



Australian
Society of Anaesthetists

Item No: 5
Meeting Ref: AGM231006

**REPORT OF THE ASA PRESIDENT
FOR THE 65TH ASA AGM HELD ON 23 OCTOBER 2006
ACN 095 377 370 ABN 16 095 377 370**

The last twelve months for the Society have been a time of great achievement, coupled with two episodes of profound sadness.

Dr Benedict Barry

All Society members would have been saddened to hear of the death on September 6th of Dr Ben Barry after a long illness. Ben was a Life Member of the ASA and a recipient of its Gilbert Brown Award. He was a former President of the Society and was the Foundation Editor of the Society's *Anaesthesia and Intensive Care Journal*.

He served also on the Board of the Faculty of Anaesthetists, was a Vice President of the World Federation of Societies of Anaesthesiologists (WFSA) and was on the AMA Federal Council as its anaesthesia representative. Ben was a great teacher, natural leader and a loving husband and father. I knew him particularly well, he was a mentor of mine and guided me through my registrar training. I joined his anaesthesia group, worked at his hospitals and was very much guided by him in my medical politico career. He will be greatly missed.

Dr Brian Dwyer

The Society was also saddened at the death in June of Dr Brian Dwyer, former ASA President and Life Member of the Society.

Brian was one of the founding fathers of modern Australian anaesthesia. He was the director of the Department of Anaesthetics at St Vincent's Hospital in Sydney from 1955 to 1985, established the first multi-disciplinary pain clinic in Australia at St Vincent's in 1962, was at the forefront of the development of the intensive care units and pioneered the development of palliative care as a sub-specialty. His contributions to both the ASA and the College were enormous, being a former ASA President and Dean of the Faculty of Anaesthetists. He will also be sadly missed.

Finances

For the 2nd year in succession we have had a surplus of approximately \$1.2 million. Great praise is owed to our Honorary Federal Treasurer, Dr Michael Tuch, our Finance Manager, Mr Russell Black and our Executive Director, Mr Peter Lawrence. This combined with an excellent surplus from our NSC in Broadbeach has enabled us to grow the Society's assets to approximately \$10 million. There are many present and future challenges facing the Society. Money is power. We are managing the Society's funds astutely so as to serve our members in anyway necessary.

Economics Advisory Committee (EAC)

The EAC, under Dr Andrew Mulcahy's expert guidance, has once again this year put in countless hours of work for Society members. It has been an extraordinarily fruitful year for the EAC as they have been able to successfully conclude 15 years of negotiations with the Federal Department of Health and Aging over the introduction of a new schedule of consultation items for anaesthetists. These consultation items have at long last recognised anaesthetists as equal to their other specialist colleagues. No longer will the only consultation item be termed an '*anaesthesia examination*' and assumed to be brief and simple. There will be in the future a range of items based on time and complexity, ranging from zero to 15 minutes through to over 45 minutes. In addition there will a loading for consultations conducted in rooms.

This total package will bring approximately an extra \$10 million in Medicare funding for anaesthesia rebates and in addition there will be approximately an extra \$4 million in anaesthesia rebates from private health insurers. This is therefore a total of \$14 million per annum in increased anaesthesia rebates.

These increases in anaesthesia rebates are dwarfed by the cost savings to the community due to the introduction of these measures. This new consultation structure is truly a major quality health initiative. By seeing patients in rooms some days prior to their anaesthesia they are able to be admitted on the day of their procedure rather than the night before, with all their pre-anaesthesia investigations completed. This significantly reduces cancellations and complications and reduces the number of unnecessary tests that are ordered. Good pre-anaesthesia consultations are an integral part of good anaesthesia care and inadequate patient assessment is one of the main factors associated with poor patient outcome from anaesthesia.

These improvements therefore are based on irrefutable evidence to support major cost savings to the community and improvements in patient care and patient outcome. Dr Mulcahy's submission was so compelling that it was virtually impossible to deny any longer the Society's repeated requests for an appropriate anaesthesia consultation structure.

The EAC has also been effective in securing an increase in payments to anaesthetists for their consultations on veterans. This increase brings approximately a further \$3 million per annum in direct payments to anaesthetists.



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Thus these two achievements have secured an extra \$17 million in direct payments and rebates for anaesthesia services per annum in perpetuity, which is approximately \$11,000 for every practicing anaesthetist per annum, or about 10 times one's annual ASA subscription.

It should be remembered that last year the EAC secured major increases in payments to anaesthetists for their care of veterans, which averaged then approximately \$5,000 per annum per anaesthetist. Thus in the last two years the Society has brought to its members increases in earnings and rebates of approximately \$16,000 per annum per anaesthetist in perpetuity. This is approximately 14 times each member's annual subscription.

I say once again that the ASA is the best investment you will ever make.

The other major focus of the EAC this year has been the Informed Financial Consent (IFC) campaign. The Society's main focus has been to acknowledge to the Department of Health and Ageing and the Health Minister our commitment to IFC but to emphasise that there are occasions where this is impossible. As well, we repeatedly emphasised it is essential for health funds to better inform patients about their likely rebates for anaesthesia services. Without this information it is impossible for patients to determine what their likely out-of-pocket expenses will be for their anaesthesia services.

This campaign will continue over the next 12 months and it is our hope that our commitment to this process will help convince the Minister that a draconian legislative option to attempt to enforce IFC is both unnecessary and unwise.

Once again, the Society owes Dr Mulcahy and his Committee our enormous thanks and praise for their work this year.

Federal Minister for Health and Ageing

The Society met with the Federal Minister for Health, Mr Tony Abbott, on 3 August 2006. This was my fourth meeting with the Minister in the last two years. The meeting was cordial and constructive. The main issues discussed were the introduction of the new consultation structure for anaesthetists and IFC. In addition, we raised the Society's concerns with the Therapeutic Goods Administration's (TGA) bureaucratic inefficiency in dealing with the regular lack of supply of vital life-saving drugs in anaesthesia. We emphasised the inappropriate requirement of patients being forced to sign consent forms for the use of such drugs that have become unavailable over the last one or two years. The patients are put through unnecessary stress and anaesthetists are forced to complete tedious, time-consuming and unnecessary paper work. The drugs should be available. The Minister agreed and committed himself to helping to eliminate the problem.

Other issues discussed were the anaesthesia workforce, the training of anaesthesia registrars in private hospitals and the inability of anaesthetists to contribute to superannuation in addition to that provided by their public hospital, if that hospital accounted for more than 10 % of their income. This restriction has the effect of providing a significant disincentive for anaesthetists to work in public hospitals, which is clearly highly undesirable. I also wrote to the Federal Treasurer, various State Ministers for Health and the Federal AMA over this superannuation issue, which has now been addressed and will no longer apply from 1 July 2007.

Overall, the relationship between the Society and the Federal Minister, I believe, is excellent. He invited me to join him and the AMA President Dr Mukesh Haikerawal at the launch of the AMA's IFC campaign in August. Unfortunately, I was unavailable to attend due to the short notice, however it emphasises the regard in which he and his advisors hold the Society. It is a relationship based on our mutual respect. With him we have been able to achieve changes that greatly benefit our patients as well as redressing some long standing injustices which have applied to anaesthetists.

Australian and New Zealand Tripartite Anaesthesia Data Committee (ANZTADC)

This last year has seen the establishment of a new tripartite committee to deal with the collection of data, in particular in the first instance, anaesthesia critical incidents. This is a tripartite committee made up of the Australian and New Zealand College of Anaesthetists (ANZCA), the New Zealand Society of Anaesthetists (NZSA) and the ASA.

It is a major new activity that we believe will provide Australian and New Zealand anaesthetists with valuable information on critical incidents which will be able to be used to improve anaesthesia safety. It is another example of the excellent relationship that exists between the two Societies and the College. Our initial meeting, which occurred on September 22, was most productive with all members committed to the success of the project. I am delighted and excited by what we have achieved so far and what we plan to achieve.

Professional Issues Advisory Committee (PIAC)

Dr Nigel Symons has once again efficiently chaired this important Society Committee. They have produced an important position statement on after-hours anaesthesia, have revised the Society's *Anaesthesia and You* brochure and continue to produce the excellent online education modules 'iamonline' under the direction of Dr Martin Culwick.

Communications Committee



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This year we have transformed the Publications Committee into the Communications Committee so as to include under its umbrella the Society's website. There is a full revision under way of the Society's Newsletter, Annual Report and Website under the direction of Dr Jim Bradley. I wish to thank Jim for his excellent stewardship of this review process. The restructuring of this vital arm of the Society will lead to a far more professional image being projected to both our members and others.

ASA Headquarters

I must thank all members of the Federal Headquarter for their tolerance during the disruption which has been associated with the refurbishing of the offices. The incorporation of the new contiguous suite has significantly enlarged the space available for staff and office bearers and despite the inevitable delays the project is progressing well and will leave us with a magnificent headquarters when completed.

Australian and New Zealand College of Anaesthetists (ANZCA)

Over the last year I have had an excellent relationship with both Professor Michael Cousins and later Dr Wally Thompson when he took over as President of ANZCA. We have worked together on a number of issues and I believe this close relationship is vital to the future of our specialty. I wish to take this opportunity to particularly thank Michael and Wally for their cooperation, goodwill and commitment to the ASA/ANZCA relationship. This close relationship between the two organisations, based on trust, mutual respect and the understanding that in so many areas our goals are the same, is absolutely vital. I believe the present relationship that exists between the ANZCA and the ASA is as good as I have ever known it.

Workforce

The Society remains very aware and concerned at the efforts that continue to be made by non-medical practitioners to provide medical services. This includes the ambition by some to give anaesthesia. Our concerns are not based on turf protection but are based on maintaining Australia as the safest place in the world to receive anaesthesia. The keystone for that is the extraordinarily high standard of those providing the anaesthesia. This year the issue has not been quite as prominent as it was in 2005, nevertheless I believe it will be one of the greatest issues for us to be concerned with in the future. We must ensure the anaesthesia workforce is appropriate, that anaesthetists are available to provide anaesthesia services where needed, and that those locations for the provision of anaesthesia are of the highest quality. We must cultivate and encourage our general practitioner anaesthetists to continue providing anaesthesia so as to prevent any opportunity arising for non-medical providers of anaesthesia to be introduced. The safety of our patients is paramount in this issue.

Anaesthesia and Intensive Care

The Journal has continued to prosper over the last year thanks to Dr Alan Duncan, Dr Jeanette Thirwell Jones, and the rest of the team. This year saw the introduction of the on-line review process which has been very successful. Clarissa Fletcher the production manager has done a superb job in implementing this new system. Great praise and thanks are owed to all involved for continuing to produce an excellent scientific publication.

Overseas Aid

Steve Kinnear and his Committee have once again brought great pride to the ASA and its members. The personal sacrifice of those who give up months or years to educate anaesthetists in developing countries is truly extraordinary.

The Society has a budget of close to \$120,000 for overseas aid and World Federation of Anaesthesiologists activities. This, to my knowledge, far and away exceeds the contribution per member of any other medical organisation in the world for overseas aid. Of this we can be very proud.

Conclusion

I finally wish to thank all ASA office bearers for all their work over the last 12 months, particularly the State Chairs, the Committee Chairs and the members of the ASA Federal Executive. I also wish to thank Peter Lawrence and his team at the Secretariat. They are extraordinarily enthusiastic, dedicated and efficient and they have played a major role in the successes that the Society has achieved over the last 12 months.

Lastly, I wish to encourage members who are not presently ASA office bearers to consider contributing to the Society. It is extraordinarily satisfying and worthwhile. At the very least encourage colleagues and registrars who are not members to join the ASA. It is this personal, grass roots approach that brings new members. We need every anaesthetist in the nation.

This concludes my final report. It has been an honour and enormous privilege to serve as your President.

Dr Gregory J. Deacon

ASA President

11 October 2006



**REPORT OF THE HONORARY FEDERAL TREASURER
FOR THE 65TH ASA AGM HELD ON 23 OCTOBER 2006
ACN 095 377 370 ABN 16 095 377 370**

Introduction

2005/6 has been a very successful year for the Society. The surplus exceeded our budget forecast and I am pleased to advise that we have used this and last year's surpluses to expand and refurbish the National Office in Sydney. The total value of this project is approximately \$1.4 million.

Finance Department Capacity

The finance department has been significantly enhanced and streamlined with the appointment of a fulltime finance manager and, more recently, a fulltime assistant. This increased capacity was necessary and reflects the growing financial accountabilities and responsibilities associated with the Society's continual expansion.

2007 Subscription Rates

To meet expected, but yet to be budgeted, increases in operational expenditure in 2007, Council agreed in the context of the 2006/07 Budget to approve a small increase in subscriptions rates effective in 2007. This increase is 3% to match inflation and is the first for three years.

Financial Reports for 2005-2006

The assets of the Society have increased by \$1,364,692 during the 2005-2006 financial year.

The following figures give a comparison of the Society's finances over the last two years. It is interesting to note that the accumulated funds have increased by 40% over this relatively short period.

	30 June 2004	30 June 2005	30 June 2006
Accumulated Funds	\$7,026,320	\$8,430,846	\$9,795,538
Surplus		2004-2005	2005-2006
Revaluation of Equities		\$1,199,666	\$1,151,895
		<u>\$ 204,860</u>	<u>\$ 212,797</u>
		\$1,404,526	\$1,364,692
NSC Surplus		\$ 506,636	\$ 495,483
		(Sydney)	(Gold Coast)
Projected Budgetary Surplus:		\$ 132,983	\$ 239,989
Actual Budgetary Surplus:		\$ 693,030	\$ 656,412

The full Financial Report has been published on the ASA Website and distributed to each ASA member; further copies are available for members from the ASA Booth.

Investment Committee

The Investment Committee was foreshadowed in my last report to the AGM. It has now been established and it reports through me to Council at least annually but more often as circumstances arise. There have been three successful meetings to date resulting in the crafting and endorsement of the ASA's investment guidelines. I particularly wish to express my gratitude to Mr Alan Pashut, who as the 'non-member financial adviser', and on a pro bono basis, has brought considerable clarity and direction to our committee. The Investment Committee has adopted a simple and balanced investment strategy. Council will consider the Investment Policy Statement at its meeting on 20 October 2006. It will be implemented over this coming year.

Michael Tuch
Honorary Federal Treasurer
13 October 2006

**REPORT OF THE EXECUTIVE DIRECTOR
FOR THE 65TH ASA AGM HELD ON 23 OCTOBER 2006
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Overview of the Staff of ASA Federal Office 2005/2006



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- There have been a number of staff changes since the last AGM. Currently there are 14 staff members (full and part-time) in the Sydney office with additional contracted secretarial staff located in Brisbane, Melbourne, Hobart, Adelaide and Perth.
- The major change to the staff was the appointment of a fulltime Finance Manager. Russell Black replaced Deborah Jones in January 2006. Russell has considerable experience in company secretarial and senior commercial financial management roles. He has taken over a number of tasks previously undertaken by the Treasurer and myself.
- Gordana Stevanoski was appointed as Executive Assistant to the President and me in February 2006. She now manages all aspects of the President's correspondence, travel and functions.
- Changes to support staff to the Finance Manager and the Chief Editor (reduction in two assistants following the introduction of the Enhanced Publications System) also occurred this year.
- In total, four staff positions turned over in the last 12 months. One position involved redundancy while the other three staff left the ASA to take up new positions. I used the opportunity to undertake restructuring within the office with three of the four changes.

ASA Federal Office Key Events to Report

- Server Upgrade
The ASA has invested in technology replacements in a number of areas over the last 12 months. The server was replaced in September 2005 to provide greater capacity and storage.
- Phone System Upgrade
The analogue phone system was upgraded to a digital system in August 2006. The digital system provides VOIP capability, is considerably less expensive to operate and is significantly more flexible in terms of management and reporting.
- Video Conferencing
Council has been trialling video conferencing capacity over the last year. Limitations due to voice capture and the unreliable software have been overcome. Video conferencing will facilitate chairs of committees, who are unable to attend in person, reporting into Council electronically.
- Office Refurbishment Project
Suite 602 was purchased in 2005. It was refurbished and integrated into the extant office complex as part of a \$330,000 office improvement project. This involved cutting through a non structural wall to join the new unit with the existing two other units. Other improvements include the renovation of the board room, installation of large digital screens for teleconferencing, creation of a museum, staff lounge and enhancement of the library, a rebuild of the air-conditioning system and general repaint and carpeting throughout the office. A new toilet and shower has also been created. Final work is expected to be complete by November 2006 with a formal 'opening' following the 2 December Council Meeting in Sydney.
- Federal Office
The purchase, technology upgrades and refurbishment have increased the value of the Sydney office to nearly \$4 million. The purchase has also increased the usable office space by 32% giving a total area of 635 square metres or 535 square metres excluding the balconies; plus car spaces/garages to accommodate 13 vehicles. For interest, the value of property in the Edgecliff area in Sydney is approximately \$6,000 to \$6,200 per square metre.
- Additional Secure Storage
An additional lock up garage was acquired in December 2005. This extends the number of secure facilities for storage to three with two containing large compactuses for storing the historical, archival and financial records of the Society.

Members' Matters

- The annual members' survey was less popular with members this year than previously. It was offered on line and also in its conventional paper format. I note that ANZCA also had a similarly low response rate. The Workforce and Survey Committee will review the frequency and complexity of the members' survey before it is next distributed.
- On a more positive note the response to the Informed Financial Consent (IFC) survey conducted on line in the mid year achieved over 650 responses – a excellent outcome which demonstrates the usefulness of the online survey. I am most grateful for the time that members take to respond to the questions. I can assure members we limit surveys to only those that are essential.
- The ASA's website will undergo a major revamp over the next three months to make it more user friendly and functional. We have spent some time in analysing the shortcomings of the current website and look forward to feedback once we launch the new website.
- The ASA will introduce an online locum service for Anaesthetists across Australia (colloquially called Locum on Line or LOLS) as a complimentary service for members early in 2007. The service will be totally managed through our website and allow members to advertise locum requirements and respond to vacancies. The service will also have the capacity to accept locum advertisements from other organisations such as hospitals and recruiters.
- As mentioned above, the IFC project has been very well supported by members. Last Newsletter carried a special supplement for members and this information remains on the ASA website. Members may download example letters for their own use. A separate mail out of the IFC Information Kit was also made to all non ASA anaesthetists (with financial support from the AMA) to expand the reach of the campaign and increase general awareness to obtain IFC. Again, if you have suggestions or comments, please forward them to the ASA.



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Peter Lawrence
Executive Director
9 October 2006

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**REPORT OF THE ECONOMICS ADVISORY OFFICER
FOR THE 65TH ASA AGM HELD ON 23 OCTOBER 2006
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The Economics Advisory Committee (EAC) has had a particularly busy year being involved in negotiations with the Department of Health and Ageing and the Department of Veterans' Affairs as well as remaining heavily committed to ensuring anaesthetists are represented in the ongoing Informed Financial Consent (IFC) debate.

I am pleased to report significant successes in our negotiations relating to consultations in Medicare and for Veterans as well as progress in other areas including pain medicine, IFC and the Relative Value Guide.

Medicare
Consultations

After more than a decade of discussions with the Department of Health and Ageing the Minister Mr Tony Abbott has finally agreed to approve the extra funding required to allow an anaesthesia consultation structure to be introduced into the Medicare Benefits Schedule (MBS) from November 2006. This is a great achievement for all those who have worked hard towards this objective and provides long overdue recognition of the importance and value of anaesthesia consultations.

From November there will be 10 new MBS items to cover pre-anaesthesia consultations, referred specialist anaesthesia consultations, consultations immediately prior to major regional blockade for a woman in labour and finally an 'in-rooms modifier' to provide extra benefits for providing a pre-anaesthesia consultation service in rooms prior to the patient entering hospital.

This consultation structure will not only provide extra Medicare funding for anaesthesia services but more importantly bring anaesthesia consultations similar status and recognition as other specialist consultations in the MBS.

In total there will be increased Medicare funding of approximately \$10 million per year with an additional expected \$6-9 million per annum from health funds.

Pain Medicine

Separate new consultation items were introduced into the MBS from May 2006 following recognition of Pain Medicine as a specialty late last year. The EAC provided input and representation at a MBCC meeting to formulate the detail and structure of the new consultation items. The items are identical in descriptor and MBS rebate level to existing physician items and represent an excellent outcome for anaesthetists practicing in the area of pain medicine.

Informed Financial Consent (IFC)

This issue continues to receive the attention of the Health Minister. The ASA has been represented at all major meetings on IFC and along with the AMA ensures that the voice of the medical profession is heard. Clearly the health funds desire legislative controls to be introduced to mandate 'gold standard' IFC practice or otherwise doctors would face severe penalties. A paper produced by the Australian Health Insurance Association (AHIA) proposed extraordinary measures including deregistration of doctors and loss of hospital licences where IFC was not satisfactory. Although these extreme proposals have not gained any support, the Minister has indicated that he is seeking a 95% compliance rate for good IFC practice from the medical profession. As has been discussed previously, there are many unique obstacles for anaesthetists in this area and the ASA has continued to explain these to all interested parties including the Minister to ensure a thorough understanding of the anaesthetists' perspective.

Nevertheless significant change in practice is required to eliminate the problem of unexpected medical gaps in private health for elective patients. The ASA has developed a strategy that will deliver improved financial information to patients and ensure that wherever practical patients will be aware of their likely financial obligations prior to entering hospital. The ASA proposed that anaesthetists would be able to accept full responsibility for IFC where the following conditions are met:

- The admitting doctor (surgeon) to inform patients of other medical practitioners likely to be involved in the episode of care and provide the patient with appropriate contact information and suggest that they contact the other providers for further information including IFC.



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- The admitting doctor (surgeon) is required to forward patient details to other medical practitioners directly involved in the episode of care in a timely fashion to allow the dissemination of relevant information including IFC material.
- The admitting doctor (surgeon) *may* provide an estimate of fees (or other IFC material) from other medical practitioners involved in the episode of care.
- There needs to be support for reform to anaesthesia consultations within Medicare with the specific objective of encouraging more pre-hospital pre-anaesthesia consultations to allow the multitude of benefits (including better IFC) to be gained.
- An education campaign will be required for providers and consumers, utilising resources of the ASA, the AMA and the Department of Health and Ageing.
- A check of prior IFC for the forthcoming episode of care would be incorporated into the admission procedures of hospitals and day-surgery facilities
- Health Funds are required to provide *in writing* an estimate of fund benefits to any member who requests such information and is able to provide the relevant MBS item numbers

All of the above objectives have or are being met except the last two. Our surgical colleagues (through the RACS, AAS and AMA) have lent support to our proposals and agreed to co-operate in the sharing of the vital patient information as soon as patients are booked for surgery or a procedure involving anaesthesia. The ASA will continue to highlight the important role of the health funds in causing patients to believe that there will be no out-of-pocket expenses but their lack of co-operation in assisting in solving the problems so caused.

The ASA launched an IFC campaign with the August edition of the Newsletter devoted principally to IFC issues and IFC resource materials. At the same time all other non-ASA member anaesthetists (with the Fellowship of ANZCA) were distributed similar IFC material to ensure that this issue is highlighted for all anaesthetists, whatever their practice profile. The ASA website has a section dedicated to IFC with the wealth of resource material available for download and suitable editing as required by members.

The Government initiated consumer IFC survey was repeated in September by IPSOS but it is not yet known when the results will be available. If the results are to the Minister's satisfaction no further monitoring will be required and the threat of legislative control will be greatly reduced. If however the rate of IFC is still too low, a further survey will be commissioned for early next year.

The ASA will continue to have an active voice in this debate and represent the interests of anaesthetists.

Department of Veterans' Affairs

Last year the ASA negotiated a significant increase in remuneration for anaesthesia services for veterans with a changeover to the Relative Value Guide (RVG) with a unit value at about the level of the health fund GapCover schedules (currently \$28.20). This successful outcome was partially mollified as consultation services were initially excluded from any increased funding. After several further meetings increases were finally achieved for all anaesthesia services except the pre-anaesthesia consultation (MBS item 17603).

The ASA met with the new Minister for Veterans' Affairs, Mr Bruce Bilson at around the same time as the AMA concluded separate negotiations seeking a general increase in funding for specialist services.

The final outcome for anaesthetists has far exceeded our initial objectives. Whilst there will be no increase in remuneration for procedural work already covered by RVG item numbers following the significant boosting to funding achieved last year, anaesthetist consultations will receive significantly higher remuneration. Outpatient consultations will receive MBS fee plus 35% whilst in-patient services will receive remuneration based on the average GapCover schedules for the same service. Currently benefits for 17603 services ('pre-anaesthesia consultation') are on average 52% above MBS fee or around \$56.

The new fees for veterans will continue to receive indexation as per the MBS in November.

Importantly the DVA has already agreed to immediately incorporate the new MBS consultation items into their Repatriation Medical Fees Schedule (RMFS) with a similar 'mark-up' for the new items. It might be expected that a significantly greater proportion of veterans will require longer and more complex consultations than the general population.

These changes ultimately have produced extra funding of around \$3 million plus per annum.

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 two new items to the ASA RVG. Following approval by Federal Council these items were adopted into the ASA RVG from November this year and also the AMA RVG.



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New Items for Inclusion in the RVG

CV004 (Division V) – ADMINISTRATION OF MASSIVE BLOOD TRANSFUSION IN ASSOCIATION WITH THE ADMINISTRATION OF ANAESTHESIA

(“Massive” is defined as being the replacement of at least one whole blood volume of the patient within a 24 hour period)

Recommended unit allocation - 8 units

CG863 (Division G) – ANAESTHESIA FOR RADICAL NEPHRECTOMY *(Note: ‘Radical’ denotes extensive surgery for the treatment of malignancy)*

Recommended unit allocation - 10 units +PM +T

9th Edition of the Relative Value Guide

Under the editorship of Dr Mark Sinclair again with assistance from Mr Peter Lawrence and Dr Rob Storer, the next edition of the ASA’s RVG booklet is on track for publication early in 2007. As in the past, it is planned to have the new edition completed as a comprehensive “one-stop-shop” booklet containing all relevant up to date information relating to ASA, AMA and MBS item numbers, DVA, third-party and worker’s compensation billing as well as containing other useful information.

Members should appreciate the enormous amount of hard work and preparation that is involved in the production of the RVG booklet and I would like to congratulate Mark Sinclair yet again for his ongoing comprehensive review of the RVG booklet.

WorkCover Authorities

The EAC has prepared submissions for and held discussions with WorkCover Authorities in three states over the past 12 months. At the time of writing this report we are currently awaiting outcomes in Queensland and Western Australia whereas in NSW the immediate result has been the continuation of the AMA fee as the accepted level of payment for anaesthesia services.

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 the work of progressing 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 Jemma von Berg.

The Committee members are:

Dr Andrew Mulcahy (Chair)
Dr Greg Deacon (Committee Member/President)
Dr Tim Wong (Qld EAC Officer)
Dr Renald Portelli (Vic EAC Officer)
Dr Mark Sinclair (SA EAC Officer)
Dr Rob Storer (WA EAC Officer)
Dr Reg Cammack (ACT/NSW EAC Officer)
Dr Ian Woodforth (AMA Craft Group Representative)
Dr Waleed Alkhazrajy (SSAC Representative)
Mr Peter Lawrence (Executive Director)

External Assistance

I would also like to publicly thank a number of people from outside the EAC who have also contributed to and provided support for the work of the Committee.

Dr Jim Bradley has continued to provide tremendous input to our work despite his other ASA commitments and we thank him greatly for that.

Drs Roger Goucke, Rob Paton, John Ditton and Murray Taverner have all provided expert advice in the area of Pain Medicine and have greatly assisted in the redevelopment of many of the pain items in the MBS. There have been some significant improvements in this area in the MBS and these pain specialists have provided the necessary expert knowledge to allow these to proceed.

Dr Mike Martyn has provided a wealth of detailed data on a range of anaesthesia services and greatly assisted in the analysis, collection and interpretation of that information. This huge resource has formed the basis of many of the successful submissions prepared by the EAC.



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Mr John O'Dea, Director of Medical Practice at the Federal AMA office and Mr Roger Kilham, Economics Consultant, in Canberra have been providing continuous, invaluable assistance to the ASA and the EAC in particular for many years. Their expert advice and practical support has been greatly appreciated by the EAC on a large number of issues. I would like to remind all members of the continuing high level of support the ASA receives from the AMA.

Finally I would like to thank my colleagues at the Hobart Anaesthetic Group ("The Group") who have provided unfaltering support for activities of the ASA over the past 40 years and in particular for me as Chair of the EAC over the more recent past. Duties as Chair of this busy committee often require interstate travel at very short notice and without the support of my colleagues this would not be possible.

External Meetings with EAC Representation

October 2005 – Meeting with Minister for Health and Ageing, Mr Tony Abbott
November 2005 – Meeting with Chair of House of Reps Standing Committee on Health and Ageing, Mr Alec Somlyay
November 2005 – Meeting with Chair Australian Consumer and Competition Commission (ACCC)
November 2005 – Meeting of Promoting Private Health Group (PPHG)
November 2005 – Health Connect Meeting
December 2005 – Meeting with the Department of Health and Ageing
January 2006 – Medicare Benefits Consultative Committee (MBCC) meeting on pain medicine
February 2006 – Meeting of Promoting Private Health Group (PPHG)
March 2006 – Meeting with Minister Abbott's senior advisor
May 2006 – Meeting with the Department of Health and Ageing
May 2006 – Meeting with Minister Abbott's senior advisor
May 2006 – Meeting with the AMA re IFC
May 2006 – Meeting of the AMA Economics and Workforce Committee
June 2006 – Meeting of Promoting Private Health Group (PPHG)
June 2006 – Meeting with the Department of Health and Ageing
August 2006 – Meeting with Minister for Health and Ageing, Mr Tony Abbott
August 2006 – Meeting with Minister for Veterans' Affairs, Mr Bruce Bilson

Dr Andrew Mulcahy
Chair, Economics Advisory Committee
8 October 2006

Item No: 9
Meeting Ref: AGM231006

**REPORT OF THE PROFESSIONAL ISSUES ADVISORY OFFICER
FOR THE 65TH ASA AGM HELD ON 23 OCTOBER 2006
ACN 095 377 370 ABN 16 095 377 370**

The PIAC has dealt with a number of issues and documents over the past few months.

- Minor changes suggested by the ASA have been included in the ANZCA document "*PS09 -Guidelines on Conscious Sedation for Diagnostic, Interventional Medical and Surgical Procedures*" and is now on their website.
- Final review of the maroon "*Anaesthesia and You*" document was completed and has now gone to the printers. There were only minor changes made to this document.
- The promised review of current medical indemnity arrangements and subsidies, as part of the initial brief of the Abbott Committee has taken place. As is often the case, calls for submissions were received after the closing date. In any case, the ASA replied and the review has duly taken place. None of the MDO's are aware of the outcome at this stage and the committee members have signed a confidentiality agreement. The report from the ACCC concerning premiums was positive. The report is due to be released before the end of this year.
- I am led to believe that the monolithic single insurance model will not be put forward again. We need however to keep this on the agenda.
- Another for profit insurer has entered the indemnity marketplace (the last being St Paul). InVivo has the backing of QBE Insurances and is currently offering policies to a number of specialty groups. They are "cherry-picking" individuals who have good claims records. The premiums offered are significantly less than those of the other MDO's. Membership numbers are unknown, but enquiries to UMP and MDA National revealed that they have lost few members to date.
- The "*ASA PS11 - Code of Conduct*" has now been on the website for several months. There has been little comment or feedback to date. It still needs to be sent to Heads of Departments and possibly to Private Hospital Administrations.
- Following publication of the "*ASA PS01 - The Provision of Out-of-hours Anaesthetic Services*" there were a number of complaints (3) from anaesthetists in one area on the Sunshine Coast. Any position statement is a balance between being too verbose and prescriptive to being concise and more general in nature. I feel that the latter allows for more "professionalism". Nonetheless, it was felt that the ASA PS01 could be construed as being too prescriptive when applied



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to the provision of obstetric services. It has been modified to make it more acceptable in rural and regional areas. A letter has been sent to each of the complainants.

- The Interpersonal Skills Training Workshop (ISTW) being held in conjunction with the NSC has been fully subscribed. This will be the first ISTW that has been held in conjunction with a major meeting. My concern was that the extra time and costs would be a significant disincentive. The ASA Secretariat has done a superb job in organising this, yet again. The Melbourne ISTW was fully subscribed and successful.
- A proposal that the “Hospital Orientation Tool: Anaesthetist” be supported and disseminated by the ASA was discussed at the last meeting. Dr Richard Jones has put a large amount of time and effort into this project and it was felt that this should be made mandatory for all junior staff and new appointments at all hospitals. This will be followed up over the next few months.
- The PIAC was asked to review HLT06 Health Training Package for Anaesthetic Technicians. Six of the modules required some clarification or minor technical amendments. These were submitted on the 28th August.
- Iamonline is proceeding well. The fourth module is about to come on-line. Dr Culwick is progressing with organising ongoing assistance.
- Following the Memorandum of Agreement (MoA) between the ASA, the ANZCA and the NZSA, a tripartite data collection committee ANZTADC has been formed. Dr Alan Merry is the Chair, with 11 other members. The initial meeting was on 22nd September in Melbourne and was attended by Dr Gregory Deacon and Mr Peter Lawrence on behalf of the ASA. Reports are available from Dr Merry and Mr Lawrence. This will be a huge undertaking in terms of time, effort and expense. It is obviously in its infancy at present.

Still to be completed is a review of Catastrophes in Anaesthetic Practice. This is a formidable document and is taking a large amount of time, but should be ready before the end of this year.

Dr Nigel Symons
PIAC Chair
10 October 2006

Item No: 10
Meeting Ref: AGM231006

**REPORT OF THE CHIEF EDITOR OF THE ANAESTHESIA AND INTENSIVE CARE JOURNAL
FOR THE 65TH ASA AGM HELD ON 23 OCTOBER 2006
ACN 095 377 370 ABN 16 095 377 370**

Founding Editor

Acknowledgement must be made of our Journal's Founding Editor Ben Barry, who sadly passed away in September after a long illness. Ben, with the support of the 12 members of the original Editorial Board, established *Anaesthesia and Intensive Care* in 1972, secured indexation and achieved a citation index for the Journal in its early years. During his ten years in office, he set the highest standards, always adhering to the International Committee of Medical Journal Editors' recommendations and striving for the steady growth and development of the Journal.

Enhanced Publishing System

The Enhanced Publishing System (EPS) has been developed by Icon in response to our initial request in September 2005. The system is a detailed and complex custom-made electronic program designed for the Journal website, to enable authors to send all submissions online to the Journal office at the ASA.

After all submission and author details are entered and the complete article is uploaded, the Chief Editor assigns an Editor, an email is sent alerting the Editor, who then in turn assigns reviewers by the same method, allowing them access to the relevant paper to review and reply.

Once all reviews are received, the Editor is alerted by email and is now able to make and alert the authors of their decision.

Accepted submissions are then subedited, formatted in InDesign to our Journal style, proofed, corrected and the final stages of make-up order and so on to final publication are completed as before.

The launch of the EPS on May 1, 2006 presented a steep learning curve for all involved, but thanks to an enormous amount of work in planning, developing and detailed instruction given to Editorial Board members by Clarissa Fletcher, our Production Manager, and with the close cooperation of Production Assistant Erin McGarrigle, the whole operation went remarkably smoothly. Even at this early stage it is evident that Journal submissions, processing and production have been revolutionised by this project.

A Post-implementation Review process has been undertaken by Clarissa. She has collated a list of 83 suggestions for improvement and further development on which all in-house users of the program were asked to indicate which would be



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essential, useful or nice-to-have to maximize the efficiency, functioning and user-friendliness of the system. We have been assured that it is possible to effect all changes and Bob Martin has prepared a quote.

New Zealand Society of Anaesthetists

As of 2006, members of the New Zealand Society of Anaesthetists (NZSA) are included in our subscriber base. Two NZSA members have been appointed as Editorial Board members—Dr David Jones (Dunedin) and Dr Ross Kennedy (Christchurch), as part of the NZSA's acknowledgement of *Anaesthesia and Intensive Care* as their official journal.

History Symposium 2006

The 2006 History Symposium has been produced and mailed to our subscribers with the June issue of the Journal. This annual symposium is gaining recognition and appreciation and with the continuation of the History Sessions of papers at both College and Society meetings, we should be assured of content for regular publication. There are currently two excellent papers being held over and at least one other secured for the 2007 issue.

MOPS recognition

The crucial role of reviewers in the production of a scientific journal is recognised by the Board. It was suggested and agreed to by the Board that a proposal be put to the College Council to consider granting MOPS QA points for reviewers to recompense them for their time and commitment in producing high quality reviews for the Journal.

The Chief Editor has written to Dr Wally Thompson, President of the College, regarding this issue. Dr Thompson has indicated that the matter will be given consideration by the College and its Faculties as part of an overall review of the MOPS program.

Alan Duncan
Chief Editor
6 October 2006

Item No: 11.1
Meeting Ref: AGM231006

REPORT OF THE 66th ASA NSC AND 9th BIENNIAL CONGRESS AOSRA-PM 2007
14/18 SEPTEMBER 2007, PERTH, WA
FOR THE 65TH ASA AGM HELD ON 23 OCTOBER 2006
ACN 095 377 370 ABN 16 095 377 370

In the absence of the Convener Dr Tim Pavy I submit the following report regarding progress of the 2007 NSC to be held at the Burswood International Resort Entertainment Complex.

The organising committee has held regular meetings and site inspections, the last in early August. The professional conference organisers, lead by Katie Clarke of Congress West, have established time lines and finalised contracts with the convention centre at Burswood. A logo has been prepared and the first promotional flyer, with a message from the convener and detailing the invited speakers, has been issued. This will be distributed widely, commencing with the current NSC and the Asian Australasian Congress of Anesthesiologists in Singapore in November. The industry sponsorship is being organised, with Dr David Vyse recently taking charge of arrangements. David has experience locally, having organised two highly successful state meetings in the past two years.

The invited speakers have now all forwarded potential topics for presentation and these have been integrated into the scientific program on Saturday, Sunday morning, Monday and Tuesday mornings. A comprehensive scientific program, focusing strongly on regional anaesthesia and pain medicine, but also incorporating sessions on a variety of areas, including input from several other special interest groups, has been developed in full. Confirmation of availability from local and interstate speakers will be sought actively after the 2006 NSC. In addition to four concurrent sessions, multiple problem based learning discussions will be held during each lunchtime. These are being organised by Dr Polly Booth. A large number of workshops have been planned, to be held at both the conference venue and the Clinical Training and Education Centre at the University of Western Australia. These workshops are being coordinated by Associate Professor Richard Riley and Dr Jodi Graham.

The social program is being organised by Dr Moira Westmore and includes social events on Sunday afternoon and a theme-based dinner on Monday night. The Burswood resort offers outstanding, recently refurbished on-site venues for all aspects of the conference; has new accommodation facilities; and easily accessed leisure activities include golf; tennis; cycling; walking and the casino. The convener is enthusiastically organising various "transformational" activities related to relaxation and life-style.

Michael Paech
Nsc 2007 Scientific Program Convener
6 October 2006