to make sure that it is current and relevant. They then pass the ball to Michael Douglass our Business Services Manager for implementation of changes.

The changes to the presentation of ASA material will lead to a far more professional image of the Society being projected to both our members and others.

EDUCATION COMMITTEE

The role of the Education committee has recently been reviewed by the Executive, with a view to developing a more co-ordinated approach within the Society to the way we deliver educational opportunities to the membership. To that end our Education Officer and Committee Chair, Genevieve Goulding is in the process of outlining a plan for the re-allocation of responsibility of some (but not all) of our educational events and activities directly under the umbrella of the this committee. The National Scientific Congress and Anaesthesia & Intensive Care are essentially free standing, with large budgets and well organised committees.

We do not envisage that this will mean a significant change to any of the Society's activities, but it will allow greater support from the secretariat in the development and delivery of these vital member services.

LOCUM ONLINE SERVICE

This member service has been recently launched and aims to match locum opportunities to locum providers. The service can be accessed by anyone member or non-member, hospital operator or surgeon. A mail-out has prompted enquiries from several hospitals and follow-up notices in hospital newsletters advertising the service further. The Society would like to acknowledge the work of Dr Ross Smith in developing this service.

COMMON ISSUES GROUP

The ASA takes part in a forum of the British, Canadian, American and Australian Societies/Associations of Anaesthetists, to share experiences and knowledge regarding 'common issues'. We meet yearly, the last one being in New York in December 2006. At that meeting a letter from Dr Greg Deacon was tabled requesting feedback from CIG members on matters of Quality and Safety within their organisations and/or jurisdictions. A draft Memorandum of Understanding was finalised and it was subsequently agreed that the sharing of information in the area of quality and safety would be formalised by being written into the Memorandum of Understanding



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- to be completed by the ASA. This includes a sharing of web based resources including position statements, closed claims information and patient information brochures. Other areas of common interest were canvassed including workforce shortages, role substitution. A timetable for the next Common Issues Group (CIG) meeting to be hosted by the ASA in Sydney in February 2008 was also ratified.

ANAESTHESIA AND INTENSIVE CARE

The Journal continues to evolve with initiatives that have seen a remarkable improvement in the turnaround time for reviewers with online viewing. It also continues to attract increasing numbers of submissions, with only the highest quality submissions being accepted. Cost efficiencies continue to flow from the introduction of the Enhanced Publishing System. The online access to the journal is another innovation that allows greater exposure of our journal internationally and the Pay-Per-View provision for current content has seen a constant albeit still small revenue stream. I thank Alan Duncan, the members of the Editorial Board and also the secretariat staff for their ongoing excellence.

OVERSEAS AID

The Overseas Aid Committee members, headed by Steve Kinnear, are the quiet achievers. They are small in number and highly dedicated to the improvement in Anaesthesia services in neighbouring as well as more far flung countries. They run a regular course Anaesthesia in Developing Countries Training Course in Australia as well as a number of overseas courses including Primary Trauma Courses in the Pacific Region and in several Asian countries, an Anaesthesia Training Program and Anaesthesia Refresher Course in the Pacific. They are also active in Mongolia, having translated an anaesthesia textbook into Mongolian. Their efforts are highly valued by the Society, and no doubt by the recipient countries.

CURRENT & FUTURE ISSUES

National Registration and Accreditation

National registration of practitioners and accreditation is a major ongoing issue for the profession. Very little detail has emerged since the April COAG meeting. The AMA has recently sent a letter to the Medical Colleges, Societies and Associations, detailing its ongoing concerns. These include the loss of independence for the profession, a lack of input for the profession to the proposed Ministerial Council, a disempowerment of the AMC and the medical colleges in regards to training, the potential for task substitution and a large bureaucracy that will need to be funded by our registration fees, to name a few. An ongoing and concerted campaign to get this process back onto an acceptable footing is needed.

Workforce Innovation

Following from the Productivity Commission Research Report - Australia's Health Workforce 22 December 2005, there have been ongoing moves to redefine and re-model the healthcare workforce generally. Specifically this involves having lesser trained and experienced workers undertake tasks that have to date been the preserve of the medical profession. There is a threat to many specialties including anaesthesia. We will provide strong representation to governments (state and federal) to express the concerns of the profession that this will lead to a reduction in the quality and safety of patient care, for no clear economic or workforce advantage – given that the current shortages are being felt equally in those professions that would be stripped of their own personnel in the process of this role redefinition.

Registrar Training in Private Practice

With the current push to increase medical student graduations over the next 4 – 5 years to around 3200 per year, there will be increasing numbers of graduates looking for post-graduate training opportunities – opportunities that most likely will not be able to be met (fully) by the current teaching hospital based model of training. The federal government is fully committed to expanding training into the private sector. A gradual implementation and expansion is planned across all specialties towards 2011-2012. The proposal includes expanding (from 2008) the current arrangements in those specialties where training is already occurring successfully in private settings. An assessment and costing phase (two years) is then to occur before further assessment and roll-out to other sites. Many economic, industrial, medico-legal, productivity and funding issues remain to be clarified. The Society continues to be involved in this process to represent the interests and views of members - both ordinary and trainee of and industrial

LIAISON MEETINGS

The ASA has a very significant voice in a number of different forums. We hold regular Liaison teleconferences each year with both the ANZCA and NZSA. We participate in monthly teleconferences with the Council of Procedural Specialists, in the AMA, Colleges, Associations & Societies Meetings and attend the AMA National Conference.

National Consensus Framework for Rural Maternity Services

The Department of Health and Ageing has provided funding for a collaboration between Rural Doctors Association of Australian, Royal Australian and New Zealand College of Obstetrics and Gynaecology, Australian College of Midwives, Australian College of Rural and Remote Medicine and the National Rural Faculty of Royal Australian College of General Practitioners.

The ASA received a request to provide a representative on one of a number of advisory panels to this Review. Dr Alec Harris agreed to represent the ASA on the panel. Alec has extensive experience in rural anaesthesia, obstetric anaesthesia and also medical politics



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through his involvement with the ASA as NSW State Section Chair and through the Economics Advisory Committee. He has attended two teleconferences to date, having received input from members of both the PIAC and GPAC committees. It appears that the starting position of a number of the main players is based on the Tracey report that found that smaller birthing units have better outcomes than larger ones. Further, the panel has been supplied with the quadripartite 'Position Statement on the Provision of Obstetric Anaesthesia and Analgesia Services' which does not have the support of all groups.

Anaesthesia Continuing Education Co-ordinating Committee (ACECC)

The ACECC meeting was held in conjunction with the recent ASM in Melbourne. The Chairman, Dr Rod Westhorpe, having indicated his intention to resign from that position at the previous meeting, was heartily congratulated for his vision and leadership in taking ACECC from an idea to the very strong and functional entity that it is today.

I would like to congratulate Greg Deacon, who has recently taken over from Rod Westhorpe as Chairman of ACECC. He has been charged with the review of the ACECC Charter in the first instant, and will no doubt be looking at ways to further enhance the functionality of the ACECC committee and its activities

World Federation of Societies of Anaesthesiologists (WFSA)

The ASA has a number of members who are actively involved in the WFSA at committee level, with many others providing hands-on help in the field. The committee representatives include Drs. Rob McDougall (Education), Jeanette Thirlwell (Publications), Richard Walsh (Finance), Mike Paech (Obstetrics), David Baines (Paediatrics), Roger Goucke (Pain), and Haydn Perndt (WFSA Foundation). The ASA is currently considering future nominations to these various committees, as several members come to the completion of their terms – notably Rob McDougall, Jeanette Thirlwell and Richard Walsh.

The ASA has recently advised Dr Rob McDougall that the ASA will support his nomination to the WFSA Executive Committee and Dr Wayne Morriss (NZSA Christchurch) to the WFSA Education Committee in March 2008 at the World Congress in Cape Town. They are both exceptional ambassadors for our Region. More nominations may follow.

CONCLUSION

Finally, I wish firstly to thank Greg Deacon, Immediate Past President and Liz Feeney Vice President not only for their wise counsel but also for their willingness to step into the breach often at short notice, and attend meetings on my behalf in Sydney Canberra and even New Zealand. Their efforts have lightened my load enormously.

I wish to thank all members of Council, the various Committee Chairs and also their committee members for all the work they have done for the ASA over the last 12 months. I am acutely aware of the time that each of them has contributed to the ASA and you, its membership. This time commitment is sacrificed from family and their professional practices to serve the ASA and they deserve our sincere appreciation.

Our achievements would be significantly diminished if not for the exceptional support being provided for us by our Executive Director, Peter Lawrence, and his team at the secretariat in Edgecliff. Peter has got the place humming along very nicely and has overseen major changes over the last year in the premises. The staffing structure and chain of command is also changing, and I'm sure we will all benefit from that process into the future. I have spoken to Peter most mornings throughout the year. Nothing has been too much trouble for him or his staff, and I personally wish to express my gratitude for all the help that they have provided me. Please join me in thanking them on behalf of all ASA members for their assistance.

Dr Richard Clarke
ASA President
26 August 2007

Item No: 6
Ref: AGM 170907

HONORARY FEDERAL TREASURER'S REPORT FOR THE 66TH ASA AGM
ACN 095 377 370 ABN 16 095 377 370

INTRODUCTION

2006/7 has been a very successful year for the Society with a surplus which once again exceeded our budget forecast.

2008 SUBSCRIPTION RATES



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Council has decided not to increase subscription rates in 2008. This has been made possible by the prudent investment of the Society's reserves and by the success of last year's NSC at Coolum. I should like to remind members that this is the third time in the last four years that there has not been an increase in annual subscriptions.

FINANCIAL REPORT FOR 2006-2007

The assets of the Society have increased by \$1,246,174 during the 2006-2007 financial year. Whilst a surplus of \$1,739,021 is reported in the financial accounts, this includes capital gains of \$492,847 that were realised during the year but earned over previous years.

The following figures give a comparison of the Society's finances over the last three years. It is interesting to note that the accumulated funds have increased by 57% over this relatively short period. In addition, a recent appraisal of the property owned by the Society in Edgecliff resulted in a valuation \$1 million above the book value.

	30/6/04	30/6/05	30/6/06	30/6/07	
Accumulated Funds	\$7,026,320	\$8,430,846	\$9,795,538	\$11,041,712	
		2004-2005	2005-2006	2006-2007	
Surplus		\$1,199,666	\$1,151,895	\$1,739,021	
Revaluation of Equities		<u>\$ 204,860</u>	<u>\$ 212,797</u>	<u>-\$ 492,847</u>	
		\$1,404,526	\$1,364,692	\$1,246,174	

The full Financial Report has been published on the ASA website; further copies are available for members from the ASA booth. It has also been included as an appendix to these reports.

INVESTMENT COMMITTEE

This committee is functioning effectively and efficiently with the Investment Strategy approved by Council having been implemented during the year. Albeit early days, the results are in excess of the 8% return targeted by the balanced investment strategy. Again I express my sincere thanks to Mr Alan Pashut from MASU Financial Management who is our 'non-member financial adviser' and acts on a pro bono basis. The time and resources provided by both Alan and MASU have resulted in significant savings to the Society.

Dr Michael Tuch
Honorary Federal Treasurer
27 August 2007

Item No: 7
Ref: AGM 170907

EXECUTIVE DIRECTOR'S REPORT FOR THE 66TH ASA AGM
ACN 095377370 ABN 16 095377370

OVERVIEW OF ASA NATIONAL OFFICE

The national office in Sydney has a staff of 15, or 14 full time equivalents. The organisational structure of the office has been improved to provide two exciting, new and dedicated capabilities for the ASA. We have been able to amalgamate all the executive and main stream committee functions into one operational grouping which has released one senior managerial position and we have established another new 'officer' level position.

Cassandra Hargreaves will shortly take up her new appointment of National Education and Events Manager. The objective of this new position is to provide dedicated support to the ASA's education related committees, to the NSC officers and chairman and to enhance the support to educational event conveners. This is a major shift in direction for the ASA. However, let me assure you there is no 'centralist' agenda. My intention is that Cassandra will relieve conveners of having to re-invent processes and procedures. She will assist and advise and in the longer term provide many of the services that we currently pay PCOs to deliver. This will free the local committees to focus on the clinical and local content of their CMEs and NSCs.

Cassandra's new appointment comes after managing the numerous committees of the Society for five years. This is a considerable achievement in any organisation. I extend my sincere congratulations to Cassandra on a job well done and express my best wishes to her in her new role.

Secondly, I have appointed Avril Cronk to the new role of Marketing and Communications Officer. The Board created this position because we have been unsuccessful in attracting new revenue or sponsorship funds over the last three years. There are numerous reasons associated with the rationalization of the Healthcare Industry for this demise. It is time to review the way we interface with the industry and with other commercial suppliers to anaesthetists. We wish to reduce our reliance on membership fees for new initiatives.



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Membership subscriptions make up a continuing declining proportion of our income as the other sources of revenue increase – Graphic 1.

Another interesting trend is staff costs. While they are increasing, reflecting salary increases, additional staff and longer hours, the net costs are decreasing as an overall proportion of income received – Graphic 2.

Each state committee of management receives different administrative support. The cost of operations per member per state are illustrated in Graphic 3. There are many reasons for the disparity in costs per member, the major one being economy of scale achieved principally in NSW and Victoria.

IMPROVEMENTS TO THE ASA OFFICES

Since the last AGM the ASA HQ have undergone a significant expansion and refurbishment. We have state-of-the-art video screens for conferencing and presentation, new board furniture that permits more flexible seating arrangements and a new library and museum fit out. These photos show the developments to date. (Graphics 4, 5, 6). The current value of our offices at Edgecliff is \$3.833 million.

MEMBERS' MATTERS

The Locum on Line Services (LOLS) has been operating for three months. It is currently complimentary for all users and will shortly be restricted to being a complementary service only to ASA Members. Thank you for the feedback received to date on the service. If you have further comments please let me know via the website by clicking 'mail'.

The ASA Website was rebuilt and re-launched earlier this year. The intention was to improve the ease of use, make it more attractive and to increase its flexibility. The website is a very powerful tool for displaying information. You will find that virtually all of the Society's documents – By Laws, Constitution, Staff contacts, etc are readily available from the web.

The Communications Committee is currently reviewing the layout of the website and gradually working through the various pages to ensure they are current and relevant. Drs Greg Deacon and Elizabeth Feeney are regular reviewers of the web pages and again, would welcome your suggestions.

KEY DATES FOR ACTIVITIES

I would like to take this opportunity remind members of the large number of CME meetings and events that are planned in the next seven months. We have held our first very successful Practice Mangers' Workshop in Sydney and are rolling this out to Brisbane and Melbourne later this year (Email notification of dates will occur shortly). The Workshops are complimentary to staff of ASA members.

Also I would like to highlight a major international CME meeting in Sydney on 2 February next year. This will have sessions with the Presidents of the British, Canadian and American Societies - it is being held concurrently with the next Common Issues Group Meeting between the four international societies.

And finally, the Regional Anaesthesia SIG is holding a three day CME - ASURA - at St Vincent's Hospital in Melbourne over the period 15 to 18 February.

These events are some of the ongoing educational activities in which the ASA is involved. It reflects our changing focus and contribution to education.

In conclusion, I would like to express my appreciation to the Board of Directors and chairs of committees of the ASA who tirelessly and freely contribute their time and advice to advance the Society and to the enthusiasm and dedication of our staff, without whom we could not put in place your plans and ideas.

Mr Peter Lawrence
Executive Director
24 August 2007

Item No: 8
Ref: AGM 170907

ECONOMIC ADVISORY OFFICER'S REPORT FOR THE 66TH ASA AGM
ACN 095 377 370 ABN 16 095 377 370

During the past 12 months the Economics Advisory Committee (EAC) has again been heavily committed to providing representation for anaesthetists on the issue of Informed Financial Consent (IFC). The EAC has also been in discussions with the Department of Health and Ageing (DHA) regarding the introduction of new items into the Medicare Benefits Schedule (MBS) as part of the Relative Value guide (RVG). The EAC has also been involved in a range of other activities including discussions on the possible introduction



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of new High Dependency Unit (HDU) management items into the MBS, discussions with the Australian Competition and Consumer Commission (ACCC) on recent legislative changes, a review of medical perfusion and of course providing assistance to members.

INFORMED FINANCIAL CONSENT (IFC)

IFC continues to be an area where improvement from the medical profession as a whole, and anaesthetists specifically, is demanded by the Minister. The EAC has been dedicated to ensuring an appropriate response from anaesthetists and has been active in representation and the development of effective IFC strategies for members.

A number of surveys have provided valuable data on the true incidence of patient gaps without prior IFC. Both the Government commissioned surveys by IPSOS and the ASA's own e-polls consistently show that while 70% of anaesthesia services attract a gap payment by the patient, a total of 90% of all 2 million plus anaesthesia services are either at no-gap to the patient or covered by pre-hospital IFC by the patient.

The EAC has assisted in the development of a comprehensive IFC campaign for the ASA. The various activities include:

- The provision of practical IFC resources for members
- A joint letter from the ASA and AMA Presidents to all anaesthetists in Australia (both members and non-members)
- Summaries of findings of IPSOS and ASA IFC surveys published in *ASA News*
- The production of 2 IFC themed editions of *ASA News*
- A joint letter from the ASA and ANZCA Presidents to all anaesthetists in Australia (both members and non-members)
- Another ASA e-poll on IFC to be run in September 2007
- The development of Practice Managers' Workshops – being held in most capital cities
- IFC presentations at regional meetings – Perth, Adelaide and the Gold Coast.
- Deliver on-line training in IFC – *iamonline* modules currently being prepared by the EAC
- Meet with IPSOS to assist in focused research on obstacles to IFC in anaesthesia practice with particular emphasis on communication difficulties between surgeons and anaesthetists (and their respective staff's)
- Meet with the Minister, the DHA and provide representation on the Promoting Private Health Group (PPHG)

The objectives of the EAC on this issue are clear and simple. Firstly we wish to ensure that the threat to introduce fee controlling legislation is not acted upon. We believe that the most effective way to achieve that goal is to respond to the Minister on IFC delivering ultimately improved compliance for medical services in general, and specifically anaesthesia services. Secondly we believe that there are real benefits to be gained by all anaesthetists by improving consent processes in general including IFC. The EAC will continue to ensure that the voice of anaesthetists is heard on this issue.

MEDICARE

Consultations

The EAC has overseen the introduction of new anaesthesia consultation items last November into the MBS. This was an enormous change to the recognition of anaesthesia consultations and I am pleased to report that there were minimal administrative problems experienced by anaesthetists with account processing by Medicare and health funds.

The EAC has conducted an initial review of the distribution of the time-base items. This revealed a heavy preponderance of short (less than 15 minutes) pre-anaesthesia consultations as expected. However the incidence of the in-rooms loading (MBS item 17690 for consultations greater than 15 minutes prior to hospital admission) was remarkably low at just 1.3%. It is hoped that in the future this figure will increase as members recognize the many benefits of pre-hospital pre-anaesthesia consultations.

Changes to the MBS RVG

The EAC has developed a series of proposals involving either new or amended RVG items to bring both the ASA and the Medicare versions of the RVG into closer alignment. The initial proposals will require additional Government funding of approximately \$500,000, with up to \$8 million required for subsequent proposals. Initial discussions with the DHA have progressed well with a strong likelihood of our initial proposals being adopted into the MBS RVG from January 2008. These changes are listed below:

1. New item for **nephrectomy** – effective increase from 7 to 10 base units
2. New item(s) for **microvascular free tissue flaps** – effective increase from 8 to 12 base units
3. New item for **Anaesthetic Allergy testing** – 4 base units plus time
4. New item for **squint repairs** – effective increase from 5 to 6 base units
5. Amended base units for '**external male genitalia**' – increase from 3 to 4 base units
6. New item for **endoscopic ureteric surgical procedures** – effective increase from 4 to 5 base units

A further 2 proposals have also been discussed with a view towards introduction into the MBS later in 2008. These proposals are:

1. New item(s) for **major intraoperative nerve blocks for postoperative analgesia** – 2 and 4 units
2. **Increased time units allocation after 4 hours** – 1 unit every 5 minutes (currently 1 unit every 10 minutes)

These proposals require more research and further discussions will occur later in the year with the DHA.

Members will be advised when the above changes are confirmed and provided with comprehensive information on MBS item numbers prior to introduction.



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AUSTRALIAN AND NEW ZEALAND INTENSIVE CARE SOCIETY (ANZICS) HIGH DEPENDENCY (HDU) PROPOSAL

The ANZICS prepared a submission for the DHA seeking new Medicare items to cover management of HDU patients in a HDU. The initial proposal was well received by both the ASA and other sections of the profession along with the Department but was criticized for being unduly restrictive. The original proposals limited access to the new proposed items to intensivists or to HDU's under the control of intensivists.

While the ASA has remained vocal in its support of the thrust of the HDU proposal it has remained strongly opposed to the proposed restrictions for access to the new items. The ASA and ANZICS have met many times but unfortunately have been unable to reach agreement on these proposals. The AMA has co-ordinated some of the discussions on this issue and remain committed to reaching an acceptable resolution for all parties. The EAC has approached this issue with the simple philosophy that Medicare benefits should be generated by the doctor who provides the service (in a clinically relevant and acceptable way). We do not accept that the MBS should have built-in criteria to artificially exclude groups of doctors and their patients from receiving Medicare benefits and direct all patients to a certain group of specialists.

AUSTRALIAN COMPETITION AND CONSUMER COMMISSION

The ASA met with the ACCC in May to discuss aspects of new changes to the Trade Practices Act (TPA). The meeting demonstrated an apparent new attitude of the ACCC to the medical profession in general, and to anaesthetists in particular.

There is now a new notification process for exemptions to the TPA that has many advantages over the existing authorization process and would appear to be better suited to regional and local situations possibly allowing solutions to problems such as rosters and negotiating with public and/or private hospitals for groups of anaesthetists. Some of the advantages include a much lower cost and a very short time-frame for an outcome. The ACCC were most cooperative and offered much assistance to the ASA if a notification process was embarked upon. The EAC will continue offer assistance to members who might benefit from these new legislative changes and to seek suitable candidates for a 'test case' that could be brought forward to the ACCC.

REVIEW OF THE RVG

Each year the EAC conducts a review of the ASA RVG including any member requests for changes or additions/deletions to the Guide. This year the EAC has recommended the addition of several new items and amendments to 2 existing items in the ASA RVG. Following approval by Federal Council these items will be adopted into the ASA RVG from November this year and also the AMA RVG.

New Items for Inclusion in the RVG

- ***Anaesthesia for microvascular free flap surgery – 12 base units.*** It will be necessary to introduce a series of items to cover this complex anaesthesia service in keeping with the anatomical categorisation of the RVG. ASA RVG codes ***CA230, CB355, CC475, CF704, CG804, CJ155, CK275, CL445, CM535, CN685, CQ785 and CR865.***
- ***Anaesthesia for squint repair – 6 base units.*** ASA RVG code ***CA147***
- ***Anaesthesia for endoscopic ureteric surgery – 5 base units.*** ASA RVG code ***CH911***

Amended Items in the RVG

- ***CH942*** – amended item descriptor – ***Anaesthesia for vaginal procedures including repair operations, and urinary incontinence procedures (perineal)***
- ***CV007*** – amended item descriptor - ***ENDOTRACHEAL INTUBATION with flexible fibroptic scope, associated with difficult airway, when performed in association with the administration of anaesthesia***

THE COMMITTEE

The EAC has had a very busy year responding to a large number of issues and the entire Committee has contributed countless hours towards responding to each issue. The Committee has, amongst other tasks, assisted in the preparation and reviewing of submissions to various government enquiries and also given up many hours of work to attend meetings representing the ASA. Membership of the Committee includes representation of all states as well as a diversity of anaesthesia practice and viewpoints. This ensures all aspects of any issue are thoroughly explored and a considered approach is finally arrived at.

I would like to personally thank all of the Committee for their tremendous support through the year and input to the work of the committee. I would also like to thank the ASA Federal Secretariat for their untiring support, in particular Committees' Assistant Ms. Grainne Mullen.

The Committee members are:

- Dr. Andrew Mulcahy (Chair)
- Dr. Greg Deacon
- Dr. Tim Wong
- Dr. Renald Portelli



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Dr. Mark Sinclair
Dr. Mark Whitby
Dr. Reg Cammack
Dr. David Olive
Dr. Marty Shaw
Dr. Ian Woodforth (AMA rep)
Dr. Waleed Alkhazrajy (SSAC rep)
Mr. Peter Lawrence (Executive Director)

EXTERNAL MEETINGS WITH EAC REPRESENTATION

November 2006 – Meeting of Promoting Private Health Group (PPHG)
November 2006 – Meeting of AMA Roundtable on IFC
December 2006 - Medicare Benefits Consultative Committee (MBCC) meeting on HDU's
February 2007 – Meeting with ANZICS re HDU
March 2007 – Meeting with the AMA re IFC
April 2007 - Meeting with Minister Abbott's senior advisor
April 2007 - Meeting with ANZICS re HDU
May 2007 - Meeting with Chair Australian Consumer and Competition Commission (ACCC)
May 2007 – Delegate to AMA National conference
May 2007 – Meeting with Federal Opposition Spokesperson for Health - Ms. Nicola Roxon
May 2007 - Meeting with the Department of Health and Ageing
July 2007 - Meeting with the Department of Health and Ageing
July 2007 - Meeting of AMA Roundtable on IFC
August 2007 – Meeting with the AMA on HDU's
August 2007 – Practice Managers' Workshop
August 2007 – Meeting with Department of Health and Ageing on Ultrasound
August 2007 – Meeting with Department of Health and Ageing on Ultrasound
August 2007 – Meeting with IPSOS re IFC
September 2007 – Meeting with Department of Health and Ageing on Ultrasound
September 2007 – Meeting of Promoting Private Health Group (PPHG)

Dr Andrew Mulcahy
Economics Advisory Committee Chair
3 September 2007

Item No: 9
Ref: AGM 170907

PROFESSIONAL ISSUES ADVISORY OFFICER'S REPORT FOR THE 66TH ASA AGM
ACN 095 377 370 ABN 16 095 377 370

THE COMMITTEE

Dr Nigel Symons (Chair)
Dr Waleed Alkhazrajy (Committee Member)
Dr James Bradley (Committee Member)
Dr Richard Clarke (Committee Member)
Dr Martin Culwick (iamonline Representative)
Dr Gregory Deacon (Committee Member)
Dr Elizabeth Feeney (Committee Member)
Dr Genevieve Goulding (ANZCA Representative)
Dr Graeme Murrell (Committee Member)
Dr Simon Reilly (Committee Member)
Dr Kenneth Williams (Committee Member)

The PIAC continues to be involved in a number of issues which are central to practice issues, on-line education, standards, medical indemnity and risk management.

We have undertaken at the request of Council to review all ASA Position Statements and Mitec Documents and a timetable for this has been drawn up. Review of the Mitec documents have commenced. The first one on Anaesthesia for Endoscopy has been completed and a new version will be printed and available shortly.



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Two new documents “Catastrophes in Anaesthetic Practice” have been completed. The short version is to be included in the RVG at the next printing and the longer version is envisaged as being a significant reference document to be placed on the ASA web-site. *Note that this document is a heavily modified version of a longer reference document from the Association of Anaesthetists of Great Britain and Ireland (AAGBI).*

INTERPERSONAL SKILLS TRAINING WORKSHOP (ISTW)

These are a joint venture of the ASA and ANZCA. They are intensive (and expensive) one-day risk minimisation seminars organised by the ASA Secretariat and the Cognitive Institute. To date all have been fully subscribed and have been very well received.

Remember that only one in seven patients with an adverse outcome resorts to litigation or to a medico-legal claim. For those who actually have had to go through this process, no matter how understanding and helpful your MDO may be, it is not pleasant and may be very stressful. These workshops are designed to help minimise the risk of an adverse outcome leading to a suit for compensation. They cannot be recommended highly enough.

The next ISTW after this will be held later this year in Brisbane and will be the first to offer the new programme “Dealing with Difficult Colleagues”. Research has shown that up to 50% of all litigation is instigated by colleagues.

INFORMATION REGARDING DIFFICULT AIRWAYS

Following on from the recommendations of the WA Coroner, the PIAC is in the process of preparing a template for “difficult intubations” which can be included in patient notes, and a smaller credit card sized document to be given to patients. Hopefully these will be a significant benefit to patients and anaesthetists alike. These may help to alleviate two current problems: that is inability to access patient notes for information regarding previous anaesthesia related problems and patients being unaware of previous airway problems. The card will be generic, double sided, contain information about the hospital and the anaesthetist’s name (and possibly contact details)

It is hoped that these will be sent out with the subscription notice for 2008

“iamonline” SUBCOMMITTEE OF PIAC

These modules and the website are the work of Dr Martin Culwick. He has been tireless in the production of these modules and are a credit to him.

Currently **iamonline** has five modules available, the latest one relating to epidural anatomy and epidural anaesthesia. The ‘iamonline’ sub committee is in the process of developing methods of achieving Quality Assurance as an online activity. This will be especially beneficial when the new continuing professional development scheme comes into operation next year.

One suggestion is to have online case discussions. An outline of how this would operate is that a suitable case would be entered by any ASA member and then other members would be able to comment, add suggestions or add suitable references. The online content would be monitored and iamonline committee would periodically summarise the discussion in the form of a case analysis. As the content is monitored this system differs from bulletin boards, ‘blogs’ and other similar online activity.

It is hoped that this may produce a bank of useful references for case management. The committee has applied to ANZCA for award of QA points under the current MOPS program and for Category 1, level 2 activity under the new CPD system. ANZCA has indicated that it is likely to be accepted as proposed above for MOPS/CPD points.

There are 4 other modules currently under development that will be released approximately every 3 months. GASACT members may be interested in a research project featuring one or more of the components of iamonline. When the next module is released the first two modules will be removed allowing the selection of 4 modules at any one time.

MEDICAL DEFENCE ISSUES

There has been a rationalization of the Medical Defence Organisations (MDO’s) over the past 12 months.

UMP and MDAV have amalgamated to form a new insurer called Avant. Invivo (backed by QBE) has entered the marketplace and is offering very competitive premiums and targeting some specialty groups including anaesthetists.

Early indications are that AVANT, MIPS, MDA National or MIGA have not lost any significant numbers of members to date. This will need to be confirmed at some point when Invivo publishes their membership and financial data.

Premiums have definitely stabilized as have the number of claims (especially against anaesthetists).

JOHNSON AND JOHNSON SEDATION DELIVERY SYSTEM (SDS)

Johnson & Johnson (J&J) approached the ASA for comment on the development of the Sedation Delivery System (SDS). SDS is a propofol delivery system that used a series of monitors hooked up to a patient. The concept **does not require** an anaesthetist to be



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present. J&J are currently carrying out studies in the United States and Europe and plan to market it in Australia by the 2nd quarter of 2008 with TGA approval. They had got feedback from the Gastro Society who supported the introduction of the system.

J & J intended only marketing the SDS within the public sector. J&J were seeking the ASA's advice on the acceptability of the SDS in Australia. They were informed that it would be less expensive and infinitely safer to employ anaesthetists rather than using their SDS. At this stage there is a considerable shortage of any information on the effectiveness and safety of the SDS.

I do not believe that this system will "go away".

AUSTRALIAN AND NEW ZEALAND TRIPARTITE DATA COLLECTION COMMITTEE (ANZTADC)

A joint Presidents' letter had been sent to all ASA and Australia and New Zealand College of Anaesthetists (ANZCA) members advertising the position of the Medical Director for the Data Collection Committee. The position is expected to be filled by the end of September.

There will be an advertisement for expressions of interest to deliver the software for the data collection system within the next few weeks in the major Australian and New Zealand newspapers. Closing date for receipt of applications would be the first week of September.

Finally I wish to thank the members of my Committee and the ASA Secretariat for their invaluable assistance.

Dr Nigel Symons
PIAC Chair
25 August 2007

Item No: 10
Ref: AGM 170907

**CHIEF EDITOR OF ANAESTHESIA AND INTENSIVE CARE JOURNAL'S REPORT
FOR THE 66TH ASA AGM
ACN 095 377 370 ABN 16 095 377 370**

ENHANCED PUBLISHING SYSTEM

Over the last year a post-implementation review of the EPS was completed, based on the publication department's experience and feedback from all contributors. The website specifications for these changes have been implemented by Icon and after consultation with the editors at each step of development; the updated website was launched on July 16, 2007.

With the implementation of the submissions online facility, turn-around times for assessing a paper (i.e. from submission to the Editor's decision) have shortened considerably.

PRODUCTION COSTS AND ADVERTISING

Since May 2006 a lot of the Journal production has been done in-house and cost savings are already apparent. The cost of the June 2006 issue was \$56,000 while for the June 2007 issue it fell to \$45,000. These savings are in both fields of publication for print and on-line versions. More savings are expected when the Journal staff begin sending out first proofs from in-house.

Advertising revenue remains static but we anticipate an increase in income with the employment of the new Marketing and Communications Officer.

HEALTH OF ANAESTHESIA AND INTENSIVE CARE

Since its establishment in 1972, the Journal has continued a slow but steady rate of growth in the number of papers submitted for publication and the numbers accepted and published in each issue.

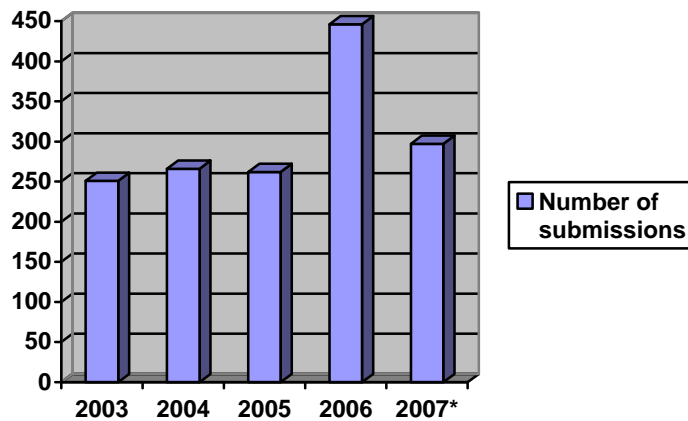
Table 1 presents the number of articles submitted to *Anaesthesia and Intensive Care* between January 2003 and July 2007. Projecting these at the current rate of submissions received, we note the significant continuing increase in both 2006 and 2007. The main explanation of this sudden and continuing increase is the response to our online submissions website which was launched on May 1, 2006.

Table 1

Number of submissions received 2003-2007



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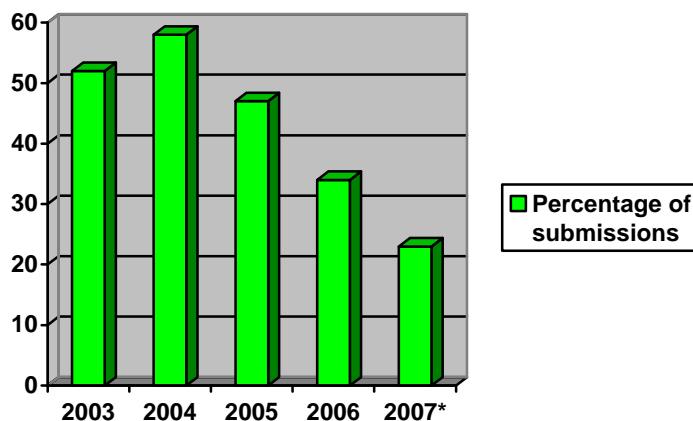


* Submissions received between 1 January – 1 July 2007.

Table 2 presents the percentage of papers accepted over the same time period.

Table 2

Percentage of submissions accepted out of those received 2003-2007



* Submissions received between 1 January – 1 July 2007.

There has been a fall in subscription levels, particularly in overseas institutions and individuals. The reasons for this are multifactorial and will be kept under scrutiny by the Editorial Board.

HISTORY SYMPOSIUM

The History Symposium continues successfully and occasions letters of congratulations from the Wood-Library Museum and subscribers. From 2008 the symposium issue will incorporate colour, where photos are available in colour, to enhance presentation.

Special edition for January 2008

A special issue of the Journal is to be produced for January 2008. One thousand extra copies of this issue will be distributed free of charge at the World Congress in Cape Town in March 2008. This issue will have a special cover designed and an editorial by Dr Rob McDougall on the World Federation of Societies of Anaesthesiologists, their aims and achievements.

The Editors' Meeting at the WCA 2008 will be attended by Dr Jeanette Thirlwell and Professor Michael Paech. This meeting is a friendly and co-operative discussion group, where editing and publication problems are aired to mutual benefit.

ACKNOWLEDGEMENTS

All Editorial Board members actively contribute to the production of the Journal and their continuing effort and enthusiasm is very much appreciated.

We thank all our reviewers and editors for the many hours they spend in their important field of assessing submissions. Our sincere thanks are also due to Clarissa Fletcher, Publications Manager, for her very competent managing of the Journal production, especially



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in the introduction of online submissions and development of the site for editors to get a high degree of usefulness and ease of use of the program. Erin McGarrigle, as Publications Assistant, ably complements Clarissa's management in the field of in-house production skills and clearly demonstrates a sharp eye for accuracy of presentation in all stages of production, promptly and politely communicating with editors and authors alike. We thank them both for all their efforts.

Dr Alan Duncan
Chief Editor
24 August 2007

Item No: 11.1
Ref: AGM 170907

ASA/NZSA COMBINED SCIENTIFIC CONGRESS (CSC) 2008 REPORT FOR THE 66TH ASA AGM
ACN 095 377 370 ABN 16 095 377 370



SPONSORSHIP

We have developed a sponsorship contract with accompanying proposal. This is available at the 2007 NSC.

The proposal envisages two Platinum, two Gold and a number of Silver Sponsors. Details are also posted on the website. The proposal also has details for potential exhibitors.

Our proposal has considerable leeway for companies to pick and choose options to fit their requirements. This is in line with requests from company representatives I spoke to at the ASM in Melbourne.

SCIENTIFIC PROGRAMME

Ross Dysart continues to bring this together. Major speakers will deliver plenary addresses, and take part in smaller lectures. They have also been asked to contribute to workshops and PBLDs.

This extensive list of SIG presentations will fill much of the programme, and PBLDs and workshops will be fitted around them.

There will also be some different workshops, including:

- Conjuring (for use with children coming to theatre);
- Hypnosis (with emphasis on needle phobia management);
- Film or video making (with emphasis on making medical videos).

On the Monday afternoon there will be a major plenary presentation and workshop around the theme of Communication. This is intended to be interactive and challenging. Ross is putting a lot of personal effort into this.

SOCIAL PROGRAMME

Venues and entertainment have been booked. Our Social Convenor, Kirsten Cunningham, is currently on maternity leave but Aruntha Moorthy has stepped in and will remain on the Committee when Kirsten rejoins us.

The dinner menu will be finalized shortly. Kirsten has met a number of different caterers who have access to the venue.

We have a film organized for the evening at the Embassy Theatre. We also will have some material presented by Weta Workshops. The producer of the film we are showing has also offered to attend the evening, and has further offered to give some workshops at the Congress.

NZSA EO



Australian
Society of Anaesthetists

Phillipa Bascand, the NZSA Executive officer, is providing considerable time and effort on behalf of the CSC. She will be at the NSC in Perth, mainly to assist Phil Thomas in setting up sponsorship deals.

PAMPHLETS

I will have with me in Perth advertising pamphlets for the delegates and sponsorship proposals for the HCI. These are currently being printed (August 30).

The 2008 CSC is coming together nicely, and we look forward to hosting you next October.

Dr Graham Sharpe
Convenor
30 August 2007

Item No: 11.2 Ref: AGM 170907
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2009 NATIONAL SCIENTIFIC CONGRESS (NSC) REPORT FOR THE 66TH ASA AGM ACN 095 377 370 ABN 16 095 377 370

The first meeting of the Organising Committee (OC) for the Darwin 2009 NSC was held in March this year, with 3 further meetings since then.

The Darwin NSC will be somewhat unique in that the OC itself is based in Adelaide, and meetings will almost all be held in Adelaide, with Darwin members attending by teleconference, or in person where possible. My own personal feeling on this matter, shared I believe by other members of the OC, is that we in S.A. are very happy to be involved in the day-to-day work, and are excited by the possibilities Darwin offers as a conference venue, but that every aspect of the planning should meet with the approval of our N.T. membership. This is, after all, their unique opportunity to show the national membership their city and their region, and all that it offers.

The PCO which has been appointed to the task is the South Australian Postgraduate Medical Education Association (SAPMEA). This organisation has a great deal of experience with educational events, both in S.A. and N.T. Most of us on the OC (including myself!) have minimal experience in conference planning, and have already found the assistance of SAPMEA invaluable even at this early stage. The OC is extremely grateful also for the assistance and advice provided by Drs. John Lauritz and Piers Robertson, which is also proving invaluable, as indeed is the assistance of the staff at the Sydney office, particularly ASA Committees Manager Cassandra Hargreaves.

I was fortunate to have the opportunity to visit Darwin during July, while SAPMEA was running a conference, and to meet with the Darwin members of the OC. In addition, SAPMEA arranged a tour of the various hotels and apartments near the city centre, and the site of the Darwin Convention Centre (DCC) situated on the Darwin waterfront. The first stage of the waterfront development is due for completion by mid-2008. This will comprise the DCC itself, and 2 new hotels (total approximately 300 rooms), as well as shopping and recreational facilities.

Obviously at this time the planning of the scientific content of the meeting is in its very early stages. We have not yet formed a scientific committee or appointed a scientific convenor, although several well-credentialed people have expressed an interest in taking part. Professor John Sear, of the Nuffield Dept at Oxford, has accepted an invitation to attend. He has expertise in several areas, but his interest in perioperative medicine in particular should provide an excellent range of potential topics. We also hope to add a "top end" theme to the scientific content, with for example sessions on trauma management, or retrieval medicine.

Darwin of course offers numerous opportunities for pre- and post- conference tours as well as social events during the NSC itself. This aspect will certainly be emphasised in our plans to publicise the event.

Dr Mark Sinclair
NSC 2009 Convenor
24 August 2007